

Gwent Healthcare NHS Trust HIW Maternity Service Review Action plan 2007

HIW No	Criteria	Key areas considered	Findings	Recommendations	Action needed	Review date	Date of Completion (00/00/00)
L1	There is Clinical Leadership (Medical) for the Labour Ward.	Job description of Clinical Lead(s) (Medical)	The job descriptions provided in Gwent Healthcare NHS Trusts submission did not identify who the Clinical Leads (Medical) were for the Labour Wards at Royal Gwent and Nevill Hall Hospitals. HIW established that there is a Clinical Lead (Medical) for the Labour Ward at the Royal Gwent Hospital but there is no specific Clinical Lead (Medical) for Nevill Hall Hospital and this should be addressed.	1. A Clinical Lead (Medical) should be identified for the Labour Ward at Nevill Hall Hospital. 2. The job descriptions for the Clinical Lead (Medical) for the labour wards should clearly identify this responsibility	The job description of labour ward clinical lead obstetrician has recently been amended and accepted by the Directorate. Labour ward lead appointed at RGH. Job planning exercise nearing completion for all Consultant posts. Awaiting final job plan for clinical labour ward lead obstetrician for NHH which is to be completed and post implemented by end November.	End November 2007	01-Dec-07
		Activities of Clinical Lead(s) (Medical)	During the site visit HIW established that staff on the whole feel supported by senior colleagues and identified that they are available to consult with if staff need advice. There are a number of training opportunities available. Staff at Nevill Hall identified that Consultants are not always present on the Labour Ward for staff to consult with.	3. Consultants should be available on the Labour Ward at NHH to support the junior staff	The consultant body has been reminded of their obligation to provide direction and education for junior medical staff during their labour ward sessions. It is accepted that in NHH as in RGH senior medical staff are not always present on the labour ward but there is a full roster of labour ward duties and each consultant is required to attend the labour ward for rounds and for ad hoc teaching. The Division intend to implement "The Safer Childbirth" guidelines as recently published by the RCOG which will demand a presence on the labour ward during these sessions and it is anticipated that this will be in place early in 2008. The success of this initiative will be monitored by audit and by direct feedback from the midwives and junior medical staff to the Chief of Staff.	Mar-08	01-Apr-08

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		40 hours consultant cover (rota and work undertaken)	The RCOG and the RCM document "Towards Safer childbirth" (1999), which is in the process of being updated, recommends that as a minimum a consultant or equivalent should be available in a supervisory capacity for 40 hours during the working week (10 sessions). The rota for the RGH indicates that there are 10 sessions (40 hrs) of Consultant cover on the labour ward and this was confirmed during the site visit. The rota for NHH indicates that there are 9 sessions of consultant cover on the labour ward, and this was confirmed during the site visit.	4. 40 hours Consultant Cover should be made available for the labour ward at NHH	The 40hr consultant cover has been achieved in the recent job plan review and this will be implemented as soon as the final job plan is reviewed for the clinical labour ward lead obstetrician at NHH.	End November 2007	01-Dec-07
		Handover procedures for change of Medical/Midwifery staff	The Guidelines for Handing-over a woman's care During the Intrapartum Period (2005) details handover for midwives and medical staff. Midwifery handovers occur when staff change shift, there is a general handover with all midwifery staff and then a more detailed handover for each woman in labour. Medical staff handovers also occur at the change of shift. It is unclear if there is a link between midwifery and medical staff handovers and this should be reviewed to ensure that where relevant there is sharing of information	5. Midwifery and Medical staff should, where appropriate, undertake handovers together to ensure the sharing of relevant information.	The New Midwifery Management Structure which is currently being processed will ensure that the Lead Roles reconfigure handovers to include representation from the multidisciplinary team. This will be monitored by the Senior Midwifery Manager in each clinical area and by the lead clinician obstetrician for labour wards.	Personnel due to uptake their new roles by January 2008	01-Apr-08

