

**NORTH WEST WALES NHS TRUST
MATERNITY SERVICES ACTION PLAN FOLLOWING HIW REVIEW**

OBJECTIVE/RECOMMENDATIONS	ACTION	LEAD	TIME SCALE
<p>Section L1</p> <p>1. The job description for the Clinical Lead (Medical) for the labour ward should clearly identify this responsibility</p> <p>2. A rota detailing the 40 hours consultant labour ward cover should be available for staff to refer to</p> <p>3. Midwifery and Medical staff should, where appropriate, undertake handovers together to ensure the sharing of relevant information</p>	<p>1. Consultant Job Plan to be revised</p> <p>2. 40 hour cover is in place – availability of Rota/sharing of information</p> <p>3. Midwifery/Medical handover procedures were discussed in the Labour Ward Forum Meeting of 8th June 2007. The Forum has agreed that Midwifery and Medical staff should undertake handovers together to ensure the sharing of relevant information. The Clinical Lead has produced a proforma for shift leader and consultant to sign when consultant has completed ward round.</p>	<p>Medical Labour Ward Clinical Lead</p> <p>Medical Director</p> <p>Medical and Midwifery Labour Ward Clinical Leads</p>	<p>1. September 2007</p> <p>2. In place</p> <p>3. Commenced June 2007</p>
<p>Section L2</p> <p>4. The Clinical Lead (Midwifery) for the community and/or midwifery led units should be clearly identified and their job description should identify this responsibility</p>	<p>4. Recent restructuring arrangements have identified a need for a Community Midwifery Manager and an MLU Co-ordinator, both of whom are accountable to the Head of Midwifery. These appointments are both supported by job descriptions which clearly outline clinical leadership responsibilities in the relevant areas.</p>	<p>Head of Midwifery</p>	<p>4. on going</p>
<p>Section L4</p> <p>5. The membership of the Labour Ward Forum should include the membership and remit as set out by the RCOG/RCM and job titles of staff should be recorded in all minutes</p>	<p>5. Members present and Job titles have been recorded since December 2006. Terms of Reference set out Accountability, Remit, Chair, Membership, Attendance, Frequency and Function of the Forum and Action plans fed into the PPI Forum and Regional MSLC and a Women's Issues Forum.</p>	<p>Senior Midwife Labour Ward Lead</p> <p>Head of Midwifery</p>	<p>5. In place</p>

<p>Section M1</p> <p>6. The Trust should review the post of Professional Lead for Midwifery and Deputy Head of Nursing to establish if midwifery leadership would be better supported by a Head of Midwifery</p>	<p>6. The Trust has appointed a full time Head of Midwifery (previously HOM post was a 0.6 wte).</p>	<p>Executive Director of Nursing and Midwifery</p>	<p>6. April 2007</p>
<p>7. Maternity services should ensure that appropriate channels are in place for issues raised by staff to be acted upon.</p>	<p>7. A suggestion box to be placed in strategic areas to allow for staff feedback. HOM has professional accountability to Trust Board. Regular unit meetings for staff. Open forum for staff suggestions was arranged for September 2007, which proved very successful and the staff have requested that this be repeated and reported on a quarterly basis.</p>	<p>Head of Midwifery</p>	<p>7. June / September 2007</p>
<p>Section M2</p> <p>8. The Trust should ensure that there is a formal process in place to update the Trust Board and feedback information to the directorate on maternity issues.</p>	<p>8. HOM has professional accountability to Trust Board via the Executive Nurse. Substantial evidence to demonstrate that the Trust Board have been regularly updated on Midwifery Issues via the Local Executive Nurse and Midwifery (LEN) Group eg. BFI. Directorate Focus - Women & Families Directorate is a standing item on the Clinical Governance Sub-committee Agenda, the minutes of which are presented at every Trust Board meeting.</p>	<p>Executive Director of Nursing and Midwifery.</p>	<p>8. In place</p>
<p>Section M3</p> <p>9. The Escalation Policy should be formally approved and disseminated to all staff and audited on a regular basis.</p>	<p>9. Escalation Policy has been again recently updated. Consultation will be undertaken. Staff are made aware of changes in policies, through emails and memos in line with the Trust's policy for Distribution of Policies / Procedures / Guidelines.</p>	<p>Head of Midwifery</p>	<p>9. October 2007</p>

