

**Healthcare Inspectorate Wales All Wales Maternity Services Review – Action Plan for North East Wales NHS Trust  
Issue 1**

		REVIEW		ACTION				MONITORING & REPORTING		
Cross Ref.	Overarching Aims		Current Status	Action Points		By Whom	By When	Progress Criteria		
								Red	Amber	Green
	L1	There is clinical leadership (medical) for the Labour Ward	<i>Complete</i>	1	The job description for the clinical lead (medical) for the Labour Ward should clearly identify this responsibility.	Associate Clinical Director	Sept 07	Current status remains	Job description in draft but not agreed.	Job description agreed and approved.
			<i>Awaiting Consultant agreement.</i>	2	Handover guidelines should be formally approved and disseminated to all staff.	Clinical Governance Midwife	Oct 07	Current Status remains	Guidelines in draft format, awaiting approval.	Guidelines formally approved and disseminated to all staff.
	L4	There is a multi-disciplinary Labour Ward Forum to review Labour Ward activity.		3	The membership of the LW Forum should include the membership as set out by the RCOG/RCM and Job Titles/Role should be recorded in all minutes.	Chair of Labour Ward Forum	Dec 07	Current status	Revised membership proposed and awaiting agreement.	LW Forum memberships complies with RCOG/RCM guidance.
	M2	There should be an appropriate flow of information from/to the Trust Board and the Maternity Services.	<i>Structure proposed within September 07 Trust Board Report.</i>	4	Trust Board to continue to be briefed on issues in Maternity Services.	Head of Midwifery	Sept 07	Current status	Draft reporting structure proposed and awaiting Trust Board approval.	Trust Board reports are submitted regularly.

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M 3	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.	Complete	5	The escalation policy should be formally approved and disseminated to all staff and audited on a regular basis.	Head of Midwifery	Sept 07	Current status	Escalation policy drafted and circulated for stakeholder consultation.	Escalation policy ratified and is audited on an ongoing basis (each time policy is initiated).  The audit is presented on a six monthly basis at the Maternity Services Liaison Committee

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	T1	How does the maternity unit encourage effective team working and communication?	6	Maternity services should ensure that they capture the views of staff.	Head of Midwifery MSR Project Manager	Nov 07	Current status	Health Care Commission questionnaires submitted to all staff groups within maternity.  This process will be repeated as part of the Trusts 3 yearly staff survey.	Completed questionnaires submitted to HCC and awaiting results.

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	T2	All women receive an agreed plan of care throughout pregnancy, labour and post-natal period in line with current professional standards, consistent with their risk assessment and their chosen place of birth.	<i>Complete</i>	7	All policies should be developed in line with the trust system for policy development and should be clearly referenced and evidence based.	Chair of Policy Group and Clinical Governance Midwife	Nov 07	Trust policy system not consistently adhered to.	Trust policy system communicated to all relevant staff.	All policies comply with trust system for policy development and are clearly referenced and evidence based.

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	C1 There is a system to ensure that all critical incidents are  a) reported through appropriate channels. b) have immediate action taken to prevent reoccurrence. c) are investigated and analysed. d) identify patterns and trends. e) result in changes in practice. f) are reviewed by a multi-disciplinary group.	<i>Complete</i>	8.	The obstetric and gynaecology Incident Reporting and Serious Incident Policy should be formally approved and disseminated to all staff.	Clinical Governance Midwife	Oct 07	Current status	Obs & Gynae IR and SI Policy circulated for stakeholder consultation.	Obs & Gynae IR and SI Policy formally approved and in place.
		<i>First report due October 07 when DATIX system amended.</i>	9.	The process for reviewing incidents should include the identification of incident trends information.	Clinical Governance Midwife	Oct 07	Current status	Process revised to include identification of incident trends information.	Regular trend reports are produced.

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		<i>Complete</i>	10.	Follow up procedures for clinical incidents should be improved to ensure that changes as a result of incident reporting are actioned.	Clinical Governance Midwife	Sept 07	Current status	Follow up procedures in draft format awaiting approval.	Follow up procedure agreed and implemented.	
	C3	CTG interpretation training and updates should be undertaken on a 6 monthly basis.	<i>Complete</i>	11.	There should be a system in place to record and monitor all staff's attendance at resuscitation and CTG training, including medical staff.	Clinical Governance Midwife	Sept 07	System in place for midwifery staff only.	Proposal put forward to include medical staff attendance.	All staff's attendance at resuscitation and CTG training are recorded and is monitored by the Clinical Governance Midwife and Associate Clinical Director.

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	P2	Women and their families are provided with evidence-based information to enable them to make informed decision about their care throughout pregnancy, labour and the postnatal period.	<i>Progressed Supplies re. printing delivery date.</i>	12.	Adequate information should be made available to women and their families including local information about the unit and choice of place of birth.	Communication Group	Nov 07	Some information leaflets available.	Trust Information booklet produced and awaiting professional printing.	Trust information booklet is being disseminated to all women.