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L2	There is Clinical Leadership (Midwifery) for the Labour Ward, Midwifery Led Unit (where applicable) and for Homebirths	Job description of Clinical Lead(s) (Midwifery)	<p>The job description for the Clinical Midwifery Manager – Caerphilly Birth Centre (2004) identifies that she will act as a leader and support to those midwives working in the unit. The job description for the Clinical Midwifery Manager – Main Delivery Unit, Royal Gwent Hospital (2004) identifies that she will be responsible for the operational management of the Main Delivery Unit at the Royal Gwent Hospital. A job description for the Labour Ward Manager at Nevill Hall Hospital was not submitted. HIW established that there is a Clinical Lead (Midwifery) for the Caerphilly Birth Centre, the Labour Ward at Nevill Hall Hospital and the Labour Ward at Royal Gwent Hospital. It is unclear who the leads are for the Midwifery Led Units at Nevill Hall Hospital and the Royal Gwent Hospital and this should be clarified and the job descriptions should reflect this responsibility</p>	<p>6. The Clinical Lead (Midwifery) for the Labour Ward at Nevill Hall Hospital should have this responsibility clearly identified in their job description. 7. Clinical Leads (Midwifery) for the Midwifery Led Units at Nevill Hall and Royal Gwent Hospitals should be identified and this responsibility should be clearly identified in their job description</p>	<p>Job descriptions have been formulated to clearly identify the role of leader and support for midwives working within the three maternity units, with particular attention to all areas where labour and births take place. New Senior Midwifery Manager roles (band 8a) are to be appointed at both labour wards in RGH and NHH. The midwifery led birth areas are led and supported at the three sites as outlined below:</p> <p>CBC: Band 7 midwifery manager for Caerphilly and the Band 8a Senior Midwife Manager for Integrated Services, Caerphilly</p> <p>Coldra Unit RGH: Band 7 midwifery manager for Newport and the Band 8a Senior Midwife Manager for Integrated Services, Newport</p> <p>Crawshay Unit at NHH: Band 7 midwifery manager for Monmouth and the and 8a Senior Midwife Manager for Integrated Services, Abergavenny.</p>	Nov-07	Inpost by January 2008

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		Birth-rate plus and actions/progress from audit	Birthrate Plus, which is a framework for workforce planning and decision making for maternity services has been carried out in the Trust. The Birthrate audit report (2005) identified that the Trust has approximately 30 midwives less than is required for the activity in the Trust. Four options have been suggested as a way to address the current deficit but no decision had been made at the time of the site visit. A number of staff expressed concern as to the current staffing levels in the organisation and this should be addressed by the Trust.	8. The Trust should ensure that the actions identified from the recent Birthrate Plus audit is implemented and monitored	<p>Saff Process being led by Caerphilly LHB, and there will be an action plan towards achieving financial support for the financial year 2008/9 from the strategic working party reviewing the bid</p> <p>Trust Board has sanctioned appointment of additional 5.8 midwives at NHH. This with appointment of 3.2 vacancies will result in 9wte midwife posts at NHH which brings the establishment up to the recommended number for Birthrate+ 2005. However the birth rate at NHH has increased since this audit. No additional midwife posts agreed for RGH / CBC currently and this continues to be addressed with the commissioners.</p>	Nov-07	01-Sep-08

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L4	There is a multidisciplinary labour ward (midwifery led unit) forum to review labour ward activity.	Terms of reference and minutes of meetings	The RCOG and the RCM document "Towards Safer Childbirth" (1999) identifies that there should be a "multidisciplinary labour ward forum comprising, at a minimum, the lead obstetrician, the clinical midwife manager, an obstetric anaesthetist, a neonatal paediatrician, a risk manager, representatives from junior medical and midwifery staff and a consumer representative from the Maternity Services Liaison Committee to review labour ward activity and develop guidelines". There is a Labour Ward Forum at Nevill Hall Hospital and the Labour Ward Forum at Royal Gwent has only just been established. It is unclear exactly who attends these meetings and what is discussed as no minutes were submitted as part of the document submission from Gwent healthcare NHS Trust. The Trust should ensure that it follows the guidance as set out by the RCOG and RCM and that there are links between the three sites.	9. The membership and remit of the Labour Ward Forum should reflect what is set out by the RCOG/RCM and minutes should be taken	Job plan for medical labour ward lead includes directive to facilitate labour ward forum. Terms of Reference are established for Labour Ward Forum at NHH and meetings have taken place with future dates arranged. This is still to be implemented at RGH using the template established and will be actioned by Chief of Staff and newly appointed Senior Midwifery Manager for Labour Ward.	Nov-07	01-Jan-08

