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All Wales Maternity Services Review

Findings for Swansea 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 Swansea NHS Trust

Swansea NHS Trust provides a comprehensive range of hospital and community health services for Swansea and the surrounding population of approximately 250,000 people. Maternity deliveries take place at the Consultant Unit and Birth Centre at Singleton Hospital in Swansea. A total of 3618 births took place in 2005, further details of the type of delivery are set out in the following table.

Data for January – December 2005	**Total Number**	**Percentage**
Elective Caesarean Sections	464	12.8%
Emergency Caesarean Sections	542	15%
Instrumental deliveries (forceps and ventouse)	375	10.4%
All other deliveries in the Consultant Unit	1827	50.5%
Deliveries in the Birth Centre (opened in May 2005)	326	9%
Homebirths	84	2.3%
Total number of births (Includes Consultant Unit, Birth Centre and Homebirths)	3618	100%

Number of Inductions of Labour in 2005 (% of the total number of deliveries in the Trust)	593	16.4%

HIW visited Swansea NHS Trust maternity services on the 23rd November 2006 and interviewed staff and visited the Consultant Unit and the Birth Centre. 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)	No job descriptions were submitted as part of Swansea NHS Trust submission as part of the maternity review. During the site visit HIW confirmed that one of the consultants is identified as the Clinical Lead (Medical) for the labour ward. An up to date job description should identify this responsibility.	1. The job description for the Clinical Lead (Medical) for the labour ward should clearly identify this responsibility.
		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 to consult with if staff needed advice. A number of training and education sessions were available for staff such as skills workshops and Cardiotocograph (CTG) sessions.	
		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). The maternity service has 40 hours named consultant cover on the labour ward. A consultant covers the labour ward for a week at a time and this is detailed in the consultant on call rota.	
		Handover procedures for change of Medical/Midwifery staff	The Guidelines for Patient Handover Midwifery (2005) and Labour Ward Management (2006) set out guidance, responsibilities and best practise points for midwifery and medical staff when handing over care. This is supported by the Trust Policy for Patient Handover (2006). Midwifery handovers occur three times a day when staff change shift, there is a general handover with all midwifery staff and then one to one with the person taking over care. Medical staff handovers also occur at the change of shift, with a ward round with all grades of Medical staff which is documented. Midwifery and medical handovers occur separately but the midwife co-ordinator for the shift on the labour ward will attend the medical staff ward round and disseminate information where appropriate.	

HIW No	Criteria	Key Areas Considered	Findings including areas of strength and areas for further improvement	Recommendations
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)	A number of job descriptions were submitted as part of the maternity review, that of the Senior Clinical Midwife – Central Delivery Suite (not dated) identifies that she should provide leadership, management of delivery suite and theatres and have responsibility for the development of staff within the area. That of the Lead Midwife Birth Centre (not dated), identifies that she should manage and co-ordinate care by providing effective leadership. Interview evidence indicated that the Senior Clinical Midwife was identified as the Clinical Lead (Midwifery).	
		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 (2002) identified that there was adequate staffing in maternity services but identified that it would be beneficial to change patterns of care. The maternity services have changed the patterns of working with community midwives taking responsibility for Homebirths and women who deliver in hospital are cared for by a midwife in the unit. The community midwives work 1-2 shifts per month in the birth centre to maintain their clinical skills. The Birthrate audit is in the process of being undertaken again.	
		Handover procedures for change of Medical/Midwifery staff	Handover procedures discussed in L1.	

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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 registrar cover is available for the maternity unit, consultant or other senior anaesthetic staff are on the whole present on the labour ward during the day so they are immediately available if required and can support junior staff. There is a written rota so staff know who to contact.	
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". There is not a Labour Ward Forum in the Trust but a Maternity Forum is in place. Terms of reference and minutes were not submitted for this group so it is difficult to establish the remit and membership of the group. From discussions HIW established that the Maternity Forum exists to increase feedback from users of maternity services and a number a different staff and users attend this forum. While this group carries out part of the functions of a Labour Ward Forum it does not undertake the full remit as defined by the RCOG and the RCM and this should be addressed.	2. A Labour Ward Forum that meets on a regular basis and includes the membership and carries out the functions set out by the RCOG/RCM should be established.

