Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

# Healthcare Inspectorate Wales
# All Wales Maternity Services Review

## Findings for Pontypridd and Rhondda NHS Trust

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**Maternity Services in Wales**

Over 30,000 babies are born in Wales each year. Just over 2% of births take place at home or elsewhere but the majority (98%) are born in a hospital setting. These settings are Midwifery Led Units/Birth Centres or Consultant Units.

**Midwifery Led Units/Birth Centres** - These units are staffed by midwives and provide care for women who want to give birth with little or no medical intervention, they tend to be suitable for women expected to have a good chance of having a straightforward birth ("low-risk" women).

**Consultant Units** - A consultant unit is usually part of a general hospital and consists of a labour ward/delivery suite, antenatal and postnatal in patient wards and is staffed by obstetricians (specialists in birth where there are complications) and midwives (specialists in normal birth). A woman is usually booked under the care of a particular consultant, but may only see them rarely throughout her pregnancy. Most of her care will be given by midwives. If complications arise during pregnancy or labour, the doctors will become more involved. Interventions such as epidurals and Caesarean operations are usually available in the unit.

**Background to the HIW All Wales Maternity Review.**

Reviews undertaken by the Healthcare Commission in England into maternity services have given rise to concerns in relation to the clinical governance arrangements in these units and in Wales we needed to be assured that similar issues were not present in Welsh Maternity Units. Therefore a review of maternity services has been undertaken, the review considered the following six areas: -

- Clinical leadership and accountability for the quality of Maternity Services;
- Management of Maternity Services;
- Teamwork and Communication;
- Clinical Care;
- Women and their families experience and involvement;
- Documentation and information.

The All Wales Maternity Review considered and analysed the following information: -

- Documentary evidence that was submitted from each organisation that provides maternity services in Wales;
- National Service Framework (NSF) for Children, Young People and Maternity Services Self Assessment Audit Tool Data (SAAT Data). The 17 key core actions for maternity services where relevant to the HIW maternity review, which organisations have self assessed themselves against and submitted to the Welsh Assembly Government (WAG);
- Formal and informal interviews;
- Observation visits to every unit undertaking deliveries were made with a team consisting of HIW staff, Peer and Lay reviewers.

**Background to Maternity Services at Pontypridd and Rhondda NHS Trust**

Pontypridd & Rhondda provides a range of acute and community hospital services, including mental health as well as services that are provided in community settings. Maternity deliveries take place at the Consultant led Unit at Royal Glamorgan Hospital in Llantrisant. A total of 2396 births took place in 2005, further details of the type of delivery is set out in the following table.

| **Data for January – December 2005** | **Total Number** | **Percentage** |
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| Elective Caesarean Sections | 390 | 16.3% |
| Emergency Caesarean Sections | 306 | 12.8% |
| Instrumental deliveries (forceps and ventouse) | 155 | 6.5% |
| All other deliveries in the Consultant Unit | 1485 | 62% |
| Homebirths | 60 | 2.5% |
| Total number of births (Includes Consultant Unit, Birth Centre and Homebirths) | 2396 | 100% |

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| Number of Inductions of Labour in 2005 (% of the total number of deliveries in the Trust) | 551 | 23% |

**HIW visited Pontypridd and Rhondda NHS Trust maternity services on the 8th January 2007 and interviewed staff and visited the Consultant Unit. Our findings, including areas of strength and areas for further improvement, and recommendations against the six key areas are detailed in the following table.**

