

**Healthcare Inspectorate Wales
All Wales Maternity Services Review**

Findings for North Glamorgan NHS Trust

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 inpatient 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 North Glamorgan NHS Trust

The North Glamorgan NHS Trust provides acute, community and mental health services to the people primarily in the Merthyr, Cynon and upper Rhymney valleys. The Trust's catchment population is approximately 150,000. Services are provided from four hospitals, five health centres and 17 community clinics. Maternity deliveries take place at the Consultant Unit at Prince Charles Hospital and the Midwifery Led Unit at Aberdare Hospital. A total of 1482 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	185	12.5%
Emergency Caesarean Sections	249	16.8%
Instrumental deliveries (forceps and ventouse)	143	9.6%
All other deliveries in the Consultant Unit	733	49.5%
Deliveries at Tair Afon Birth Centre, Aberdare Hospital	156	10.5%
Homebirths	16	1.1%
Total number of births (Includes Consultant Unit, Birth Centre and Homebirths)	1482	100%

Number of Inductions of Labour in 2005 (% of the total number of deliveries in the Trust)	306	20.7%
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HIW visited North Glamorgan NHS Trust maternity services on the 11th and 12th of January 2007 and interviewed staff and visited both the Consultant Unit and the Midwifery Led 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 description for the Lead Clinician (Medical) for the Labour Ward indicates that the postholder will be responsible for Labour Ward Management. HIW confirmed during the site visit that there is a Clinical Lead (Medical) for the Labour Ward.	
		Activities of Clinical Lead(s) (Medical)	During the site visit HIW established that staff feel well supported by senior colleagues and identified that they are available to consult with if staff need help or advice. A number of training opportunities are available for staff.	
		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). There are currently 8 sessions where a named consultant is available to cover labour ward, for some of these sessions the consultant may have another responsibility, for example a clinic. The Trust should review the consultant sessions on the labour ward to ensure that all 40 hours are covered.	1. 40 hours Consultant cover should be made available for the labour ward.
		Handover procedures for change of Medical/Midwifery staff	The Guideline to Handover of Care During Shift Changes – Maternity Department (2005) details handover for all staff including who should attend and the information that should be shared. The Guidelines for the Handover of Labour Ward (2005) details handover between medical staff. Handovers occur at the change of shift for all staff in maternity services. In the consultant unit handovers occur in a room with a white board and there are links between midwifery and medical staff handovers. At the birth centre handovers occur one to one.	

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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 job description for the Senior Midwife (2004) identifies that she is responsible for clinical leadership and operational management of ward 21, maternity day assessment unit, labour ward and maternity theatre. The job description for the Senior Midwife (2004) identifies that she is responsible for clinical leadership and operational management of ante natal clinics, community midwifery services, Tair Afon Birth Centre and midwifery led services. HIW identified and confirmed during the site visit that there is a Clinical Lead (Midwifery) for the Labour Ward and for the Birth Centre.	
		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 (July 2005) identified that additional midwives were required and 3 options have been put forward in an action plan (Sept 2006) the outcome of this was being awaited at the time of the site visit.	2. The Trust should ensure that the decision arising from the action plan is taken forward.
		Handover procedures for change of Medical/Midwifery staff	Handover procedures 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 a dedicated bleep so labour ward staff know who to contact.	

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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.	<p>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”.</p> <p>The maternity service has a Labour Ward Forum whose remit is to identify and evaluate aspects relating to labour ward and communicate to other directorate groups. It is a multidisciplinary group that meets on a monthly basis. Minutes of the meetings indicate that relevant items are discussed and between 5 and 8 people attend, however only the names of individuals and not their job title is recorded in the minutes so it is difficult to establish attendance.</p> <p>HIW established that although there is representation from a number of those recommended by the RCOG and RCM, not all roles are members of the Labour Ward Forum and this should be addressed, along with links to the Birth Centre.</p>	<p>3. The membership of the Labour Ward Forum should include the membership as set out by the RCOG/RCM.</p> <p>4. Minutes of the Labour Ward Forum should clearly detail the job title/role as well as the name of those attending.</p>

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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/ Gynaecology Nursing (undated) and the Clinical Director for the Directorate of Women and Children's Services (2005) outlining their roles and responsibilities in maternity services and the Trust. Staff interviewed identified that they were clear about their roles and responsibilities and there was no negative overlap of roles. Staff felt there was good communication between them, they worked well as a team and were supported by the organisation to carry out their role. HIW found that staff felt that senior colleagues were aware of issues in maternity services and that there were effective communication channels in place to raise any concerns.	
		Terms of Reference and minutes for Directorate meetings	A number of different formal and informal meetings take place in maternity to discuss key issues with senior colleagues and managers and allow effective communication to take place. The key formal meeting is the Sub Directorate of Obstetrics and Gynaecology Business Meeting, which is attended by key staff, areas discussed include training, labour ward cover and clinics. The minutes of these meetings record the names of individuals and not their job titles so it is difficult to establish attendance.	5. Minutes of meetings should clearly detail the job title as well as the name of those attending.

