

SWANSEA NHS TRUST

MATERNITY SERVICES ACTION PLAN FOLLOWING HIW REVIEW

OBJECTIVE/RECOMMENDATIONS	ACTION	LEAD	TIME SCALE
<p>1a. The Job Description for the Clinical Lead (Medical) for Labour Ward should clearly identify responsibilities</p> <p>1b. To add review date to job descriptions for Head of Midwifery, Lead Midwife for Central Delivery Suite and Lead Midwife for Birth Centre</p>	<ul style="list-style-type: none"> • To update Job Description for Obstetric Lead on Labour Ward • To add review date to Midwifery Job descriptions 	<p>Huw Williams, Divisional General Manager</p> <p>Sian Passey, Head of Midwifery / Service Manager Women's Health</p>	<p>September 2007</p> <p>September 2007</p>
<p>2. To achieve 60 hour Consultant Obstetric cover by 2009</p>	<ul style="list-style-type: none"> • Trust to identify Financial resource to increase Consultant Obstetric cover over next 2 years • Clearly define roles and responsibilities of Consultant covering labour ward • Develop a strategy which identified teaching sessions for Consultants during allocated labour ward sessions 	<p>Huw Williams, Divisional General Manager</p> <p>Simon Emery, Clinical Director</p> <p>Simon Emery, Clinical Director / Myriam Bonduelle, Lead Consultant Obstetrician</p>	<p>August 2009</p> <p>January 2008</p> <p>December 2007</p>
<p>3. To closely monitor Hand Over procedures of Medical/Midwifery staff</p>	<ul style="list-style-type: none"> • Audit handover procedures on Central Delivery Suite annually 	<p>Myriam Bonduelle, Lead Consultant Obstetrician / Sarah Fox, Senior Clinical Midwife CDS</p>	<p>October 2007 (Annually there after)</p>

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<p>4. To change patterns of care in line with recommendation from Birthrate Plus</p>	<ul style="list-style-type: none"> • To analyse Data from Birthrate Plus • Introduce new models of care within hospital and community settings • Review staffing levels in the community and acute settings in line with findings of Birthrate Plus 	<p>Sian Passey, Head o Midwifery/Service Manager Women's Health / Liz Brookes, Midwife</p> <p>Sian Passey, Head o Midwifery / Service Manager Women's Health / Midwifery Managers</p> <p>Sian Passey, Head of Midwifery / Service Manager Women's Health /Midwifery / Midwifery Managers</p>	<p>October 2007</p> <p>October 2007</p> <p>October 2007</p>
<p>6. To extend remit of Maternity Forum in line with the RCOG and RCM document "Towards Safer Child Birth"</p>	<ul style="list-style-type: none"> • Review Terms of Reference and membership of Maternity Forum • Identify specific Protocols which could be shared with users • Identify Audits that could be shared with participants of Group 	<p>Myriam Bonduelle, Lead Consultant Obstetrician /Sarah Fox, Senior Clinical Midwife CDS</p>	<p>November 2007</p>
<p>7a. Review Terms of Reference for Obstetric and Gynaecology Directorate meetings</p> <p>7b. Obstetric and Directorate meetings to include Risk Management, Protocols and Training</p>	<ul style="list-style-type: none"> • To agree Terms of Reference for Obstetric and Gynaecology Directorate meetings • Set Agenda to incorporate Clinical Governance issues. • Map a process for CG issues that are unable to be resolved within the Directorate to be escalated to Divisional Board and to Trust Board / CG Committee 	<p>Simon Emery, Clinical Director / Huw Williams, Divisional General Manager</p> <p>Simon Emery, Clinical Director</p> <p>Simon Emery, Clinical Director</p>	<p>November 2007</p> <p>November 2007</p> <p>November 2007</p>

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<p>8. Identity a formal process which ensures that the Trust Board is kept fully informed of maternity service issues</p>	<ul style="list-style-type: none"> • Head of Midwifery to have identified 1:1 sessions with Director of Nursing • DGM to discuss with Chief Executive an identified formal process • The annual presentation from Women & Child Health to the Trust CG Committee to include details of the key clinical governance issues for women's health. 	<p>Liz Rix, Director of Nursing</p> <p>Huw Williams, Divisional General Manager</p> <p>Huw Williams, Divisional General Manager / Sian Passey, Head of Midwifery/Service Manager Women's Health</p>	<p>July 2007 - On Going</p> <p>October 2007</p> <p>Achieved in January 2007 (ongoing)</p>
<p>9. To regularly review and monitor effectiveness of Escalation Policy</p>	<ul style="list-style-type: none"> • Audit Policy annually and ensure any identified shortcomings in its implementation are addressed • Record how often Escalation Policy is activated and various stages of Policy • Head of Midwifery to discuss All Wales Escalation Policy at HOMAG 	<p>Sian Passey, Head o Midwifery/Service Manager Women's Health /Midwifery</p>	<p>December 2007</p>
<p>10a. To identify Forums for multidisciplinary training events</p>	<ul style="list-style-type: none"> • MDT Training to be arranged and a Training needs analysis undertaken to identify topics suitable for MDT Training. • Timescales for Emergency Obstetric Drills throughout Maternity Dept. to be formalised • Consultants to allocate Medical staff to attend Midwifery All Day up date days. These days include: <ul style="list-style-type: none"> • Record Keeping • CTG Training • Neonatal Resuscitation • Midwives and Medical staff to be allocated to attend PROMPT courses, MOET etc. 	<p>Myriam Bonduelle, Lead Consultant Obstetrician / Sarah Fox, Senior Clinical Midwife CDS</p>	<p>November 2007</p> <p>November 2007</p>

