



The **Regulation** and  
**Quality Improvement**  
**Authority**

## **Report of the RQIA Review of Intrapartum Care**

**March 2010**

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## Executive summary

### Context

Over the past 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 ten sites. Service development has also led to the creation of two midwifery-led units attached to consultant led units at the 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 (HSC) trusts came into existence on 1 April 2007. They 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.

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. These 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, 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 has 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% 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, these figures outline 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 (EWTD) 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.

### **Terms of Reference**

The specific terms of reference for the review were to:

- profile the availability of maternity services, with a particular focus on intrapartum care, across the five health and social care trusts in Northern Ireland
- provide a baseline assessment of the quality and safety of care within maternity services, based on an initial assessment of the application of Safer Childbirth, Minimum Standards for the Organisation and Delivery of Care in Labour (Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Royal College of Anaesthetists and the Royal College of Paediatricians and Child Health, October 2007)
- consider clinical and corporate governance arrangements in place and, in particular, the reporting, investigating and learning from adverse incidents and near misses
- assess and comment upon the service user experience of maternity services across Northern Ireland to include patient centred assessment and care planning and the provision of information to service users
- report on the findings and make recommendations as appropriate

The terms of reference excluded pre-conceptual care, fertility treatment, antenatal and post natal aspects of care as well as neonatal services.

At the time of planning the review there were no specific standards for intrapartum care in Northern Ireland. The Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour, (October 2007)<sup>1</sup>, was used as the framework for the assessment of services. It was considered that the standards and criteria would provide a robust framework against which to provide a baseline assessment of intrapartum care, even though they had not been formally agreed for implementation in Northern Ireland.

The Review team also took account of the recommendations of a joint CNO/ CMO circular (DH1/08/133883) Lessons from Independent Reviews of Maternal Deaths and Maternity Services, issued in October 2008.

### **Key findings**

The review team wishes to acknowledge the commitment and dedication of staff working to provide safe and effective intrapartum care for women and their babies. The review team commends the approaches being taken by trusts to enhance the safety and quality of maternity services. The survey of mothers, revealed high degrees of satisfaction with regard to the maternity services they received.

The review had demonstrated that staff within the trusts have responded constructively to regional and national serious incidents in maternity services, addressing the major learning points arising from these incidents. This was not only reflected in the practices observed by the review team, but also in the way in which care and governance systems are organised. In some instances there remains a requirement to complete the harmonisation of policies and procedures from those that existed in the legacy trusts.

The requirement for meaningful engagement with service users is essential for the ongoing governance and development of services. This review highlights the requirement for effective engagement of service users through Maternity Services Liaison Committees (MSLC). There are excellent examples of how MSLCs have worked to inform the development of some of the newer maternity units and improvements in some of the existing units.

Assessment of maternity services against the levels recommended in the Safer Childbirth Standards has highlighted deficits in medical and midwifery staffing levels in some maternity units in Northern Ireland. These need to be set in the context of a trend of increasing birth rates, changes in working patterns such as the EWTD and projected significant retirements among the midwifery workforce. The review team consider that there is a need to develop a workforce strategy for maternity services in Northern Ireland.

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<sup>1</sup> Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Royal College of Anaesthetists and the Royal College of Paediatricians and Child Health (2007)

Effective clinical leadership is essential in the provision of all health and care services. This review highlights the lack of specific policy in respect of the development of consultant midwifery posts in Northern Ireland. The review team was firmly of the view that to support the development of midwife-led care and the normalisation of labour and delivery, DHSSPS, HSC Board and trusts should develop a strategy for the creation of such posts.

Throughout its engagement with medical and midwifery staff working in the maternity units, the review team was conscious of the tension between ensuring safe service delivery and the need to afford staff protected training times to meet mandatory and other training requirements. This needs to be addressed within the context of an overall workforce strategy.

The Northern Ireland Maternity Services Information System (NIMATS) used by maternity services in Northern Ireland was found to be not available in some units. Where used it was an essential source of information for clinical and managerial staff. The review team was informed that NIMATS needed to be developed to provide the full range of information required to inform policy and practice in a safe and efficient maternity service.

The facilities in which intrapartum care is delivered in Northern Ireland have improved significantly in recent years. This is evidenced by several newly built units and the refurbishment of some of the existing units. If the increase in birth numbers continues there will be increasing pressure on facilities. The review team recommends that the capacity of units is reviewed taking into account the significant impact of the proposed change to the profile of Lagan Valley Hospital.

Standard 10 of the Safer Childbirth Standards requires all units to audit childbirth outcomes. The review team noted the audit programmes across all five trusts. There is a need to standardise the information required to inform the audit process. The results of clinical audits should be used to improve service delivery, for example in relation to rates of obstetric intervention, as was demonstrated in the South Eastern Trust.

The review team has concluded that the major policy implication of this review is that there is a need for an overall strategy for the future development of maternity services in Northern Ireland and would recommend that this is taken forward by DHSSPS.

RQIA and the review team wish to thank all five trusts and their staff for the cooperation and courtesy shown throughout the course of this review and the staff of other organisations who have contributed to its completion.

The level of response to the surveys varied from trust to trust and whilst they were not used to inform the review team's judgement of the individual trust performances they did, nevertheless, provide important additional information about issues such as multidisciplinary working, patient experience and interactions between staff and women in labour. The findings are covered in Chapter 7 and the recommendations are listed in Chapter 8 of the report

The recommendations in this report are divided into two types.

- recommendations which apply to regional bodies such as DHSSPS and the HSC Board and all five HSC trusts.
- recommendations which are trust specific

## Chapter 1: Context for the Review

### 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.

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
- 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 2009-12 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 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

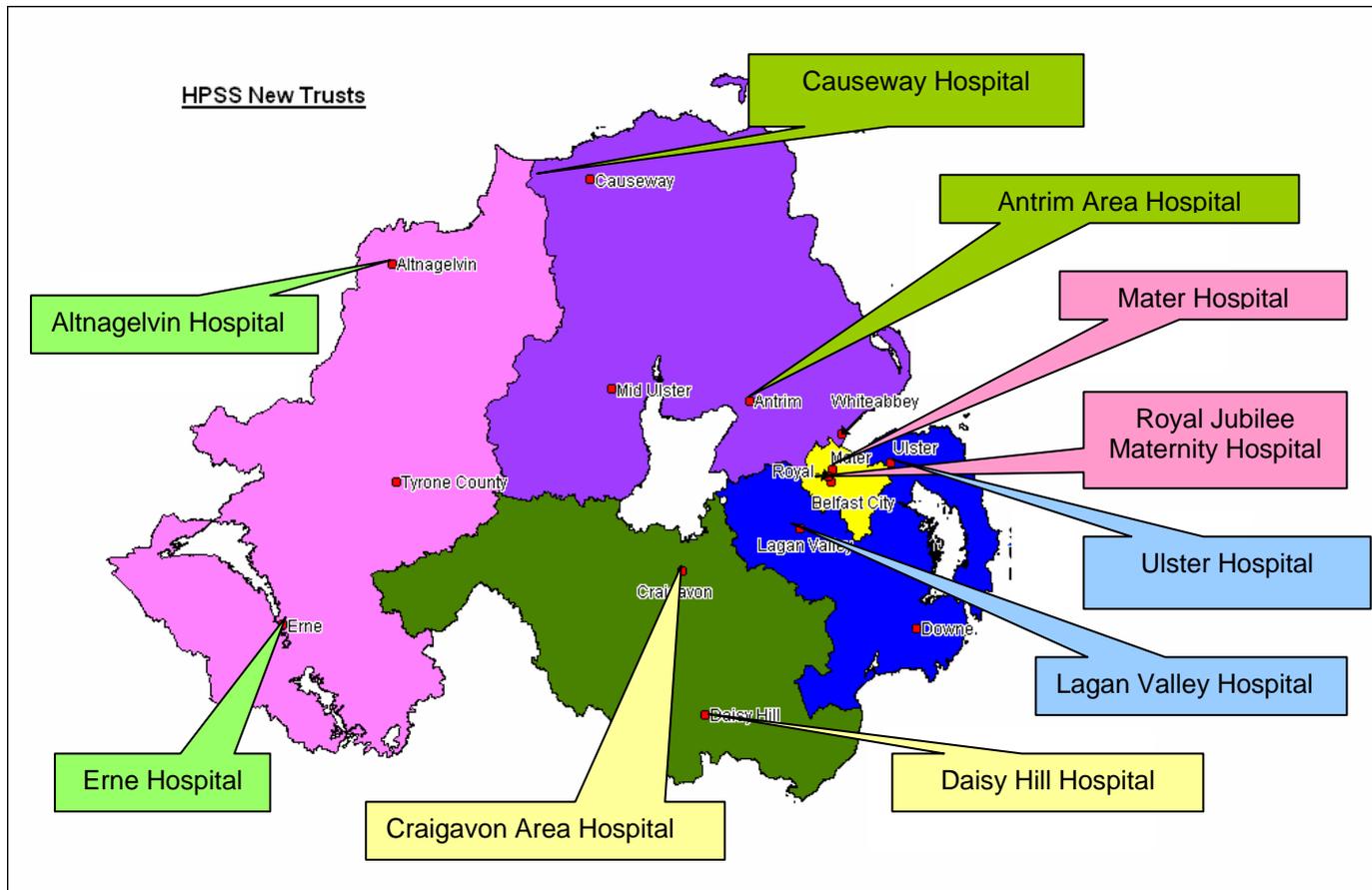
In the year ended 31 March 2008 25,631\* live births were registered in Northern Ireland, the highest number recorded since 1992. The number of births per annum had increased over the previous six year period from 21,385 in 2002. Table 1 shows the breakdown of births by Trust for 2008.

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

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

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\*Source: Registrar General 2009



**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 that 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).

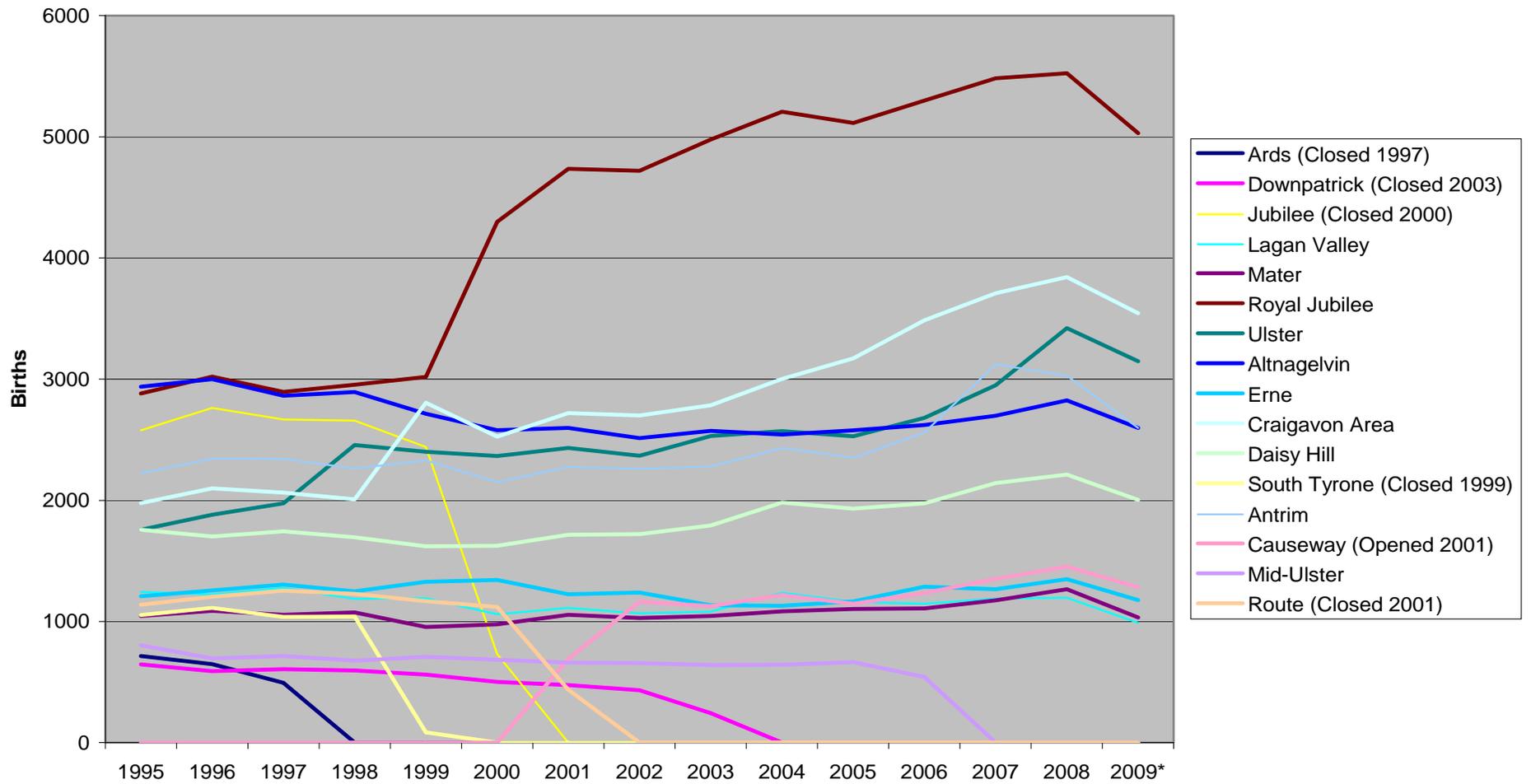
### **1.3 Current issues for maternity services in Northern Ireland**

Over the previous 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 ten sites (Figure 1). Service development has also led to the creation of two midwifery-led units attached to consultant led units at the 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. They 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.

As outlined, births registered in Northern Ireland have reached their highest level since 1992, increasing pressure on existing units. Figure 2 outlines the number of births for maternity units in Northern Ireland since 1995.



**Figure 2: Total Births in Northern Ireland (Source: Child Health System)**

At the time of the review, proposals had been announced to re-profile services on the Lagan Valley Hospital site. These 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, 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 has reported significant increases in the ethnic diversity 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 -2009 trusts reported that 50 midwives (representing 4.06% 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, these figures outline 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 (EWTD) 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 review methodology 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 staff delivering services
- a survey of the views of mothers who had recently experienced maternity services
- validation visits by members of a review team to meet managerial and clinical staff providing services and visits to delivery suites in each hospital

The review spanned the period January 2009-March 2009. Five individual reports were prepared in relation to intrapartum care in each trust. This report has been written to give an overview of the findings across Northern Ireland.

### 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 3 of this report summaries the review team's findings in relation to the standards.

The recommended minimum Safer Childbirth Standards are based around ten 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), Lessons from Independent Reviews of Maternal Deaths and Maternity Services, dated 24 October 2008 (Appendix 1). Chapter 4 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. This aspect is considered in Chapter 6 in light of information provided by the surveys of staff and women's experiences.

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 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 all the criteria in each of the Safer Childbirth Standards. In doing so, trusts were asked to indicate their level of achievement using the achievement scale at Table 2. To support their assessment the trusts also provided report-style narrative of not more than 200 words per criterion. Some 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. (A reason must be stated clearly in the trust's response)
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 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.

## Chapter 3: Assessment of Safer Childbirth Standards

### Standard 1 Organisation and Documentation

**The organisation has a robust and transparent clinical governance framework which is applicable to each birth setting.**

- 1.1 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.
- 1.2 A maternity risk management group meets at least every 6 months.
- 1.3 There is a written management policy, including trigger incidents for risk and adverse incident reporting.
- 1.4 There is evidence of multiprofessional input in protocol and standard setting and in review of critical incidents.
- 1.5 Meetings involving all relevant professionals are held to review adverse events.
- 1.6 Past guidelines and protocols are dated and archived in case they are needed for reference at a later date.
- 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.
- 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.

## **Standard 1 Organisation and Documentation**

**The organisation has a robust and transparent clinical governance framework which is applicable to each birth setting.**

### **1.1 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.**

The Safer Childbirth Standards state there should be written multidisciplinary evidence-based clinical guidelines for the management of both low and high risk conditions and births. The review team found that each trust had effective methods in place for the dissemination of guidelines to frontline staff. The review team explored the development and distribution of guidance of Cardiotocography (CTG) monitoring and each trust demonstrated how this had been effectively achieved.

At the time of the review, not all trusts had harmonised their guidelines from those of their legacy trusts.

