

## NORTH GLAMORGAN NHS TRUST – All Wales Maternity Services Review Action Plan

Criteria	Recommendation	Trust Response	Action Required	Lead and Timescales
L1 Leadership	40 hours Consultant cover should be made available for the labour ward.	<p>Amendments have been made recently to the day time Consultant Labour Ward cover. It resulted in all 10 labour ward sessions during the week being covered by Consultants with a mixture of dedicated sessions where Consultant presence on Labour Ward is provided, and other sessions where a named Consultant is available for advice and attendance as the case may be.</p> <p>Every effort was made to ensure that the available sessions were covered from non clinical sessions such as ward rounds, administration or teaching. Very few sessions are covered from out patient clinic which is in very close proximity to Labour Ward. No sessions were planned to be covered from theatre.</p> <p>The Royal College during a recent visit has accepted these arrangements as satisfactory, taking into account the small number of Consultants available (only 4). Day time prospective cover is also in place i.e. no Locum consultants are employed by the Trust for day time cover. The College also felt that the arrangements are appropriate in view of the size of Labour Ward and the activities (in the range of 1500 deliveries per annum).</p>	Monitor the appropriateness of the revised arrangements introduced.	Clinical Directorate  January 2008.

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L2 Leadership	The Trust should ensure that the decision arising from the action plan is taken forward.	The action plan is being implemented. Two midwives have recently been appointed, and others are to be interviewed shortly.	Implement the recommendations from 'Birthrate Plus'	Head of Midwifery December 2007
L4 Leadership	The membership of the Labour Ward Forum should include the membership as set out by the RCOG/RCM.  Minutes of the Labour Ward Forum should clearly detail the job title/role as well as the name of those attending.	The recommended list of membership is noted, and will be actioned. The time of the meeting is changed to follow the protected teaching time in the department in an attempt to enhance better attendance, especially from medical staff. The situation will continue to be monitored.  Job titles / roles will now be documented on all minutes. This was actioned for August minutes.	Revise membership of the forum inline with RCOG/RCM guidance.  Implement the Recommendation	Directorate Manager December 2007  Directorate Manager Immediate
M1 Management	Minutes of meetings should clearly detail the job title as well as the name of those attending.	All minutes of meetings will now have the job title / role as well as names.	Implement the Recommendation	Directorate Manager Immediate
M3 Management	The Guidelines for Closure of a Maternity Unit should be audited on a regular basis.	This has not been audited in previous years as the unit has not closed. More recently, the unit has closed on a few occasions. This can now be audited. When closure occurs a clinical incident form is completed and this is fed into the audit process.	Ensure the Policy is audited at least annually  Implement the Recommendation	Clinical Director January 2008
T1 Teamwork	Maternity services should ensure they capture the views of staff.	There is an ongoing National survey of staff views. However, we do recognise there should be a local mechanism for regular survey of staff views, and we are currently exploring various ways to guarantee accessibility and unanimity to those who wish to submit any comments.	Introduce arrangements to ensure staff views are gathered and where appropriate acted upon.	Clinical Director April 2008

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C1 Clinical Care	All incidents (including trends information) should be collated, reviewed and action taken by a group on a regular basis.	Various meetings are held where trends are discussed, such as the monthly directorate risk management group. Attendees include the patient safety manager who provides a statistical overview including trends. This is a standing item on the agenda. The Clinical Risk Review Group also reviews incident reporting trends by directorate.	Implement the Recommendation	Directorate Manager Immediate
C3 Clinical Care	There should be a system in place to record and monitor medical staff's attendance at resuscitation training.	A system is in place to record and monitor the attendance of medical staff at Resuscitation training. The database register is kept by the Head of Resuscitation department.	Implement the Recommendation	Clinical Director Immediate
P1 Patient Experience	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.	An evaluation form is presently distributed to all patients on discharge from the hospital post-natally. This has been in place for a year. However, the rate of return from patients remains low.	Undertake action to increase awareness of the process and improve uptake.  At least twice annually, undertake focus groups with patients	Head of Midwifery December 2007  Head of Midwifery April 2008
P2 Patient Experience	Adequate information should be made available to women and their families, including local information about the units and choice of place of birth.	Work needs to be undertaken regarding this recommendation. Staff have been allocated responsibility to produce an up to date leaflet and choice of place of birth.	Implement the Recommendation	Head of Midwifery April 2008
D3 Documentation	Patient information should be securely stored in the health record and not left loose in any pockets in the folder.	Staff are constantly reminded of the importance of filing all information. Increased awareness will again be undertaken through meetings and the directorate risk newsletter. To be Audited and monitored	Randomly audit the security and structure of patient case notes  Implement the Recommendation	Head of Midwifery April 2008

Meurig Morgan / Mr K Asaad 24<sup>th</sup> October 2007.