

CARMARTHENSHIRE NHS TRUST

ACTION PLAN FOLLOWING HEALTH INSPECTORATE WALES MATERNITY SERVICES REVIEW NOV 2006

Criteria	Recommendation	Action Required	By Whom	Timescale	Completed
L1 There is Clinical Leadership (Medical) for the Labour Ward	The job description for the Clinical Lead (Medical) for the labour ward should be updated to reflect this responsibility	<ul style="list-style-type: none"> ▪ Review Job description and amend accordingly 	General Manager Clinical Director Human Resources	End July 2007	
	Medical and Midwifery staff should, where appropriate, undertake handovers together to ensure the sharing of relevant information	<ul style="list-style-type: none"> ▪ Review handover policy ▪ Perform audit re current compliance ▪ Discuss at multi-disciplinary meeting to establish closer working and communication at handover 	Head of Midwifery Clinical Team Leader	Nov 2007	
L2 There is Clinical Leadership (Midwifery) for the Labour Ward, Midwifery Led Unit (where applicable) and for Homebirths	Identify and actions/progress from Birth-rate plus audit undertaken in 2003	<ul style="list-style-type: none"> ▪ Day assessment unit created to avoid inpatient admissions ▪ Findings presented to LHBs no extra funding identified ▪ Re present to LHB as part of current negotiations regarding workload demands 	Head of Midwifery General Manager	Sept 2007	

<p>L4 There is a multi-disciplinary labour ward forum to review labour ward activity</p>	<p>A Labour Ward Forum that meets on a regular basis and includes the membership and carries out the functions set out by the RCOG/RCM should be established</p>	<ul style="list-style-type: none"> ▪ Review RCOG/RCM functions of labour ward forum ▪ Set up labour ward forum with membership and terms of reference as required ▪ Keep minutes of meetings ▪ Include user membership on group 	<p>Head of Midwifery Lead Consultant Obstetrician for Labour ward</p>	<p>Sept 2007</p>	
<p>M1 Terms of Reference and Minutes for Directorate meetings</p>	<p>Minutes of meetings should clearly detail the job title as well as the name of those attending</p>	<ul style="list-style-type: none"> ▪ Ensure minute secretary is aware of inclusion of job title as well as name ▪ Audit compliance of above 	<p>General Manager</p>	<p>Sept 2007</p>	
<p>T2 All women receive an agreed plan of care throughout pregnancy, labour and the postnatal period in line with current professional standards consistent with their risk assessment and chosen place of birth</p>	<p>All policies should be evidenced based and clearly referenced</p>	<ul style="list-style-type: none"> ▪ Identify all policies that are not referenced ▪ Review and update accordingly 	<p>Working Policy Group</p>	<p>October 2007</p>	
<p>C1 There is a system to ensure that clinical incidents are reported and reviewed and trends identified.</p>	<p>Minutes of the Clinical Risk meeting should detail dates by which actions should be completed and by whom and those names and job titles of those present</p>	<ul style="list-style-type: none"> ▪ Signature list to be kept with minutes in future ▪ Action template to be developed and reviewed at beginning of each meeting 	<p>Practice Development Midwife</p>	<p>July 2007</p>	<p>July 2007</p>

<p>C2 All health care professionals directly involved in childbirth are competent in basic adult obstetric, neonatal resuscitation, immediate care and CTG training</p>	<p>Full details of training sessions should be included on the data base to enable monitoring of attendance to take place</p>	<ul style="list-style-type: none"> ▪ Training needs analysis and report to be completed on an annual basis ▪ Training data base for medical & midwifery staff to be update accordingly ▪ Staff appraisal to be performed in accordance with job plans and Knowledge and Skills framework 	<p>Clinical Director Practice Development Midwife Lead Consultant Obstetrician for training</p>	<p>Ongoing</p>	
<p>P1 The views of women and their families are sought routinely and changes are made as a result</p>	<p>A process should be in place to obtain the views of women and their families on the care they have received on a regular basis</p>	<ul style="list-style-type: none"> ▪ Maternity Service Liaison Group undertake yearly questionnaire to users of maternity services. ▪ Discharge interviews performed on all women discharge from service ▪ Maternity Service booklet given to all women contains questionnaire which can be returned to the Head of Midwifery 	<p>Maternity Services Liaison Group</p>	<p>Sept 2007</p>	
<p>D1 The maternity unit should seek to continuously improve the quality of medical records through ongoing audit and review</p>	<p>The maternity service should ensure that there is a systematic process in place for regular multidisciplinary audit</p>	<ul style="list-style-type: none"> ▪ Yearly audit programme for the maternity unit to be updated and revised on an annual basis ▪ Maintain close working relationship with audit department ▪ Multidisciplinary audit to be encouraged where possible ▪ Audit findings and recommendations to be fed back through the Labour ward forum meetings, monthly newsletter and MSLG. 	<p>Head of Midwifery Consultant Obstetrician Supervisor of Midwives</p>	<p>Ongoing</p>	

<p>D3 A structured and accurate record of all events during the antenatal, childbirth and postnatal periods is maintained for every woman and child (unified record)</p>	<p>CTG traces should be stored in a re-sealable envelope that is hole punched and filed within the body of the records</p>	<ul style="list-style-type: none"> ▪ Review current system for CTG storage to include envelopes and paper quality ▪ Disseminate any changes and importance of accurate storage through professional meetings and clinical risk newsletter ▪ audit compliance 	<p>Supervisor of Midwives Clinical Midwifery Manger</p>	<p>Nov 2007</p>	
	<p>Staff should clearly record their names in the health record and the dates and times they took over care</p>	<ul style="list-style-type: none"> ▪ Discuss at professional meeting ▪ Monitor compliance of all staff medical and midwifery at record keeping audit for evidence of improvement ▪ Include in unit Clinical Risk newsletter to disseminate to all staff 	<p>Supervisor of Midwives</p>	<p>Oct 2007</p>	