

PEMBROKESHIRE & DERWEN NHS TRUST
MATERNITY SERVICES ACTION PLAN

HIW MATERNITY SERVICES REVIEW ACTION PLAN

Recommendations	Action to be taken	Progress/Review Date
<p>L1 A Clinical lead (Medical) should be identified for the labour ward and their job description should clearly identify this responsibility</p> <p>40 Hours Consultant cover should be made available for the labour ward and rotas detailing consultant labour ward cover should be available for staff to refer to.</p> <p>Midwifery and Medical staff should, where appropriate, undertake handovers together to ensure the sharing of relevant information</p>	<p>Clinical Labour ward lead (Medical) already identified. Job description obtained from neighbouring unit to be adapted to local service requirements.</p> <p>40 hours of labour ward cover in place and rota available for staff. Rota to be made clearer on Friday teaching sessions who is the responsible labour ward Consultant</p> <p>Discussion with Senior Midwives and Registrars around joint handovers need to take place</p>	<p>Job description obtained and being reviewed and adapted by Lead Clinical and Clinical Labour ward lead. October 2007</p> <p>Rota to be reviewed by Lead Clinical. September 2007</p> <p>At present all labouring women have a one-to-one handover from responsible midwives to registrar. Discussion underway around Senior Midwife attending Registrar handover at 9am to discuss priority issues and/or Registrar attending midwifery handovers at present happens ad hoc. December 2007</p>
<p>L2 Workforce planning should be undertaken to ensure the workforce is adequate for the work being undertaken</p>	<p>Birthrate plus assessment tool needs to be undertaken within the unit</p>	<p>Contact with Birthrate plus has been made estimated cost of £6,200 for assessment of the unit. April 2008</p>

PEMBROKESHIRE & DERWEN NHS TRUST
MATERNITY SERVICES ACTION PLAN

Recommendations	Action to be taken	Progress/Review date
<p>L4 A labour ward forum that meets on a regular basis and includes the membership and carries out the function set out by the RCOG/RCM should be established</p>	<p>Labour ward forum with membership as recommended by the RCOG/RCM needs to be set developed</p>	<p>Discussion between the Lead Clinician, Head of Midwifery and Clinical Governance Manager has occurred and decision to look at successful labour ward forum groups from neighbouring units to adopt and develop recommendations from these areas. Discussion with the CHC underway and active recruitment of interested users has been successful and will be developed further. October 2007</p>
<p>M3 All staff should be aware of the escalation policy and it should be audited on a regular basis</p>	<p>Cascade of the policy and supporting information to all staff together with the development of an audit tool to monitor the policy</p>	<p>Escalation Policy has been highlighted to all areas and Senior Midwives made aware their responsibilities. Audit tool has been developed and will be included as an appendix to the policy which will be audited on a six monthly basis and reported through directorate meetings. Discussions underway on an All Wales basis through Heads of Midwifery around the implications of local escalation policies. December 2007</p>

PEMBROKESHIRE & DERWEN NHS TRUST
MATERNITY SERVICES ACTION PLAN

Recommendations	Action to be taken	Progress
<p>C1 All incidents (including trends information) should be collated, reviewed and action taken by a group on a regular basis</p>	<p>All datix information with an analysis of trends should be discussed at Clinical Governance meetings</p>	<p>Lead Clinician and Head of Midwifery responsible for bringing the issues to Clinical Governance meetings on a regular basis. Reoccurring trends and issues will be given priority within the service and action plans developed and implemented accordingly. Also to be reported at directorate meetings on a monthly basis to ensure a cascade of information at Trust level. October 2007</p>
<p>C3 There should be a system in place to record and monitor medical staffs attendance at resuscitation and CTG training</p>	<p>Register of medical staff to be developed</p>	<p>Register now in place and being updated by Lead Clinician who is responsible for monitoring of compliance through individual performance reviews. Achieved</p>
<p>P2 Adequate information should be made available to women and their families, including local information about the unit and choice of place of birth</p>	<p>Local leaflet needs to be developed and user questionnaire included to ensure feedback from mothers and families</p>	<p>Community midwives identified to lead on a task and finish group to develop local leaflet. Also negotiation with bounty services to produce the leaflet as adopted by other maternity services. December 2007</p>
<p>D3 CTG traces should be securely stored in a re-sealable envelope that is hole-punched and filed within the main body of the records</p>	<p>Negotiation with medical records to purchase adopt re-sealable envelopes for safe storage of CTG traces</p>	<p>Envelopes purchased and now in place. Achieved</p>

PEMBROKESHIRE & DERWEN NHS TRUST
MATERNITY SERVICES ACTION PLAN

The named healthcare professional should be clearly identifiable on the front of the health record	Staff need to be made aware of their responsibilities and audit of the records undertaken by Supervisor of Midwives	All staff reminded of their responsibilities and audit undertaken through annual supervisory reviews and risk management meetings. March 2008
--	---	--

Completed by Julie Wall
Acting Head of Midwifery
08/08/07