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M1	Maternity Unit Managers, Heads of Midwifery (HOM) and the Clinical Director for Maternity Services:- a) Have clearly defined roles and responsibilities. b) Have protected time to fulfil their management roles. 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	Job descriptions were submitted for the Head of Midwifery/ Service Manager Women's Health (undated) and the Clinical Director (2006) outlining their roles, responsibilities and lines of accountability within maternity services. Staff interviewed were clear about their role and responsibilities and no negative overlap or conflict in role was identified. Staff felt they were on the whole supported by the organisation and had time to carry out their role. HIW found that staff felt that senior colleagues in maternity services were aware of issues in the service and there are effective communication channels in place.	
		Terms of Reference and minutes for Directorate meetings	Minutes of the Obstetric and Gynaecology meetings were submitted and reviewed, membership includes Head of Midwifery, Clinical Director and Divisional General Manager. These meetings enable senior colleagues to meet and discuss issues including protocols, risk management and training. Terms of reference for this meeting have not been developed.	3. Terms of Reference for the Obstetric and Gynaecology meeting should be developed to ensure its remit and reporting lines are clear.
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)	Two reports on maternity services were submitted, one was a review of maternity services (2004) prepared for the Executive Board, the other a maternity services redevelopment paper (2006) which outlines the changes in the maternity service in Swansea. No minutes of the Trust Board meetings were provided in the submission from Swansea NHS Trust so it is not possible to establish, what if any issues relating to maternity are discussed at Trust Board. HIW established that staff did not feel that the Trust Board were fully aware of issues in maternity services and it was unclear what the reporting lines to the Trust Board were.	4. The Trust should ensure that there is a formal process in place to alert and update the Trust Board on maternity services.

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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	The Birthrate audit report (2002) identified the appropriate staffing levels for the unit (this is discussed further in L2). The Escalation Policy (December 2004) includes a table, which outlines ideal midwifery staffing levels for the various shifts (December 2005).	
		Escalation Policy and Audit, Contingency Plans.	The Escalation Policy also sets out the principles and actions required by key staff should there be pressure on the unit. It uses a traffic light system for the various stages of contingency and an incident form is completed if the escalation policy is used. The policy was audited in September 2006 (draft), the audit established a baseline from which to assess the use of the escalation policy, trends and frequency of initiation of the policy and closure of the unit. During discussions with staff HIW established that staff were aware of the traffic light system and the various levels of escalation identified in the policy.	

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T1	How does the maternity unit encourage effective team working and communications	Staff Surveys	The Trust submitted a copy of the Supervision of Midwives Survey dated April 2006 along with its Action Plan in relation to the NHS Wales Staff Survey 2006-07. It is apparent from this that the Trust will be working on improving communication across the organisation although staff within the maternity services did report, in some instances, excellent communication and overall good team working.	
		Multidisciplinary training	A number of groups are in place and from the minutes of meetings submitted it was clear that these groups are multidisciplinary. Examples include the Antenatal Working Group Meeting, Department of Obstetrics & Gynaecology Audit Meeting and Protocol Group for Labour Ward.	
		Multidisciplinary meetings	There was limited evidence submitted of multidisciplinary training events. Although good team working exists, further improvements could be made by the development of multidisciplinary training events.	5. The maternity service should develop a programme of multidisciplinary training events.
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 Trust submitted many guidelines as evidence, which included the Homebirth Guidelines (Dec 2004), Normal Pregnancy and Birth Policy (May 2005) and Antenatal Care Policy (June 2005). Each of the documents were clearly set out and identified the criteria for the different patterns of care when booking women, including complicated pregnancies and consultant led care; the parameters for midwifery led care and practice, risk factors requiring referral and the level of care to be achieved. As part of the interview process, HIW also found that staff were aware of the guidelines and processes to be followed. All documents were referenced and evidence based, as appropriate. The SAAT data supports that the standard is being met and that all women have a named midwife and care planned according to the policy.	

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		Labour ward policies	Labour ward policies were reviewed during the site visit. It was evident that the documents were developed by the Labour Ward Protocol Group and in the majority of cases where clearly identifiable and appropriately set out with dates of development and review dates. It was noted that not all policies were referenced. HIW found that staff knew how to access the policies, whether in the office or intranet, and were observant especially of the review dates. HIW also noted that staff are required to sign to evidence that they have read the policies.	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, when 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.	HIW found that as part of the policies mentioned above that the indications for transfer and referral were clearly set out. Other documentation submitted, such as the Policy for Transfer of Patients from the Maternity Unit (Jan 2006); Chain of Command (Sept 2005) and Jump Call (Dec 2005) Policies and Risk Assessment Checklists also further support this. There were no perceived problems with the referral and transfer systems and staff interviewed were aware of the criteria to be followed.	

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C1	There is a system to ensure that all critical incidents: - a) Are reported through the appropriate channels. b) Have immediate action taken to prevent re occurrence. c) Are investigated and analysed. d) Identify patterns and trends. e) Result in changes in practice. f) Are reviewed by a multi disciplinary group.	Incident reporting policy	The Trusts Incident Reporting Policy and Procedure (September 2005) clearly sets out the Trusts incident reporting process. It also details that all incidents will be recorded on a database and quarterly reports will be prepared for various committees, including the Trust Board.	
		Completed incident forms	Completed incident forms for the last two months were reviewed during the site visit. These identified that midwives are reporting incidents but there was only 1 example of a form being completed by a member of the medical staff. A wide range of incidents are being reported including implementation of the Escalation Policy, Readmissions and emergency caesarean sections. Discussions with staff identify that ⅔ of staff feel comfortable to report incidents, with a ⅓ indicating that they have never reported and are unsure what they should report.	7. All staff should be encouraged to report incidents and made aware of the type of incidents that they should be reporting.
		Minutes of meetings and reports where incidents and trends are reviewed	Minutes of the Divisional Clinical Governance Committee indicate that incidents are discussed at this meeting. Incidents are also discussed in a number of different forums such as audit meetings, staff meetings and on an individual basis. While it appears that incidents are discussed the formal process for reviewing all incidents on a regular basis to ensure that trends are identified does not appear to be as robust as it could be and this should be strengthened.	8. The process for reviewing incidents should be reviewed to ensure that all incidents (including trends information) are collated, reviewed and action taken by a group on a regular basis.
		Examples of changes made	Recommendations for changes to be made as a result of incident reporting are included in a number of documents submitted and reviewed, but it is unclear if any of these changes have been made.	9. Follow up procedures should be improved to ensure that changes as a result of incident reporting are actioned.

