



The **Regulation** and
Quality Improvement
Authority

Report on the RQIA Review of Intrapartum Care

Belfast Health and Social Care Trust

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Chapter 1: Background Information

1.1 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

The RQIA's main functions are:

- to inspect the quality of health and social care services provided by health and social care (HSC) bodies in Northern Ireland through reviews of clinical and social care governance arrangements within these bodies; and,
- to regulate (register and inspect) a wide range of health and social care services delivered by HSC bodies and by the independent sector. The regulation of services is based on minimum care standards, which ensure that service users know what quality of services they can expect to receive, and service providers have a benchmark against which to measure quality.

RQIA's Corporate Strategy for 2009 to 2012 highlights the key internal and external issues and challenges facing RQIA. This provides the context for the representation of RQIA's strategic priorities. Four "core activities" which are integral components of what the organisation does and are critical to the success of RQIA and the delivery of the strategy, are:

- **Improving Care:** we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
- **Informing the Population:** we publicly report on the safety, quality and availability of health and social care.
- **Safeguarding Rights:** we act to protect the rights of all people using health and social care services.
- **Influencing Policy:** we influence policy and standards in health and social care.

1.2 Context for the review

In 2008 25,631* live births were registered in Northern Ireland, the highest number recorded since 1992. The number of births increased over the previous six year period, from 21,385 in 2002. Table 1 shows the breakdown of births by Trust for 2008.

* Source: Registrar General 2009

Births by Trust	Single	Twin (x2)	Triplet (x3)	Total
NHSCT	4,362	64	1	4,493
SHSCT	5,806	98	0	6,002
BHSCT	6,529	110	4	6,761
SEHSCT	4114	55	0	4,224
WHSCT	3,980	56	1	4,095
				25,575

Table 1 Births by Trust 2008 (Source: Child Health System 2008)

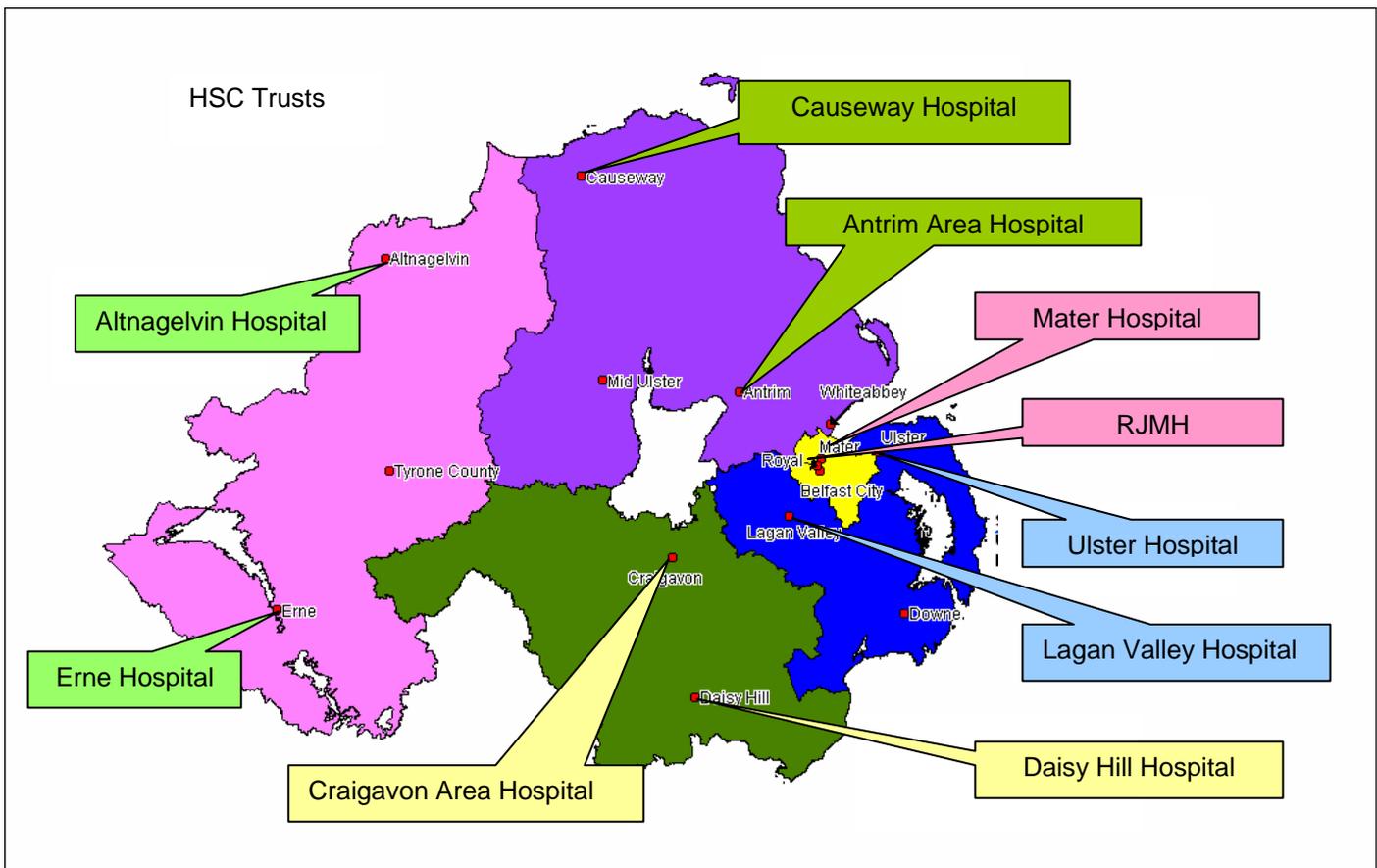


Figure 1 Location of Maternity Units by HSC Trust.

In October 2007, the Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour were published by the four Royal Colleges (Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Royal College of Anaesthetists and the Royal College of Paediatrics and Child Health).

The impetus for the report came from national audits and reviews of maternity services which highlighted poor outcomes related to multiprofessional working, staffing and training. This indicated the need for a fresh look at the organisation of care in labour (intrapartum care).

1.3 Current issues for maternity services in Northern Ireland

Over the last fifteen years the profile of maternity service provision in Northern Ireland has changed considerably. In this time services have been subject to a series of rationalisation initiatives with centralisation of intrapartum care onto 10 sites (figure 1). Service development has also led to the development of two midwifery-led units attached to consultant led units at Craigavon and Ulster Hospitals and a further proposed stand alone midwifery-led unit at the new Downe Hospital.

Following the Review of Public Administration, five Health and Social Care Trusts came into existence on 1 April 2007. These organisations are responsible for the services formerly delivered by 18 Trusts across Northern Ireland. Each trust provides in-patient and out-patient services and community midwifery services.

The Royal Jubilee Maternity Service in the Belfast HSC Trust, provides the regional neonatal service and is the regional referral centre for high risk and complicated pregnancies as well as providing primary and secondary services. The hospital also provides the regional neonatal service.

Births registered in Northern Ireland have reached their highest level since 1992, increasing pressure on existing units.

At the time of the review, proposals had been announced to re-profile services on the Lagan Valley Hospital site. The proposals outlined the potential cessation of delivery of consultant led services on the site with a resultant shift in births to other units including the Royal Jubilee Maternity, Craigavon, Antrim Area and Ulster Hospitals. The proposals also outlined plans to retain a stand-alone midwifery unit on the Lagan Valley Hospital site.

Other factors impacting on the delivery of maternity services include the increasing ethnic diversity in the population. While this is a factor across all trusts, the Southern Trust reported significant increases in the ethnic diversity of its resident population and a requirement to ensure that maternity services meet the needs of different groups.

Workforce issues have had a significant impact on service delivery. Across the UK concerns have been expressed about the changing age structure of the midwifery workforce and the resulting loss of the body of experience built up over time. In the year 2008 -09 trusts reported that 50 midwives (representing 4.06 per cent of the midwifery workforce) had retired from the service across Northern Ireland. The number of retirements by trust ranged from one midwife in the Belfast HSC Trust to 22 midwives in the Southern HSC Trust.

A significant proportion of qualified and experienced midwifery staff are over the age of 50 years. Given that midwives can retire at 55 years old, these figures represent a significant challenge for trusts in ensuring adequate midwifery numbers, skills, knowledge and experience in the next five years.

For doctors, a significant factor has been the introduction of the European Working Time Directive (EWTDD) and its impact on the hours traditionally worked by medical staff. In addition an increasing number of female doctors choose to work in the field of obstetrics and gynaecology and may choose to work flexible working patterns.

In recent years a number of high profile, adverse incidents have occurred in maternity services in Northern Ireland. This has led to increased demand for robust governance and

risk management arrangements and a requirement for independent assurance on the quality and safety of maternity services.

In light of the above factors and completion of a range of reviews of maternity services in England, Scotland and Wales, RQIA determined that a review of maternity services in Northern Ireland should be undertaken. This review focused primarily on intrapartum care services, but also looked at the support for women during the initial phase of breast feeding.

Chapter 2: Methodology

2.1 Methodology

The methodology of the review was designed to elicit a range of perspectives on maternity services including:

- self assessment by trusts of the delivery of maternity services in relation to the Safer Childbirth Standards and the recommendations of the joint Chief Nursing Officer (CNO) / Chief Medical Officer (CMO) circular (DH1/08/133883) (Appendix 1),
- a survey of the views of mothers who had recently experienced maternity services; and,
- validation visits by members of a review team to meet managerial and clinical staff providing services and visit delivery suites in each hospital.

The review spanned the period January 2008-April 2009. Five individual reports were prepared in relation to intrapartum care in each trust, together with a final report setting out all of the recommendations from the review at that time.

2.2 Selection of standards

The planning for this review commenced in June 2008, at which time it was noted that there were no existing guidelines for intrapartum care in Northern Ireland. A decision was made at that time to use "The Safer Childbirth, Minimum Standards for the Organisation and Delivery of Care in Labour" (2007) as a standard framework to assess all five health and social care trusts. The review team considered that the standard statements and associated criteria provided a robust framework to inform a baseline assessment of intrapartum care although they are not formally agreed standards for implementation in Northern Ireland. Chapter four of this report summaries the review team's findings in relation to the standards.

The recommended minimum Safer Childbirth Standards are based around 10 key areas:

- organisation and documentation
- multidisciplinary working
- communication
- staffing levels
- leadership
- core responsibilities
- emergencies and transfers
- training and education
- environment and facilities
- outcomes

The review also took account of the recommendations of a joint CNO / CMO circular (DH1/08/133883) issued to the service, dated 24 October 2008, entitled 'Lessons from Independent Reviews of Maternal Deaths and Maternity Services' (Appendix 1). Chapter four of this report sets out the review team's findings in relation of the recommendations of the circular.

The review team also carried out an assessment of the level of support offered in the delivery suite to new mothers in breast feeding their babies.