### **1.2 A maternity risk management group meets at least every 6 months.**

The Safer Childbirth Standards state that a maternity risk management group should meet at least every six months and should be chaired by a senior doctor or midwife. This group should continually assess risks within the unit and maintain a dynamic risk register. The review team found good evidence that trusts had structures and processes to discuss and manage risks and to involve practitioners.

In the Southern Trust the risk management group was not specific to maternity services and the review group has recommended that this trust sets up a specific group for this purpose.

### **1.3 There is a written management policy, including trigger incidents for risk and adverse incident reporting.**

All trusts were found to have made progress in relation to the development of risk management and the review team was advised that some trusts had employed risk management midwives. The review team found that three of five trusts had developed risk management strategies to ensure that risks were continually assessed.

#### **1.4 There is evidence of multiprofessional input in protocol and standard setting and in review of critical incidents.**

The review team found strong evidence of multidisciplinary involvement in the development of protocols, standard setting and the review of incidents. This was explored in relation to electronic fetal monitoring (EFM) and there was notable progress in all trusts, using team approaches. The South Eastern Trust demonstrated effective multidisciplinary engagement in critical incident review. The trust also reported that reflective learning was encouraged through multiprofessional meetings and through the presentation of incidents and trend analysis.

#### **1.5 Meetings involving all relevant professionals are held to review adverse events.**

The Safer Childbirth Standards recommend that meetings involving all relevant professionals are held to review adverse events. All five trusts have these arrangements in place but the review team has made a recommendation to improve feedback mechanisms to staff who are not able to attend meetings. All trusts are advised to establish trust-wide meetings to review adverse incidents in maternity services, where these are not already in place.

#### **1.6 Past guidelines and protocols are dated and archived in case they are needed for reference at a later date.**

Past guidelines and protocols should be dated and archived in case they are needed for reference at a later date. The review team found that there were good systems in place for this to occur in four out of the five trusts. The exception was the Western Trust and a specific recommendation was made to the Western Trust to address this deficit.

#### **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.**

The Safer Childbirth Standards state that the standard of record keeping and storage of data should be clear, rigorous and precise. The review team found that there was room for improvement in performance against this standard across all five trusts. Examination of a small sample of records in delivery suites did reveal some evidence of missing information and loose pages which could be lost or misplaced.

All units should have access to computerised documentation systems. The use of the Northern Ireland Maternity Services Information System (NIMATS) was not universal in all hospitals and the review team recommend that this system be implemented in those hospitals where it is not yet in place.

**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.**

The Safer Childbirth Standards state that there should be an evaluation of midwifery and obstetric care through continuous prospective audit to improve outcomes which is published as an annual report. The review team found evidence of variable practice in relation to audit within trusts. The Northern Trust produced an annual report on its audit activity in relation to maternity services, and the South Eastern Trust demonstrated the impact of an audit of caesarean section rates where at the time of the review they had the lowest rate in Northern Ireland.

**Standard 1: Recommendations for the Service Across Northern Ireland**

- 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.**

<b>Standard 1. Organisation and Documentation</b>					
<b>The organisation has a robust and transparent clinical governance framework which is applicable to each birth setting</b>					
<b>Criteria</b>	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCT</b>
1.1 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.	Most policies, protocols and procedures were up to date and had been recently reviewed.  A small number of policies were found to require updating.	Guidelines were being used in both maternity units although there were some differences in the guidelines used in the two units. The trust was in the process of harmonising the procedures between the units through a multidisciplinary group.	The trust had comprehensive guidelines albeit some were in legacy trust format. The trust was working to harmonise these and once developed would be ratified by the Labour Ward Forum.	At the time of the review the trust had a range of policies in legacy trust format. It was anticipated that the practice development midwife on each of the hospital sites would prioritise key policies to be harmonised.	The trust was developing a composite set of maternity specific guidelines for adoption across both units. This process had been delayed as a result of logistical issues and service pressures.
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>
1.2 A maternity risk management group meets at least every 6 months.	An Excellence and Governance Group meets to discuss risk issues in maternity services every two months.	There are monthly multidisciplinary risk management meetings held in each unit.	A multidisciplinary risk management group with a dedicated maternity sub committee meets regularly.	A maternity risk meeting takes place at least every six months. Risk issues are reported to the Trust Risk Management Committee.	Risk management midwives chair monthly risk management meetings in each maternity unit.
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>

<b>Standard 1. Organisation and Documentation</b>					
<b>The organisation has a robust and transparent clinical governance framework which is applicable to each birth setting</b>					
<b>Criteria</b>	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCCT</b>
1.3 There is a written risk management policy, including trigger incidents for risk and adverse incident reporting.	There is a written risk management policy and a specified trigger list of agreed intrapartum incidents.	A specific maternity risk management policy and strategy is being developed. An incident trigger list is displayed in clinical areas in both units.	A trust risk management strategy is in place. A specific obstetric risk management policy is being developed.  A trigger list for incidents was not in place at the time of the review visit.	A risk management policy for maternity services is in place. A list of risk triggers is posted in all clinical areas.	There is a trust risk management strategy and an obstetric risk strategy is being developed. A risk management policy is in place including a list of trigger incidents.  Provision of feedback to staff on incidents is an area for improvement.
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>
1.4 There is evidence of multiprofessional input in protocol and standard setting and in reviews of critical incidents.	There is multiprofessional input into the development of policies and guidelines and in the review of incidents.	There is a multiprofessional team approach to the development of protocols and standards and to the review of incidents.	A multiprofessional maternity guidelines committee is responsible for the development of guidelines and protocols. Follow up of incidents is carried out by the Clinical and Social Care Governance Group.	Protocol and guideline setting is taken forward by the multiprofessional labour ward forum and the practice development midwife.  There is a multiprofessional incident review group.	A multidisciplinary working group develops protocols and standards. Protocols are currently developed in Altnagelvin and adopted for use at the Erne.  Critical incidents are reviewed at a multidisciplinary forum
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>

<b>Standard 1. Organisation and Documentation</b>					
<b>The organisation has a robust and transparent clinical governance framework which is applicable to each birth setting</b>					
<b>Criteria</b>	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCCT</b>
1.5 Meetings involving all relevant professionals are held to review adverse events.	Multiprofessional meetings to review incidents are held but not regularly minuted. A template is being developed to summarise the learning from incidents.	Multiprofessional discussions are convened to review incidents involving the governance unit.  Monthly (Causeway) or bi-monthly (Antrim) governance meetings are held open to all medical and nursing staff. These meetings are minuted but no formal mechanism is in place to distribute the findings to staff unable to attend.	Adverse incidents are reviewed at Clinical and Social Care Governance meetings. These are open with tele-links to facilitate participation from both sites.  Information is disseminated through sister's meetings, memos to staff and divisional directorate meetings.	A multidisciplinary maternity incident group meets fortnightly. Action plans are disseminated by ward managers to staff.  The risk management department convenes a weekly meeting to review serious incidents in the trust. A clinical governance midwife is responsible for the incident reporting system and reviews all incidents.	The trust risk management team reviews all incidents and minutes are circulated to all clinical areas. Required actions from adverse incidents are formally recorded and audited.  Risks are discussed at meetings in each maternity unit and there are plans to set up a new risk management meeting for the whole trust.
<b>Assessment by Review Team</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>
1.6 Past guidelines and protocols are dated and archived in case they are needed for reference at a later date.	A midwife coordinates the updating and archiving of policies. Pre- intranet policies are kept in hard copy.	Past guidelines are kept, dated and archived within each maternity unit	Past guidelines and protocols are being archived in keeping with an agreed trust policy.	The Head of Midwifery is responsible for archiving policies. Legacy trust records policies are being harmonised.	The trust has a policy for holding previous guidelines but there is no clear process for dating and archiving.
<b>Assessment by Review Team</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>

<b>Standard 1. Organisation and Documentation</b>					
<b>The organisation has a robust and transparent clinical governance framework which is applicable to each birth setting</b>					
<b>Criteria</b>	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCCT</b>
<p>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.</p>	<p>Multidisciplinary maternity records are retained by women throughout their pregnancy.</p> <p>Trust policy sets out clear standards for documentation. Case notes are audited and findings disseminated at clinical audit meetings.</p> <p>Information in NIMATS is quality assured but provides limited information on interventions and clinical outcomes.</p> <p>There was evidence of missing information in records and loose sheets which could be misplaced.</p>	<p>A multidisciplinary hand held maternity record is used.</p> <p>Compliance with record handling standards were audited in 2007 and a further audit is being considered.</p> <p>Both Antrim and Causeway use NIMATS.</p> <p>Examination of notes did show evidence of the use of loose sheets in records and that student midwives were signing off Cardiotocography (CTG) tracings which is not authorised.</p>	<p>A multidisciplinary hand held record is used for maternity patients.</p> <p>An audit of records took place in 2008 and demonstrated the need to improve legibility in some cases.</p> <p>NIMATS is in place in Daisy Hill and it is planned that the system will be in place in Craigavon Hospital.</p>	<p>Hand held maternity records are used.</p> <p>Guidelines on record keeping are in place.</p> <p>Both Ulster and Lagan Valley Hospitals use NIMATS.</p> <p>There is a continuous monthly audit of record keeping across the trust which includes maternity services.</p>	<p>An audit of record keeping took place in 2008.</p> <p>A regular audit of patient records in relation to Electronic Fetal Monitoring is in place.</p> <p>At the time of the review visit, NIMATS was not in place in either Altnagelvin or Erne Hospitals. There were plans and agreed funding for this to occur.</p> <p>Record keeping is part of the annual supervision of midwives.</p>
<b>Assessment by Review Team</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>

**Standard 1. Organisation and Documentation**

**The organisation has a robust and transparent clinical governance framework which is applicable to each birth setting**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
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.	<p>An annual programme of audit is carried out and is multidisciplinary.</p> <p>Audit results are presented at monthly clinical audit meetings.</p> <p>There is not an annual report of audit activity.</p>	<p>There is an annual programme of audit. Findings are presented at governance or audit meetings in both maternity units and have been published in trust audit reports.</p> <p>There is an annual trust wide perinatal/maternal morbidity meeting.</p>	<p>There is a prioritised programme of effectiveness and evaluation work.</p> <p>The trust presented the findings and action taken as a result of an audit of CTGs.</p> <p>The trust does not produce an annual audit report.</p>	<p>An audit programme is planned for the year and can be flexed to take on emerging issues.</p> <p>The remit of the Clinical Governance Midwife includes audit and quality improvement and there is a named lead consultant for audit in obstetrics.</p> <p>There is a trust wide annual audit report.</p>	<p>There are difficulties in presenting outcomes of audit and the lack of NIMATS impacts on the audit process.</p> <p>There is an annual programme of audit which includes regular audits such as CTGs, caesarean sections and post partum haemorrhage.</p> <p>There is an annual trust wide audit report which the directorate contributes to.</p>
<b>Assessment by Review Team</b>	<b>Partially achieved</b>	<b>Fully achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>

**Standard 1: Trust Specific Recommendations**

BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
<p>There should be a clinical audit lead to direct multidisciplinary audit.</p>	<p>None</p>	<p>The trust should develop a specific risk management policy for obstetrics ensuring that this includes a clearly defined trigger list for incident reporting.</p> <p>The trust should consider the appointment of a designated risk management midwife to strengthen and build upon existing arrangements and assist in the development of a rolling programme of audit.</p>	<p>None</p>	<p>The trust should implement the new arrangements for quarterly risk management meetings and staff from across the Trust should be facilitated to attend these meetings.</p> <p>The trust should ensure a documented procedure is in place for the dating, archiving and central storage of past guidelines.</p>

## **Standard 2 Multidisciplinary Working**

**Effective multidisciplinary working is essential to the efficient delivery of the service.**

- 2.1 Local multidisciplinary maternity care teams comprising midwives, obstetricians, anaesthetists, paediatricians, support staff and managers, are established.**
- 2.2 A labour ward forum or equivalent meets at least every 3 months.**

## **Standard 2    Multidisciplinary Working**

**Effective multidisciplinary working is essential to the efficient delivery of the service.**

### **2.1    Local multidisciplinary maternity care teams comprising midwives, obstetricians, anaesthetists, paediatricians, support staff and managers, are established.**

A good working relationship between the multidisciplinary team (midwives, medical, ancillary, managerial staff) and the women receiving care is crucial to ensure optimal birth outcomes. This is best achieved with a team approach, based on mutual respect, a shared philosophy of care and a clear organisational structure for both midwives and medical staff, with explicit and transparent lines of communication.

Evidence of multidisciplinary working was identified across all five trusts. There is, however, scope to improve systems to facilitate effective communication and coordination between the various professions contributing to the delivery of safe and effective maternity services. In particular, there is a need to develop more robust governance structures for obstetric and midwifery units.

Multidisciplinary team working was evidenced in a number of ways including in the context of risk management and clinical forums and in the form of skills and drills training in dealing with emergencies. There was also evidence of communication of shared learning from serious adverse incident reviews.

In the Belfast Trust, the review team noted that there is a written shared philosophy of care and clear lines of communication. The trust also had a multidisciplinary approach to complaints management which was commended. The South Eastern Trust evidenced a multidisciplinary approach to emergency drill training, clinical audit, incident review and policy review.

The review team highlighted a good practice initiative in the Northern Trust in respect of multidisciplinary working, which included ready access neonatology clinicians and practitioners and learning from adverse incidents.

The Southern Trust pointed to its integrated induction programme as evidence of multidisciplinary working and whilst the review team found that a framework is clearly available to support multidisciplinary working the dominant approach appeared to be unprofessional.

In the Western Trust the review team found that multidisciplinary risk management groups were established at both the Altnagelvin and at the Erne maternity units and the meetings are used to disseminate information from both audit and incident review.

## **2.2 A labour ward forum or equivalent meets at least every 3 months.**

Labour ward forums have been established in all five trusts. Core membership includes the lead consultant obstetrician for the labour ward, lead midwife for the labour ward, consultant anaesthetist, consultant paediatrician, clinical risk midwife, sisters and a supervisor of midwives. Others may be invited to attend, as required.

The Belfast Trust has a labour ward forum which meets every three months and is chaired by the lead clinician for intrapartum care. Reports of activity are sent to the trust's Excellence and Governance Committee, to the relevant director and onwards to the Executive Management Team. The South Eastern Trust reported that it has had a labour ward forum since 2002, which meets on a bimonthly basis. Attendance is multidisciplinary and the agenda covers issues such as introduction of new procedures, intervention rates and statistical analysis.

The review team noted the creative way in which the single labour ward forum works effectively across the geographical dimensions of the Southern Trust, by making effective use of teleconferencing / telelink facilities.

The Belfast, Northern and Southern trusts all reported difficulties in service user engagement in their labour ward forums.

The review team considered that trusts should ensure that the terms of reference of the labour ward forums are clear to facilitate full multidisciplinary engagement. If a trust has more than one forum there should be arrangements in place for effective communication between forums.

The key recommendation in respect of this standard concerns the organisation and arrangement of labour ward forums.

### **Standard 2: Recommendations for the Service Across Northern Ireland**

- 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 2. Multidisciplinary Working**

**Effective multidisciplinary working is essential to the efficient delivery of the service.**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
2.1 Local multidisciplinary maternity care teams, comprising midwives, obstetricians, anaesthetists, paediatricians, support staff and managers, are established.	The trust has a written shared philosophy of care and the review team noted a number of good examples of multidisciplinary working including the approach to complaints management.	The trust evidenced good examples of multi-disciplinary working including the approach to learning from incidents and a governance notice board.  Staff reported some difficulties in attending meetings due to service pressures.	A framework is available to support multi-disciplinary working but the review team considered that the dominant approach was uniprofessional.  Skills and drills training is multidisciplinary.	The trust demonstrated good working relationships between members of multi-disciplinary teams.  The trust has a multidisciplinary approach to emergency drill training, clinical audit, incident and policy reviews.	Multidisciplinary risk management groups have been established at both units and meetings are used to disseminate learning from audits and incidents.  There is a multidisciplinary approach to training and emergency drills.
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>	<b>Fully achieved</b>	<b>Substantially achieved</b>
2.2 A labour ward forum or equivalent meets at least every 3 months.	The trust has a labour ward forum which meets every three months and membership includes representation from all disciplines. A user representative had not been recruited at the time of the visit.	The trust has established labour ward forums at both Antrim and Causeway Maternity Units which discuss issues such as unit protocols.  The trust reported difficulty with the recruitment of service users to the labour ward forums.	A single trust wide labour ward forum meets quarterly. There is no user representative. Tele-conferencing allows staff from both units to be involved. Junior medical staff cannot always attend.  The terms of reference for the forum need to be clearly defined.	The trust has a labour ward forum. Attendance is multidisciplinary and there is user input from a consumer group representative.  The forum considers issues such as the introduction of new labour ward procedures and the presentation of outcome data.	Labour ward forums are established and meet regularly at both sites. The review team considered that they are acting as clinical forums discussing individual patient care.  Full multidisciplinary attendance is not always achieved and there is a need for the two forums to liaise.
<b>Assessment by Review Team</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>

**Standard 2 Trust Specific Recommendations**

No trust specific recommendations against this standard.