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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)	Information on maternity services is fed up to the Trust Board through the Clinical and Risk Governance Committee. Directorates present their clinical governance and risk matters to the committee and the minutes are presented to the Trust Board. No minutes of the Trust Board were provided in the submission from North Glamorgan NHS Trust so HIW could not confirm what information on maternity services is discussed at Trust Board. Senior staff felt there were good links to the Trust Board, both formally and informally, and that they were adequately briefed on issues in maternity services. There is a briefing note to staff after the Trust Board meetings to cascade information down to all staff.	
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 Guidelines for Closure of a Maternity Unit (2005) sets out the factors that would precipitate closure of the maternity unit. It includes informing and discussing with senior colleagues, a flow chart setting out the procedures to be followed, a checklist for closure and re-opening of the maternity unit and an appendix detailing the action to be taken when the maternity unit is approaching near capacity. The policy has not been audited. During discussions HIW established that staff were aware of the policy and understood the triggers that would alert them to the unit becoming busy and the contingencies that could be taken, such as contacting senior colleagues and the calling in of additional staff.	6. The Guidelines for Closure of a Maternity Unit should be audited on a regular basis.

HIW No	Criteria	Key Areas Considered	Findings including areas of strength and areas for further improvement	Recommendations
T1	How does the maternity unit encourage effective team working and communications	Staff Surveys	The Trust did not submit any information in respect of Staff Surveys. Interview evidence indicated that there was good teamworking and communication within the Directorate, many making reference to the usefulness of the different meetings that take place.	7. Maternity services should ensure they capture the views of staff.
		Multidisciplinary training	Various examples of multidisciplinary training undertaken including the Teaching Programme for 2006 and Safety Services Training schedule.	
		Multidisciplinary meetings	Minutes of meetings such as the Labour Ward Forum, Directorate of Women and Children Services and Sub Directorate of Obstetrics and Gynaecology were reviewed. The minutes demonstrate multidisciplinary working and the variety of topics discussed indicate team working and communication across the professions.	

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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.	<p>The Trust submitted many guidelines as evidence including - Guideline on Completing Maternity Risk Assessment Form to Identify Risk Factors (February 2004), Antenatal Risk Assessment Form (2005/06) and Guidelines for Supporting Women who Choose a Home Birth (2005).</p> <p>The Guidelines on Completing Maternity Risk Assessment Form to Identify Risk Factors (February 2004) and Antenatal Risk Assessment Form (2005/06) cover the procedures to be followed when booking women, including the pattern of care for low risk women and when women should be referred. The Guidelines for Supporting Women who Choose a Home Birth (2005) are brief, covering the management of a homebirth for women with normal pregnancies. All guidelines are referenced.</p> <p>SAAT data indicates that new documentation has recently been introduced and that awareness raising sessions are ongoing. There were plans to audit the documentation in April 2006.</p>	
		Labour ward policies	<p>Labour ward policies were reviewed during the site visit, these are developed by a group of individuals and approved by the Women's and Children's Directorate Clinical Governance Group. They were clearly identifiable and appropriately set out, with dates of development and when they are due to be reviewed (every 3 years). All policies were referenced appropriately.</p> <p>HIW found that staff knew how to locate the policies either on the labour ward or website and that they were clearly dated and updated so they knew they were referring to the most up to date version. Staff were also aware that the guidelines were discussed at different meetings.</p>	

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		Implementation and audit of All Wales Clinical Pathway for Normal Labour.	<p>Data relating to the all-Wales Clinical Pathway for Normal Labour is submitted to the Welsh Assembly Government on a regular basis. It was also evident the Trust has carried out an audit for both the Maternity Unit and Birth Centre and recommendations made as a result.</p> <p>HIW also found from the health records reviewed that the Pathway is followed, where appropriate.</p>	
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.	<p>In addition to those above, many policies were submitted as evidence including the Guidelines for the Transfer of Women in Labour from Home to Consultant Unit (March 2005) and Guidelines on Clear Chain of Command (December 2005).</p> <p>HIW found that as part of the policies mentioned above the indications for referral and transferring were clearly set out. Again, both documents were referenced.</p> <p>Interview evidence verified that staff were clear about referral mechanisms and confident that the system worked well.</p>	