| HIW No | Criteria | Key Areas Considered | Findings including areas of strength and areas for further improvement | Recommendations |
|---|---|---|---|---|
| L1 | There is Clinical Leadership (Medical) for the Labour Ward. | Job description of Clinical Lead(s) (Medical) | The Job Plan/Job Description for the Consultant Obstetrician/Gynaecologist (undated) indicates that the postholder will act as the lead obstetrician for the labour ward with responsibility for its day to day management. During the site visit HIW confirmed that a consultant is identified as the Clinical Lead (Medical) for the labour ward. | |
| | | Activities of Clinical Lead(s) (Medical) | HIW found that staff (Medical, Midwifery and Support Staff) in maternity services felt that senior colleagues were supportive and available in the clinical areas to assist and supervise staff when needed. Staff also identified that there were a number of different opportunities for training in maternity. | |
| | | 40 hours consultant cover (rota and work undertaken) | The Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM) document "Towards Safer Childbirth" (1999), which is in the process of being updated, recommends that as a minimum a consultant or equivalent should be available in a supervisory capacity for 40 hours during the working week (10 sessions). HIW established that there are four sessions covered by a consultant on the labour ward, the Trust is in the process of appointing two new consultants which should enable all 10 sessions to be covered. | 1. 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. |
| | | Handover procedures for change of Medical/Midwifery staff | The Guidance for the Handover of Labour Ward Cover (2005) details handover for medical staff. The Standard for Record Keeping by Midwives (2006) details that handovers should be documented in the health record, it does not include any specific details on the handover itself. Midwifery handovers occur three times a day when staff change shift, there is a general handover with all midwifery staff and then more detailed for each woman in labour. Medical staff handovers also occur at the change of shift. Interview evidence indicates that it is unclear if there is a link between midwifery and medical staff handovers and this should be reviewed to ensure that where relevant there is sharing of relevant information. | 2. The Guidance for the Handover of Labour Ward Cover should be updated to cover all staff.<br><br>3. Midwifery and Medical staff should, where appropriate, undertake handovers together to ensure the sharing of relevant information. |

| HIW No | Criteria | Key Areas Considered | Findings including areas of strength and areas for further improvement | Recommendations |
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| L2 | There is Clinical Leadership (Midwifery) for the Labour Ward, Midwifery Led Unit (where applicable) and for Homebirths | Job description of Clinical Lead(s) (Midwifery) | The Clinical Risk Manager/Labour Ward Co-ordinator job description (undated) identifies that she will provide managerial support and leadership to enable midwives to deliver a high quality maternity service. HIW identified and confirmed during the site visit that there is a Clinical Lead (Midwifery) for the Labour Ward. | |
| | | Activities of Clinical Lead(s) (Midwifery) | Activities discussed in L1. | |
| | | Birth-rate plus and actions/progress from audit | Birthrate Plus, which is a framework for workforce planning and decision making for maternity services has been carried out in the Trust. The Birthrate Audit Report (June 2004) identified that there was adequate staffing in maternity services but changes have been made such as reviewing the skill mix of staff, opening a day assessment service and establishing specific roles such as an infant feeding co-ordinator and screening midwife. | |
| | | Handover procedures for change of Medical/Midwifery staff | Handover discussed in L1. | |
| L3 | There is a named obstetric anaesthetist available at all times to provide advice and cover for the Labour Ward. | Obstetric anaesthetist rota detailing cover for the labour ward | 24 hour on call consultant or senior anaesthetic cover is available for the maternity unit, consultants are present on the labour ward for a number of sessions per week so they are immediately available and can support junior staff. There is also a written rota and contact details are clearly available on the labour ward. | |

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| L4 | There is a multi-disciplinary labour ward (midwifery led unit) forum to review labour ward activity. | Terms of reference and minutes of meetings. | The RCOG and the RCM document "Towards Safer Childbirth" (1999) identifies that there should be a "multidisciplinary labour ward forum comprising, at a minimum, the lead obstetrician, the clinical midwife manager, an obstetric anaesthetist, a neonatal paediatrician, a risk manager, representatives from junior medical and midwifery staff and a consumer representative from the Maternity Services Liaison Committee to review labour ward activity and develop guidelines". The maternity service has a Labour Ward Forum, which meets on a monthly basis, it is a multidisciplinary group. Membership includes Consultant Obstetrician, Consultant Neonatologist, Practice Development Midwives and Labour Ward Manager, with other staff such as Consultant Anaesthetists, junior midwives and Midwifery Manager attending on a less frequent basis. There is no lay or junior medical staff representation. The remit of the group is to be a decision making body responsible for facilitating communication, planning and delivery of patient care on the delivery suite. Membership of this group should be expanded to include the full membership as defined by the RCOG/RCM. | 4. The membership of the Labour Ward Forum should include the membership and as set out by the RCOG/RCM and staff should attend on a regular basis. |