## **Standard 3    Communication**

**Communication is a keystone of good clinical practice.**

- 3.1    There are effective systems of communication between all team members and each discipline, as well as with women and their families.**
- 3.2    Employers ensure that staff have both appropriate competence in English and good communication skills.**

## **Standard 3    Communication**

**Communication is a keystone of good clinical practice.**

### **3.1    There are effective systems of communication between all team members and each discipline, as well as with women and their families.**

Clear, accurate and respectful communication between all team members and each discipline is essential, as well as with women and their families. It is important that employers ensure that staff have attained the appropriate level of competence in English and have good communication skills.

The review team found evidence of good and effective communication between staff members on both an inter-professional and multidisciplinary basis. The review team also witnessed good practice in communicating effectively with patients and their families.

At the most basic level, the review team looked for evidence that all staff wore name badges. Whilst this was generally the case, it was noted that in the Erne Hospital staff did not all wear name badges.

In the Northern Trust, patients who book for maternity care are issued with a patient held maternity record which enables any professional who has contact with the woman to update the record to include reference to the identified actions and recommendations. The SBAR (Situation - Background - Assessment - Recommendation) communication tool has been introduced across the trust to facilitate effective handovers between shifts of midwifery and medical staff.

Trusts demonstrated the provision of clear published information with some leaflets provided in more than one language. Trusts also cited examples of contact with community midwives, parentcraft midwives and attendance of mothers and their partners at parentcraft classes as evidence of early and effective engagement during pregnancy.

In an increasingly diverse and multiracial society trusts have recourse to interpreters who can assist in communicating with patients whose first language is not English. There was also evidence of availability and effective use being made of additional support for patients with a visual impairment, including, for example, access to sign language, text phones and use of highly visible photographic ID badges.

There was evidence of effective communication between staff through the use of both formal and informal methods, for example, the Western Trust cited hand over, ward, supervisors of midwives and risk management meetings.

### **3.2 Employers ensure that staff have both appropriate competence in English and good communication skills.**

Some trusts demonstrated methods for testing competence at interview for prospective staff, including making sure that doctors who are recruited internationally are competent in English to the level required by the Professional Linguistic Assessment Board (PLAB). Across trusts there was variable evidence of staff wearing name badges.

#### **Standard 3: Recommendations for the Service Across Northern Ireland**

No recommendations for the service across Northern Ireland against this standard.

**Standard 3. Communication****Communication is a keystone of good clinical practice.**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCCT
3.1 There are effective systems of communication between all team members and each discipline, as well as with women and their families.	There are clear line management arrangements in place and departmental meetings take place regularly and are minuted.	The SBAR (Situation, Background Assessment Recommendation) tool has been introduced across the trust. There are safety briefings at each handover with medical and midwifery staff.  All women who book for maternity care have a patient held maternity record.	Obstetric and gynaecology meetings are held monthly on both sites and regular meetings with ward managers. There is a monthly update for all consultants.	Professional communication takes place through handover meetings, team briefings and committee meetings.  Patient held records, care/birth planning pathways and parent craft classes are used for communication with service users.	There is a range of systems in place to facilitate staff communication including ward meetings, supervision of midwives and risk management meetings.  Communication on each site is good but there was little evidence of shared thinking between the two units.
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>

<b>Standard 3. Communication</b> <b>Communication is a keystone of good clinical practice.</b>					
Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCCT
3.2 Employers ensure that staff have both appropriate competence in English and good communication skills.	<p>Use of English and communication skills are assessed at recruitment.</p> <p>There is an interpreter service available to non English speaking patients.</p> <p>All staff were noted to be adhering to trust policy on wearing of photographic ID badges.</p>	<p>Communication skills are assessed during interviews.</p> <p>Doctors in training whose first language is not English are required to have passed an assessment by the Professional &amp; Linguistic Assessment Board.</p> <p>Not all staff were observed to be wearing name badges.</p>	<p>The Trust has a multilingual handbook which includes a section on maternity services. Staff are trained in the use of interpreting services and in communication with non English speakers.</p> <p>The trust has a policy in place on the wearing of uniform and staff identification.</p>	<p>The antenatal care pathway identifies any service users who have difficulty in communicating in English. An interpreting service is used when required.</p> <p>The Trust has a uniform policy in place and staff were observed to be wearing identification at both maternity units.</p>	<p>The trust does not have specific arrangements in place to ensure staff have competence in English.</p> <p>The review team noted that very few staff were wearing any form of identification and the trust did not have a policy on the wearing of name badges.</p>
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Not achieved</b>

### Standard 3: Trust Specific Recommendations

BHSCT	NHSCT	SHSCT	SEHSCT	WHSCCT
None	None	None	None	<p>The Trust should develop a policy for the wearing of identification.</p> <p>The Trust should develop appropriate procedures to ensure staff have an appropriate level of competency in English.</p>

## **Standard 4 Staffing Levels**

**Safe staffing levels of all professional and support staff as recommended are maintained, reviewed and audited annually for each birth setting**

- 4.1 Staffing levels are audited annually.**
- 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.**
- 4.3 The duration of prospective consultant obstetrician presence on the labour ward are in line with the recommendations outlined in Safer Childbirth Standards.**
- 4.4 Junior obstetric staffing levels will depend on the training opportunities as defined in the trainee's logbook.**
- 4.5 Junior medical staff (obstetricians, anaesthetists and paediatricians) of appropriate competence are immediately available on the labour ward.**
- 4.6 A duty anaesthetist of appropriate competency and dedicated only to the labour ward must be immediately available.**
- 4.7 Units providing neonatal care must be appraised against and meet BAPM staffing standards.**

## **Standard 4 Staffing levels**

**Safe staffing levels of all professional and support staff as recommended are maintained, reviewed and audited annually for each birth setting.**

### **4.1 Staffing levels are audited annually.**

In assessing this standard, the review team examined the systems in place for the auditing of midwifery staffing levels. They found that there was variable practice by trusts in relation to carrying out audits of staffing. In relation to midwifery staffing two different tools (Birthrate Plus and Telford) have been used to calculate staffing levels and the frequency with which this exercise takes place differs between trusts.

### **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.**

The review team found that trusts have been working to the standard of one-to-one care for women in delivery suites. Whilst achievement of this standard is usually attained there are occasions when it is difficult to sustain and maternity units do have to redeploy staff from other areas or employ bank staff. The increasing number of births has also impacted on the ability to achieve this standard.

The review team was provided with examples of innovative approaches to facilitate midwives in achieving one-to-one care, including pilot initiatives to recruit maternity support workers, for example, in the Southern and South Eastern trusts. The team welcomes the initiative being taken in the Northern and Western trusts to establish 'maternity dashboards' of performance against standards and to include achievement of one-to-one midwife to women care as part of the dashboard.

The Safer Childbirth Standards recommend that there should normally be a dedicated operating theatre team. The review team found that in some hospitals midwives were acting as scrub nurses in the operating theatre and have recommended that this practice should cease.

#### 4.3 The duration of prospective consultant obstetrician presence on the labour ward are in line with the recommendations outlined in Safer Childbirth Standards.

The Safer Childbirth Standards set out immediate and future target levels for maternity units in relation to the minimum amount of consultant presence on the labour ward. They depend on the number of births in the unit and if the unit facilitates high risk deliveries.

The review team looked at the current and planned levels of consultant presence in each unit. Trusts have been working to increase the level of consultant presence to meet the standards but this had not been fully achieved at the time of the review. Trusts are at different stages in planning to achieve the increased levels of consultant presence set in the standards, for future years. The review team recognise that this is a challenging agenda.

The achievement levels set out below have been assessed as the consultant staffing in place at the time of the review visit against the proposed staffing levels set out in the table below.

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

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

#### 4.4 Junior obstetric staffing levels will depend on the training opportunities as defined in the trainee's logbook.

The review team found that trusts were providing training opportunities for junior doctors. All trusts were facing a challenge in meeting the requirement to reduce the working hours of doctors in line with the European Working Time Directive while, at the same time, providing them with protected time for training opportunities.

**4.5 Junior medical staff (obstetricians, anaesthetists and paediatricians) of appropriate competence are immediately available on the labour ward.**

The review team considered the availability of junior obstetric staff in each maternity unit and found that the provision was not in line with the standards in several units. For example, in the Mater Hospital, junior doctors were providing cover from home and this was not considered by the review team to be immediately available.

**4.6 A duty anaesthetist of appropriate competency and dedicated only to the labour ward must be immediately available.**

The major challenge for hospitals where the standard is not being achieved is in providing prescribed cover during the evenings and over the weekends and public holidays. On-call anaesthetic cover is provided but is not dedicated to the labour ward. The review team has recommended that where this standard is not being achieved there should be a review of the cover arrangements.

**4.7 Units providing neonatal care must be appraised against and meet BAPM staffing standards.**

This criterion was not assessed as part of the review as the terms of reference excluded neonatal services.

**Standard 4: Regional Recommendations**

- 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 4. Staffing Levels****Safe staffing levels of all professional and support staff as recommended are maintained, reviewed and audited annually for each birth setting**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
<p>4.1 Staffing levels are audited annually.</p> <p><b>NB: This criterion is assessed for midwifery staffing levels only</b></p>	<p>Levels of staff in post are checked monthly against funded establishment.</p> <p>A paper on staff shortfalls was sent to the commissioner in 2009.</p> <p>A Birthrate Plus exercise for midwifery staffing was completed in 2007.</p>	<p>There is no programme of annual audit of staff levels.</p> <p>Birthrate plus was completed for both sites for midwifery in 2008/09.</p> <p>There have been difficulties in recruiting temporary cover for sickness and maternity leave.</p> <p>The review team found there was substantial internal management of staffing levels.</p>	<p>Staffing levels are reviewed on a regular basis.</p> <p>A business case for maternity staffing realised additional funding in 2008-09.</p> <p>A Birthrate Plus exercise was completed in 2003 and it is planned to repeat this.</p>	<p>Staffing levels are reviewed on a regular basis.</p> <p>The Telford system is used to calculate staffing levels.</p> <p>A full audit of midwifery staffing levels was completed in 2005.</p>	<p>There is no programme of annual audit of staffing.</p> <p>A Birthrate Plus exercise was planned to be carried out in May/June 2009 as it was some time since this had taken place.</p>
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>

**Standard 4. Staffing Levels**

**Safe staffing levels of all professional and support staff as recommended are maintained, reviewed and audited annually for each birth setting**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCCT
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.	<p>The trust works to the standard of one to one care for women in labour in the delivery suite in each unit.</p> <p>In the Mater Hospital, midwives carry out administrative functions on a regular basis.</p> <p>Midwives do act in theatre as scrub nurses at times.</p>	<p>The trust does not calculate midwifery staffing in this way.</p> <p>A workforce lead for midwifery has been appointed and is developing a trust wide approach to staffing.</p> <p>One to one care is provided but this requires staff to be redeployed from other areas.</p> <p>A maternity dashboard with staffing issues is being considered.</p>	<p>The trust aims to provide one to one care in all units.</p> <p>The trust has 8 maternity support workers in training and 2 more planned.</p> <p>A business case for additional midwife staffing has been submitted.</p> <p>Midwives in Daisy Hill do assist in theatre.</p>	<p>The trust is focused on providing one to one care.</p> <p>Skill mix issues and recruitment problems are being tackled with the appointment of maternity support workers and administrative support.</p> <p>All theatre maternity cases are risk assessed to determine if a senior midwife should scrub in theatre.</p>	<p>Women in established labour are priority to receive one to one care.</p> <p>An audit of the provision of one to one care in labour is being planned.</p> <p>A maternity dashboard was planned to be implemented in 2009 and staffing ratios will be included.</p> <p>It is planned to recruit 10 maternity support workers.</p>
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>

**Standard 4. Staffing Levels**

**Safe staffing levels of all professional and support staff as recommended are maintained, reviewed and audited annually for each birth setting**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
<p>4.3 The duration of prospective consultant obstetrician presence on the labour ward are in line with the recommendations in this document. Note: Units should work towards the targets contained in The Future Role of the Consultant and with immediate effect.</p> <p>NB: This criterion has been assessed against the position of the trust as outlined in Table 3 (page 40). RQIA recognises that these are proposed staffing targets</p>	<p>There is 40 hours per week prospective consultant cover for the labour ward at the Royal Jubilee. The review team consider that the trust should move immediately to 60 hours and then to 98 hours per week.</p> <p>At the Mater there is 35 hours prospective cover which is affected by the distance of the consultant's office from the delivery suite.</p>	<p>There is dedicated consultant cover for 37 hours per week at Antrim Hospital. A consultant of the week model is being considered which would provide 40 hours prospective cover.</p> <p>At Causeway Hospital there is dedicated consultant cover on the labour ward for 5 out of 10 sessions.</p> <p>The review team consider that the 27 peripheral antenatal clinics impacts on medical staff time.</p>	<p>There is dedicated 40 hour per week consultant cover for the labour ward at Craigavon Hospital using a consultant of the week model.</p> <p>There is 10 hours per week consultant cover for the labour ward at Daisy Hill Hospital.</p> <p>NB: The trust provided RQIA with an action plan on how consultant cover in the labour ward in Daisy Hill Hospital would be addressed.</p>	<p>The trust is using a consultant of the day model and is providing 40 hours per week prospective cover at both Ulster and Lagan Valley.</p> <p>The trust has submitted a business case for an additional 2 consultants to move towards 60 hours prospective cover at the Ulster.</p> <p>The impact on other units of a proposed transfer of consultant obstetric services from Lagan Valley will need to be assessed.</p>	<p>There is planned 40 hour prospective cover on the labour wards at both Altnagelvin and Erne Hospitals although this is not always achieved at Altnagelvin.</p> <p>There are plans to appoint an 8th consultant obstetrician at Altnagelvin which would facilitate a move towards 60 hours per week prospective cover.</p>
Assessment by Review Team	<b>Not achieved</b>	<b>Not achieved</b>	<b>Partially Achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>

**Standard 4. Staffing Levels**

**Safe staffing levels of all professional and support staff as recommended are maintained, reviewed and audited annually for each birth setting**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
4.4 Junior obstetric staffing levels will depend on the training opportunities as defined in the trainee's logbook.	<p>There are training opportunities for junior obstetric staff.</p> <p>In order to meet the EWTD the pressure to maintain service provision is impacting on the uptake of training.</p> <p>There is a need to maintain a record of attendance at training.</p>	<p>There are training opportunities for junior obstetric staff</p> <p>The requirement to meet the EWTD impacts on the uptake of training in order to maintain service provision.</p> <p>Time spent travelling to and at peripheral clinics reduces potential time for training activity.</p>	<p>There are recognised problems in the uptake of training opportunities due to service pressures and workload.</p> <p>All junior staff have a recognised supervisor and are given the opportunity to attend basic life support training and encouraged to attend advanced life support training.</p>	<p>There are training opportunities for junior medical staff.</p> <p>The uptake of training is impacted by pressures of service provision and the requirement to cover maternity leave for colleagues.</p> <p>There is a nominated consultant with responsibility for training, and trainees have educational supervisors.</p>	<p>There are training opportunities for junior medical staff.</p> <p>The requirement to meet EWTD and service pressures impacts on uptake.</p> <p>Basic resuscitation is covered in induction training. Trainees can attend advanced training.</p> <p>Training logbooks are audited by a consultant on a regular basis.</p>
<b>Assessment by Review Team</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>