<p>Section T1</p> <p>10. The Trust should take steps to improve communication across maternity services.</p>	<p>10. A Directorate Communication Strategy will be completed by October 2007. Senior Directorate staff hold regular meetings with staff groups to allow for a 2 way process for effective communication, e.g. staff meetings, Staff Surveys and the Audit Commission's staff survey undertaken. As of Sept 2007 Multidisciplinary Obstetric Emergency Training arranged. A Community Midwife representative from each area attends a monthly meeting with Community Midwifery Manager and information is cascaded down to all team members via local meetings and round robin of all minutes.</p>	<p>Head of Midwifery</p>	<p>10. See Action</p>
<p>Section T2</p> <p>11. The Home Delivery Guidelines should be updated to include detailed guidance to staff on the conduct of homebirths including when to transfer should difficulties or complications occur.</p>	<p>11. Recently reviewed the current Home Birth Guidelines have been issued to all Midwifery staff. Task and finish group set up to look at revising Policy in view of the NICE Intra-Partum Care guidelines and the introduction of the All Wales Birth Centre Guidelines.</p>	<p>Head of Midwifery</p>	<p>11. October 2007</p>
<p>12. All policies should be developed in line with the Trust system for policy development and should be clearly referenced, evidence based and reviewed on a regular basis.</p>	<p>12. All Midwifery Policies have been reviewed, updated and are operational.</p> <p>The Labour Ward policies have been reviewed and are in the process of being approved following the introduction of the NICE Intra Partum Guidance.</p>	<p>Senior Midwife Clinical Governance</p> <p>Midwifery/ Medical Clinical Leads Labour Ward</p>	<p>12. December 2007</p>
<p>Section T3</p> <p>13. The Transfer of Mother and Baby from Home or a Midwifery Managed Unit to DGH Policy should be updated to detail the safe management of the transfer of mother and baby.</p>	<p>13. Policy has been revised and operational.</p>	<p>Community Midwifery Manager</p>	<p>13. See Action</p>

<p>Section C1</p> <p>14. All staff should be encouraged to report incidents.</p> <p>15. All incidents (including trends information), should be collated, reviewed and action taken by a group on a regular basis.</p> <p>16. Follow-up procedures should be improved to ensure that changes as a result of incident reporting are actioned.</p>	<p>14. There has been an increase in reporting in the last 12 months. Risk Management Team established to further increase reporting.</p> <p>15. All incidences are entered on the central database. Trends analysis is undertaken on a quarterly basis for the Trust Health & Safety Group. All incidences coded amber or red are reviewed and discussed at the Directorate Clinical Governance Group. Risk Management Co-ordinator has been appointed.</p> <p>16. All incidents are entered onto a central database and investigated. Low to Moderate risks are presented at the next available Clinical Risk meeting and discussed. If further action is required, this is determined at the meeting and an action plan is produced.</p>	<p>Senior Midwife Clinical Governance</p> <p>Senior Midwife Clinical Governance</p> <p>Senior Midwife Clinical Governance</p>	<p>14. from July 2007</p> <p>15. from July 2007</p> <p>16. from July 2007</p>
<p>Section C2</p> <p>17. The Trust should review the use of CTG traces in the community setting to ensure that they are being used appropriately and staff using them should have regular training and updates.</p>	<p>17. All staff to completed the K2 CTG training. There are 3 monitors in the Community Home from Home Birth Units, which are only used when requested by a Consultant and in conjunction with the Trust's guideline.</p>	<p>Head of Midwifery</p>	<p>17. by the end of August 2007</p>
<p>Section C3</p> <p>18. There should be a system in place to record and monitor staffs' attendance at resuscitation and CTG training, including medical staff.</p>	<p>18. The Trust provides training within the Trust. Training records are kept by the Training Department and Quarterly reports are sent to Head of Services. Directorate Database to be developed. All Medical and Midwifery staff must show evidence of attending Basic Life Support training and updating. Obstetric Lead and Senior Midwife for Labour Ward are to maintain a record of staff who have undertaken training and ensure those who have not attended do so. The Directorate will develop a central training database for Nursing/Midwifery and Medical personnel.</p>	<p>Senior Midwife Clinical Governance</p>	<p>18. by end of October 2007</p>