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<p>10b. Develop Training Programme of multidisciplinary training events</p> <p>10c All appropriate staff should receive resuscitation training for Adult and Neonatal Resuscitation</p> <p>10d. All staff should access 6 monthly CTG workshop and complete K2 Package ANNUALLY</p>	<ul style="list-style-type: none"> • Lead Obstetrician/Senior Midwife to Benchmark with other areas • Identify available dates for BLS • Allocate Consultants to and staff to attend Basic Life Support • Database to be set up to Record Attendance at BLS/NLS • Midwifery and Medical staff to be allocated to attend neonatal resuscitation • Lead Obstetrician for Labour Ward and Practice Development Midwife to formulise CTG Package for all staff to attend • Formalise attendance of Medical staff at CTG training sessions • Set up Database to record attendance for Medical Staff 	<p>Myriam Bonduelle, Lead Consultant Obstetrician / Sarah Fox, Senior Clinical Midwife CDS</p> <p>Sian Passey, Head of Midwifery /,Service Manager Women's Health</p> <p>Simon Emery, Clinical Director /Lynda Grey Secretary for Clinical Director</p> <p>Simon Emery, Clinical Director /Lynda Grey Secretary for Clinical Director</p> <p>Practice Development Midwife Wendy Friswell / Adnan Bunkheila Consultant Obstetrician & Gynaecologist</p> <p>Adnan Bunkheila, Consultant Obstetrician & Gynaecologist</p> <p>All Consultants</p> <p>Simon Emery ,Clinical Director /Lynda Grey ,Secretary for Clinical Director</p>	<p>February 2008</p> <p>October 2007</p> <p>December 2007</p> <p>February 2008</p> <p>December 2007 - On going</p> <p>January 2008</p> <p>December 2007</p> <p>February 2008</p>
<p>11. All Policies to be evidenced based and clearly referenced</p>	<ul style="list-style-type: none"> • Prioritise policies for review • Review present Protocols • Ensure all new Protocols are referenced and evidenced based 	<p>Myriam Bonduelle, Lead Consultant Obstetrician /,Marjorie Morgan, Consultant Obstetrician/ Sarah Fox ,Senior Clinical Midwife CDS//Wendy Sunderland Evans Manager ANC/ADAU</p>	<p>February 2008</p>

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<p>16. Views of all women should be reviewed on a regular basis</p>	<ul style="list-style-type: none"> • Patient satisfaction surveys should be completed on every patient • Results from surveys should be collated on a quarterly basis • Results of survey to be fed back to Maternity Forum and Staff Audit meeting and appropriate action agreed • Better Birth Environment Questionnaires to be completed annually and results fed back to Maternity Forum • Changes identified from surveys/questionnaires need to be fed back to Directorate/Division and evidence of changes clearly identified at Maternity Forums 	<p>Jenny Goodchild, Assistant Head of Midwifery</p> <p>Midwifery Managers</p> <p>Vicky Langford, Clinical Risk Manager Women' Health</p> <p>Sara Morgan, Community Manager</p> <p>Sara Morgan, Community Manager</p>	<p>October 2007</p> <p>October 2007</p> <p>October 2007</p> <p>December 2007</p> <p>February 2008</p>
<p>17a. There needs to be evidence which clearly shows commitment to improving the quality of Record Keeping</p> <p>17b. Staff should clearly identify their name in the maternal record</p> <p>17c. Patient information should be securely stored in health record</p>	<ul style="list-style-type: none"> • Audit of Midwifery Record Keeping to be undertaken on an Annual basis • To identify midwife and medical staff to undertake a multidisciplinary audit on record keeping • An audit of Maternal records to be undertaken • Documentation of names to be covered during record keeping training sessions • Clinical Risk Manager to deliver session on Record Keeping at directorate Induction for: Midwifery Staff, SPR's Registrars • Re-design Maternity Record Folder 	<p>Supervisors of Midwives</p> <p>Practice Development Midwife Wendy Friswell /Lead Obstetrician for Audit</p> <p>Practice Development Midwife Wendy Friswell /Lead Obstetrician for Audit</p> <p>Vicky Langford Clinical Risk Manager /Wendy Friswell Practice Development Midwife</p> <p>Vicky Langford, Clinical Risk Manger Women's Health</p> <p>Margaret Tucker, Patient Services Maanger / Jenny Goodchild Assistant Head of Midwifery</p>	<p>March 2008 - Annually</p> <p>February 2008</p> <p>October 2007</p> <p>October 2007</p> <p>December 2007</p> <p>July 2007</p>