The Chief Medical Officer circulated a letter on 12 August 2008 adopting the NICE Clinical Guideline, Number 55 Intrapartum Care for Northern Ireland. The NICE guidelines set out a range of governance criteria that have a degree of overlap with the 'Safer Childbirth Standards'.

2.3 The review team

The review team consisted of a lay reviewer and a panel of independent experts from across the United Kingdom. The team reviewed all five health and social care trusts to provide consistency to the review process. Their findings form the basis for this report.

Dr Brian Alderman	Postgraduate Medical Education and Training Board (London)
Ms Janet Calvert	Regional Breast Feeding Co-ordinator, Northern Ireland Health Promotion Agency (Northern Ireland)
Dr Carole Castles	Lay Reviewer (Northern Ireland)
Ms Jayne Jempson	Matron for Intrapartum Care, Portsmouth Hospitals Foundation Trust (Portsmouth)
Ms Sara Johnson	Head of Child Health and Maternity Care, National Patient Safety Agency (London)
Dr Kate Langford	Consultant Obstetrician, St Thomas' Hospital (London)
Dr Tahir Mahmood	Vice President Standards, Royal College of Obstetricians and Gynaecologists (Fife/London)
Ms Frances McMurray	Chief Executive, Northern Ireland Practice and Education Council (Northern Ireland)
Dr Geraldine O'Sullivan	Consultant Anaesthetist, St Thomas' Hospital (London)
Mr Phelim Quinn	Director of Operations and Chief Nursing Advisor, RQIA (Northern Ireland)
Dr Elizabeth Reaney	Consultant in Public Health, Confidential Enquiry into Maternal and Child Health (Northern Ireland)

2.4 Self Assessment - Level of Achievement (Standard Criteria)

Trusts were asked to assess themselves against the criteria in each of the Safer Childbirth Standards. Trusts were asked to indicate their level of attainment using the achievement scale in Table 2 and to support their self assessment with report-style narrative (of not more than 200 words) per criteria. Additional questions were asked, based on the requirements of other relevant standards, guidelines and circulars pertaining to intrapartum care.

TABLE 2

Level of Achievement	Definition
Unlikely to be Achieved	The criterion is unlikely to ever be achieved. <i>(A reason must be stated clearly in the trust's response).</i>
Not Achieved	The criterion is likely to be achieved in full but after March 2009. For example, the trust has only started to develop a policy and implementation will not take place until after March 2009.
Partially Achieved	Work has been progressing satisfactorily and the trust is likely to have achieved the criterion by March 2009. For example, the trust has developed a policy and will have completed implementation throughout the trust by March 2009.
Substantially Achieved	A significant proportion of action has been completed to ensure the trust's performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
Fully Achieved	Action has been completed that ensures the trust's performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.

NB. It should be noted that where a trust has two maternity units with different achievement levels for a criterion, the achievement level stated in this report will reflect the lower level achieved.

Recommendations

Following assessment of the trust's performance the review team made a number of recommendations for improvement.

These recommendations are set out in two ways in chapter 7 of this report. They include:

- recommendations for the service across Northern Ireland; and,
- trust specific recommendations.

Chapter 3: Profile of Belfast Health and Social Care Trust Maternity Services

The Belfast Health and Social Care Trust came into existence on the 1 April 2007. It is responsible for the services formerly delivered by six trusts in the greater Belfast area which were merged on the 31 March 2007.

Management of maternity services falls within the Family and Childcare directorate within the trust. The directorate has responsibility for:

- family and childcare
- women's services (maternity, neonatology and gynaecology)
- child health (acute and community)
- child and adolescent mental health services
- children's disability services

The profile of the maternity service consists of:

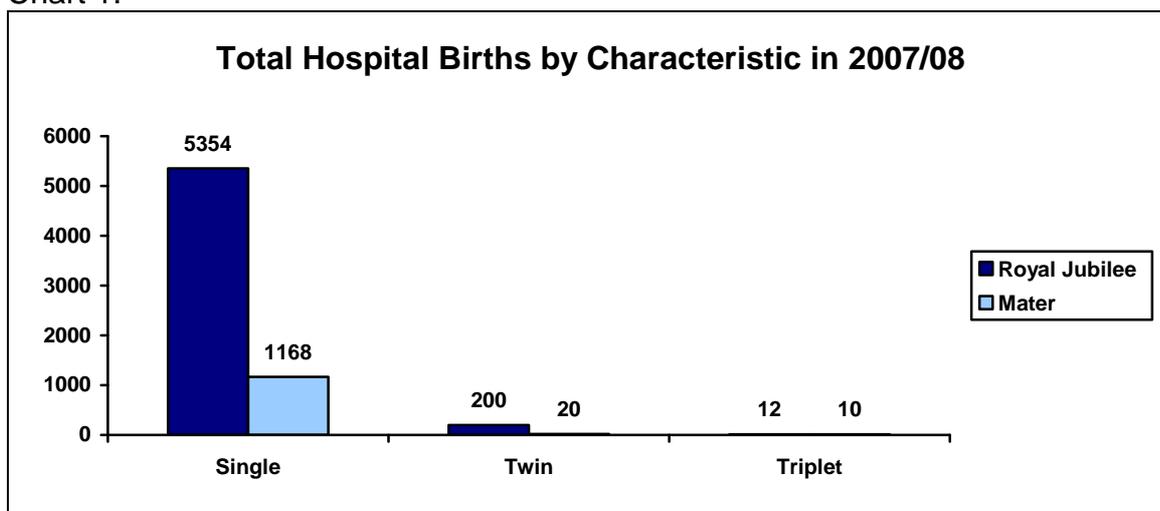
- three community midwifery areas
- a regional neonatal service based at Royal Jubilee Maternity Hospital (Royal Jubilee)
- two maternity units sited at Royal Jubilee and the Mater Hospital

Trust Activity

Total births

For the year ending 31 March 2008, the Belfast Trust reported a total figure of 6761 births (including home births) encompassing 6529 single births, 110 sets of twins (220 births) and four sets of triplets (12 births).

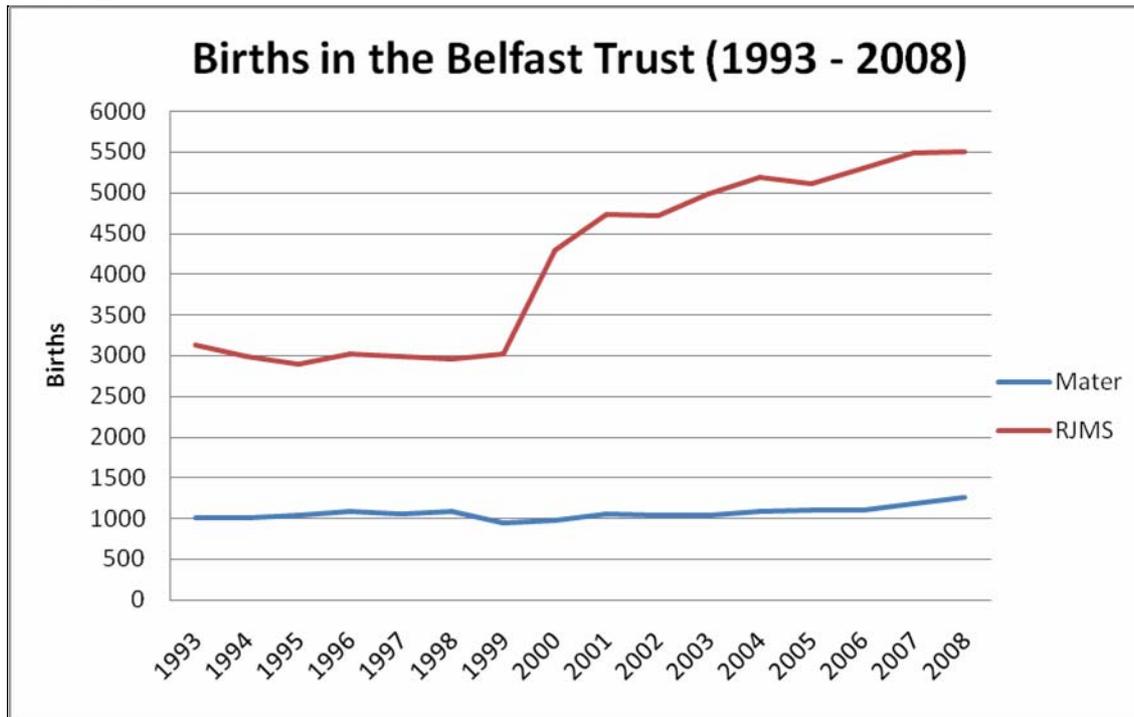
Chart 1.



Source: CHS

The trust has reported a steady increase in births in the last nine years at Royal Jubilee Maternity Hospital with a smaller increase in births at the Mater Hospital as outlined in Chart two.

Chart 2.



Source: Trust return

Home births

The choice of home birth should be offered to all women¹. The Belfast Trust can provide trained professional, midwifery and/or medical staff who are able to support home births.

In the year 2007-08 seven requests for home birth were facilitated. In addition there were 18 births outside of the hospital environment, which were unplanned.

Cross boundary flows

The Royal Jubilee Maternity Services (RJMS) is based on the site of the Royal Hospitals which is a group of major acute hospitals providing a range of regional services including trauma, cardiac surgery and neurosurgery. Adult intensive care is provided in the main RVH building. The Royal Jubilee Maternity Service provides the regional neonatal service and is the regional referral centre for high risk and complicated pregnancies as well as providing primary and secondary services. The figures for the cross boundary flows as provided by the Belfast Trust indicated that the Royal Jubilee Maternity Hospital delivered 145 women who had received their antenatal care at another trust, whilst the Mater Hospital delivered four women who had received their antenatal care at another trust.

¹ Department of Health, Maternity Matters, 2007.

Chapter 4: Findings of the review team

The review team assessed the information provided by the trust and met with a range of senior executive and non-executive officers as part of the validation of the trust's self assessment return.

Standard 1: Organisation and documentation

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.1	<p>Comprehensive evidence-based guidelines and protocols for intrapartum care are agreed by the labour ward forum or equivalent, ratified by the maternity risk management group and reviewed at least every 3 years.</p>	<p>Trust Level of Achievement Substantially Achieved</p>
		<p>RQIA Assessment Substantially Achieved</p>

In the Belfast Trust policies and guidelines are developed in response to identified need. Draft policies are shared across the multidisciplinary teams prior to ratification by the Excellence and Governance Committee and being forwarded to the Standards and Guidelines Committee. Agreed policies are then disseminated, in a standardised format, across the maternity service and made available on the trust's intranet. Compliance is monitored through clinical audit, obstetric drills, adverse incident reporting, near miss meetings and by other key staff.

The review team used the example of Cardiotocography (CTG) monitoring to test the trust's ability to develop and issue guidance to all relevant staff. The trust was able to demonstrate how new CTG guidelines had brought about a demonstrable changes in practice. Trust staff also stated that guidelines had been developed through obstetric drills, after weaknesses in the system had been identified and addressed through guideline development processes.