HIW No	Criteria	Key Areas Considered	Findings including areas of strength and areas for further improvement	Recommendations
C1	<p>There is a system to ensure that all critical incidents: -</p> <p>a) Are reported through the appropriate channels.</p> <p>b) Have immediate action taken to prevent re occurrence.</p> <p>c) Are investigated and analysed.</p> <p>d) Identify patterns and trends.</p> <p>e) Result in changes in practice.</p> <p>f) Are reviewed by a multi disciplinary group.</p>	Incident reporting policy	The Trust did not submit its incident reporting policy, HIW is aware that there is a policy in place from other reviews it has done of the organisation. There is an Obstetric Trigger List (2005) which indicates what obstetrics incidents should be reported and the Maternity Pre and Post Clinical Incident Risk Register (2006-2007) captures serious clinical incidents, what action has occurred following an investigation and any resource implications.	
		Completed incident forms	Completed incident forms for the last two months were reviewed during the site visit. This review identified that all disciplines of staff (Midwifery, Medical and other staff) are reporting a wide range of incidents, such as security issues, communication and post partum haemorrhage. Discussions with staff identify that the majority of staff had report incidents and 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 Sub Directorate of Obstetrics and Gynaecology Clinical Governance Meeting, the Directorate Risk Management Group Meeting and the Clinical Incident and Adverse Event Meeting indicate that clinical incidents are being discussed and actioned. Although the main themes are identified it is unclear if incidents are collated to ensure that any trends are identified.	8. All incidents (including trends information) should be collated, reviewed and action taken by a group on a regular basis.
		Examples of changes made	HIW established that examples of changes made as a result of incident reporting were evident.	

HIW No	Criteria	Key Areas Considered	Findings including areas of strength and areas for further improvement	Recommendations
C2	All healthcare professionals directly involved in childbirth are competent in basic adult obstetric, neonatal resuscitation and immediate care.	Training programmes	Resuscitation training both maternal and neonatal is available to staff on a regular basis. Information from the SAAT data indicates that resuscitation training is part of the in-house annual updates and all staff have received training. HIW found that on the whole staff had received resuscitation training in the last year. 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 weekly CTG sessions are available and all staff are encouraged to attend. HIW found that on the whole staff had received updates in the last 6 months.	
C3	CTG (cardio toco graph) interpretation training and updates should be undertaken on a 6 monthly basis.	Records of attendance and a system to ensure all staff attend	A Training Needs Assessment Midwife/Nurses questionnaire records the training needs of midwives and nurses. It includes maternal and neonatal resuscitation and CTG training. It includes a section to include dates and details of training that has been attended. A database is maintained for midwifery staff so that attendance at resuscitation training can be monitored. It does not appear to include medical staff. A log is kept for midwives and medical staff to record and monitor CTG training and updates. 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.	9. There should be a system in place to record and monitor medical staff's attendance at resuscitation 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 blank copy of a Questionnaire to Evaluate Maternity Care dated July 2006 was submitted. There was no evidence to suggest when the questionnaire was being distributed or used. Interview evidence indicated that a questionnaire is given out to women on discharge, but this was not submitted as part of North Glamorgan NHS Trust documentation submission.	10. 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.	It is evident from the Women's Health Forum minutes dated March 2006 that there is feedback and comment from lay members. There was also discussion about having lay members on other groups within the Directorate.	
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.	<ul style="list-style-type: none"> • 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. 	<p>The Trust submitted examples in relation to:</p> <ul style="list-style-type: none"> - Mode of Delivery; - Vaginal Birth after Caesarean Section; - Caesarean Section; - Vitamin K - Postnatal Depression. <p>EIDO leaflets and NICE leaflets are also used along with the WAG Pregnancy Book. Information is accessible in the antenatal clinic, ward areas and MDAU.</p>	11. Adequate information should be made available to women and their families, including local information about the units and choice of place of birth.

HIW No	Criteria	Key Areas Considered	Findings including areas of strength and areas for further improvement	Recommendations
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.	<p>The results of the Department of Obstetrics - Multidisciplinary Audit of Documentation in the Medical Records was submitted for August 2006. Generally, findings reflected a satisfactory standard of record keeping, areas for improvement were clearly identified and a post audit action plan is to be produced and cascaded via the multidisciplinary team.</p> <p>It was evident from the 2006 Audit Programme that the Trust has a systematic process in relation to regular audit.</p>	
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.	<p>The Trust collates data in a number of ways:-</p> <ul style="list-style-type: none"> - Monthly maternity statistics, midwifery led and consultant led clients; - Data compiled monthly for the all-Wales Pathway; - Monthly national caesarean section infection surveillance audit; - Work activity of all midwives – hospital and community bases collected daily; - As appropriate, CESDI, Maternal Deaths, C.A.R.Y.S; - Audit data for Welsh Risk Pool Standards and local units; - All Screening Wales. <p>The evidence submitted clearly sets out what data is collected, where this is sent, what changes have resulted and how this is collected and the frequency.</p> <p>A recommendation relating to data collection and data sets will be discussed in the All Wales Thematic Report.</p>	

HIW No	Criteria	Key Areas Considered	Findings including areas of strength and areas for further improvement	Recommendations
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. Generally, the records were found to be robust and the majority had the information securely stored and maintained including the CTG traces. It was noted, however that nearly all of the records had patient information stored in the pocket of the file.	12. Patient information should be securely stored in the health record and not left loose in any pockets in the folder.