**Standard 4. Staffing Levels****Safe staffing levels of all professional and support staff as recommended are maintained, reviewed and audited annually for each birth setting**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
<p>4.5 Junior medical staff (obstetricians, anaesthetists and paediatricians) of appropriate competence are immediately available on the labour ward.</p> <p>NB: This criteria has been assessed in relation to availability of junior obstetric staff.</p>	<p>At Royal Jubilee there is dedicated cover to the labour ward. At the Mater the out of hours junior obstetric rota includes non resident locums.</p>	<p>There is dedicated obstetric cover to the labour wards.</p> <p>In Antrim there is a registrar and SHO dedicated to obstetrics at all times. In Causeway the rota includes doctors with 12 months experience.</p>	<p>At Craigavon junior doctors cover the labour wards on a daily rota basis.</p> <p>At Daisy Hill out of hours middle grade cover is not always on site. When no middle grade staff are rostered, the consultant is on call from home to support junior obstetrics staff.</p>	<p>A baton bleep system is in use at the Ulster to call medical staff to an emergency. At Lagan Valley doctors are allocated on a shift system and called by a dedicated bleep.</p>	<p>Junior medical staff are available to be called to the labour wards on a rota system, via baton bleep.</p> <p>Although cover is on the ward from 9.00am-5.00pm Monday to Friday, this is not always achieved out of hours at the Erne unit.</p>
<b>Assessment by Review Team</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>

**Standard 4. Staffing Levels**

**Safe staffing levels of all professional and support staff as recommended are maintained, reviewed and audited annually for each birth setting**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCCT
4.6 A duty anaesthetist of appropriate competency and dedicated only to the labour ward must be immediately available.	<p>The Royal Jubilee has fixed consultant anaesthetic sessions during the day and full out of hours on call cover. There is resident intermediate cover by specialist anaesthetic trainees.</p> <p>The Mater has 2 fixed consultant sessions during the day and on call out of hours cover. There is on an call, non dedicated, intermediate, specialist trainee rota.</p>	<p>At Antrim there is a dedicated anaesthetist available from 9.00am to 5.00pm Monday to Friday but no dedicated anaesthetist out of hours. Cover is shared with other areas in the hospital out of hours.</p> <p>At Causeway there is no dedicated cover provided for the labour ward, with 24 hour cover provided on a shared basis with other areas such as the intensive care unit.</p>	<p>At Craigavon there is a dedicated anaesthetist 9.00am to 5.00pm Monday to Friday and this is usually a consultant. There is one resident anaesthetic trainee who covers the whole hospital at night and a non resident consultant who can be called in if required.</p> <p>At Daisy Hill there is anaesthetic cover from 9.00am to 5.00pm Monday to Friday. From 5.00pm to 8:30pm there is a resident anaesthetist and a non- resident on call anaesthetist available. After 8.30pm there is one non resident anaesthetist on call.</p>	<p>At Ulster Hospital there is dedicated anaesthetic cover Monday to Friday 9.00am to 5.00pm. At night there is consultant cover provided for the hospital. There is a registrar on call who is also on call for ICU.</p> <p>At Lagan Valley Hospital a consultant covers the hospital for obstetrics and emergencies on site Monday to Friday during the day. Out of hours there is a two tier consultant rota and a consultant can be available by bleep within 5 minutes.</p>	<p>A duty anaesthetist of appropriate competency is dedicated to the labour ward on a 24 hour 7 day per week basis at Altnagelvin.</p> <p>In the Erne Hospital there is dedicated anaesthetic cover 9.00am to 5.00pm. Out of hours a duty anaesthetist covers other emergencies in addition to the labour ward.</p>
<b>Assessment by Review Team</b>	<b>Not achieved</b>	<b>Not achieved</b>	<b>Not achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>

**Standard 4: Trust Specific Recommendations**

<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCT</b>
<p>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.</p>	<p>The trust should explore ways to strengthen the on site midwifery leadership at night and reduce the need for the band 6 midwives to call the band 7 midwives for advice on patient management.</p> <p>The trust should ensure 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.</p> <p>To help achieve appropriate levels of consultant presence on labour ward, the trust should review clinic provision with a view to implementing a phased reduction of peripheral clinics.</p> <p>The trust should continue to pursue the establishment of an early assessment unit and a midwifery led care model at Antrim Hospital.</p>	<p>The trust should review provision of anaesthetic cover in the Craigavon and Daisy Hill hospitals given the nature of the case mix in both units.</p> <p><b>NB:</b> As a result of anaesthetic cover issues raised by the review team the trust forwarded an action plan on how it proposed to address cover in both Craigavon and Daisy Hill hospitals.</p>	<p>None</p>	<p>None</p>

## **Standard 5 Leadership**

**Safe staffing levels of all professional and support staff as recommended are maintained, reviewed and audited annually for each birth setting.**

- 5.1 All obstetric units must have a lead consultant obstetrician and a labour ward manager.**
- 5.2 An experienced midwife (shift coordinator) is available for each shift on the labour ward.**
- 5.3 All midwifery units must have one whole time equivalent (WTE) consultant midwife**
- 5.4 All obstetric units must have one WTE consultant midwife to 900 low-risk women.**
- 5.5 For obstetric units, there should be a lead obstetric anaesthetist in charge of anaesthetic services with sessions which reflect the clinical and administrative workload.**

## **Standard 5 Leadership**

**Safe staffing levels of all professional and support staff as recommended are maintained, reviewed and audited annually for each birth setting.**

Dynamic clear leadership is essential for effective working in all places of birth. While the type of leadership will vary according to the birth setting in addition to senior management (head of midwifery services, clinical director, general manager), each acute birth setting should have a labour ward manager, lead consultant obstetrician, one or more consultant midwives for intrapartum care and midwife shift coordinators. These key professionals are needed to address the quality aspects of service delivery, including guideline development, setting and monitoring standards and other organisational issues.

### **5.1 All obstetric units must have a lead consultant obstetrician and a labour ward manager.**

Most trusts reported having a lead consultant for the labour ward and a labour ward manager in post. However, not all maternity units had a designated named consultant in charge of the labour ward, opting instead for a rotational model of 'consultant of the week'.

The Belfast Trust reported having a band 8A midwifery manager in post to manage labour wards but the key post of labour ward coordinator at the Mater Hospital was vacant at the time of the review. The Northern Trust reported that there is a lead midwife for the labour ward at Antrim Hospital, where there is also a lead consultant, but in Causeway Hospital there is no designated lead consultant for the labour ward.

### **5.2 An experienced midwife (shift coordinator) is available for each shift on the labour ward.**

The Safer Childbirth Standards state that, to ensure 24 hour managerial cover, each labour ward must have a rota of experienced senior midwives as labour ward shift coordinators, supernumerary to the staffing numbers required for one to one care. All trusts reported having a system in place for the coordination of shifts on the labour ward. The arrangements varied across the Trusts and not all reported having a designated shift co-ordinator who was also supernumerary.

All trusts were clear as to the importance of having a shift co-ordinator for the labour ward in each maternity unit across the 24 hour cycle. Some trusts described arrangements in place to provide telephone back up on an on-call basis from a duty manager.

### **5.3 All midwifery units must have one WTE consultant midwife**

### **5.4 All obstetric units must have one WTE consultant midwife to 900 low-risk women.**

The review team noted that there was no specific policy in Northern Ireland on the appointment of consultant midwives and felt that there would be merit in developing this role. It was felt that this would be an essential step for midwifery-led units in particular. The review team also felt that the appointment of consultant midwives could be pivotal in addressing the higher intervention rates in labour in Northern Ireland, compared with World Health Organisation (WHO) recommendations.

Some trusts described how they had developed business cases to secure additional revenue for the appointment of consultant midwives but, at the time of the review, without success.

Some trusts proposed to develop joint appointments with the universities and teaching organisations. The review team was concerned that while the proposed model of joint appointments with universities may help to develop education and training, it should not be at the cost of providing effective clinical leadership for the service.

### **5.5 For obstetric units, there should be a lead obstetric anaesthetist in charge of anaesthetic services with sessions which reflect the clinical and administrative workload.**

Most trusts reported that there was a dedicated consultant anaesthetist with responsibility for maternity services in each maternity unit. In most cases, they also played an important role in the labour ward forum.

In some of the smaller maternity hospitals there is no dedicated lead consultant anaesthetist for maternity services but there is a consultant anaesthetist with a particular interest in obstetric services.

One trust reported that job descriptions and job plans are agreed with the clinical director. Some consultant job plans include responsibility for training assessments within obstetric anaesthesia.

## **Standard 5: Recommendations for the Service Across Northern Ireland**

- 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 5. Leadership**

**There are clear role profiles for clinical leadership promoting good practice and multi-professional communication**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
5.1 All obstetric units must have a lead consultant obstetrician and a labour ward manager.	<p>There is a clinical director and a clinical lead for intrapartum care in both units.</p> <p>There is a senior midwife at band 8a to manage labour wards in Royal Jubilee Maternity Hospital.</p> <p>At the time of the review the post of labour ward manager in the Mater had not been filled for more than a year.</p>	<p>Antrim has a lead midwife for the delivery suite and a lead consultant obstetrician. A team of Band 7 sisters co-ordinate the delivery suite on a daily basis.</p> <p>In Causeway there is no lead consultant for the labour ward.</p> <p>There is no dedicated band 7 co-ordinator for the Causeway delivery suite. Two band 7 midwives cover all areas of maternity services on a day to day basis.</p>	<p>Lead clinicians have been identified for both units. In Craigavon the 'consultant of the week' has overall responsibility for clinical decision making in the labour ward. In Daisy Hill the Consultant Obstetrician on site has overall responsibility.</p> <p>Labour ward manager posts in Craigavon and Daisy Hill were vacant for some time. Two lead midwives have been appointed. There is approval for a band 8a post for the overall management of maternity services.</p>	<p>There is a lead obstetric consultant and a labour ward manager in post.</p> <p>The lead consultant chairs the labour ward forum which had good multidisciplinary attendance.</p>	<p>There are lead consultant obstetricians and labour ward manager posts in both units.</p> <p>Professionals are clear who is responsible for care planning and clinical decision making through the allocation of an identified named professional.</p> <p>The labour ward manager post in Altnagelvin was vacant at the time of the review, with recruitment taking place.</p>
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>

**Standard 5. Leadership****There are clear role profiles for clinical leadership promoting good practice and multi-professional communication**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
5.2 An experienced midwife (shift coordinator) is available for each shift on the labour ward.	<p>Within each labour ward, a band 7 midwife leads each shift.</p> <p>There are 3 formal multidisciplinary handovers in each 24-hour period.</p> <p>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.</p>	<p>In Antrim delivery suite, a band 7 coordinates each shift. On occasions, depending on service needs, an experienced band 6 midwife may be identified as shift coordinator.</p> <p>In Causeway, with the absence of band 7 cover, there is experienced band 6 cover.</p>	A senior sister is available as the shift coordinator on each shift at each site.	<p>A band 7 midwife is on duty on every shift who is additional to the staff required to provide one-to-one care. There is also a labour ward shift manager in place at the Ulster Hospital.</p> <p>Lagan Valley has a band 7 midwife on duty for most shifts. If not available a midwife, with more than five years experience, is in charge.</p>	<p>A shift coordinator is available in both units; however the shift coordinator is not supernumerary. The coordinator is aware of on call rotas and is involved at multiprofessional shift handover.</p> <p>The Trust ensures 24 hour managerial cover through an on call system.</p>
<b>Assessment by Review Team</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Partially achieved</b>

**Standard 5. Leadership****There are clear role profiles for clinical leadership promoting good practice and multi-professional communication**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHsCT
<p>5.3 All midwifery units must have one WTE consultant midwife.</p> <p>5.4 All obstetric units must have on WTE consultant midwife to 900 low-risk women.</p>	<p>There was no consultant midwife employed at the time of the review.</p> <p>Previous approaches with regard to funding have not been successful.</p> <p>There has been discussion with Queen's University Belfast (QUB) about a joint appointment service/academic post.</p> <p>The review team consider that a joint appointment post could impact on the primary need for a post to focus on providing midwifery leadership for the service.</p>	<p>There was no consultant midwife employed at the time of the review.</p> <p>It is planned to have a joint appointment to be in place with QUB by September 2009. The role will be to support &amp; challenge the multidisciplinary team to develop new models of care.</p> <p>The review team recognise that the joint model will help develop links with QUB but may detract from the primary purpose of the post, which is to provide effective clinical leadership for the service.</p>	<p>There was no consultant midwife employed at the time of the review.</p>	<p>There was no consultant midwife employed at the time of the review.</p> <p>A business case has been developed but no funding has been granted for this.</p>	<p>There was no consultant midwife employed at the time of the review.</p> <p>The review team found no firm plans in place for the recruitment of a consultant midwife post.</p>
<b>Assessment by Review Team</b>	<b>Not achieved</b>	<b>Not achieved</b>	<b>Not achieved</b>	<b>Not achieved</b>	<b>Not achieved</b>

**Standard 5. Leadership****There are clear role profiles for clinical leadership promoting good practice and multi-professional communication**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
5.5 For obstetric units, there should be a lead obstetric anaesthetist in charge of anaesthetic services with sessions which reflect the clinical and administrative workload.	The review team noted that there is a lead anaesthetist for obstetrics and that dedicated sessional cover on a continuous basis is provided by the trust's anaesthetic team.	There is an obstetric anaesthetic lead in Antrim.  In Causeway there is an anaesthetist who takes an interest in obstetric issues.	There is a lead obstetric anaesthetist at each site, both of whom cover clinical sessions. One of the post holders is also a member of the labour ward forum.	There are lead anaesthetists for each site whose job descriptions include specific duties within obstetric anaesthesia including signing off training assessments for anaesthetists on completion of the obstetric module and membership of the labour ward forum.	In Altnagelvin there is a lead obstetric anaesthetist with sessions that reflect the clinical and administrative workload.  There is no identified lead in the Erne Hospital for obstetric anaesthetics.
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Not achieved</b>

**Standard 5: Trust Specific Recommendations**

BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
<b>The trust should appoint a labour ward manager in the Mater Hospital</b>	<b>The trust should identify a lead obstetric anaesthetist for anaesthetic services at Causeway Hospital.</b>	<b>None</b>	<b>None</b>	<b>The trust should appoint a lead obstetric anaesthetist in charge of anaesthetic services in the Erne hospital.</b>

## **Standard 6 Core Responsibilities**

**Maternity services should develop the capacity for every woman to have a named or designated midwife to provide care for her when in established labour. This will ensure continuity of care throughout labour. It has proven benefits for the health and wellbeing of the mother and child.**

- 6.1 Women in established labour, receive one-to-one care from a midwife.**
- 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.**
- 6.3 All women requiring conduction or general anaesthesia are seen and assessed by an anaesthetist before an elective procedure.**
- 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.**

## **Standard 6 Core Responsibilities**

**Maternity services should develop the capacity for every woman to have a named or designated midwife to provide care for her when in established labour. This will ensure continuity of care throughout labour. It has proven benefits for the health and wellbeing of the mother and child.**

### **6.1 Women in established labour receive one-to-one care from a midwife.**

All five health and social care trusts reported that women in established labour were offered one to one care from a midwife. However, trusts reported that it can be difficult to sustain this standard particularly when labour wards are under pressure, with a high number of women in established labour at any one time. When this happens some women will be cared for in the antenatal ward until a bed in the delivery suite becomes vacant. In this context it is difficult to sustain one to one care for all women during established labour.

Trusts also reported that to sustain one-to-one care they do, at times, have to redeploy midwives from other duties in the antenatal and / or postnatal wards, which means that care can be compromised to other women who are not in established labour.

The Southern Trust indicated that it routinely monitors the capacity to provide one-to-one care and when, for whatever reason, this is not sustainable it is reported via the incident reporting system, which allows trends to be identified and reported to the trust's Governance and Excellence Committee.

The increased birth rate and the increased demand on maternity services requires trusts to keep midwifery staffing levels under regular review.

### **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.**

The minimum standards for the delivery and organisation of care in labour state that the consultant obstetrician should be present on the labour ward and conduct procedures, labour ward rounds, to include reviewing midwifery-led cases on referral and teaching, as appropriate. Outside the hours of consultant presence, it is expected that, as a minimum, there would be physical ward rounds at least twice during Saturdays, Sundays and public holidays and once in the evenings.

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

The Northern Trust indicated that the on-call consultant conducts a ward round on Saturdays, Sundays and public holidays. The consultant also conducts a round before going home in the evenings, where all cases are reviewed.

The Southern Trust reported that the consultant conducts one daily ward round during Saturday, Sundays and public holidays. The consultant also reviews referred midwifery-led cases when, or if, a transfer of care is required.

The South Eastern Trust reported that medical handovers occur at 08.30, 13.00, 17.00, and 21.00 hours within the labour ward.

The Western Trust stated that physical ward rounds occur daily on Saturdays, Sundays and bank holidays.

### **6.3 All women requiring conduction or general anaesthesia are seen and assessed by an anaesthetist before an elective procedure.**

All women requiring conduction or general anaesthesia should be seen and assessed by an anaesthetist before an elective procedure. Training of anaesthesia assistants and recovery staff must be to the recognised level and standard. All women must be observed on a one to one basis in recovery until they have gained airway control and cardiovascular stability and are able to communicate.