| HIW No | Criteria | Key Areas Considered | Findings including areas of strength and areas for further improvement | Recommendations |
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| M1 | Maternity Unit Managers, Heads of Midwifery (HOM) and the Clinical Director for Maternity Services:-<br>a) Have clearly defined roles and responsibilities.<br>b) Have protected time to fulfil their management roles.<br>c) Have effective support from the organisation to carry out their roles. | Job descriptions:- Maternity Unit Manager, Head of Midwifery, Clinical Director for Maternity Services | The job description for the Directorate Manager/Head of Midwifery (2006) and the Role of the Clinical Director (2005) was submitted, they outline the job role, responsibilities and accountability in maternity services and the Trust. Staff interviewed indicated that they were clear about their responsibilities and there was no overlap of roles, they felt they worked well together and were well supported by the organisation.<br><br>Staff indicated that they felt that senior colleagues listened to them and they were aware of issues in maternity services. | |
| | | Terms of Reference and minutes for Directorate meetings | Terms of reference and minutes for the Women, Child and Family Directorate were submitted and reviewed. The remit of this meeting is to co-ordinate and feedback information to the directorate and to link with other meetings in the Trust, such as the Management Executive Committee. Areas discussed include policies, procedures and risk management. Membership includes the Directorate Manager, Clinical Director, Consultant Obstetrician and Consultant Paediatrician. These meetings and others in maternity enable key issues to be discussed with senior colleagues and managers and allow effective communication to take place. | |
| M2 | There should be an appropriate flow of information from/to the Trust Board and the maternity services. | Minutes of meetings (Directorate and Trust Board) | The Trust Board is made aware of issues in maternity through the Clinical Governance Committee and the Nursing and Maternity Report, which advises the Trust Board of the activity and issues effecting nursing and midwifery services. HIW found that staff felt there were good communication and links to and from the Trust Board and that they were adequately briefed on issues in maternity. | |

| HIW No | Criteria | Key Areas Considered | Findings including areas of strength and areas for further improvement | Recommendations |
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| M3 | 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. | Criteria for staffing levels | Birthrate plus audit is discussed further in L2. | |
| | | Escalation Policy and Audit, Contingency Plans. | The Guidance for Dealing with Insufficient Staff (2003) and the Guidance for Limiting Services Within the Women Child and Family Directorate (2006) were submitted and reviewed. They set out the communication and escalation process for periods of increased activity in maternity including communication to senior colleagues and the triggers for when the department is reaching full capacity including a risk assessment form that should be completed. The policy has not been audited. During discussions HIW established that staff were aware that an escalation policy was in place and understood various contingencies that could be taken in the event of the unit becoming busy, such as informing senior colleagues and calling in additional staff. | 5. The Escalation Policy should be audited on a regular basis. |

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| T1 | How does the maternity unit encourage effective team working and communications | Staff Surveys | The NHS Wales Staff Survey 2005 - results for the Women, Child and Family (Acute) Directorate suggest, that overall, staff felt they worked effectively as part of a team. Interview evidence verified this within the maternity services and in addition supported that there were channels and systems in place, such as the monthly business meeting, that strengthened communication and team working. | |
| | | Multidisciplinary training | The Fire Drill Schedule 2005 /06 was an example of how multidisciplinary training takes place. It was noted, also, that some of these training sessions had been audited.<br><br>Copies of the Clinical Governance Newsletter were submitted as examples of how information, including training, is cascaded and shared with staff. | |
| | | Multidisciplinary meetings | Minutes of meetings such as the Women, Child and Family (Acute) Directorate Meeting were reviewed. The minutes demonstrate multidisciplinary working and the variety of topics discussed illustrate team working and communication across the professions. | |
| T2 | All women receive an agreed plan of care throughout pregnancy, labour and the post natal period in line with current professional standards consistent with their risk assessment and their chosen place of birth. | Guidelines for Homebirth, Midwifery Led or Consultant Led care. | The Antenatal Care Guidelines (March 2005) and Guidelines for Home Birth (Feb 2005) detail the assessment and booking process for midwifery led care, consultant care and home birth. Inclusion / exclusion criteria to be adhered to and continuously assessed against and the indications for referral and possible transfer are also set out. The guidelines are evidence based and are referenced accordingly.<br><br>During the interview process staff were clear about the referral and transfer process and were aware of the guidelines to be followed.<br><br>SAAT data indicates that the trust has achieved the relevant targets in this area. | |