Protocols, policies and guidelines were up to date and had been recently reviewed. However, the review team did find a small number of policies within the policy folder that required review. These included the policies on induction of labour and the management of ruptured membranes. Some discrepancy was also noted between policies being used in the two units within the trust. The review team was informed that the trust was endeavouring to harmonise all policies across the two units.

The trust does not have a maternity risk management group as outlined above, however it has a group called the 'Excellence and Governance Committee' which meets every two months. It is the role of this committee to oversee the development and dissemination of guidelines and protocols for intrapartum care on a multidisciplinary basis. The trust was not able to clearly demonstrate how all policies were disseminated to staff once they had been ratified by the committee.

The trust recently appointed a risk management midwife, who does not have a managerial role, but provides a challenge function to management and staff on the requirement for review, development and implementation of protocols and guidelines. The Datix information system has been introduced to assist with the monitoring and follow-up of incidents and risk within the maternity unit. The trust was able to demonstrate to the review team how they report and respond to incidents; however it was felt that the process for sharing learning with the relevant staff may need further development.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.2	A maternity risk management group meets at least every 6 months.	Trust Level of Achievement Substantially Achieved <hr/> RQIA Assessment Substantially Achieved

The Excellence and Governance Committee has multidisciplinary and wider trust representation and meets quarterly. There is secretarial support and all meetings and reports are minuted and circulated widely. All committee leads are members and membership also includes risk management, quality co-ordinator, finance, pharmacy and anaesthetic representatives. Items discussed include training and development, adverse incident trends, emergency obstetric drills, clinical outcomes, Northern Ireland Maternity Information System (NIMATS) reports, complaints, litigation, infection control, policy guidelines and statutory functions.

There is a weekly risk management meeting with junior doctors and the neonatal risk management group meets monthly. The recent appointment of a risk management midwife will assist with the coordination of risk management meetings.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.3	There is a written risk management policy, including trigger incidents for risk and adverse incident reporting.	Trust Level of Achievement Substantially Achieved <hr/> RQIA Assessment Substantially Achieved

A written risk management policy and a specific list of agreed trigger intrapartum incidents is in existence in the trust. The risk management process is supported by a risk management co-ordinator (band 7 midwife, 0.5 WTE). There are guidelines in place for management of maternal deaths which include clear direction regarding protection of the scene and non removal of any items attached to the deceased. Guidelines are adhered to and staff awareness is increased by the shift leader (experienced midwife) and by advice from the on call manager/supervisor of midwives.

The trust does have a clearly defined policy for internal reporting where the near miss group discusses specific cases occurring from previous weeks. There is also a local review of issues arising in response to complaints or incidents. The initial internal approach allows for immediate issues to be identified and an opportunity to debrief staff and support them in the incident. If the incident requires root cause analysis a team is convened to facilitate this, which may include members drawn from an external source to ensure transparency.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.4	There is evidence of multiprofessional input in protocol and standard setting and in reviews of critical incidents.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

The Belfast Trust ensures multiprofessional input by nomination from each professional grouping, influenced by interests and expertise. Draft documents are circulated widely and once agreement is secured are forwarded to the Excellence and Governance Committee for ratification. Critical incidents are reviewed and graded by the lead professionals who agrees the process for investigation and the communication of learning from weekly near miss/case review meetings, resuscitation debriefs and, where indicated, clinical case reviews or root cause analysis.

The trust looks at other trusts and existing evidence as they develop multidisciplinary guidelines. Once drafted, guidelines are then circulated to governance teams, sisters, consultants and other relevant staff for consultation. This process was described as lengthy, however, there is an agreed template for policies which does assist with development. After consultation all policies/guidelines go for approval to the Excellence and Governance Committee and are signed off by the Clinical Director and Head of Midwifery and ultimately the Associate Medical Director, who heads the trust's standards and guidelines group.

The review team determined that multiprofessional input into protocols and standard setting is strong but the dissemination and feedback requires further attention.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.5	Meetings involving all relevant professionals are held to review adverse events.	Trust Level of Achievement Partially Achieved
		RQIA Assessment Partially Achieved

Multiprofessional meetings are held to review adverse incidents, as appropriate, but are not routinely minuted. Learning points are fed back through a number of mechanisms including clinical audit meetings, team meetings, supervision meetings and emails. Ongoing risks are identified on the maternity risk register which links to the trust register and to the clinical governance lead.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.6	Past guidelines and protocols are dated and archived in case they are needed for reference at a later date.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Fully Achieved

Maternity records are retained in line with legislation including CTGs, partographs and anaesthetic records. There is a 0.5 WTE midwife (band 6) who co-ordinates formulation, review, updating and archiving of policies. Pre-intranet policies are stored in printed format by the Maternity Services Manager.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.7	The standard of record keeping and storage of data is clear, rigorous and precise. All units have access to computerised documentation systems, using recognised and acceptable programmes.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Partially Achieved

In the trust, women retain their maternity records throughout their pregnancy and they are updated contemporaneously by all members of the multidisciplinary team. Standards for documentation are outlined in the relevant trust policy and as stipulated by the professional regulators. All staff have an induction programme which includes record keeping. Case notes are audited by the quality co-ordinator and by the supervisors of midwives. Findings are disseminated widely e.g. at clinical audit meetings. The (NIMATS) computer system is used by midwives to record clinical aspects of care. The information in the NIMATS system is quality assured by the systems manager and access is password protected. On examination of records, both written and electronic, the review team found evidence of missing information and in written records loose pages which could easily be lost or misplaced.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.8	There is an evaluation of midwifery and obstetric care through continuous prospective audit to improve outcomes, which are published as an annual report.	Trust Level of Achievement Partially Achieved
		RQIA Assessment Partially Achieved

In its examination of the evidence, and on speaking to staff in the unit, the review team was not convinced that the audit program was as robust or systematic as it should have been. Some staff did outline to the team an example of a recent audit of midwifery management of third degree tears in normal, non-instrumental deliveries. The only other audit referenced by staff was the record keeping audit outlined above.

Standard 2: Multidisciplinary working

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
2.1	Local multidisciplinary maternity care teams, comprising midwives, obstetricians, anaesthetists, paediatricians, support staff and managers, are established.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

The trust has a written shared philosophy of care and clear lines of communication. There is a corporate induction programme, which all staff are required to attend. Local induction for medical staff provides an overview and information on all aspects of maternity services. The programme runs on the first day of changeover of doctors in training. Midwives attend a four day induction programme containing corporate and maternity specific information. New staff have a set pro-forma, relevant to their role, which must be completed and signed off within a six month timeframe.

There were a number of good examples of multidisciplinary working including a multidisciplinary approach to complaints management in which professionals met with the complainant to review the issues and the trust's actions.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
2.2	A labour ward forum or equivalent meets at least every 3 months.	Trust Level of Achievement Partially Achieved
		RQIA Assessment Partially Achieved

A labour ward forum meets every three months. The membership of the labour ward forum includes representation from all disciplines including the clinical lead for the labour ward, labour ward manager, CTG co-ordinator, anaesthetic representative, neonatal representative, practice educator, midwifery risk co-ordinator, a supervisor of midwives and the antenatal in-patient ward manager. A user representative has not yet been recruited.

The forum is chaired by the lead clinician for intrapartum care. The forum forwards reports through to the Excellence and Governance Committee, and on to the Executive Management Team which includes the relevant director. The forum has had to be reshaped in line with the new trust boundaries and a new lead clinician has recently been appointed. It is intended that the RCOG Maternity Dashboard approach will be used to assess performance and maintain standards.

Standard 3: Communication

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
3.1	<p>There are effective systems of communication between all team members and each discipline, as well as with women and their families.</p>	<p>Trust Level of Achievement Partially Achieved</p>
		<p>RQIA Assessment Substantially Achieved</p>

The trust has a shared philosophy of care, as cited in the hospital booklet published by the trust, which makes reference to clear line management arrangements and identified leaders for all disciplines. Departmental meetings take place and minutes are shared with all relevant staff. Committees include a system for the consideration of serious adverse incidents, near misses and policy development. An emergency pager system is in place and appears to work well.

Staff have access to the trust's newsletter via the intranet. There is a regular meeting scheduled between trust and service commissioners to set and monitor contract activity. The former Eastern Health and Social Services Board (EHSSB) had recently conducted a capacity review.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
3.2	<p>Employers ensure that staff have both appropriate competence in English and good communication skills.</p>	<p>Trust Level of Achievement Substantially Achieved</p>
		<p>RQIA Assessment Substantially Achieved</p>

The trust ensures that assessment of English and communication is part of the recruitment process. There is an interpretative service available to non-English speaking women using the service. There is access to sign language support and a text phone, and assistance for those who have a visual impairment. A range of information booklets can be downloaded from internet sites in a range of languages and provided to women on request. All staff are noted to be adhering to the trust's policy on the wearing of photographic ID badges.

Standard 4: Staffing levels

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.1	Staffing levels are audited annually.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

NB. This Criterion was assessed for midwifery staffing only.

The profile of staff in post is provided to managers at the end of each month and these are checked to ensure accuracy against the funded establishment. Based on the level of service delivery the trust submits cost pressures to the Commissioner identifying any shortfalls. A paper detailing shortfalls was sent to the Commissioner in February 2009.

The trust has utilised workforce planning tools. The Birth rate Plus midwifery workforce planning tool was last used in 2007. As a result of this exercise a shortfall of 22 midwives was identified, however numbers of midwives were not enhanced as a result of the exercise. The trust did review the way in which midwives were being deployed across the service and made adjustments in the deployment of staff.

An additional observation made by the review team was that medical staffing was compliant with the European Working Time Directive (EWTB), however further adjustments may be required to the numbers of doctors in training which is now a predominantly female workforce. One challenge identified in this regard was the level of maternity leave to be covered by the trust to maintain compliance with safe cover. In the current year it was reported that out of 14 senior house officers (SHO's) employed; five required maternity leave cover. One other key issue was the lack of experience gained by specialist registrar's (SPR's) in surgical gynaecology as a result of the pressure in obstetric services.

Midwifery Staffing Levels

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.2	Midwifery staffing levels are calculated and implemented according to birth setting and case mix categories to provide the midwife-to-woman standard ratio in labour (1.0–1.4 WTE midwives to woman) with immediate effect.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

The Birth rate Plus Workforce planning tool was used to establish midwifery staffing requirements for the number of births in 2007. Calculations allowed for the determination of workforce requirements in line with increased births and the nature of obstetric interventions at the time the exercise was carried out. The trust works to the standard of one-to-one care

for women in labour in the delivery suite in each unit, however, a small percentage of women who may be in the latent phase of labour in the antenatal ward will not have one-to-one care until they are transferred to the delivery suite.

At the time of the review the Mater Hospital did not have a labour ward manager in post. The level of administrative support in the unit is limited, leading to midwives having to carry out administrative functions on a regular basis. The trust also acknowledged that it needs to review the use of midwives in theatre as scrub nurses for caesarean sections.