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M1	<p>Maternity Unit Managers, Heads of Midwifery (HOM) and the Clinical Director for Maternity Services:-</p> <p>a) Have clearly defined roles and responsibilities.</p> <p>b) Have protected time to fulfil their management roles.</p> <p>c) Have effective support from the organisation to carry out their role</p>	<p>Job descriptions:- Maternity Unit Manager, Head of Midwifery, Clinical Director for Maternity Services</p>	<p>Job descriptions were submitted for the South Gwent Midwifery Manager, the Midwifery Manager, Nevill Hall Hospital, the Head of Midwifery/Directorate Manager for Obstetrics Divisional Lead for Midwifery and Gynaecology Nursing (2003). Staff interviewed identified that they were clear about their roles and responsibilities and there was no negative overlap of roles. Staff felt there was good communication between them and on the whole they were supported by the organisation to carry out their role. HIW found that on the whole staff felt that senior colleagues were aware of issues in maternity services and that there were effective communication channels in place to raise any concerns, but some staff felt that communication and the cascading of information could be improved</p>	<p>10. Maternity services should ensure that appropriate communication channels are in place to cascade and communicate information to staff</p>	<p>Midwifery management restructure to ensure that clear lines of communication are identified to ensure a free flow of information to all staff. The restructure exercise is ongoing and all staff will be in post by January 2008. There will be a Senior Managers meeting where operational, professional and strategic issues will be discussed. This will be cascaded at individual team meetings which will all be minuted. Action C Garrick Head of Midwifery. There are monthly multi-disciplinary meetings in each maternity unit, and a quarterly Directorate meeting led by Chief of Staff. General Manager also holds regular management briefings and minutes available to all staff.</p>	<p>Jan-08</p>	<p>New staff in post January 2008</p>

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M3	There is an escalation policy during periods of increased activity to ensure the safe management of the maternity services which includes clear criteria for staffing levels	Escalation Policy and Audit, Contingency Plans	Gwent Healthcare NHS Trust Maternity Unit Escalation and Unit Closure Policy (2006) sets out the process to be followed if the ward is over stretched, including informing senior colleagues, assessing the situation, the decision to close and liaison with other units. There is a flow chart and forms that should be completed. An incident form is completed if the escalation policy is used. The policy has not been audited. HIW found that on the whole staff were aware of the escalation policy and the various contingencies that should be taken in the event of the units becoming busy, such as the calling in of additional staff.	11. The Escalation and Unit Closure Policy should be audited on a regular basis	Formulation of an audit tool on an all Wales basis followed by audit of the unit Escalation and closure Policy. Action:Governance Midwife. This will be an annual audit, first audit planned for December 07- Jan 08	Nov-07	31-Jan-08
T1	How does the maternity unit encourage effective team working and communications	Staff Surveys	There were 9 focus groups for midwives across the Trust which provide an opportunity for staff to contribute their ideas on services and discuss their experiences. No information was submitted from medical staff are captured or neither was there any evidence of a staff survey. Interview evidence suggested that team working and communication is actively promoted and there are some areas where it works well, but there were also reports where this could be improved especially across the professions.	12. Maternity services should ensure they capture the views of all staff. 13. The Trust should continue to encourage multi professional teamworking	Staff from the multidisciplinary team in maternity recently undertook a staff survey for HCC and WAO. This will be the benchmark set to reaudit in 12months time, and then 24 months	Sep-08	01-Sep-09