Trusts reported that women are assessed prior to the administration of any form of anaesthesia and that appropriate records of these assessments are made. In the Western Trust, all women, requiring a general anaesthetic are assessed by either an anaesthetist or an anaesthetic nurse prior to an elective procedure.

### **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.**

Successful stabilisation of the neonate requires the coordinated effort of midwives, doctors and nurses. The precise roles within the team will vary according to local circumstances where the baby is born but, whenever possible, the mother and her baby should remain together.

The review team found evidence to confirm achievement of this standard across all five health and social care trusts.

Trusts confirmed that they had access to staff trained and regularly assessed as competent in neonatal basic life support in every maternity unit. The review team was provided with evidence of staff having been trained using recognised and relevant training methodologies including for example, Advanced Life Support Training in Obstetrics (ALSO), Neonatal Life Support (NLS) and CPR / Neonatal resuscitation training.

The review team was advised of the arrangements in place across all maternity units to resuscitate infants and to provide appropriate follow up care and treatment for those requiring intensive care in a special care baby unit / neonatal ward. Not all maternity units are located in

hospitals with dedicated neonatal cots and, in some instances, infants need to be stabilised and then transferred to the nearest available neonatal unit by ambulance. Occasionally this can only be achieved by accessing a specialist cot outside Northern Ireland.

**Standard 6: Regional Recommendation**

- 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.**

<b>Standard 6 Core Responsibilities</b>					
<b>Maternity services should develop the capacity for every woman to have a named or designated midwife to provide care for her when in established labour. This will ensure continuity of care throughout labour. It has proven benefits for the health and wellbeing of the mother and child.</b>					
<b>Criteria</b>	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCT</b>
6.1 Women in established labour receive one-to-one care from a midwife.	<p>Compliance with this standard is monitored daily by the shift leader. If the standard is not being achieved, the manager initiates staff redeployment as required.</p> <p>Failures to meet the standard are reported via the incident reporting system which allows trends to be identified.</p>	<p>One-to-one care is facilitated, however, this is often achieved by redeploying staff from other areas, which leaves those areas understaffed.</p> <p>The labour ward is often full and this causes a backlog of women in labour in antenatal wards, where one-to-one care is not always provided.</p> <p>An audit is being carried out to identify women who did not receive one-to-one care and any issues which need to be addressed.</p>	<p>Most women in both units receive one-to-one care.</p> <p>When this standard is not achievable a critical incident form is completed.</p> <p>The trust reported that it intends to commission a further Birthrate Plus workforce exercise to address additional activity and case mix issues in relation to this standard.</p>	<p>An audit in 2008 found that one-to-one care was delivered across the Trust.</p> <p>The standard is closely monitored and when there is a shortfall, midwives are drawn in from the post natal and community areas to ensure cover is maintained. Midwives recognise that this arrangement is necessary to provide safe and effective care during labour.</p>	<p>Women in established labour are priority to receive one-to-one care from a midwife. An audit of this standard is planned.</p> <p>Midwives advised the review team that cover to maintain one-to-one care is not always available.</p> <p>Midwives are redeployed from other areas, as required, to ensure cover is maintained.</p>
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>

<b>Standard 6 Core Responsibilities</b>					
<b>Maternity services should develop the capacity for every woman to have a named or designated midwife to provide care for her when in established labour. This will ensure continuity of care throughout labour. It has proven benefits for the health and wellbeing of the mother and child.</b>					
<b>Criteria</b>	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCT</b>
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.	There are handovers twice per day in each unit. The consultant obstetrician was always present during the morning handover but not always present at the afternoon handover. Consultant obstetric cover was then provided by telephone contact instead.	The review team found that the consultant obstetrician was mostly present during the 5.00pm handover but on some occasions this and the 10.00pm handover may be facilitated by telephone.  The team felt the arrangements in place were ad hoc and without any written protocols.	A consultant conducts one ward round a day during Saturday, Sundays and bank holidays. More frequent ward rounds may take place depending on activity in the unit.  The consultant also reviews midwifery led cases when required or if a transfer of care is required.	Medical handovers occur at 08.30am, 13.00pm, 17.00pm, and 21.00pm hours within the labour ward. The 'consultant of the day' initiative has been in place across the Trust since 2008. This system ensures that consultants have set sessions and there is always a named consultant with responsibility for the labour ward.	Ward rounds occur daily on Saturdays, Sundays and bank holidays to meet the required supervision of junior medical staff.  Ward rounds are not taking place twice daily on Saturdays, Sundays or bank holidays or a physical round every evening at 10.00pm as per Safer Childbirth Standards.
<b>Assessment by Review Team</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>
6.3 All women requiring conduction or general anaesthesia are seen and assessed by an anaesthetist before an elective procedure.	There is a policy regarding pre-assessment/early referral for general anaesthesia. The anaesthetist is supported by a nurse trained in anaesthetic support.	All women are assessed prior to the administration of any anaesthetic procedure and appropriate records of this assessment are made.	All women requiring elective caesarean sections are seen by the anaesthetist prior to anaesthesia. There is a high risk obstetric anaesthetic clinic at Craigavon.  At Daisy Hill all high risk women are seen by an anaesthetist at the antenatal clinic.	The legacy trust guidelines for referral to an anaesthetist are in place. Elective cases that need a general anaesthetic will be seen and assessed antenatally by an anaesthetist.	All women, requiring a general anaesthetic are assessed by either an anaesthetist or an anaesthetic nurse prior to an elective procedure.
<b>Assessment by Review Team</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Partially achieved</b>

<b>Standard 6 Core Responsibilities</b>					
<b>Maternity services should develop the capacity for every woman to have a named or designated midwife to provide care for her when in established labour. This will ensure continuity of care throughout labour. It has proven benefits for the health and wellbeing of the mother and child.</b>					
<b>Criteria</b>	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCT</b>
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.	<p>Midwives in both sites are trained in neonatal resuscitation and have annual updates with assessment of competency.</p> <p>Where instrumental or surgical delivery is anticipated, or there are concerns regarding the well being of the newborn, a paediatrician is in attendance at the delivery.</p> <p>The review team commended the trust for comprehensive records of training and for its skills and drills training.</p>	<p>All nursing and midwifery staff are provided with neonatal basic life support training.</p> <p>Skilled neonatal nurses and enhanced and advanced neonatal nurse practitioners complete a neonatal advanced life support course every four years. Many staff have completed the STABLE, Advanced Life Support Training in Obstetrics (ALSO) and Neonatal Life Support (NLS) courses.</p>	<p>All middle grade doctors and advanced neonatal nurse practitioners have up to date NLS (UK) training. Sisters in the labour ward have completed ALSO and NLS training. Core midwives within the midwifery led unit have attended ALSO and the majority have undertaken NLS.</p> <p>NLS training is open to community midwives who undertake home births.</p>	<p>There is yearly CPR/Neonatal resuscitation training which is mandatory.</p> <p>There is a policy on resuscitation of the newborn and a neonatal life support course is available.</p> <p>A middle grade neonatologist is available on site at all times at the Ulster.</p> <p>There is no comprehensive database and therefore no way of making sure everyone has completed the mandatory training.</p>	<p>Midwives, neonatal nurses, advanced neonatal nurse practitioners and paediatricians are trained and regularly competency assessed in neonatal basic life support.</p> <p>There is a protocol for stabilisation of neonates.</p> <p>Training included NLS and ALSO, mandatory midwifery emergency study days, skills and drills and ad hoc training on resuscitation of the newborn.</p>
Assessment by Review Team	Fully achieved	Fully achieved	Fully achieved	Fully achieved	Fully achieved

**Standard 6: Trust Specific Recommendations**

No trust specific recommendations against this standard.

## **Standard 7 Emergencies and Transfers**

**Each birth setting has protocols based on clinical, organisational and system needs**

- 7.1 There are local agreements with the ambulance service on attendance at emergencies or when transfer is required.**
- 7.2 Complicated births in obstetric units are attended by a consultant obstetrician.**
- 7.3 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.**
- 7.4 The anaesthetic team's response time is such that a caesarean section may be started within a time appropriate to the clinical condition.**
- 7.5 As a target for best practice (because regional anaesthesia is safer than general anaesthesia for caesarean section) more than 95% of women should receive regional anaesthesia for elective caesarean section and more than 85% of women should receive regional anaesthesia for emergency.**
- 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.**
- 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.**
- 7.8 A consultant obstetrician should be available within 30 minutes outside the hours of consultant presence.**

## **Standard 7    Emergencies and transfers**

**Each birth setting has protocols based on clinical, organisational and system needs.**

### **7.1    There are local agreements with the ambulance service on attendance at emergencies or when transfer is required.**

The review team found that the Belfast and Western Trusts were fully compliant with this standard. The Belfast Trust has a flying squad arrangement in place which also assists with transfers from the South Eastern Trust, depending on the geographical location of the patient. The South Eastern Trust had legacy trust policies in place on transfer. The review team considered that the Western Trust protocol for the management of women requiring high dependency care was an exemplar of best practice. The Northern and Southern Trusts did not have formalised agreements with the ambulance service and the review team recommend that these are put in place.

### **7.2    Complicated births in obstetric units are attended by a consultant obstetrician.**

The review team found that there was substantial compliance with this standard with trusts having systems in place for consultants to be called to attend complicated births.

### **7.3    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.**

The review team found that there was full or substantial compliance with this standard in all trusts.

### **7.4    The anaesthetic team's response time is such that a caesarean section may be started within a time appropriate to the clinical condition.**

The review team found that there was full or substantial compliance with this standard in the Belfast, Northern, South Eastern and Western trusts with audits having been completed to confirm compliance in several trusts. In the absence of on-site anaesthetic cover at Daisy Hill Hospital the review team considered there was a potential for delay and considered that there was partial compliance.

**7.5 As a target for best practice (because regional anaesthesia is safer than general anaesthesia for caesarean section) more than 95% of women should receive regional anaesthesia for elective caesarean section and more than 85% of women should receive regional anaesthesia for emergency.**

The review team was provided with audit information which showed that this standard is fully achieved in the Belfast, Northern and Southern trusts and was substantially achieved in the South Eastern Trust. Due to a lack of a computerised information system in the Western Trust full data was not available to assess the standard for Erne Hospital, but it was achieved at Altnagelvin Hospital.

**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.**

The review team found that this standard was fully achieved in the Northern Trust and at Altnagelvin, Craigavon, Royal Jubilee and Ulster hospitals. In the Mater Hospital there is resident paediatric cover 9.00am-5.00pm Monday to Friday. In Lagan Valley there is no on-site paediatric cover but consultant obstetricians have had advanced neonatal life support training. The Erne and Daisy Hill hospitals have paediatric services on site.

**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.**

The review team found that, in general there was substantial compliance with this standard. In the Lagan Valley Hospital, there is not a paediatric service and cover is provided by consultant obstetricians trained in advanced neonatal life support

**7.8 A consultant obstetrician should be available within 30 minutes outside the hours of consultant presence.**

The review team found all trusts were fully or substantially compliant with the standard.

#### **Standard 7: Recommendations for the Service Across Northern Ireland**

- 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) 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.**

<b>Standard 7. Emergencies and Transfers</b>					
<b>Each birth setting has protocols based on clinical, organisational and system needs</b>					
<b>Criteria</b>	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCCT</b>
7.1 There are local agreements with the ambulance service on attendance at emergencies or when transfer is required.	<p>There is a local written agreement in place with the Northern Ireland Ambulance Service (NIAS) who will respond according to the declared level of urgency.</p> <p>There is an "obstetric flying squad" arrangement in place to cover the former BHSCT and SEHSCT (depending on the geographical location of the patient).</p>	<p>There has not been a process to establish a written agreement with NIAS in relation to attendance at emergencies or for transfers.</p> <p>Emergency ambulances are provided on request for transfers.</p>	<p>There is a local verbal agreement with NIAS to respond to all emergency situations but this has not been documented.</p> <p>NIAS will give priority to "flying squad" calls and are notified in relation to home births.</p>	<p>Legacy trust policies are in place on the transfer of patients to other hospital facilities and on home confinement.</p> <p>The trust works collaboratively with the Royal Jubilee to use its "flying squad".</p> <p>An anaesthetist is on call who can assist with transfers. Relationships with NIAS are good and transfers usually proceed without difficulties.</p>	<p>The trust has an agreed protocol for the Management of Obstetric Emergencies in the Western Trust area.</p> <p>The review team consider that the protocol for the management of women requiring high dependency care in the Western area is an exemplar of best practice.</p>
Assessment by Review Team	<b>Fully achieved</b>	<b>Not achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Fully achieved</b>

<b>Standard 7. Emergencies and Transfers</b>					
<b>Each birth setting has protocols based on clinical, organisational and system needs</b>					
<b>Criteria</b>	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCT</b>
7.2 Complicated births in obstetric units are attended by a consultant obstetrician.	A Consultant will attend all planned births with complications and will respond urgently when an emergency arises in house or on call.	In Antrim all complicated cases are reported to a consultant obstetrician. The consultant attends if the registrar has not been assessed as competent in the particular type of delivery or on exercise of the consultant's judgement.  In Causeway a consultant will be present for complicated deliveries.	There is a policy in place which sets out when a consultant should be called or informed of possible complicated births  The policy includes a HART mnemonic which records the assessment and agreement for transfer of care during labour from midwifery led to consultant care	There is a policy in place which provides clear instructions to medical staff on when to contact the consultant.	The on call consultant obstetrician is informed and attends all complicated births in obstetric units.  There is a protocol in place for midwifery and medical staff to contact the on call consultant.
Assessment by Review Team	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>

<b>Standard 7. Emergencies and Transfers</b>					
<b>Each birth setting has protocols based on clinical, organisational and system needs</b>					
<b>Criteria</b>	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCT</b>
7.3 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.	The trust policy is that a consultant is contacted prior to an emergency caesarean section and it is rare that a consultant would not be available when required.	All decisions to proceed to emergency section or complicated deliveries are discussed with the consultant responsible for labour ward.	There is a trust policy which sets out the procedures for contacting a consultant obstetrician prior to emergency caesarean sections and difficult births.	There are robust procedures in place to contact consultants including a defined list of triggers to call senior medical assistance. The review team consider this to be an exemplar of best practice.	At Altnagelvin Hospital a consultant obstetrician is contacted prior to emergency caesarean section and attends if required.  At Erne Hospital a consultant is present at all caesarean sections.
Assessment by Review Team	<b>Substantially achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>
7.4 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).	At Royal Jubilee there is a resident anaesthetist on a 24 hour basis with back up of an on call consultant.  At Mater the service is provided by acute theatre personnel as there is no dedicated obstetric cover; appropriate cover is provided.	Response times are audited. At Causeway a contingency plan has been developed when the obstetric theatre is in use.	If a duty anaesthetist is unable to respond a consultant is called. At Craigavon one anaesthetic trainee covers the hospital out of hours and the consultant is non resident. At Daisy Hill out of hours cover is provided by a non resident anaesthetist.	The trust has reported that it meets this standard. An audit of compliance at Ulster was completed in 2006 and a further audit is planned.  At Lagan Valley response times are audited annually.	An audit carried out in 2008 demonstrated compliance with this standard.  There is one theatre in the maternity unit at Altnagelvin and if it is already in use, main theatres are used for another case.
Assessment by Review Team	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>

<b>Standard 7. Emergencies and Transfers</b>					
<b>Each birth setting has protocols based on clinical, organisational and system needs</b>					
<b>Criteria</b>	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCT</b>
7.5 As a target for best practice more than 95% women should receive regional anaesthesia for elective caesarean section and more than 85% women should receive regional anaesthesia for emergency.	Statistics for this standard are routinely monitored using NIMATs and demonstrate compliance in both Royal Jubilee and Mater Hospitals.	Compliance with this standard is audited and the data demonstrates that the standard levels have been achieved.	This standard is monitored using a computer database in anaesthetics and there is demonstrated compliance.	Compliance with the standard is audited.  An audit for the period ending 31 March 2008 showed that 92% of elective sections and 87% of emergency caesarean sections had regional anaesthesia.	Altnagelvin Hospital has demonstrated compliance with this standard.  Data is not available for Erne Hospital due to the lack of a computerised information system.
Assessment by Review Team	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Substantially achieved</b>	<b>Not achieved</b>
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.	At Royal Jubilee there is resident neonatal cover on a 24 hour basis with attendance within 10 minutes.  At the Mater there is resident cover during the day provided by a staff grade.	At Antrim there is on site paediatric cover within 10 minutes.  At Causeway there is an on site staff grade cover during the day. Out of hours on call consultant cover is from home. The trust confirmed that the cover in respect of Causeway Hospital was achieved through the home cover arrangements.	At Craigavon there is 24 hour cover by paediatrics within 10 minutes.  At Daisy Hill there is junior paediatric support in 10 minutes and senior staff support in 20 minutes.	At Ulster Hospital there is 24 hour registrar cover from paediatrics.  At Lagan Valley there is not a paediatric service. Consultants in obstetrics are MOET and NLS trained.	Information was available to demonstrate to the review team that this standard was complied with at Altnagelvin, but the assessment for Erne Hospital was partial achievement.
Assessment by Review Team	<b>Substantially achieved</b>	<b>Fully achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>	<b>Partially achieved</b>