If the change in profile of services at Lagan Valley Hospital is to take place the Belfast Trust will need to take adequate account of the impact of this on the midwifery workforce in respect of the delivery of safe intrapartum care.

The trust confirmed it had arrangements in place for the rotation of midwifery staff around all areas of midwifery practice to include antenatal, intranatal and postnatal care.

The review team was impressed by the presence of a skills inventory for all staff working within the labour ward. It was noted that this enabled a rapid assessment of the skills of those on duty at any particular time and acted as an aid to inform learning and development for staff.

Obstetrician staffing levels

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.3	<p>The duration of prospective consultant obstetrician presence on the labour ward are in line with the recommendations in this document.</p> <p>Note: Units should work towards the targets contained in The Future Role of the Consultant and with immediate effect.</p>	<p>Trust Level of Achievement Partially Achieved</p> <hr/> <p>RQIA Assessment Not Achieved</p>

NB. This criterion is assessed against the position of the trust as outlined in table 3. RQIA recognise that these are proposed staffing targets.

The background to this recommendation is the recognition that the level of activity on the labour ward varies little during a 24-hour period and that senior presence is therefore required for the totality of the working day, to support and train junior staff and to ensure high level decision making. From a consultant obstetrician’s perspective it is important that the commitment is formally recognised on a sessional basis and clearly reflected in job plans.

It should be noted that these proposals relate simply to the increasing need for consultant time on the labour ward, related to the numbers of births occurring within an individual unit. In reality, the issues are, or are likely to become, more complex. The number of births in a unit does not necessarily reflect the number of complex cases requiring consultant input. Further, reconfiguration of maternity care with the development of maternity networks may reduce the numbers of normal births within a unit whilst leaving the same number of complicated cases which will maintain a similar demand for consultant time. For these reasons, the calculations need to be interpreted carefully and with full regard to the local situation.

Table 3 below, adapted from The Future Role of the Consultant, indicates staff deployment required to provide safe care based on workload.

Category	Definition (births/year)	Consultant Presence (years of adoption)			Specialist Trainees
		60 hour	98 hour	168 hour	
A	<2500	Units to continually review staffing to ensure adequate based on local needs			1
B	2500-4000	2009	-	-	2
C1	4000-5000	2008	2009	-	3
C2	5000-6000	Immediate	2008	2010	
C3	> 6000	Immediate	Immediate if possible	2008	

Table 3. Proposed Obstetric staffing levels as outlined in the Safer Childbirth Standards

There are 40 hours prospective cover in the Royal Jubilee Maternity Hospital on a Monday to Friday, 9am to 5pm basis and 35 hours in the Mater.

When covering the labour wards, consultants should not have to cover other duties and should be present in the labour ward and available to assist doctors in training.

The review team was of the view that the current delivery rate at the Royal Jubilee Maternity Hospital requires immediate implementation of 60 hours per week consultant cover for the labour ward, moving to 98 hour cover during 2009. This cover needs to take account of not only the volume of births within the unit but the level of risk carried by the unit in respect of its role as the tertiary centre for Northern Ireland.

The review team is of the view that the Belfast Trust and the HSC Board should review the present level of consultant obstetric provision at the Royal Jubilee Maternity Hospital. The review team felt that an increase in the funded establishment is required to safeguard the interests of women delivering in the hospital. This will also address other issues related to training, especially having an impact on the middle-grade trainees.

Given the proposals for the re-profiling of services at the Lagan Valley Hospital, and the potential for births at the Royal Jubilee Maternity Hospital to rise to over 6,000 annually, the issue of consultant cover should be addressed in advance of any such change. The Trust in conjunction with the commissioner of the service should develop a clear plan as to how it will achieve the requisite consultant cover. This plan may examine the current profile of consultant involvement in gynaecological surgery lists.

Prospective cover at the Mater Hospital is 35 hours and this can be further compromised by the fact that the covering consultant's office is located at a distance from the delivery suite. The review team was concerned at the availability of out of hours cover for consultant and staff grades and questioned the future sustainability of two consultant led units in such close proximity, given the compromised obstetric cover.

The trust does acknowledge that reaching even 60 hours of consultant obstetric cover to the labour ward in Royal Jubilee Maternity Hospital will require investment and reconfiguration of the service. The trust stated that a paper outlining proposals was submitted to commissioners. The review team felt that this may need to be reviewed in light of the proposals on the future plans for the Lagan Valley maternity unit.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.4	Junior obstetric staffing levels will depend on the training opportunities as defined in the trainee's logbook.	Trust Level of Achievement Partially Achieved
		RQIA Assessment Partially Achieved

A recent Deanery visit had identified that obstetric training was satisfactory. Negotiations were on-going with the Northern Ireland Improving Junior Doctors Working Lives Implementation Support Group (ISG) to ensure European Working Time Directive (EWTD) compliance by August 2009.

While agreeing with the trust's self assessment, the review team felt that in order to meet the EWTD the trust was sacrificing meaningful training opportunities for doctors in favour of service provision. The review team felt that doctors in training were missing out on significant training opportunities. This view was reinforced by some of the junior doctors that the review team spoke with during the course of the visit. Junior doctor attendance at protected training events should be at least 70 per cent and records should be kept to confirm this.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.5	Junior medical staff (obstetricians, anaesthetists and paediatricians) of appropriate competence are immediately available on the labour ward.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Partially Achieved

NB. This criterion has been assessed in relation to availability of junior obstetric staff

At the Royal Jubilee Maternity Hospital there are three levels of doctors in training, ranging from ST1 to ST5. These junior doctors are managed by the lead clinician for the labour ward. The Mater Maternity Unit had one trainee and two trust grade doctors at middle grade, resulting in the on call rota being supported by non resident locums. The trust also reported that there are ongoing negotiations with ISG and the Obstetric and Gynaecology Training Committee to improve the system in the Mater to a ST3-ST4 rota.

The review team was of the opinion that the level of junior doctor cover in the Royal Jubilee Maternity Hospital was adequate. However, the fact that junior doctor cover in the Mater Hospital is provided from home and only available within 30 minutes compromises medical cover in the delivery suite.

Anaesthetist staffing levels

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.6	A duty anaesthetist of appropriate competency and dedicated only to the labour ward must be immediately available.	<p>Trust Level of Achievement Substantially Achieved</p> <p>RQIA Assessment Not Achieved</p>

The role of anaesthetists in obstetrics has changed over the years, such that it is now unthinkable that they were once regarded as mere technicians to deliver anaesthesia for an emergency caesarean section and then leave the obstetric unit to fulfil duties elsewhere. Delivery of anaesthesia and analgesia is the mainstay of obstetric anaesthetic practice but it can only be done safely if the service is coordinated and organised.

This requires a designated lead obstetric anaesthetist who takes responsibility for all aspects of the clinical service. Staffing levels need to recognise that emergencies happen frequently and often with rapidity, with a requirement to respond quickly in order to save mothers' or babies' lives. Much of obstetric anaesthetic practice is unplanned but, as well as timely response to emergencies, anaesthetic services also need to respond to elective operating such that it is not normally interrupted by emergencies.

The Royal Jubilee Maternity Hospital has 24 fixed consultant anaesthetist daytime sessions in the labour ward. In the Mater Hospital there were two fixed day time sessions. There is full out of hours consultant on call cover in both units. The Royal Jubilee Maternity Hospital has a resident intermediate specialist anaesthetic trainee shift system in place whilst the Mater unit has an on call, non dedicated, intermediate specialist anaesthetic trainee cover.

The review team felt that the trust needed to closely monitor the level of anaesthetic cover in the Mater unit to ensure that services for patients remained safe.

Standard 5: Leadership

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
5.1	All obstetric units must have a lead consultant obstetrician and a labour ward manager.	<p>Trust Level of Achievement Substantially Achieved</p> <p>RQIA Assessment Substantially Achieved</p>

The trust has a clinical director and a clinical lead for intrapartum care in both units. There is a senior midwife at band 8a to manage labour wards, however at the time of the post of labour ward manager in the Mater Maternity Unit had not been filled for more than one year. The role of the labour ward manager is to oversee the day to day management of the service. This includes any issues in relation to resources, incidents, near misses, complaints and all risk indicators and participation in the wider management structure of the unit. There is a band 7 midwife shift leader on each shift. All senior staff participate in setting standards, operational policy and audit.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
5.2	An experienced midwife (shift co-ordinator) is available for each shift on the labour ward.	<p>Trust Level of Achievement Fully Achieved</p> <p>RQIA Assessment Fully Achieved</p>

Within each of the units there is a band 7 midwife leading each shift. There are three formal handover points in each 24-hour period that are multidisciplinary in nature. Staff skills are deployed to meet the needs of women in the delivery suite. The review team was impressed with the availability and prominent display of a midwifery skills inventory at the midwifery station in the Royal Jubilee Maternity Hospital.

In the Royal Jubilee Maternity Hospital, a running live summary of case progression is maintained on a central notice board in the office area. There is an emergency pager system for response to obstetric emergencies. A manager of the unit is available 24-hours per day, seven days per week.

It was also notable that newly qualified midwifery staff have a designated midwifery sister as a key contact point for advice.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
5.3	All midwifery units must have one WTE consultant midwife.	Trust Level of Achievement Not Achieved
		RQIA Assessment Not Achieved

The trust reported that it had made approaches to the commissioner for funding for the appointment of a consultant midwife, however no funding was available. The trust has also been in consultation with Queen's University Belfast (QUB) for a joint appointment service/academic post.

Given the high intervention rates within the unit i.e. caesarean sections and induction of labour, the post of consultant midwife in the promotion of normality in childbirth is a key appointment. The review team was concerned that while the proposed model of having a joint appointment with QUB may help to develop links with the university it has the potential to detract from the primary purpose of the post, which is to provide effective clinical leadership for the service. Similar posts across the rest of the UK have a specific focus on midwifery leadership and to support best practice.

There appears to be no specific Northern Ireland policy on the appointment of consultant midwives and the review team felt that DHSSPS should address the development of this role. It was felt that this was vital as midwifery led units are being proposed and developed at a time when intervention rates in labour in Northern Ireland are above World Health Organisation recommendations.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
5.4	All obstetric units must have one WTE consultant midwife to 900 low-risk women.	Trust Level of Achievement Not Achieved
		RQIA Assessment Not Achieved

The trust does not have a consultant midwife in post. This standard should be addressed as outlined above.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
5.5	<p>For obstetric units, there should be a lead obstetric anaesthetist in charge of anaesthetic services with sessions which reflect the clinical and administrative workload.</p>	<p>Trust Level of Achievement Substantially Achieved</p> <hr/> <p>RQIA Assessment Substantially Achieved</p>

There is a lead anaesthetist for obstetrics and dedicated sessional cover is provided on a continuous basis by the trust's anaesthetic team.