| HIW No | Criteria | Key Areas Considered | Findings including areas of strength and areas for further improvement | Recommendations |
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| | | Labour ward policies | Labour ward policies were reviewed during the site visit, these are approved by the Labour Ward Forum. They were clearly identifiable and appropriately set out, with dates of development and when they are due to be reviewed (every 3 years). It was noted that not all policies were referenced. HIW found that staff knew how to locate the policies either on the website or staff room and that they were clearly dated and updated so they knew they were referring to the most up to date version. | 6. All policies should be evidenced based and clearly referenced. |
| | | Implementation and audit of All Wales Clinical Pathway for Normal Labour. | Data relating to the all-Wales Clinical Pathway for Normal Labour is submitted to the Welsh Assembly Government on a regular basis. HIW also found from the health records reviewed, that the Pathway is followed, where appropriate. | |
| T3 | There is a mechanism for referral from one professional to another at all stages of care, including a written evidence based transfer policy where applicable. | Transfer policy and referral mechanism. | Discussed in T2. | |

| HIW No | Criteria | Key Areas Considered | Findings including areas of strength and areas for further improvement | Recommendations |
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| C1 | There is a system to ensure that all critical incidents: -<br>a) Are reported through the appropriate channels.<br>b) Have immediate action taken to prevent re occurrence.<br>c) Are investigated and analysed.<br>d) Identify patterns and trends.<br>e) Result in changes in practice.<br>f) Are reviewed by a multi disciplinary group. | Incident reporting policy | The Trusts Hazard and Incident Reporting Policy – Everyone's Guide to the Trusts Hazard and Incident Reporting Policy (2001) sets out the incident reporting process in the Trust. | |
| | | Completed incident forms | Completed incident forms for the last two months were reviewed during the site visit. These identified that midwives and medical staff are reporting a wider range of incidents, such as equipment issues, emergency caesarean section and post partum haemorrhage. Discussions with staff identify that they feel comfortable with the culture of the organisation in that it wants to learn from incidents rather than apportion blame. | |
| | | Minutes of meetings and reports where incidents and trends are reviewed | Minutes of the Clinical Governance Meeting indicate that incidents are discussed and actions agreed. However it is unclear if incidents are collated on a regular basis to identify any potential trends. | 7. All incidents should be collated on a regular basis to enable trends to be identified. |
| | | Examples of changes made | We found that changes have been made as a result of incident reporting, such as changes to the post partum haemorrhage guidelines and the back to basics study day on prolonged labour. | |

| HIW No | Criteria | Key Areas Considered | Findings including areas of strength and areas for further improvement | Recommendations |
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| C2<br><br>C3 | All healthcare professionals directly involved in childbirth are competent in basic adult obstetric, neonatal resuscitation and immediate care.<br><br>CTG (cardio toco graph) interpretation training and updates should be undertaken on a 6 monthly basis. | Training programmes | Resuscitation training, including Neonatal Resuscitation and the Obstetric Emergency and Mandatory training days take place on a regular basis. SAAT data indicates that the trust has achieved the relevant targets in this area. HIW found that on the whole staff spoken to had received resuscitation training in the last year.<br><br>The Trust has access to the K2 Fetal Monitoring Training System, which is a computer based training system that can be accessed at home or in the hospital. In house CTG update sessions are also available. HIW found that staff had received CTG updates in the last 6 months | |
| | | Records of attendance and a system to ensure all staff attend | The Directorate Training Record includes all midwifery staff and the training they have completed including CTG interpretation, Neonatal and Maternal resuscitation. Attendance is monitored and reminders are sent to staff when they are due to attend training.<br><br>HIW found that all of the documentation submitted as part of the review for C2 and C3 pertained on the whole to Midwives. Medical staff indicated that they had received training but it is unclear as to what systems are in place to monitor their attendance. | 8. There should be a system in place to record and monitor staffs' attendance at resuscitation and CTG training, including medical staff. |