<b>Standard 7. Emergencies and Transfers</b>					
<b>Each birth setting has protocols based on clinical, organisational and system needs</b>					
<b>Criteria</b>	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCT</b>
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.	There is consultant paediatrician cover available for both labour wards within 30 minutes.  Cover at the Mater Hospital is on a locum consultant basis.	There is consultant paediatrician cover available for both labour wards in 30 minutes.	There is consultant paediatrician cover within 30 minutes in compliance with the standard.	At the Ulster Hospital a consultant paediatrician is available within 30 minutes.  At Lagan Valley Hospital there is not a paediatric service. Consultant obstetricians have been trained in advanced neonatal life support.	There is consultant paediatric cover to both maternity units in compliance with the standard.
Assessment by Review Team	<b>Substantially achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Not achieved</b>	<b>Fully achieved</b>
7.8 A consultant obstetrician should be available within 30 minutes outside the hours of consultant presence.	The trust has assessed that a consultant can be available within 30 minutes in both units.	The trust policy is for consultants to be available within 30 minutes. New consultants are asked to verify this.  Some key staff live at a distance from the unit where they are employed. However, the trust asserted that response times have been met.	There is a consultant available within 30 minutes of the unit outside the hours of consultant presence.	There is 24 hour cover by consultants on call and all consultants live within 30 minutes of the units.	A consultant obstetrician is available within 30 minutes at both units in compliance with the standard.
Assessment by Review Team	<b>Fully achieved</b>	<b>Substantially achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>	<b>Fully achieved</b>

**Standard 7: Trust Specific Recommendations**

BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
None	<p>The trust should consider developing a high dependency care facility close to the labour ward in Antrim.</p> <p>The trust must ensure they have robust procedures to ensure consultant obstetricians are available within 30 minutes and that this is reviewed on a regular basis.</p>	None	None	None

## **Standard 8 Training and Education.**

**The organisation must ensure that all the professional staff have the opportunity and support for continuing professional development, including agreed mandatory education and training sessions.**

- 8.1 There should be adequate clinical support and supervision for newly qualified midwives, junior doctors and students.**
- 8.2 Multiprofessional in-service education/training sessions should be mandatory and attendance documented.**
- 8.3 A personal logbook of attendances should be kept and cross-referenced to midwives and doctors rotas, sickness and annual leave.**
- 8.4 There should be provision for support of new staff entering the environment of the birth setting.**

## **Standard 8 Training and Education.**

**The organisation must ensure that all the professional staff have the opportunity and support for continuing professional development, including agreed mandatory education and training sessions.**

### **8.1 There should be adequate clinical support and supervision for newly qualified midwives, junior doctors and students.**

Trusts were able to describe the arrangements in place for the support of newly qualified midwives, junior doctors and students. These arrangements include, for example, support from mentors, practice educators and link tutors. Newly appointed midwives have an induction programme which involves rotation across each aspect of the role.

All trusts reported arrangements for newly qualified midwives to be allocated a preceptor and a supervisor of midwives and to follow a specified programme to facilitate all areas of induction within maternity.

The review team was advised that in some trusts whilst time is set aside for formal supervision, individual midwifery appraisals are not always completed.

Each Trust described the arrangements in place for clinical support and guidance for doctors in training. The Belfast Trust has an obstetric tutor in both the Royal Jubilee and in the Mater maternity units and an identified mentor for medical students. Postgraduate training is provided by three college tutors who manage a programme of hands on assistance to provide practical experience to supplement classroom training sessions.

Doctors in training in the South Eastern Trust stated that they felt well supported, were almost always able to attend the twice weekly training sessions and that a consultant was almost always in attendance. This trust also employs a retired consultant to teach undergraduates, with the intention of expanding this arrangement to include junior doctors.

The Southern Trust advised that it complies with the Queen's University of Belfast (QUB) training programme and had introduced a consultant of the week at Craigavon Hospital, which had improved opportunities for training. The review team noted, however, that the Southern Trust needed to establish a formal training programme and to facilitate the release of junior doctors for training.

The Western Trust confirmed that each postgraduate tutor is responsible for making sure that doctors in training are assessed regularly, using the Royal College of Obstetricians and Gynaecologist's (RCOG) assessment tools.

Informal bedside teaching was cited by the review team as a good example of how to balance training with the demands of the service; this was noted as an exemplar of best practice.

Regional teaching sessions which are necessary for continuous professional development (CPD) are held once per month but doctors in training in some trusts had indicated difficulties in attending these sessions, due to staffing pressures. Similarly, doctors in training identified a tension between meeting the needs of the service, availing of training opportunities and adhering to the requirements of the European Working Time Directive (EWTD).

## **8.2 Multiprofessional in-service education/training sessions should be mandatory and attendance documented.**

This criterion requires that multiprofessional training should be undertaken by all who are involved in the care of a woman and her baby in complicated labour and there must be regular skills drills to maintain competence. In addition, records of all training must be maintained by all concerned.

Multiprofessional training is available across all five health and social care trusts, with two trusts (Northern and South Eastern) reporting having implemented or being in the process of implementing Practical Obstetric Multiprofessional Training (PROMPT). Other forms of multiprofessional training include resuscitation training, obstetric emergency skills and drills training and training in the use of new equipment. One important area, relevant to both doctors and midwives, is the use of cardiotocography, (CTG) in intrapartum fetal surveillance. This is mandatory training in most trusts with the Northern Trust having referenced the importance of weekly CTG review meetings. The Northern and Western Trusts have introduced the K2 programme and staff are required to complete this training on an annual basis.

The Belfast Trust reported that commissioned places are available through the Faculty of Advanced Life Support in Obstetrics, which is a multiprofessional training programme. Staff in the Belfast Trust have access to three qualified (ALSO) trainers.

The Western Trust reported that both formal and informal multidisciplinary training takes place and cited the use of the K2 training package on CTG interpretation. The trust uses this computer based module to download records of uptake of K2 training, twice yearly, and reported that training is also recorded in staff training logs. The Western Trust also made reference to a programme of multiprofessional audit, but stated that due to pressure of demand on staff time it is not always possible for doctors and midwives to attend multiprofessional audit meetings.

The review team was concerned by the absence of real time simulated emergency drills in the Mater maternity unit and that only half of the midwives in the Erne maternity unit had had recent CTG refresher training.

### **8.3 A personal logbook of attendances should be kept and cross-referenced to midwives and doctors rotas, sickness and annual leave.**

The Southern Trust reported that training for midwives is recorded and that each midwife has a personal training profile. The Northern Trust advised that midwives follow a formal written programme of induction in all areas within maternity. The provision and recording of training for midwives is monitored by the Local Supervisory Authority (LSA).

The review team noted that in the Northern Trust attendance of junior doctors at training sessions is formally recorded. However, the records indicated that, despite the availability of training, attendance was low, possibly due to competing pressures of responding to the needs of the service and complying with the requirements of the EWTD.

The Southern Trust reported that a personal log book of attendance at training is retained by all medical staff. Similarly, midwives maintain a record of training which forms part of their midwifery supervision reviews. The South Eastern Trust advised that the midwives training records are logged onto the Nurse Information Management (NIMS) system.

The Western Trust reported that midwifery staff undergo formal assessment and have ongoing training and supervision but the training is not always mandatory and the onus is on the individual to attend.

The review team recommended that the Southern Trust should establish a formal training programme for junior doctors and should facilitate attendance at these training sessions.

### **8.4 There should be provision for support of new staff entering the environment of the birth setting.**

All trusts make provision to support new staff entering the birth setting. These arrangements include formal induction and preceptorship. In the Northern Trust newly qualified midwives are allocated a preceptor for mentoring support for six months and are allocated a supervisor of midwives. In the Belfast Trust all preceptors are sign-off mentors on the local live members register, compliant with the Nursing and Midwifery Council (NMC) Standards to Support Learning and Assessment in Practice.

The Southern Trust advised that all staff entering the birth setting environment are given support of a mentor or supervisor. The South Eastern Trust has similar arrangements in place and new midwives are provided with an induction booklet detailing specific tasks which are signed off by preceptors. The Western Trust reported that junior medical staff are not permitted to carry out independent practice unless deemed competent by a consultant, as per the RCOG assessment tool.

**Standard 8: Recommendations for the Service Across Northern Ireland**

- 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 8: Training and Education**

**The organisation must ensure that all the professional staff have the opportunity and support for continuing professional development, including agreed mandatory education and training sessions**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
8.1 There should be adequate clinical support and supervision for newly qualified midwives, junior doctors and students.	<p>Newly appointed midwives rotate through each area for 3 months to consolidate training. Student midwives have a mentor and a supervisor. All staff can access a practice educator.</p> <p>Each unit has an obstetric tutor for junior doctors and an identified mentor for medical students.</p> <p>There are tensions between meeting training and service needs for doctors such as attending training sessions.</p>	<p>Newly appointed midwives have a preceptor and follow a written programme to facilitate induction in all areas within maternity.</p> <p>There is an induction programme for junior doctors and each doctor in training has an educational supervisor. Training records show low attendance.</p> <p>There are competing demands on time between the uptake of training in favour of service provision and the requirement to meet the EWTD.</p>	<p>Student midwives are supported by sign off mentors, a practice educator and a link tutor. Newly qualified midwives have a link midwife and follow a rotational programme for four months in all areas of practice.</p> <p>The consultant of the week model at Craigavon facilitates teaching for doctors. It is proving difficult to set aside time for training as a result of service pressures. The trust has no formal training programme or robust mechanism for the release of junior doctors for training. There is no action plan in place to address this.</p>	<p>There is a mentorship programme for new midwives which has now been expanded to two years.</p> <p>A retired consultant is employed to teach students with plans to include junior doctors in the teaching. There are college tutors on both sites. There are 2 theoretical teaching sessions per week for doctors which are well attended. Some medical staff miss teaching due to the need to meet EWTD and service needs.</p>	<p>Newly qualified midwives follow the Annex T programme. Competencies are signed off by a preceptor. Each midwife has a named supervisor of midwives.</p> <p>Each unit has a postgraduate tutor. Junior doctors have educational supervisors. There are 3 monthly formal training interviews. There are weekly training sessions for students. There are active programmes of training at both units with protected time to facilitate attendance.</p>
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>

**Standard 8: Training and Education**

**The organisation must ensure that all the professional staff have the opportunity and support for continuing professional development, including agreed mandatory education and training sessions**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
8.2 Multiprofessional in-service education/training sessions should be mandatory and attendance documented.	<p>In the Belfast Trust multiprofessional training is co-ordinated, recorded and audited by the Practice Educator.</p> <p>Attendance records at skills and drills are maintained by supervisors. There was evidence of poor attendance at training and lack of follow up to ensure subsequent attendance.</p> <p>At the Mater real time simulated drills were not happening on a regular basis.</p>	<p>A system of mandatory training, including CTG training, is in place with documented recording of attendance.</p> <p>There are issues of reduced staff attendance, due to service pressures.</p> <p>The Practical Obstetric Multi-Professional Training (PROMPT) training course is being implemented. A database is being developed to record and ensure attendance on an annual basis.</p>	<p>There are in service multiprofessional education/training sessions which are mandatory. A formal record of attendance is kept but there is limited follow up of non attendance.</p> <p>A multidisciplinary team from Daisy Hill has attended PROMPT and is progressing a programme of multiprofessional training to include skills and drills.</p> <p>A Craigavon team planned to attend PROMPT training in April 2009 and to then enhance the programme of multiprofessional training.</p>	<p>There are weekly multiprofessional training sessions and mandatory ongoing multidisciplinary mandatory training at the Ulster.</p> <p>At Lagan Valley there is monthly multidisciplinary training and a database of all attendees which is shared with line managers and the supervisor of midwives for use at annual reviews.</p> <p>PROMPT training is being piloted at Lagan Valley.</p>	<p>All multiprofessional in service training is mandatory and attendance is recorded.</p> <p>The review team noted that only half of the midwives at the Erne Hospital had undertaken CTG training.</p>
<b>Assessment by Review Team</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>

**Standard 8: Training and Education**

The organisation must ensure that all the professional staff have the opportunity and support for continuing professional development, including agreed mandatory education and training sessions

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCCT
8.3 A personal logbook of attendances should be kept and cross-referenced to midwives' and doctors' rotas, sickness and annual leave.	<p>Records of training are maintained by the clinicians (medical staff log books and midwives portfolios).</p> <p>The review team concluded that recording of training was more robust for midwifery than medical staff.</p>	<p>There is a database which records attendance at courses. Attendance is recorded on duty rotas and on leave profiles.</p> <p>Staff attending teaching sessions must sign a register of attendance but records are not standardised and are held individually by each discipline.</p>	<p>A personal logbook of attendance at training is retained by all medical staff. Midwifery staff maintain a similar record as part of their requirements and for midwifery supervision reviews.</p> <p>The review team concluded that the system to monitor and follow up on non-attendance should be strengthened.</p>	<p>Midwives training records are kept on the NIMS system and supervisors of midwives review attendance.</p> <p>For junior medical staff, a log of attendance is maintained.</p> <p>Training for consultants is followed up at annual appraisal and a local database is maintained.</p>	<p>Supervisors of midwives assess training needs at the annual supervision interview. Needs are used to inform commissioning of courses. Cross referencing takes place as midwives present annual portfolios of training. A database is being developed and non attendance will be highlighted.</p> <p>Medical staff maintain personal logbooks of attendance at training and other learning opportunities.</p>
<b>Assessment by Review Team</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>

**Standard 8: Training and Education**

**The organisation must ensure that all the professional staff have the opportunity and support for continuing professional development, including agreed mandatory education and training sessions**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
8.4 There should be provision for support of new staff entering the environment of the birth setting.	<p>New midwives are allocated a preceptor and undergo a 6 monthly orientation programme for intrapartum care.</p> <p>Those returning from a period of absence have individualised reorientation programmes of relevant training and on the job support to ensure competence.</p> <p>The review team was unable to validate whether this is fully achieved for medical staff and felt that the clinical support and supervision mechanisms are more robust for midwifery staff than for medical staff.</p>	<p>There is a robust induction programme in place. Each new member of midwifery staff is allocated a 'preceptor' for mentoring support for six months.</p> <p>Competence is monitored throughout the six month period of induction. All new midwives are allocated a supervisor of midwives.</p> <p>Medical staff are provided with local induction so they can be introduced to the working environment, policies and protocols. .</p>	<p>All staff entering the birth setting environment are given the support of a mentor or supervisor. Midwives who rotate to labour ward have additional support for the first two weeks.</p>	<p>There is an induction programme in place however the efficacy of this had not been formally evaluated with staff.</p> <p>New midwifery and medical staff are provided with an induction booklet detailing specific tasks and are assigned preceptors who work at least two shifts with them and sign off competencies.</p> <p>At each site newly appointed midwives rotate throughout different working environments.</p>	<p>New junior medical staff have formal individual induction interviews completed within the first week at which their skills are assessed.</p> <p>Junior medical staff members are not permitted to carry out independent practice unless deemed competent by a consultant, as per RCOG assessment tools.</p>
<b>Assessment by Review Team</b>	<b>Partially achieved</b>	<b>Fully achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>

**Standard 8: Trust Specific Recommendations**

<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCT</b>
<b>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.</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>

## **Standard 9 Environment and Facilities**

**Facilities in birth settings should be of an appropriate standard and take account of the women's needs and the views of service users by being less clinical, non-threatening and more home like whenever possible.**

- 9.1 Facilities should be reviewed at least biannually and plans made to rectify deficiencies within agreed timescales.**
- 9.2 The audit process should involve user groups and a user satisfaction survey.**
- 9.3 Dedicated and appropriate facilities for bereaved parents should be available.**

## **Standard 9 Environment and Facilities**

**Facilities in birth settings should be of an appropriate standard and take account of the women's needs and the views of service users by being less clinical, non-threatening and more home like whenever possible.**

The Safer Childbirth Standards recommend that every effort is made to improve the environment in which women give birth. Staff should work together towards creating a friendly and relaxed atmosphere. Women aided by their supporters, should be encouraged to do what feels right for them during the birth with health professionals respecting their wishes, wherever possible.