Standard 6: Core responsibilities

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
6.1	Women in established labour receive one-to-one care from a midwife.	Trust Level of Achievement Fully Achieved RQIA Assessment Substantially Achieved

The Belfast Trust was meeting this standard for women in established labour and compliance is monitored daily by the shift leader. From discussion with both senior management and frontline staff the review team concluded that the trust was meeting the standard of one to one care. Reporting failures to meet the standard via the incident reporting system allows trends to be identified to the Governance and Excellence Committee and the manager who initiates staff redeployment, as required.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
6.2	Outside the recommended minimum 40 hours of consultant obstetrician presence, the consultant will conduct a physical ward round as appropriate at least twice a day during Saturdays, Sundays and bank holidays, with a physical round every evening, reviewing midwifery-led cases on referral.	Trust Level of Achievement Partially Achieved RQIA Assessment Partially Achieved

The trust described a process of formal handover rounds taking place three times in a 24-hour period, seven days per week in both units. The trust reported that the consultant will not physically attend all handover meetings, however, there are land line, mobile and pager contact details available for all consultants should they be required.

The review team found that, across the trust, there were handovers twice per day. The consultant obstetrician was always present during the morning handover but may not always be present at the afternoon handover, providing this by telephone instead.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
6.3	All women requiring conduction or general anaesthesia are seen and assessed by an anaesthetist before an elective procedure.	Trust Level of Achievement Fully Achieved
		RQIA Assessment Fully Achieved

The Belfast Trust has a policy regarding pre-assessment/early referral for general anaesthesia. The anaesthetist is supported by a nurse trained in anaesthetic support.

Women are cared for by experienced midwives in recovery using the Early Warning Observation System (EWOS) observation chart. Anaesthetic staff are available for support and advice, as and when required. Discussion with staff confirmed this was in place as outlined.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
6.4	A professional (midwife, neonatal nurse, advanced neonatal nurse practitioner, paediatrician) trained and regularly assessed as competent in neonatal basic life support must be immediately available for all births, in any setting.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Fully Achieved

Midwives, across both sites, are trained in neonatal resuscitation and have an annual update which incorporates assessment of competency. Training is provided by the neonatal nursing practice educator and consultant neonatologists. Where instrumental or surgical delivery is anticipated, or where there are concerns regarding the well being of the newborn, a paediatrician is contacted and in attendance at the delivery.

The review team found that this standard was fully implemented and commended the trust for its comprehensive record keeping in respect of such training and of its skills and drills training.

Standard 7: Emergencies and transfers

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.1	There are local agreements with the ambulance service on attendance at emergencies or when transfer is required.	Trust Level of Achievement Fully Achieved
		RQIA Assessment Fully Achieved

The Belfast Trust has a local written agreement with ambulance control which will respond according to the declared level of urgency. There is also a 'flying squad' arrangement in place for the former EHSSB area 24-hours per day, seven days per week. The Royal Jubilee Maternity Hospital is the regional centre for emergency obstetrics and the review team noted that there are good emergency response services available including the 'flying squad' arrangements.

The Belfast Trust has an agreed local policy for maintaining adequate pain relief whenever transfers of an acutely ill woman to another unit are required. Pain control is monitored by the midwife who will consult the anaesthetist. During transfer the woman will be accompanied by anaesthetic staff and technical staff.

The existence of this emergency 'flying squad' in the Royal Jubilee Maternity Hospital is unique as it has been discontinued elsewhere in favour of new ways of transporting mothers and babies. This creates additional pressure on trust staff and takes trainees away from the obstetric units for many hours until the patient is successfully transferred to the main obstetric unit.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.2	Complicated births in obstetric units are attended by a consultant obstetrician.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

A consultant will attend all planned births with complications. A consultant will respond urgently when an emergency arises whether in-house or on call. The junior medical team has support from the 24hr consultant rota, as does the midwifery sister.

Transfers during labour are discussed with the obstetric team and the neonatal team in the receiving unit and agreement is conditional on availability of suitable bed and cot accommodation. The receiving obstetric doctor will communicate with the admissions unit and the labour ward sister. Where indicated, other disciplines will also be alerted e.g. an anaesthetist. The review team found that the Royal Jubilee Maternity Unit had an admission

unit which assessed every woman on arrival; at the Mater there is a triage system in operation.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.3	<p>The consultant obstetrician must be contacted prior to emergency caesarean section and must be involved when a patient’s condition gives rise for concern and attend as required.</p>	<p>Trust Level of Achievement Substantially Achieved</p>
		<p>RQIA Assessment Substantially Achieved</p>

The Belfast Trust has a policy that the consultant is contacted prior to emergency caesarean section and that it is rare that a consultant would not be available when required. The trust reported that neonatal support is available for both labour wards 24-hours per day, seven days per week, either by physical presence or on call, accessible within 30 minutes.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.4	<p>The anaesthetic team’s response time is such that a caesarean section may be started within a time appropriate to the clinical condition (this requires all team members to be informed of the case appropriately)</p>	<p>Trust Level of Achievement Substantially Achieved</p>
		<p>RQIA Assessment Substantially Achieved</p>

The Belfast Trust has dedicated anaesthetic cover for obstetrics in the Royal Jubilee Maternity Unit. An appropriately skilled anaesthetist is available in the building 24-hours per day, seven days per week, with back up of an on call consultant anaesthetist. Clear communication of the urgency of the case is the key to ensuring rapid response.

In the Mater Maternity Unit this service is provided by acute theatre personnel as there is no dedicated obstetric cover or obstetric theatre. Appropriate cover is, however, provided.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.5	<p>As a target for best practice (because regional anaesthesia is safer than general anaesthesia for caesarean section) more than 95% women should receive regional anaesthesia for elective caesarean section and more than 85% women should receive regional anaesthesia for emergency.</p>	<p>Trust Level of Achievement Fully Achieved</p>
		<p>RQIA Assessment Fully Achieved</p>

Both labour wards are compliant with the levels suggested within the Safer Childbirth Standards. Statistics for this are routinely monitored via NIMATS.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.6	There must be 24-hour availability in obstetric units of senior paediatric colleagues who have advanced skills for immediate advice and urgent attendance, who will attend within 10 minutes.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

Resident neonatal cover is in place 24-hours per day, seven days per week within the Royal Jubilee Maternity Hospital and attendance when required will be within 10 minutes.

At the Mater Hospital there is provision of resident cover, on a 9am to 5pm basis, Monday to Friday, provided by a staff grade.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.7	There must be 24-hour availability in obstetric units within 30 minutes of a consultant paediatrician (or equivalent SAS grade) trained and assessed as competent in neonatal advanced life support.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

Consultant cover is available for both labour wards within 30 minutes. All staff providing such cover are competent in advanced life support.

Cover at the Mater Hospital is provided on a locum consultant basis.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.8	A consultant obstetrician should be available within 30 minutes outside the hours of consultant presence.	Trust Level of Achievement Fully Achieved
		RQIA Assessment Fully Achieved

A consultant obstetrician is available to both labour wards within 30 minutes. The trust described a process of formal handover rounds taking place three times in a 24-hour period.

Standard 8: Training and education

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
8.1	There should be adequate clinical support and supervision for newly qualified midwives, junior doctors and students.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

Induction arrangements are in place which includes CTG monitoring. Newly appointed midwives rotate through each area for three months during their first year to consolidate training. Student midwives are allocated a mentor, supervisor and all staff have access to a practice educator. Midwives can access internal programmes, attend near miss sessions, access training on new equipment and observe any committee. Students are very keen to avail of these learning opportunities and have the same access to in-house training courses as trust midwives.

The review team noted that training opportunities in the Belfast Trust are in excess of the required programme and recognised the strength of training opportunities for midwives.

In relation to medical staff, there is an obstetric tutor in each unit to support junior staff and an identified mentor for medical students. However, discussions between the review team and frontline staff revealed that trainees do not always have access to the necessary support and there is tension between meeting the training requirements for junior doctors and fulfilling service needs.

The trust has an excellent training programme in place but must continue to work towards achieving a balance between improving rotas and provision of protected time for training opportunities, perhaps using locums to achieve this. Ideally specialist registrar's should be mentoring senior house officer's (SHO) but they often end up doing work of the SHO's due to staff pressures, thus creating a gap in SHO training. Regional teaching sessions, necessary for continuous professional development (CPD) are held once a month but staff indicated difficulties in attending these due to staffing pressures. Despite these difficulties, the trust is meeting the required deanery attendance levels of 70 per cent.

Postgraduate training is provided by three college tutors who manage a programme of hands on assistance to provide experience, rather than classroom training sessions.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
8.2	Multiprofessional in-service education/training sessions should be mandatory and attendance documented.	Trust Level of Achievement Substantially Achieved RQIA Assessment Partially Achieved

Multiprofessional training is co-ordinated, recorded and audited by the practice educator including resuscitation training, obstetric emergency skills and drills and new equipment training. CTG training is multiprofessional and is co-ordinated and recorded by the CTG co-ordinator. There is an in-house programme for neonatal resuscitation. There are commissioned places annually for the Advanced Life Support in Obstetrics course which is a multiprofessional programme. All in-house programmes including neonatal resuscitation, drills and skills, CTG Programmes I and II, water birth, include learning outcomes.

A programme of skills and drills training for emergencies, is facilitated by a complement of three Advanced Life Support Training in Obstetrics (ALSO) trainers, to which any midwife/doctor can sign up.

The programme consists of a six weekly rotation of courses, learning from drills is fed back on the day of the drill and any competency issues are raised with the individual supervisor or the person responsible for training. Individual staff may be put on close supervision or removed from duty if any serious concerns are raised. Learning is also fed back at clinical audit and learning forums. There is a specific annual drill on maternal collapse and resuscitation which is filmed to allow for visual feedback. Learning points from this specific drill have led to policy development and the implementation of the bleep system. The trust indicated that attendance records at skills and drills are maintained by supervisors.

However, the review team found evidence of poor attendance at training and a lack of follow up to ensure subsequent attendance. The review team found that the Mater Maternity Unit had no history of regular skills and drills training and that teaching was delivered as theoretical sessions where all issues are covered from a theoretical response. Real time simulated drills were not happening with any regularity at the Mater Maternity Unit.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
8.3	A personal logbook of attendances should be kept and cross-referenced to midwives' and doctors' rotas, sickness and annual leave.	Trust Level of Achievement Partially Achieved RQIA Assessment Partially Achieved

Records of all training are maintained by the clinicians (medical staff logbooks and midwives portfolios), managers and midwifery supervisors. Electronic off-duty rotas are maintained and incorporate sickness, study and annual leave. Mandatory training is booked through the Training Administration System and monitored through appraisal and midwifery supervisory review. Non-attendance is notified to the line manager via the practice educator.