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T3	There is a mechanism for referral from one professional to another at all stages of care, including a written evidence based transfer policy where applicable.	Transfer policy and referral mechanism	Along with the guidelines above which include indications for transfer and referral the Draft Guideline for the transfer of women and babies within the Maternity Services and Transfer for additional care in labour (no date) was submitted. The Draft Guideline for the transfer of women and babies within the Maternity Services which is based on the labour ward guideline gives guidance on how transfers should take place for different patients and the necessary arrangements to be carried out. We found that staff were clear about referral mechanisms and procedures to be followed	14. the draft guideline should be formally approved and cascaded to all staff	Guideline approved and placed on Trust intranet site. SOM Cascaded information to all staff via Supervisory notice boards		01-Sep-06

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C1	<p>There is a system to ensure that all critical incidents: -</p> <p>a) Are reported through the appropriate channels.</p> <p>b) Have immediate action taken to prevent reoccurrence.</p> <p>c) Are investigated and analysed.</p> <p>d) Identify patterns and trends.</p> <p>e) Result in changes in practice.</p> <p>f) Are reviewed by a multidisciplinary group.</p>	Minutes of meetings and reports where incidents and trends are reviewed	<p>Transfer meeting minutes for the Caerphilly Birth Centre shows the discussion and action around incidents.</p> <p>The Risk Management Minutes for Nevill Hall and Royal Gwent Hospitals indicate that incidents are discussed and actioned. The Clinical Risk Trends Statistics Report covers all three sites and sets out the clinical risk management trends for each site and the directorate. However it is unclear if this report is discussed at any of the above meetings or if an overview of the incidents is reviewed</p>	15. all incidents (including trends information) should be collated, reviewed and action taken by a group on a regular basis	Clinical Risk management trends added to the unit risk management presentations for all three units. Recommendations will be reviewed by the local multidisciplinary risk management groups and actioned by the appropriate clinical lead present at the meetings, and these trends will also be discussed and actioned via the Labour Ward Fora.	Nov-07	01-Nov-07
D1	<p>The maternity unit should seek to continuously improve the quality of medical records through ongoing audit and review</p>	Examples of multidisciplinary record keeping audits and changes made as a result	<p>Case Notes Audits were undertaken in 2005, 2004 and 2003 by supervisors of midwives and midwives from each of the units. The audits identified areas for improvement, and the recommendations were made to address the quality of record keeping. HIW also noted that although medical staff had been invited to participate in the audit (2005) no notes audits were completed by medical staff.</p>	16. the maternity services should ensure that there is a systematic process in place for regular multidisciplinary audit.	Directorate case note audit has taken place in October 07 and included midwives and medical staff. It is an annual case notes audit, led by the Supervisors of Midwives. There is also a quarterly review of specific notes for clinical risk, Breast feeding audit etc.	Nov-07	31-Dec-07

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D3	A structured and accurate record of all events during the antenatal, childbirth and postnatal periods is maintained for every women and child (unified record)	Review of health records	20 completed sets of health records were requested and reviewed during the site visit. Overall the records were found to be robust and of an appropriate standard. All staff names were recognisable and when they took over care, dates and times were duly noted on the labour pages and key procedures identifiable. In was noted, however, that some CTG traces did have the potential to unravel, as they were stored on a mount sheet and there was some patient information loose in the back pocket of the folder	17. CTG traces should be stored in a re-sealable envelope that is hole-punched and filed within the main body of the records. 18. Patient information should be securely stored in the health record and not left loose in any pockets in the folder.	Re-sealable CTG wallets have been purchased and all staff instructed to file within the case notes. Case note audit undertaken November 07 Case notes audit includes loose files, results of audit fed back to all staff at clinical audit meetings. New case note folders do not have an flap style envelope at back of notes. All staff will be made aware via lessons of the month for November 07 to ensure that all health records are securely stored with no loose information in case note pockets.	Nov-07	31-Dec-07