### **9.1 Facilities should be reviewed at least biannually and plans made to rectify deficiencies within agreed timescales.**

The review team noted the programme of capital investment in the improvement of maternity units across Northern Ireland, with new maternity units provided in the Ulster Hospital and Altnagelvin Hospital.

The review team recognise that the fabric of the Royal Jubilee Maternity Hospital is old and the deficiencies in the building will only be resolved through a new build option. However, it is unlikely that this will be completed for several years and in the interim there is a need for ongoing maintenance of the existing facility. Staff were commended for their work in adapting the environment to contemporary use. The review team was impressed with the standard of cleanliness.

Both maternity units in the Northern Trust are relatively new, with Antrim Hospital being open 15 years and Causeway Hospital for nine years. In Antrim the review team felt that the theatres and recovery areas are too small to cope with present demand and there is only one recovery bay, women are often moved out of the recovery area before they are ready to return to the ward. The trust reported that it is developing a business case for Antrim Hospital in response to the Developing Better Services framework, based on current standards for maternity services.

The Southern Trust advised that refurbishment has taken place at both Craigavon and Daisy Hill maternity units but that a business case is now with DHSSPS for the provision of additional maternity facilities on the Craigavon Hospital site.

The South Eastern Trust opened a new maternity unit at the Ulster Hospital in 2006, designed to comply with current building regulations and taking account of health service guidance concerning disability and disabled access. The unit at Lagan Valley Hospital was undergoing refurbishment and the trust is addressing the actions identified in the recent environmental facilities report on Lagan Valley Hospital.

In the Western Trust the review team visited the newly opened unit at Altnagelvin Hospital and noted that the facilities in the Erne Hospital were adequate despite its age. An ongoing service user survey is distributed to take on board the views of service users in relation to the hospital environment.

## **9.2 The audit process should involve user groups and a user satisfaction survey.**

Each Trust provided evidence of engagement with service users through user groups and / or patient surveys. Not all trusts had established Maternity Service Liaison Committees (MSLCs) at each maternity unit within their respective catchments.

Some trusts pointed to service improvements which had resulted from user feedback obtained through surveys and from actions taken by MSLCs, for example, the provision of a birthing pool in the Mater Hospital and at Craigavon Hospital, the policy of limiting the number of birthing partners to two at the Mater Hospital and the refurbishment of the maternity ward at Daisy Hill Hospital.

The Northern and Western trusts advised that all mothers are asked to complete an anonymous survey on postnatal discharge, collected by the community midwife. The South Eastern Trust highlighted the involvement of a consumer group in helping to influence the design brief for the new build at the Ulster Hospital.

## **9.3 Dedicated and appropriate facilities for bereaved parents should be available.**

Most trusts reported that a dedicated quiet room is reserved for use by bereaved parents, who wish to spend time with their baby or for the conduction of a removal service. Some trusts also reported on having developed care pathways and /or having guidelines for support of the bereaved parent.

The South Eastern Trust has a bereavement support midwife. A liaison group for bereaved parents was established in 2007 and the trust has a policy on pregnancy loss, stillbirth and neonatal death. The trust also reported that a bereaved parent can be cared for in a single side room, wherever possible.

In the Belfast Trust the bereaved parent is able to avail of support from a clinical psychologist and a psychiatrist, as necessary. Other trusts reported offering bereaved parents contact details for support groups such as the Stillbirth and Neonatal Deaths Support (SANDS).

**Standard 9: Recommendations for the Service Across Northern Ireland**

- 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 re-profile 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 9: Environment and facilities**

**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**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCCT
9.1 Facilities should be reviewed at least biannually and plans made to rectify deficiencies within agreed timescales.	<p>The fabric of the Royal Jubilee building is old and major deficiencies will only be resolved by a new build. In the interim there is a need for ongoing refurbishment of the existing facilities.</p> <p>Staff are to be commended for the efforts they make to adapt the environment for contemporary use.</p> <p>The Mater was found to be clean, tidy and well presented. The review team was impressed by the enthusiasm of senior midwives and found that all staff were proud of their unit and the work that they do.</p>	<p>Biannual review of facilities has not happened in the Northern Trust units; however, deficiencies are rectified, where possible, as they are identified.</p> <p>In Antrim, the review team felt that the theatres and recovery area were small and there was only one recovery bay which does not always meet the needs of service.</p>	<p>Facilities have been reviewed biannually as a result of the increase in births.</p> <p>Refurbishment has taken place in the maternity units in both Craigavon and Daisy Hill. This has taken account of the requirements for disabled access.</p> <p>A business case was submitted for additional maternity facilities on the Craigavon site.</p>	<p>The review team noted the excellent environment on both sites. The unit at the Ulster Hospital was newly built. The unit at Lagan Valley was being refurbished and the trust was actively pursuing actions identified by a recent environmental facilities report at Lagan Valley.</p> <p>The review team did note that there were only five delivery rooms in the obstetric unit at the Ulster and that there was no induction/reception room for women requiring elective caesarean section.</p>	<p>The review team was unable to clearly establish if there is a programme of biannual reviews of the trust's maternity facilities but this should be built in to future planning.</p> <p>The maternity unit at Altnagelvin was new and purpose built, meeting all relevant standards.</p> <p>The unit at the Erne was older but its fabric was well maintained.</p>
<b>Assessment by Review Team</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>

**Standard 9: Environment and facilities**

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Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCCT
9.2 The audit process should involve user groups and a user satisfaction survey.	<p>Users have not been involved in monitoring visits of the physical environment. There has, however, been user feedback on the provision of care via the Picker Institute and user satisfaction surveys.</p> <p>User groups 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 MSLC and the policy of limiting the number of birthing partners to two, came as a direct result of service user feedback.</p>	<p>All women who use Antrim maternity service are asked to complete an evaluation on discharge. These evaluations are anonymous and are reviewed by each ward manager with any learning points identified.</p> <p>In Causeway, a user satisfaction survey was carried out in 2006 by the Head of Midwifery and the development of the breakfast bar system was as a direct result of this. There is also a suggestion box facility available.</p>	<p>The MSLC in Daisy Hill Hospital was very influential in the refurbishment of the delivery suite.</p> <p>There are plans to establish a similar MSLC for Craigavon with the assistance of the committee from Daisy Hill.</p> <p>Requests from service users led to the establishment of midwifery led antenatal care and evening clinics. Views of service users shaped the development of the unit at Craigavon and the birthing pool was as a direct result of their input.</p>	<p>A consumer group meets quarterly and was very valuable in informing the Trust during the new build at Ulster Hospital.</p> <p>There is ongoing user audit of the new facilities at the Ulster. An environmental cleanliness audit programme has been undertaken throughout the Trust.</p> <p>A recent user audit was in relation to the bereavement support service and areas identified for improvement such as increasing staff awareness. As a result link midwives have been identified and there will be new induction and update training for all staff.</p>	<p>In Altnagelvin Hospital an ongoing service user survey is distributed on discharge and collected by the community midwife. Results are forwarded to the Head of Maternity Services and the MSLC for two way feedback and action.</p> <p>The review team was satisfied that the trust is listening to service users with a view to improving the facilities in Altnagelvin but further work was required at the Erne.</p>
<b>Assessment by Review Team</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>

**Standard 9: Environment and facilities**

**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**

Criteria	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
9.3 Dedicated and appropriate facilities for bereaved parents should be available.	<p>Bereavement care at Royal Jubilee is provided in a single room with en-suite facilities. The woman's partner is facilitated to stay.</p> <p>There is a quiet room used for reflection, spending time with the baby or conduction of a removal service.</p> <p>The bereavement service has input from clinical psychology and psychiatry.</p> <p>There are guidelines on support for bereaved parents including the offer of mementoes and support group details.</p> <p>There is an annual remembrance service and remembrance books are kept. Similar arrangements are available at the Mater Hospital.</p>	<p>Antrim maternity unit has a dedicated bereavement room.</p> <p>A care pathway for bereaved parents has recently been revised in line with best practice.</p> <p>Causeway maternity unit has a dedicated 'quiet room' for use by bereaved parents. The unit had specific written information for women experiencing miscarriage or neonatal loss.</p> <p>Bereaved parents are given written contact details for support groups such as SANDS.</p> <p>The review team was advised of plans for a one-to-one close monitoring room in Antrim which may impact on the existing bereavement room.</p>	<p>There are dedicated rooms for bereaved parents on both hospital sites.</p> <p>There is a care pathway in place for stillbirths to ensure that all relevant bodies and agencies are informed and future antenatal appointments are cancelled. It provides a list of contacts for support.</p> <p>There is information available for women who experience miscarriage or neonatal loss.</p> <p>The review team found that although there are private rooms available at both sites these are located close to the main labour ward area.</p>	<p>The review team was impressed by the facilities available at the Ulster Hospital for women who have experienced bereavement and was pleased to hear that the unit at Lagan Valley is being refurbished, with the aim of improving bereavement facilities at the site.</p> <p>The review team was also very impressed with the appointment of a bereavement support midwife who offers support to parents and also to staff who have been involved in bereavement.</p>	<p>There are procedures and facilities in place in the event of a stillbirth, infant or maternal death. The Commissioner employed a bereavement co-ordinator and the Trust has written information available for women who experience miscarriages or neonatal loss.</p> <p>The new build, on the Altnagelvin site has a dedicated bereavement suite in the postnatal ward separate from the main ward area, however, a similar facility is not available in the Erne.</p>
<b>Assessment by Review Team</b>	<b>Substantially achieved</b>	<b>Partially achieved</b>	<b>Partially achieved</b>	<b>Fully achieved</b>	<b>Partially achieved</b>

**Standard 9: Trust Specific Recommendations**

<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCT</b>
<p>The trust should continue to improve the birthing environment giving priority to the provision of piped gas &amp; 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.</p>	<p>The trust should take into the account the requirement for a bereavement room when developing plans to provide a close monitoring room / high dependency area at Antrim Hospital.</p>	<p>None</p>	<p>The trust should consider the viability of having a reception room for those women who require elective caesarean section or induction of labour.</p>	<p>The trust should take into the account the requirement for a bereavement room when developing its services at the Erne Hospital.</p>

## **Standard 10 Outcomes**

**All birth settings should audit childbirth outcomes, evaluating annually linked clinical care, any changes or trends.**

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The Safer Childbirth Standards lists a range of measures which should be monitored on a regular basis by maternity units. The review team asked trusts to outline how and when data is collected and disseminated to staff. The team also asked trusts to identify who is responsible for taking action if issues are identified in the data.

The review team found that the NIMATS computerised information system was an important source of data for those units where it has been installed. NIMATS is available in the Belfast, Northern and South Eastern Trusts. At the time of the review, it was available at Daisy Hill Hospital but not at Craigavon Hospital. It was not available in the Western Trust hospitals.

Trust staff advised the review team that NIMATS was not able to address all their information needs. Other sources of data were used, including local clinical audits and the Child Health System.

Trusts used a range of methods to share information on outcomes to staff and some units are developing maternity dashboards. The review team welcomed this development as a new approach to using information effectively to influence practice.

### **Standard 10: Recommendations for the Service Across Northern Ireland**

- 18) All trusts should review information needs for maternity services to ensure 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.**

**Standard 10: Outcomes****All birth settings should audit childbirth outcomes, evaluating annually linked clinical care, any changes or trends**

	<b>BHSCT</b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>SEHSCT</b>	<b>WHSCT</b>
NB: there are no specific criteria for assessment under Standard 10 outcomes.	<p>Useful data on birth outcomes is taken from the NIMATS.</p> <p>Reports on outcomes are prepared on a monthly and quarterly basis by the NIMATS system manager.</p> <p>The system for disseminating data to all relevant staff groups requires further consideration.</p> <p>NIMATS is not able to provide all required outcome data at present.</p>	<p>Data on birth outcomes is taken from NIMATS and forwarded to managers by the system manager.</p> <p>NIMATS is not considered to be user friendly and specific queries required new query programmes to be written by BSO.</p> <p>Data from Clinical Risk systems and registers is also used in relation to outcomes.</p>	<p>Data on birth outcomes is available from NIMATS at Daisy Hill and from manual systems at Craigavon.</p> <p>Specific outcome data is recorded and monitored via the trust's Maternity Dashboard.</p> <p>Audits are being carried out, for example in relation to indications for caesarean section rates.</p>	<p>Data on birth outcomes is collected from NIMATS and reports are prepared by the systems manager.</p> <p>A quarterly audit of statistics is discussed by managers and information is disseminated to staff.</p> <p>Outcome data is discussed at annual perinatal meetings.</p> <p>A maternity dashboard is being considered.</p>	<p>Outcomes data is collected manually on a monthly basis but NIMATS is not available in either maternity unit.</p> <p>Data is considered by the Consultant Obstetrician and the Labour Ward manager.</p> <p>Audits are carried out, for example in relation to induction rates.</p> <p>There are plans to introduce NIMATS in the trust.</p>

**Standard 10: Trust Specific Recommendations**

No trust specific recommendations against this standard.

## **Chapter 4: 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 of women residing in the Northern Health and Social Care Trust the Chief Medical Officer and Chief Nursing Officer issued a circular Lessons from Independent Reviews of Maternal Deaths and Maternity Services, on 24 October 2008. 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 the implementation 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 review team noted that no specific, documented maternity services strategies existed at the time of the review in any of the five trusts. The review team also noted the absence of an over arching maternity strategy at regional level. The Belfast Trust did highlight that the direction for maternity services is outlined in the broader trust strategic vision 'The Belfast Way/New Directions'. The South Eastern Trust stated that it was delaying any further strategy development until a firm decision on the future profile of services at Lagan Valley Hospital had been confirmed.

#### **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 fetal monitoring traces.**

The review team found that all five trusts have multiprofessional labour ward forums in place. The review team also encountered a number of creative ways in which the forums meet across units that are geographically distant; such initiatives include the use of teleconferencing. However, in one of the trusts it was noted that where two forums operated there were no effective mechanisms for communication between them.

### **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 review team evidenced clear leadership and management structures across all five HSC trusts. When surveyed, staff were generally happy with the culture of the working environment in which they work. The review team noted a good practice initiative in the Northern Trust in respect of multidisciplinary working, which included ready access to neonatology clinicians and practitioners and learning from adverse incidents.

### **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.**

The review team found a mixed profile in the existence of MSLCs across all five Health and Social Care Trusts. Antrim, Causeway, Craigavon and the Erne units did not have liaison committees at the time of the review. All of the other units had committees; however representation on the committees varied from unit to unit. It was notable that there was no obstetric representation on the Royal Jubilee Maternity Hospital (RJMh) unit's committee and commissioner representation was absent on several committees. The positive influence of the committees was noted in the design of the new units at the Ulster and Altnagelvin hospitals and at the Mater Hospital it was notable that the committee had a direct impact on the development of the new aqua lounge.

## **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 review team was satisfied that there were multidisciplinary structures in place such as risk management and excellence and governance groups that enabled robust monitoring of safety and risk. There also appeared to be mechanisms in place to share information from these groups with practitioners caring for women in labour. The review team noted that the risk management group in the Southern Trust was not a specific maternity services group. The team also believed that the appointment of a risk management midwife working across both units of the Southern Trust would assist in the management of such a group.

The review team made a number of trust specific recommendations, which are set out in Chapter 8 of this report.

## **DHSSPS Recommendation 7**

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

The review team found significant evidence of multi professional training across all five trusts. This included significant and well coordinated programmes for Cardiotocography (CTG), Advanced Life Support in Obstetrics (ALSO), resuscitation of neonates, skills and drills and water birth. The model of delivery and coordination of the programmes varies from trust to trust. The review team noted the need for all trusts to have systems in place to ensure and record attendance at mandatory training.

## **DHSSPS Recommendation 8**

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

The review team noted that policies and guidelines are developed and reviewed regularly by the labour ward forums in each of the five health and social care trusts. In the main, the review team found good mechanisms in place for the dissemination of evidence-based guidelines and protocols. There was evidence in all five trusts that the method of communication of the guidelines is through specific governance or guidelines committees, with development of specific protocols in response to identified need. Line management structures are used to ensure that they are brought to the attention of front line staff.

