# PONTYPRIDD AND RHONDDA NHS TRUST
# HIW MATERNITY SERVICES REVIEW UNDERTAKEN ON 8th JANUARY 2007
# ACTION PLAN

| Action Point | Objective | Recommendations and Timescales | Constraints, Risks & Resource Issues | Action | Accountability | Monitoring |
|---|---|---|---|---|---|---|
| L1<br>There is Clinical Leadership (Medical) for the Labour Ward. | 40 hours Consultant cover (rota and work undertaken). | 40hrs 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. | | 40 hour Consultant cover now in place.<br><br>Implemented April 2007<br><br>Consultant rotas are available in all areas. | Clinical Director<br><br>Directorate Manager (KM) | Implemented |
| | Handover procedures for change of Medical/Midwifery staff. | The Guidance for the handover of Labour Ward cover should be updated to cover all staff. | | Guidance to be updated January 2008. | Labour Ward Lead (JP)<br><br>Directorate Manager (KM) | To be reviewed January 2008 |
| | | Midwifery and Medical Staff should, where appropriate, undertake handovers together to ensure the sharing of relevant information. | This is not always possible however medical staff always liaise with midwifery staff when taking over Labour Ward duties. | Review shift patterns to align handover. | Labour Ward Lead (JP)<br><br>Labour Ward Manager (DG) | Ongoing |

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| L4<br>There is a multidisciplinary Labour Ward (Midwifery-led Unit) Forum to review Labour Ward activity. | Terms of reference and Minutes of Meetings. | The membership of the Labour Ward Forum should include the membership as set out by the RCOG/RCM and staff should attend on a regular basis. | | Lay persons now identified from MSLC and attend each meeting.<br><br>Middle Grade medical staff also attend as able.<br><br>Monitoring of attendance is ongoing. | Labour Ward Lead (JP)<br><br>Labour Ward Manager (DG) | Monthly attendance. |

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| M3<br>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. | The Escalation Policy should be audited on a regular basis. | | Plan to audit bi-annually.<br><br>Periods of high activity reported to Manager on-call. All calls audited. | Labour Ward Lead (JP)<br><br>Labour Ward Manager (DG)<br><br>Head of Midwifery (KM) | Via Manager on-call rota/incident reporting mechanism. |

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| T2<br>All women receive an agreed plan of care throughout pregnancy, labour and the postnatal period in line with current professional standards consistent with their risk assessment and their chosen place of birth. | Labour Ward Policies. | All policies should be evidence based and clearly referenced. | | To ensure adequate and appropriate referencing as Guidelines reviewed.<br><br>To be communicated at June 2007 Labour Ward Forum. | Labour Ward Forum | Ongoing |

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| C1<br>There is a system to ensure that all critical incidents are:<br><br>Reported through the appropriate channels.<br><br>Have immediate action taken to prevent reoccurrence.<br><br>Are investigated and analysed.<br><br>Identify patterns and trends.<br><br>Result in changes in practice.<br><br>Are reviewed by a multidisciplinary group. | Minutes of meetings and reports where incidents and trends are reviewed. | All incidents should be collated on a regular basis to enable trends to be identified. | | To ensure highlighting of trends via Clinical Governance Meetings.<br><br>Trends can be identified via the datix system. Trend analyses will be undertaken 6 monthly and reported via Clinical governance and labour ward forum. | Labour Ward Lead (JP)<br><br>Labour Ward Manager (DG)<br><br>Head of Midwifery (KM)<br><br>Supervisors of Midwives | Monthly via Clinical Governance Meeting |

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| C2<br>All healthcare professionals directly involved in childbirth are competent in basic adult obstetric, neonatal resuscitation and immediate care.<br><br>C3<br>CTG interpretation training and updates should be undertaken on a 6 monthly basis. | Records of attendance and a system to ensure all staff attend. | There should be a system in place to record and monitor staffs' attendance at resuscitation and CTG training, including medical staff. | | Training Needs Analysis now in place (multidisciplinary) for CTG training and resuscitation training.<br><br>Midwives allocated training by Supervisor.<br><br>Medical staff rostered by Directorate Manager to Obstetric Update Day which includes CTG interpretation. | Labour Ward Lead (JP)<br><br>Labour Ward Manager (DG)<br><br>Directorate Manager/Head of Midwifery (KM) | Annual report for WRP. |

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| D3<br>A structured and accurate record of all events during the antenatal, childbirth and postnatal periods is maintained for every woman and child (unified record). | Review of Health Records. | CTG traces should be stored in a re-sealable envelope that is hole-punched and filed within the main body of the records. | Resource issue. | Envelopes for antenatal CTG traces to be purchased to improve storage. | Directorate Manager (KM) | Annual Record Keeping Audit. |