During the visit the review team was unable to view medical logbooks and concluded that the recording of training was more robust for midwifery staff than for medical staff. Concerns were raised around issues of poor attendance at training and a lack of follow up to ensure subsequent attendance.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
8.4	There should be provision for support of new staff entering the environment of the birth setting.	<p data-bbox="1149 280 1495 392">Trust Level of Achievement Substantially Achieved</p> <p data-bbox="1149 436 1439 504">RQIA Assessment Partially Achieved</p>

All new staff are allocated a preceptor and undergo a six month orientation programme specifically for intrapartum care. The orientation programme includes training and competency assessment on all aspects of intrapartum care. All preceptors are sign-off mentors on the local live mentors register, compliant with the NMC Standards to Support Learning and Assessment in Practice. Those returning from a period of absence undergo an individualised reorientation programme, relevant training and on the job support to ensure their competence.

During the visit the review team was unable to validate this fully for medical staff and felt that the clinical support and supervision mechanisms were more robust for midwifery staff than for medical staff.

Standard 9: Environment and facilities

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
9.1	Facilities should be reviewed at least biannually and plans made to rectify deficiencies within agreed timescales.	<p>Trust Level of Achievement Substantially Achieved</p> <p>RQIA Assessment Partially Achieved</p>

The fabric of the Royal Jubilee Maternity Hospital is old and major deficiencies will only be resolved by a new build. However, it is unlikely that a new building will be provided until approximately 2020 and in the interim there is a need for ongoing refurbishment of the existing facilities. Currently, at both sites, there is ground floor access and lifts to all floors and refurbishment programmes do take account of disability access.

The Royal Jubilee Maternity Hospital was noted to be a challenging environment and outdated in its usefulness as a modern maternity hospital. Staff are to be commended for the efforts they make to adapt the environment for contemporary use.

The Mater Hospital unit was well presented and the team was impressed with the standard of cleanliness. The review team was impressed by the enthusiasm of senior midwives and found that all staff were proud of the unit and the work that they do.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
9.2	The audit process should involve user groups and a user satisfaction survey.	<p>Trust Level of Achievement Substantially Achieved</p> <p>RQIA Assessment Partially Achieved</p>

There is no user involvement in monitoring visits of the physical environment. There has however been user feedback on the provision of care via the Picker Institute and through completion of user satisfaction surveys. The review team found that the trust does have user groups who have been instrumental in the provision of certain facilities. For example, the birthing pool in the Mater Hospital was opened due to the issue being raised directly by the Maternity Services Liaison Committee (MSLC), the Mater Hospital's policy of limiting the number of birthing partners to two, came as a direct result of service user feedback.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
9.3	Dedicated and appropriate facilities for bereaved parents should be available.	<p>Trust Level of Achievement Substantially Achieved</p> <hr/> <p>RQIA Assessment Substantially Achieved</p>

The trust states that care is provided in a single room with ensuite facilities. The woman's partner is facilitated to stay in the room or in the parents' room in the neonatal unit. There is a quiet room, used for reflection, spending time with baby or conduction of a removal service. The service has the support of a clinical psychologist and by one session of psychiatrist input per week. The trust does have guidelines on support for bereaved parents including the offer of mementoes and support group details. An annual remembrance service is held and remembrance books are kept.

Similar arrangements are available in the Mater Hospital.

Other environmental issues reviewed

Delivery rooms across both units, are equipped with suction equipment, oxygen and anaesthetic gases, however only three of the rooms in the Royal Jubilee Maternity Hospital are designed to allow clinical equipment to be hidden. Across both units none of the rooms have bars and ropes (natural birthing aids) available. Only four of the 12 rooms in the Royal Jubilee Maternity Hospital have en-suite facilities, the remaining eight have shared facilities.

Of the five rooms in the Mater Hospital three have en-suite facilities while the remaining two do not.

The rooms across all units do provide a comfortable chair and all have space for a birthing mat.

Water may contribute to pain relief and women may also wish to have a bath or shower after giving birth. Ideally, there should be en-suite bathrooms and access to a birthing pool is recommended. The Belfast Trust has one fixed birthing pool in each of its maternity units. In the Royal Jubilee Maternity Hospital 195 women, almost 4 per cent of total women delivered, used this option for pain relief. In the Mater Hospital 2 per cent of the total women delivered used the birthing pool for pain relief.

The Royal Jubilee Maternity Hospital has 50+ midwives trained to support women who choose to give birth in water and all of the midwifery staff in the Mater have been trained.

The Belfast Trust reported that staff are partners in the woman's care, facilitating choice and providing the full range of birthing options. Rooms are large and decorated in pale colours with a range of lighting options. Mobility is encouraged and temperature control is from a central source with local fans as a supplementary provision. A range of furniture and birth aids are provided e.g. rocking chairs and birthing balls. Each room has piped oxygen, suction and entonox and there are facilities provided for TV, music, drinks and snacks. In

order to preserve privacy and dignity there is a policy of knock and wait at each delivery room before entering.

During the site visits the review team noted an absence of piped entonox for delivery rooms in the Mater Hospital which was contrary to the information provided in the self assessment. The team also had some concerns over the availability of the theatre which was not a dedicated obstetric theatre and therefore could be a problem of this was not available.

The team at the Mater Hospital did comment specifically on the aqua lounge describing this as an excellent facility, nicely planned and decorated.

Standard 10: Outcomes

In relation to the audit of outcomes, trusts were asked to outline how and when data is collected and disseminated. Trusts were also asked to identify who is responsible for taking action when problems emerge.

Data on childbirth outcomes is available from the NIMATS system. Data in relation to normal births without interventions is regularly produced and provided to managers in monthly and quarterly clinical data information, by the NIMATS system manager, for consideration at departmental meetings and the Excellence and Governance Committee. Data in relation to the other outcomes is available from the NIMATS, NNJU systems, the Child Health System or as triggers for incident reporting.

The review team explored some specific outcomes during their review visit. Information is collected on indications for induction of labour and this is passed to the labour ward manager who makes sure guidelines are followed in each individual case. Monitoring this information is part of a process of aggressively tackling the high induction of labour figures.

But, in speaking with staff, the review team found that although the NIMATS system is old and is well utilised in the trust, facilitated by the NIMATS system manager. However, the review team was concerned that although data is available it does not seem to be reaching all staff groups and therefore may not be used as efficiently to bring about change in practice.

In addition to the initial profiling exercise a member of the expert review team requested some additional detailed statistical information to include:

- mode of delivery by gestational age
- caesarean section rate by gestational age
- post partum haemorrhage (blood loss >1000ml) against mode of delivery
- apgar scores <7 by gestational age
- birth weights by mode of delivery
- hysterectomy in during or following birth
- number (percentage) of singleton births to diabetic mothers
- onset of labour and outcome of births
- indications for elective caesarean section

Unfortunately this could not be provided by any trust, given both limitations in the availability of the NIMATS system across trusts and limitations of the system itself in providing a more detailed breakdown of information.

The review team recommended that the DHSSPS, Department of Information Systems and the trusts work together to ensure that in the future the NIMATS system is capable of producing statistical information in greater detail.

Chapter 5: Assessment of progress against the recommendations of the Departmental Circular (DH1/08/133883)

Assessment of progress against the recommendations of the Departmental Circular (DH1/08/133883).

Following investigations into two maternal deaths in the Northern Health and Social Care Trust the Chief Medical Officer and Chief Nursing Officer issued a circular on 24 October 2008 entitled 'Lessons from Independent Reviews of maternal Deaths and Maternity Services'. This circular sets out 31 recommendations for action by health and social care organisations. As part of the review into maternity services RQIA made an assessment of these recommendations.

DHSSPS Recommendation 1

Trusts should produce a clear trust-wide multiprofessional shared vision and maternity services strategy, including leadership structure and style.

The trust describes its aim is to continue to provide obstetric services in both the Mater and Royal Jubilee units. The future direction for the service is under consideration in the strategy document 'The Belfast Way/New Directions'. From the information returned by the trust it appeared that there were no General Practitioners or users involved in the development of the local strategy. The review team was of the opinion that there is a requirement for a wider Northern Ireland strategic plan that would enable the trust to plan more effectively for service provision into the future.

DHSSPS Recommendation 2

Trusts should develop an overall patient pathway or design for maternity services that makes best use of existing resources to deliver efficient, safe care. This should include appropriate use of the skills of midwives and obstetricians.

This recommendation was not specifically addressed as part of the review. Some elements of the patient pathway are reflected in the Safer Childbirth Standards and are addressed in Chapter 3.

DHSSPS Recommendation 3

Trusts should develop multiprofessional labour ward forums in which obstetricians, midwives, neonatologists, anaesthetists, nurses, managers and others come together to continuously review and improve the maternity service e.g. through review of near misses, adverse incidents, samples of electronic foetal monitoring traces.

As outlined in the analysis of standard 2.2 above, the trust has a labour ward forum that meets every three months.

DHSSPS Recommendation 4

The leadership and management structure of maternity services should have clear accountability at directorate, ward, labour ward and clinic levels. The structure and leadership style need to create open, constructive challenge and evidence based environment in which safety, efficiency and best practice will flourish.

The trust has a clearly defined leadership and management structure for intrapartum care services. This is further supported by the arrangements in place for the report of adverse incidents and near misses, learning form the outcomes of such incidents and arrangements for the development of policies. (Ref. Standards 1, 4)

DHSSPS Recommendation 5

Trusts should develop effective Maternity Services Liaison Committees that include staff, service users, commissioners and other stakeholders to design, review and develop maternity services.

There are two Maternity Services Liaison Committees (MSLC); one for each unit. It was notable from the information received from the trust that there is no obstetric representative on the MSLC at the Royal Jubilee Maternity Hospital. There is need for further development of the MSLC at the Royal Jubilee Maternity Hospital.

In the Mater Hospital there were two notable areas that demonstrated good systems of communication. Direct user consultation resulted in the development of an aqua lounge birthing suite and all staff encountered as part of the review visit were wearing names badges facilitating good communication between staff and users of the service.

DHSSPS Recommendation 6

Maternity services should have clear links to trust governance arrangements and robust monitoring of safety and risk management. Services should be able to demonstrate improvements arising from issues reported by any member of staff.

The trust has an Excellence and Governance Committee which meets quarterly and has a multidisciplinary membership. Items discussed include training and development, adverse incident trends, emergency obstetric drills, clinical outcomes, NIMATS reports, complaints, litigation, infection control, policy and guidelines and statutory functions. This committee is linked into the corporate governance structures within the trust. The trust also has a risk management policy and an agreed list of trigger intrapartum incidents. (ref standard 1).

DHSSPS Recommendation 7

Maternity services should have one designated person to co-ordinate, record and audit multiprofessional training. Senior managerial support is required to develop training in multiprofessional teams and strengthen working relationships.

Multiprofessional training is co-ordinated, recorded and audited by the Practice Educator including resuscitation training, obstetric emergency skills and drills and new equipment training. CTG training is multiprofessional and is co-ordinated and recorded by the CTG co-ordinator. There is an in-house programme for neonatal resuscitation. There are commissioned places annually for the Advanced Life Support in Obstetrics course which is a multiprofessional programme. All in-house programmes including neonatal resuscitation, drills and skills, CTG Programmes I and II and water birth, include learning outcomes. (Ref. standard 8)

DHSSPS Recommendation 8

All policies and guidelines should be developed and reviewed annually by a multiprofessional working group.