HIW No	Criteria	Key Areas Considered	Findings including areas of strength and areas for further improvement	Recommendations
C2 C3	All healthcare professionals directly involved in childbirth are competent in basic adult obstetric, neonatal resuscitation and immediate care. CTG (cardio toco graph) interpretation training and updates should be undertaken on a 6 monthly basis.	Training programmes	Resuscitation training, including Midwifery Adult Life Support and Neonatal Resuscitation for Midwives occurs on a regular basis. Information from the SAAT data indicates that monthly training programmes are in place for resuscitation training. HIW found that half of staff spoken to had not received resuscitation training in the last year. CTG training standards (Feb 2006) have been developed which identify the options for CTG training in the Trust and identifies that staff must update on a 6 monthly basis (K2 and a teaching session). 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. HIW found that ¾ of staff had received CTG interpretation updates in the last 6 months.	10. All appropriate staff should receive resuscitation training on a regular basis as defined by the Trust.
		Records of attendance and a system to ensure all staff attend	Records of attendance for Midwives attendance at resuscitation training is kept on a database and reports and reminders are generated. Progress through the K2 system is also monitored. Records of attendance for medical staff are kept for various training events and meetings, but there is no system in place to record and monitor their attendance at training to ensure they receive updates on a timely basis.	11. There should be a system in place to record and monitor medical staffs attendance at resuscitation and CTG training.

HIW No	Criteria	Key Areas Considered	Findings including areas of strength and areas for further improvement	Recommendations
P1	The views of women and their families are sought routinely and changes are made as a result.	Examples of recent surveys.	A Presentation giving results of the Better Birth Environment Questionnaire (June 2006) was submitted as evidence and overall suggests that women were satisfied with the care they had received.	12. 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.
		Examples of changes made.	The notes from the Maternity Forum confirms a commitment to gaining views of women and their families, but this seems to be at an early stage. Interview evidence also suggests that feedback from women is being sought albeit sometimes on an ad hoc basis.	
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. • Pain relief. • Induction of labour. • Mode of delivery. • Vaginal birth after caesarean section (VBAC). • Fetal monitoring in labour. • Vitamin K. • Post natal depression.	In addition to the Welsh Assembly Government Pregnancy Book, the Trust submitted leaflets in relation to: Home Sweet Home: Thinking about Home Birth; Swansea Birth Centre; Caesarean Section: Anaesthetic Choices; Risks and Benefits of Induction of Labour; Dear Parent letter: Vitamin K; Pain Relief in Labour; Your Pathway Through Labour; Induction in Labour; Draft Vaginal Birth after Caesarean Section and NICE Monitoring your Baby's Heartbeat in Labour. The Pregnancy Book is given to all women at booking by the community midwife and other information is given, as appropriate, during the pregnancy.	

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
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.	Audits of Handover of Care (Aug 2005) and Labour Ward Record Keeping (Sept 2005) have been undertaken. The results indicate that there are areas requiring improvement in relation to record keeping, the recommendations, follow up training sessions and memos to staff from the Consultant Obstetrician and Head of Midwifery identifying areas for improvement demonstrate a commitment in addressing this. Midwives undertake annual record keeping audits and all midwives have their record keeping audited on an annual basis by their supervisor of midwives. Multidisciplinary record keeping audits have yet to take place within the Trust.	13. The maternity service should ensure that there is a systematic process in place for regular multidisciplinary audit.
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 collates data in a number of ways: - Public Health Statistics, which includes information on the personal history of the woman. - Midwifery Statistics, which includes information on named healthcare professionals, place of birth and referrals etc. Evidence does suggest that some of the information is being used to plan services etc. although it is unclear how much of the data is being acted upon. A recommendation relating to data collection and data sets will be discussed in the All Wales Thematic Report.	

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. We found that in general the records were robust with CTG traces securely stored and confidentiality maintained. It was noted, however, that in the majority of records the staff names were not clear and that there was some patient information loose in the back pocket of the folder.	14. Staff should clearly record their names in the health record. 15. Patient information should be securely stored in the health record and not left loose in any pockets in the folder.