| HIW No | Criteria | Key Areas Considered | Findings including areas of strength and areas for further improvement | Recommendations |
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| P1 | The views of women and their families are sought routinely and changes are made as a result. | Examples of recent surveys. | A Better Birth Environment Audit Checklist (June 2005) and Audit of Women's Views was carried out between July – December 2005 based on the National Childbirth Trust Audit Tool. Findings suggest that the facilities being provided by the labour ward, and deemed high priority by the NCT, were largely being provided. | |
| | | Examples of changes made. | Following the Better Birth Environment Audit Checklist some improvements to the labour room and pool room have been implemented and other work is ongoing. The Audit of Women's Views did find areas for improvement and recommendations were made as a result. It was noted, also, that a User Representative was used as part of the assessor panel in undertaking the Audit of the Labour Room.<br><br>Interview evidence also supported that the lay representative had an involvement regarding questionnaire design and reviewing information leaflets provided to women and their families. | |
| P2 | Women and their families are provided with evidence based information to enable them to make informed decisions about their care throughout pregnancy, labour and the postnatal period. | • Place of birth.<br>• Pain relief.<br>• Induction of labour.<br>• Mode of delivery.<br>• Vaginal birth after caesarean section (VBAC).<br>• Fetal monitoring in labour.<br>• Vitamin K.<br>• Post natal depression. | The Patient Information Leaflets that were submitted included: Pain Relief; Induction of Labour; Place of Birth and Post Natal Depression. The teaching notes for vaginal birth after caesarean section were submitted as the draft leaflet was awaiting approval. It was noted that information in relation to Vitamin K is provided as part of the antenatal hand held records folder and that the Pregnancy Book is also provided to women.<br><br>Information is made available in the antenatal clinics and ward areas. | |

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| P3 | There is a named healthcare professional identified for each woman, who leads and plans her contact with maternity services. | Risk Assessment Documentation Guidelines for Homebirth, Midwifery Led or Consultant Led care | Discussed in T2. | |

| HIW No | Criteria | Key Areas Considered | Findings including areas of strength and areas for further improvement | Recommendations |
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| D1 | The maternity unit should seek to continuously improve the quality of medical records through ongoing audit and review. | Examples of multi disciplinary record keeping audits and changes made as a result. | The results of the Maternity Department Record Keeping Audits 2005 and 2006 were submitted and showed that overall the notes were considered to be of a satisfactory standard. Actions and recommendations made show a commitment to continually improve record keeping and as well as communicating this to staff through update days information is also shared at various meetings. | |
| D2 | What data on Maternity Services is routinely collected and what changes have occurred as a result of collecting this information. | List of data that is collected routinely, where this is sent and changes made as a result of collecting. | The Trust have developed an in-house information system to collect maternity data. Information collected includes:<br>- Monthly projected deliveries<br>- Total number of births, type, continuity of care etc.<br>- out of area births.<br><br>Statistics are provided for community teams allowing lessons to be learnt and sharing good practice. The projected deliveries information enables the management team to predict busy periods and alter staffing arrangements if necessary along with the out of area activity information and this is also utilised in financial discussions with the relevant Local Health Boards.<br><br>Interview evidence identified that staff were aware of why data was collected and used, and verified that the in-house system was useful.<br><br>A recommendation relating to data collection and data sets will be discussed in the All Wales Thematic Report. | |

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| D3 | A structured and accurate record of all events during the antenatal, childbirth and postnatal periods is maintained for every women and child (unified record) | Review of Health Records | 20 completed sets of health records were requested and reviewed during the site visit. Overall the records were found to be robust and of an appropriate standard and all blood results were securely stored. CTG traces were on the whole appropriately stored however in a few records the CTG traces did have the potential to unravel, as they were stored on a mount sheet. All staff names were recognisable and when they took over care, dates and times were duly noted on the labour pages and key procedures identifiable. | 9. CTG traces should be stored in a re-sealable envelope that is hole-punched and filed within the main body of the records. |