Policies and developed and reviewed by the Excellence and Governance Committee within the trust. (Ref. Standard 1.1.)

DHSSPS Recommendation 9

Statutory supervision of midwives is a unique part of ensuring safe practice and protection. The recommended ratio of one supervisor to 15 midwives must be achieved in order to comply with the annual supervision arrangements.

The trust indicated that it had moved from a very high ratio per supervisor to a position of one to 22 in the Royal Jubilee Maternity Unit and one to 13 in the Mater Hospital Maternity Unit. The review team noted however that there was limited on site presence of the supervisors of midwives on the Mater site. There are seven supervisors currently in training which will ensure compliance with NMC standards by 2010.

DHSSPS Recommendation 10

Regular review of staff and skill mix should be undertaken to ensure that there are adequate staffing levels to address and meet the needs of the service.

Printouts of staff in post are provided to managers at the end of each month and these are checked against the funded establishment. Based on the level of service delivery, the trust submits cost pressure papers to the Commissioner identifying any shortfalls. A paper detailing the shortfall was sent to the Commissioner in February 2009.

In the past the trust has utilised workforce planning tools. The Birth rate Plus midwifery workforce planning tool was last used in the trust in 2007. As a result of this exercise a shortfall of 22 midwives was identified, however numbers of midwives were not enhanced as a result of the exercise. The trust did review the way in which midwives were being deployed across the service and made adjustments in the deployment of staff.

Medical staffing is compliant with the European Working Time Directive.

DHSSPS Recommendation 11

Midwives should be trained to insert IV cannulae and administer IV antibiotics.

This recommendation was not specifically addressed as part of the review.

DHSSPS Recommendation 12

Midwifery staff should rotate regularly to maintain their skills and knowledge. This applies particularly to permanent night staff.

The trust ensures that all midwifery staff have regular rotation around all areas of practice and that there is a system of rotation on and off night duty. It was notable that all midwives in their first year of employment moved through all the relevant areas.

DHSSPS Recommendation 13

Trusts should consider developing a high dependency area in the labour ward for ill or potentially ill women who do not need intensive care. Midwives should be trained to support these women.

The trust has no high dependency unit in the labour suite but, when required, a single room with facilities for invasive monitoring and bed side blood testing, is used. The most senior staff member on duty will accept overall responsibility for the care management of such women. Care provision is led and monitored by the anaesthetist and the consultant obstetrician and is provided by experienced midwives.

DHSSPS Recommendation 14

Staff should be trained in the proper use of Physiological Early Warning Scores including adding scores at each set of observations, acting on the score and documenting actions taken.

A scoring system to calculate an overall early warning score (PEWS) is used with each set of observations. On the rear of the chart there is an algorithm indicating recommended response levels for scores and guidance to improve accuracy in estimating blood loss at obstetric haemorrhage.

Training was provided prior to implementation of the chart, to promote correct usage, calculation of scores and to minimise misinterpretation of scoring rules.

It is not advocated that midwives rely solely on the PEWS but that experience and clinical judgement are also applied to each individual situation. The PEWS is currently used for women undergoing caesarean section, those with whom a complication arises and those who require periods of close observation in the delivery suite.

The review team noted that midwives are taught the importance and method of good record keeping with regard to electronic fetal monitoring (EFM) to include date, time, identification and the recording of all intrapartum events on the tracing. The baseline maternal pulse rate must also be recorded, however on a number of tracings, observed by the review team, the maternal baseline pulse was not present.

The trust endorses the use of the DR C BRAVADO mnemonic, which provides a systematic approach, to recording CTG evaluations. A CTG evaluation stamp is available to aid documentation. On completion of the trace, the date, time and mode of birth are noted and signed by the midwife.

The tracings are stored in a dedicated secure envelope integral to the maternity chart and charts are kept in compliance with legislation, both on site and off. It was noted that the trust has a dedicated CTG trainer who has enhanced practise in this area, across disciplines. This is further enhanced by the presence and availability of supervisors of midwives across the two units.

DHSSPS Recommendation 15

Trusts should review all observation charts to ensure that there is no duplication of observation charts which could increase the risk to the patient.

There are regular audits of compliance with the use of observation charts. The review team found evidence of good support mechanisms in place, including good communication with other areas in the trust.

DHSSPS Recommendation 16

Staff should be aware that snoring can be indicative of partial airway obstruction caused by opiates, anaesthetic or sedative drugs or alcohol.

This recommendation was not specifically addressed as part of the review.

DHSSPS Recommendation 17

Trusts should ensure consistent use of Patient Controlled Analgesia infusers including producing guidelines and training staff in their use.

There is limited use of PCA infusers in the trust. Written protocols exist and staff competencies are assessed and recorded before involvement in its use.

DHSSPS Recommendation 18

Trusts must ensure that the guidelines, as outlined in HSS(MD) 06/2006, on the need to retain clinical equipment that was attached to a patient in the event of his/her death becoming a Coroner's case are fully implemented.

This recommendation was not specifically addressed as part of the review.

DHSSPS Recommendation 19

Drugs that are prescribed should be given. Any reasons for not giving a prescribed drug must be recorded.

This recommendation was not specifically addressed as part of the review.

DHSSPS Recommendation 20

Trusts should review their pain relief policies and procedures to ensure effective analgesia is maintained especially during transfer of an acutely ill patient to another unit.

This recommendation was not specifically addressed as part of the review.

DHSSPS Recommendation 21

Units must have adequate cartridges for blood testing. Feasibility of near patient testing for some samples e.g. haemoglobin, electrolytes, blood gases, should be considered.

This recommendation was not specifically addressed as part of the review.

DHSSPS Recommendation 22

Patients who are significantly unwell should have care led by a single consultant. Any change in lead consultant, either within a unit or on transfer between units, should include clear handover and discussion of the patient's management plan at the senior level of consultant to consultant.

The trust was assessed as being compliant with this recommendation, with clear arrangements in place for the identification of a consultant to lead on the care of women seen as significantly unwell. The trust reported having a process in place for the effective transfer of women to another unit or facility, if required.

DHSSPS Recommendation 23

Ill patients require multidisciplinary input and good liaison between different specialities. A system should be in place to ensure that requests for opinions on seriously unwell patients are responded to promptly by all specialities.

Liaison and communication systems and protocols are in place and are outlined in detail in standard 7.

DHSSPS Recommendation 24

Families of seriously ill patients should have a single designated point of contact with medical staff to ensure clear, consistent and up to date information is given. Information given to relatives should be recorded.

The consultant leading delivery suite care keeps the woman's partner or support person fully informed about the woman's condition and progress. The trust also confirmed that the midwifery shift leader is also involved in the communication of consistent messages.

The limited development of ICT systems may limit the ability of the trust in the efficient and effective communication of key messages across the service.

DHSSPS Recommendation 25

Individual staff performance reviews must be conducted and monitored on an annual basis.

The trust has introduced the Personal Contribution Framework (PCF) to support staff in understanding what is expected of them in their roles, how they contribute to the overall success of the Trust and how they can further develop themselves. It is a structured annual process that allows staff and reviewers to meet to discuss how they contribute to the success

of the trust and identify any areas for personal development through application of the Knowledge and Skills Framework (KSF) to their post. The PCF will apply to all staff (including bank and temporary staff) with the exception of medical and dental staff who have a separate medical and dental appraisal scheme.

DHSSPS Recommendation 26

Trusts should follow a single process for reporting and investigating incidents. Staff should be clear about what should be reported and when and how to report an adverse incident.

A written risk management policy and a specific list of agreed trigger intrapartum incidents is in existence in the trust. The risk management process is supported by a 0.5 WTE risk management co-ordinator (band 7 midwife).

A weekly informal near miss meeting is held each week to discuss incidents that occurred in the previous week. Minutes of these meetings are not recorded. The review team felt the group did not provide adequate assurances in terms of feedback and that the group may not be effective in ensuring feedback to all staff.

Other areas examined as part of the review included the processes for adverse incident reporting. This should be part of the trust's and each unit's governance process. The trust does have a policy and procedure for adverse incident reporting which is summarised in a flow chart for use by staff. Staff across the trust had received training in the use of this procedure and support is available for staff from a number of sources.

DHSSPS Recommendation 27

Investigations should be coordinated by the governance department with a responsible lead in the clinical area whose role it is to ensure timely collation of statements and reports.

The trust reported that they had local and corporate support for the coordination and investigation of incidents that included the timely gathering of statements and evidence to inform investigations.

DHSSPS Recommendation 28

Debriefing of all staff involved in serious clinical incidents should happen as soon as possible after the incident and should be a routine part of the governance process. This will enable staff to talk about what happened, share their anxieties and receive mutual support from colleagues who were involved.

The trust reported that after debriefing sessions, learning is identified and all those involved in the incident are brought together to consider the implications for future practice. There is also wider dissemination of learning points which are shared on a trust wide basis.

A template is being drawn up to take learning from an investigation, to theme issues arising and to summarise the learning. Learning is fed back to all midwives via supervision meetings while other staff groups each have their own meetings and the opportunity to take messages back to front line staff. Regional guidelines are fed back from the DHSSPS such as the recent circular on electronic fetal monitoring.

DHSSPS Recommendation 29

Staff should be trained in the importance of documenting their own involvement, in the form of a written report, as soon as they hear of an adverse outcome.

The trust reported that as part of the process of adverse incident reporting all staff are expected to complete all relevant documentation in a timely and accurate manner. The review team was satisfied that mechanisms are in place to enable staff to share information in such circumstances.

DHSSPS Recommendation 30

Staff must be supported and be given feedback regarding the outcomes of serious adverse incidents.

The trust reported that staff were supported and given feedback on the findings and conclusions of investigations into adverse incidents. Midwives in the units also cited their supervisor of midwives as a source of support in such circumstances.

DHSSPS Recommendation 31

Patients and their family require timely, sensitive communication during and after any incident. This should be coordinated through one member of clinical staff.

This recommendation was not specifically addressed as part of the review.

Chapter 6: Survey of mothers' experience of labour and giving birth in hospital

Methodology

In April 2009, RQIA carried out a survey of mothers who had given birth in hospitals in Northern Ireland. The aim was to build a picture of mothers' experience in maternity units to inform the review process. The survey methodology was designed following discussion with representatives of maternity liaison groups, midwives and health visitors.

Trusts agreed that health visitors would distribute questionnaires to mothers at their 16 week health assessment for return to RQIA. The members of the review team are very grateful to trust staff for their involvement in distributing the questionnaires and to the 70 mothers who gave birth in the Belfast Trust who took time to complete and return them.

Summary

When asked how content they had been with the overall birth experience they had in Belfast Trust hospitals, **49 per cent** of the 68 women who responded to this question replied that they were **completely content** and **38 per cent** were **very content**. This indicates a high level of satisfaction by mothers with the care they received.

Please rate, during your labour and birth						
	Completely	Very	Somewhat	Slightly	Not at all	N/A, don't know or can't remember
To what extent did you feel you were given the information you needed about options, pain relief and interventions (e.g. breaking waters, monitoring, forceps delivery)?	50.7% (35)	30.4% (21)	10.1% (25)	7.2% (5)	1.2% (3)	5.8% (4)
To what extent did you feel listened to?	57.1% (40)	30.0% (21)	11.3% (28)	1.4% (1)	2.4% (6)	2.9% (2)
To what extent did you feel you and your birthing partner(s) were treated with respect and dignity?	69.6% (48)	23.2% (16)	4.1% (10)	1.4% (1)	0.4% (1)	2.9% (2)
To what extent did you feel your wishes were respected and accommodated?	62.3% (43)	26.1% (18)	11.7% (29)	0% (0)	1.6% (4)	1.4% (1)
To what extent did you feel your religious and cultural beliefs were respected and accommodated?	52.2% (36)	21.7% (15)	2.9% (7)	0% (0)	0.4% (1)	23.2% (16)
To what extent did you feel you were kept regularly informed about your care?	57.1% (40)	30.0% (21)	11.7% (29)	1.4% (1)	1.6% (4)	1.4% (1)
To what extent did you have confidence and trust in the staff caring for you during labour and birth?	72.5% (50)	23.2% (16)	4.1% (10)	1.4% (1)	0.8% (2)	0% (0)

Table 4: The staff caring for you (source: Mothers' experience survey)

Table 3 above sets out the responses of mothers when they were asked to rate a number of factors relating to how they felt they were treated during labour. In general the responses demonstrate high levels of satisfaction among mothers about these aspects of care and confidence and trust in the staff who provided the care.

Seventy per cent of mothers were completely satisfied with the opportunity for skin-to-skin contact immediately after birth. The majority of mothers who responded to the survey stated complete satisfaction with the privacy, level of heating and lighting, the choice of comfort and birthing aids and the space to move about and change position in the delivery suite.

The majority of mothers in the Belfast Trust area said they were completely satisfied about the extent to which they were given information, listened to, treated with respect and dignity had their wishes and religious and cultural beliefs respected and accommodated and kept regularly informed about their care. **73 per cent of women said they had complete confidence and trust in the staff caring for them.**

Forty-five per cent of mothers reported that they breastfed their baby while still in the delivery suite and a further 25 per cent bottle fed their baby in the delivery suite. **The vast majority of women (between 76 and 84 per cent) who responded said they were either completely or very satisfied that those caring for them gave consistent advice, practical help, active support and encouragement, information or explanations needed and the opportunity to be involved in decisions.**

The Royal College of Obstetricians and Gynaecologists' Standards for Maternity Care state that "facilities in birth settings should be at an appropriate standard and take account of the woman's needs and the views of service users by being less clinical, non-threatening and more home-like whenever possible".ⁱⁱ The one aspect of the environment and facilities that gave mothers the least amount of satisfaction was how attractive or homely the delivery suite was. **Nearly two-thirds of mothers giving birth within the Belfast Trust commented that they were only somewhat satisfied with this and 7.5 per cent said they were not at all satisfied with this aspect of the delivery suite.**

A selection of statements made by mothers who gave birth in Belfast Trust hospitals

We recognised that the number or returns for individual hospitals in some cases were small and may not be a representative sample. The following statements obtained from questionnaires are a selected sample only and should not be taken as being representative of the trust as a whole.

"I have had two babies at the Mater and had a wonderful experience both times and the midwives were the best I have experienced and would recommend the Mater to anyone expecting".

"I had seen the delivery suite for having a water birth. It was decorated lovely and was very homely, I feel all the delivery suite should be made to "feel homely" with some colour on the walls".

ⁱⁱ The Royal College of Obstetricians and Gynaecologists. Standards for Maternity Care. 2008. London. RCOG Press. p32

"I was in the delivery suite for approx 12 hours and found that both myself and my husband were bored most of that time. There is no form of distraction e.g. tv, music - which may have helped pass the time".

"The midwives in delivery suite were extremely professional but caring and knowledgeable".

"Too many changes in midwives and too much attention to completion of paperwork at change over rather than interacting with me".

"I was not offered the chance to have skin to skin and have really regretted this".

"Excellent attention given by midwife in delivery suite and also appreciated her calling into the post-natal ward after delivery/recovery. Willing to offer different pain relief and positions. Definitely better than Daisy Hill Hospital where I had my previous child".

"Had asked from 2cm dilated for epidural and was continually put off by midwives against my own wishes".

"Excellent attention given by midwife in delivery suite and also appreciated her calling into the post-natal ward after delivery/recovery. Willing to offer different pain relief and positions".

Chapter 7 Summary of Recommendations

Recommendations for the service across Northern Ireland

Standard 1 Organisation and documentation

- 1. The Northern Ireland Maternity Services Information System (NIMATS) should be implemented in all maternity units across Northern Ireland.**
- 2. All trusts should prepare an annual programme of audit activity in relation to maternity services and publish an annual report on the audit results, which should be disseminated to members of the maternity team.**
- 3. All trusts should ensure the harmonisation of policies and guidelines from those used by their legacy trusts and ensure that there are effective mechanisms to disseminate them to staff.**
- 4. All trusts should review their structures and processes for the reporting and analysis of incidents and near misses in maternity services and ensure there is effective and timely feedback on a multidisciplinary basis.**
- 5. All trusts should consolidate induction, training and practice in respect of written and electronic record keeping across all disciplines involved in providing maternity services and carry out regular audits of records.**

Standard 2 Multidisciplinary Working

- 6. Each trust should ensure that the terms of reference of its labour ward forums are clearly defined and that there are mechanisms for user involvement. Where there is more than one labour ward forum in a particular trust, steps should be taken to ensure regular communication between them.**

Standard 4 Staffing levels

- 7. The HSC Board and Trusts should consider the adoption of a single assessment tool for midwifery staffing across Northern Ireland and the frequency with which it should be applied.**
- 8. All trusts should review their senior and junior medical staffing for maternity units in relation to the Safer Childbirth Standards in conjunction with the HSC Board, DHSSPS and Northern Ireland Medical and Dental Training Agency (NIMDTA).**

Standard 5 Leadership

- 9. DHSSPS should develop a specific policy on the development of the role of consultant midwives across Northern Ireland, in line with its policy on the introduction of midwifery-led units.**

Standard 6 Core Responsibilities

- 10. All trusts should aim to have a consultant present for a physical ward round as appropriate and at least twice a day during Saturdays, Sundays and bank holidays.**

Standard 7 Emergencies and transfers

- 11. All trusts should have formalised written agreements in place with the Northern Ireland Ambulance Service on attendance at emergencies or when transfer is required.**
- 12. 14. Trusts who do not have dedicated 24 hour anaesthetic services should review their cover arrangements to ensure that there will be no delay in carrying out an emergency caesarean section.**

Standard 8 Training and education.

- 13. All trusts must work to achieving an appropriate balance between managing rotas and providing protected time for training opportunities, for medical staff.**
- 14. All trusts must ensure records of staffs attendance at mandatory and other training sessions are regularly reviewed and that line managers are made aware of the reasons for non-attendance at mandatory training.**
- 15. All trusts should establish a skills inventory for midwifery staff.**

Standard 9 Environment and Facilities

- 16. The proposed plan for the new maternity unit at the Royal Jubilee site should be revisited to take account of increased throughput and of the potential for further increases in activity as a consequence of the plans to reprofile maternity services on the Lagan Valley Hospital site, which may impact on referrals to the Belfast Trust.**
- 17. All trusts should explore further innovative ways to harness the views of service users and to utilise feedback from service users to bring about improvements in the birthing environment.**

Standard 10 Outcomes

- 18. All trusts should review their information needs for maternity services to ensure that they have systems to provide the data set out in the Safer Childbirth Standards and that this information is effectively shared with staff.**
- 19. The DHSSPS, Business Services Organisation (BSO) and trusts should work together to develop the capabilities of the NIMATS system and ensure that appropriate information is readily available on clinical outcomes as set out in the Safer Childbirth Standards.**

Other recommendations

- 20. DHSSPS should consider the development of a strategy for the future development of maternity services in Northern Ireland reflecting increasing birth rate trends, changes in working patterns and developments in obstetric and midwifery practice.**

Belfast Trust recommendations

Standard 1: Organisation and Documentation

1. There should be a clinical audit lead to direct multidisciplinary audit.

Standard 4: Staffing Levels

2. The trust in conjunction with the HSC Board should consider a future model for provision of maternity services at the Mater Hospital based on the document entitled 'The Future of Small Maternity Units', Royal College of Obstetricians and Gynaecology. This paper provides solutions for small obstetric units like the Mater, where service can be provided without the presence of doctors in training.

Standard 5: Leadership

3. The trust should appoint a labour ward manager in the Mater Hospital.

Standard 8: Training and Education

4. The trust should ensure, through clinical support and supervision, that medical staff are fully supported and adequately prepared for the work undertaken in the birth setting.

Standard 9: Environment and Facilities

5. The trust should continue to improve the birthing environment giving priority to the provision of piped gas & air facilities in the rooms at the Mater. They should also harness the view of service users to look at ways of making the environment in the Royal Jubilee less clinical and more homely where possible.

Appendices

Appendix 1 Departmental Circular DH1/08/133883

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNYSTRIE O

**Poustie, Resydënter Heisin
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For action:

Chief Executives HSC Trusts for dissemination to:
Senior Management Team
Heads of Governance
Director of Maternity Services
Clinical Directors

Chief Executives HSS Boards for dissemination to:
Senior Management Team

For information:

Head of School of Nursing & Midwifery, QUB
Head of School of Nursing, UU
Head of Nursing Education, Open University
Chief Executive, NIPEC
Local Authority Supervising Midwifery Officer
Chief Executive, Regulation & Quality Improvement Authority
Chair, Safety Forum

Your Ref:
Our Ref: DH1/08/133883
Date: 24 October 2008

Dear Colleagues

LESSONS FROM INDEPENDENT REVIEWS OF MATERNAL DEATHS AND MATERNITY SERVICES

Attached is a summary of the key recommendations from three independent review reports. To minimise the risk of recurrence, it is important that the lessons and recommendations from these reviews are adopted and applied by all Trusts. While some recommendations are specific to maternity services, many apply to all clinical services.

Action for Trust Chief Executives

Please ensure that these recommendations are implemented in your Trust.

Action for Board Chief Executives

Please assure yourselves that your main provider Trust has implemented these recommendations. Please advise us by 28 February 2009 that you have obtained that assurance.

Yours sincerely

Dr Michael McBride
Chief Medical Officer

Mr Martin Bradley
Chief Nursing Officer

Enc

Working for a Healthier People