The review team noted some evidence of continued inconsistency in policies across legacy trust boundaries. It was noted that at the time of the review the trusts had been in existence for two years. The appointments of practice development/risk management midwives across the trusts appeared to be having a positive impact on the achievement of this particular criterion.

## **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 statutory legal requirement is for every Local Supervising Authority (LSA) to have a ratio of one supervisor to 15 midwives. Northern Ireland is a LSA and as a region meets this ratio when averaged across all trust areas. However, the review team noted that whilst there is no legal requirement for trusts to specifically meet this requirement there is a wide variation of supervisor to supervisee ratios across and within all five trusts. Only the Northern Trust fully met this recommendation at local level. Trusts which were not meeting the recommended ratios, reported that a number of experienced midwives were being trained and prepared to take on the role of supervisor.

## **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.**

Four of the five trusts reported a mechanism of regular review and monitoring of actual staff in post to their funded establishment. All five trusts indicated that they had participated in either the Birthrate Plus workforce planning exercise or having used the Telford methodology of calculating midwifery staffing ratios over a number of years. However, the dates of these exercises varied from 2003 in the Southern Trust to 2008 in the Northern Trust. All trusts reported compliance with the European Working Time Directive (EWTD) and a mechanism for communicating with the commissioner on any identified shortfalls within the multidisciplinary teams.

It was notable that the Southern Trust, in addressing the age profile of the midwifery workforce, had secured support from the DHSSPS and the commissioner for 12 nurses working within the southern area to undertake an 18 month programme to become midwives.

## **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 review team noted that all five trusts have a system for the rotation of staff on and off night duty. The team was satisfied that the rotation arrangements described by trusts were adequate, however did note that further work is required in the rotation of permanent night staff in Antrim Area Hospital.

### **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.**

Four of the five trusts do not have a high dependency area within the labour ward for the care of ill or potentially ill women, who do not need intensive care. However, all trusts did outline the arrangements they have in place for the care of such women, including the range of staff training and preparation for advanced care. The South Eastern Trust has a three bedded recovery area referred to as higher dependency rather than high dependency unit. The Northern Trust outlined plans to develop a close monitoring room within the delivery suite at Antrim Hospital's maternity unit.

### **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.**

All trusts reported that they had introduced or, as in the case of the Southern Trust, were about to introduce a model of Physiological Early Warning Scores (PEWS). In all cases trusts reported specific training in the models and in the case of the Northern Trust an associated Situation-Background-Assessment-Recommendation (SBAR) communication tool had been introduced. In the Northern Trust scores on the PEWS system were not always totalled. It was noted that the Belfast Trust carries out regular audits of compliance with the system.

### **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.**

All trusts had reviewed and are making consistent use of their observation charts. In respect of electronic fetal monitoring there is now widespread use of the Dr C BRAVADO mnemonic which appears to be embedded in practice in all trusts.

### **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 across four of the five trusts. The Southern Trust does not use patient controlled analgesia in labour. However, where it is used, 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.**

No specific audit of this recommendation was undertaken as part of this review. However all trusts reported that records are audited as part of the midwifery supervision process, which include audits of drug prescribing sheets.

### **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.**

All trusts were assessed as compliant with the above requirement with clear arrangements in place for the identification of a consultant to lead on the care of women seen as significantly unwell. All trusts reported having a process in place for the effective transfer of women to another unit. The Southern Trust reported the use of the HART mnemonic which records the assessment and agreement for transfer of care during labour from the midwifery-led unit to consultant care. A similar protocol is in existence in the Ulster Hospital for the transfer of women from the home from home unit to the consultant led unit.

### **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.**

All trusts reported the use of specific protocols on the care of seriously unwell patients. These include the use of PEWS and associated communication protocols such as the SBAR system used in the Northern Trust. A range of other protocols and guidelines are in place for inter-hospital transfers and referrals to other disciplines. It was notable that baton bleeps were available in Altnagelvin Hospital for obstetric emergencies for obstetricians, paediatricians and anaesthetists.

### **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.**

All five trusts reported that the identified consultant on call was the single point of contact for families of seriously ill patients. It was stated that at times the midwifery shift leader would also act to support the consultant and ensure the delivery of consistent messages to the family. All trusts reported that all conversations with the family are recorded in clinical notes.

### **DHSSPS Recommendation 25**

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

All trusts reported that appraisal is in place for consultant medical staff in accordance with local and regional policies. They also confirmed that appraisal was also in place for doctors in training in accordance with the standards set down by the relevant Royal Colleges. Midwifery staff appraisal was reported across four of the five trusts as annual with specific connection to the knowledge and skills framework (KSF). However the Western Trust stated that no annual performance appraisal is undertaken as they await the development of KSF. It was notable that the Belfast Trust has introduced a personal contribution framework which outlines what is expected of staff in their contribution to the overall aims of the trust.

### **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.**

All five trusts have a policy in place for reporting adverse incidents. The Northern, South Eastern and Western Trusts have developed a list of trigger incidents across a range of clinical areas. All trusts adequately described arrangements for the dissemination of lessons learned from incidents and support for staff during these processes. The review team identified some weakness in the system of feedback to staff in the Western Trust on the outcomes and learning from incidents.

### **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.**

All five trusts 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.**

All trusts described arrangements for the debriefing of staff following serious adverse incidents through their risk management and governance and excellence groups. Specific good practice was noted in the South Eastern Trust, where post incident/near miss review meetings are held with findings and recommendations from investigations shared.

### **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.**

Trusts stated 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.**

All trusts 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 5: Survey of Mothers' Experience of Labour and Giving Birth in Hospital

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 every mother (2,500 in total) at their 16 week health assessment in April 2009 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 mothers who took time to complete and return them. There was a 10% response rate, with around 250 completed questionnaires were returned to RQIA. The review team accepts that this may not be fully representative, however, consider that the survey gives valuable insight about mothers' feelings about the care they received. Not all mothers answered every question in the survey.

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)?	51.6% (128)	29.8% (74)	10.1% (25)	5.2% (13)	1.2% (3)	2.0% (5)
to what extent did you feel listened to?	49.6% (123)	32.3% (80)	11.3% (28)	2.8% (7)	2.4% (6)	1.6% (4)
to what extent did you feel you and your birthing partner(s) were treated with respect and dignity?	63.0% (155)	30.1% (74)	4.1% (10)	1.6% (4)	0.4% (1)	0.8% (2)
to what extent did you feel your wishes were respected and accommodated?	55.9% (138)	27.9% (69)	11.7% (29)	1.2% (3)	1.6% (4)	1.6% (4)
to what extent did you feel your religious and cultural beliefs were respected and accommodated?	54.2% (130)	22.1% (53)	2.9% (7)	0.0% (0)	0.4% (1)	20.4% (49)
to what extent did you feel you were kept regularly informed about your care?	54.8% (136)	28.2% (70)	11.7% (29)	3.2% (8)	1.6% (4)	0.4% (1)
to what extent did you have confidence and trust in the staff caring for you during labour and birth?	68.2% (167)	24.5% (60)	4.1% (10)	2.4% (6)	0.8% (2)	0.0% (0)

Table 4: Source mothers' experience questionnaires

Overall, when asked how content they had been with the birth experience they had in hospital, 42.4% of 250 women who responded replied that they were completely content and 40.7% were very content. This indicates a high level of satisfaction by mothers with the care they received.

Table 4 sets out the responses of mothers when they were asked to rate a number of factors relating to how 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.

Questionnaires were received from mothers who had given birth in each of the 10 maternity units and individual trust reports have included selected comments from mothers. It is recognised that the number of returns for individual hospitals in some cases were small and may not be a representative sample.

## Chapter 6: RQIA Staff Survey: Midwifery, Obstetrics and Other Staff Groups

As part of the methodology for the review of maternity services in Northern Ireland a confidential online questionnaire was developed which provided an opportunity for staff to share their views on their experiences of leadership, team working, training and the working environment. It was anticipated that this approach would add further depth and value to the overall review process.

The success of the questionnaire was wholly dependent on the contributions of staff. Following extensive communication through the trust affiliates the following returns were made by staff working in intrapartum care.

	Survey for midwifery staff	Survey for obstetric staff	Survey for other staff groups
Northern HSC Trust	51	0	0
Southern HSC Trust	29	9	16
Western HSC Trust	44	14	11
Belfast HSC Trust	12	4	5
South Eastern HSC Trust	30	1	2
<b>Total Responses</b>	<b>166</b>	<b>28</b>	<b>34</b>

**Table 5: Source online questionnaires by staff group and trust**

Based on information on existing staff numbers by profession within each of the trusts, the above returns represent a very small proportion of staff views. In the Belfast and Northern trusts the response rates were at significantly low levels. The outcomes of the staff survey therefore only intended to be illustrative of the views of the staff that responded, as no reliable conclusions can be drawn from the low volume of returns.

## **Support for Breast Feeding in the Labour Ward**

As part of the review DHSSPS also asked that RQIA make an assessment of the level of support offered in the labour ward to new mothers breast feeding their babies. It was anticipated that this survey, in conjunction with the staff survey, would also enable an assessment of the level of support.

Feedback for this report will concentrate on the assessment of support for new mothers' breast feeding in the labour ward.

In the staff survey midwives were asked: "How many women had skin to skin contact with babies within five minutes of birth for the last ten births they attended (excluding Caesarean Section)?" Of the 134 midwives responding to this question 91% (122) of midwives reported that more than 70% of women had skin to skin contact within five minutes.

Of the 24 obstetric medical staff responding to the same question 75% (18) reported that more than 70% of women had skin to skin contact within five minutes of birth.

A similar question was also asked of women as part of the women's experience survey.

"How satisfied were you with the opportunity to have your newborn baby placed directly onto your chest (skin-to-skin) at birth or soon after, if this is what you wanted?"

Of the 244 women who answered the question in the survey 65.5% (160) stated that they were completely satisfied with a further 16.8% (41) stating that they were very satisfied.

When asked: "Of the last 10 births you have attended (including caesarean section) how many women were offered help to give the first feed in the labour ward?"

Of the 131 midwives responding 72% (94) stated that all women were offered help with their first feed in the labour ward. Further analysis showed that 91% (119) had offered support for the first feed to more than 70% of the women in the labour ward. Of the 20 obstetric medical staff responding to the same question 80% (16) had noted that 70% of women had been offered support for their first feed in the labour ward.

Of the 243 women surveyed on whether they breastfed in the delivery room, 43% (104) stated that they did, with a further 21.3% (46) stating that they had bottle fed their baby within the delivery room.

Of the 167 women who answered questions on support and advice on breast and bottle feeding in the delivery room 76% (127) felt that they were completely or very satisfied with the consistent advice given to them. In addition, 73% (121) of the women stated they were completely or very satisfied with the practical help offered to them.

When asked about active support and encouragement for feeding, 73% (121) were completely or very satisfied. Similar figures were found in relation to information and explanations needed 70% (116) and opportunities to be involved in decisions 71% (121).

Some comments made by mothers answering the survey were as follows:

"Midwife gave me positive encouragement as I breast fed my new baby."

"Night shift staff did not have time. One midwife helped all the time."

"Each midwife showed me a different method which confused me, they didn't have enough time to spend helping me."

Due to the limitations and inconsistencies in the response rates from both the staff survey and mother's experience survey it is not possible to give a definitive assessment of the support given to mothers in the labour ward. However, a significant proportion of the mothers surveyed did express a high degree of satisfaction on the issues of breast feeding support and the promotion of skin to skin contact immediately after birth.

## Chapter 7: Commentary and Policy Implications

The review team wishes to acknowledge the commitment and dedication of staff working to provide safe and effective intrapartum care for women and their babies. The review team commends the approaches being taken by trusts to enhance the safety and quality of maternity services. The survey of mothers carried out to inform the review revealed high degrees of satisfaction with regard to the maternity services they received.

The review has demonstrated that staff within the trusts have responded constructively to regional and national serious incidents in maternity services, addressing the major learning points arising from these incidents. This was not only reflected in the practices observed by the review team, but also in the way in which care and governance systems are organised. In some instances there remains a requirement to complete the harmonisation of policies and procedures from those that existed in the legacy trusts.

The requirement for meaningful engagement with service users is essential for the ongoing governance and development of services. This review highlights the requirement for effective engagement of service users through Maternity Services Liaison Committees (MSLC). There are excellent examples of how MSLCs have worked to inform the development of some of the newer maternity units and improvements in some of the existing units.

Assessment of maternity services against the levels recommended in the Safer Childbirth Standards has highlighted deficits in medical and midwifery staffing levels in units in Northern Ireland. These need to be set in the context of a trend of increasing birth rates, changes in working patterns such as the EWTD and projected significant retirements among the midwifery workforce. The review team consider that there is a need to develop a workforce strategy for maternity services in Northern Ireland.

Effective clinical leadership is essential in the provision of all health and care services. This review highlights the lack of specific policy in respect of the development of consultant midwifery posts in Northern Ireland. The review team was firmly of the view that to support the development of midwife-led care and the normalisation of labour and delivery, DHSSPS, HSC Board and trusts should develop a strategy for the creation of such posts.

Throughout its engagement with medical and midwifery staff working in the maternity units, the review team was conscious of the tension between ensuring safe service delivery and the need to afford staff protected training time to meet mandatory and other training requirements. This needs to be addressed within the context of an overall workforce strategy.

The NIMATS information system used by maternity services in Northern Ireland was not available in some units. Where used, it was an essential source of information for clinical and managerial staff. The review team was informed that NIMATS needed to be developed to provide the full range of information required to inform policy and practice in a safe and efficient maternity service.

The facilities in which intrapartum care is delivered in Northern Ireland have improved significantly in recent years. This is evidenced by several newly built units and the refurbishment of some of the existing units. If the increase in birth numbers continues there will be increasing pressure on facilities. The review team recommends that the capacity of units is reviewed taking into account the significant impact of the proposed change to the profile of maternity services at Lagan Valley Hospital.

Standard 10 of the Safer Childbirth Standards requires all units to audit childbirth outcomes. The review team noted the audit programmes across all five trusts. There is a need to standardise the information required to inform the audit process. The results of clinical audits should be used to improve service delivery, for example in relation to rates of obstetric intervention, as was demonstrated in the South Eastern Trust.

The review team has concluded that the major policy implication of this review is that there is a need for an overall strategy for the future development of maternity services in Northern Ireland and would recommend that this is taken forward by DHSSPS.

The RQIA and the review team wish to thank all five trusts and their staff for the cooperation and courtesy shown throughout the course of this review and the staff of other organisations who have contributed to its completion.

The RQIA and the review team also wish to thank the 250 mothers and all staff who took the time to respond to the survey questionnaire.

### **Recommendations for the Service Across Northern Ireland**

- 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.**

## Chapter 8: Recommendations

### 8.1 Recommendations for the Service Across Northern Ireland

#### Standard 1 Organisation and Documentation

*The organisation has a robust and transparent clinical governance framework which is applicable to each birth setting.*

##### Recommendations

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

*Effective multidisciplinary working is essential to the efficient delivery of the service.*

##### Recommendation

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 3      Communication**

*Communication is a keystone of good clinical practice.*

#### **Recommendations**

None.

### **Standard 4      Staffing Levels**

*Safe staffing levels of all professional and support staff as recommended are maintained, reviewed and audited annually for each birth setting*

#### **Recommendations**

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**

*Safe staffing levels of all professional and support staff as recommended are maintained, reviewed and audited annually for each birth setting.*

#### **Recommendations**

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**

*Maternity services should develop the capacity for every woman to have a named or designated midwife to provide care for her when in established labour. This will ensure continuity of care throughout labour. It has proven benefits for the health and wellbeing of the mother and child.*

### **Recommendation**

- 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 public holidays.

## **Standard 7      Emergencies and Transfers**

*Each birth setting has protocols based on clinical, organisational and system needs*

### **Recommendations**

- 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.** 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.**

*The organisation must ensure that all the professional staff have the opportunity and support for continuing professional development, including agreed mandatory education and training sessions.*

### **Recommendations**

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**

*Facilities in birth settings should be of an appropriate standard and take account of the women's needs and the views of service users by being less clinical, non-threatening and more home like whenever possible.*

### **Recommendations**

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 re-profile 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**

*All birth settings should audit childbirth outcomes, evaluating annually linked clinical care, any changes or trends.*

### **Recommendations**

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.

## **Chapter 7 Commentary and Policy Implications**

### **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.

## 8.2 Trust Specific Recommendations

### Belfast Health and Social Care Trust

1. There should be a clinical audit lead to direct multidisciplinary audit.
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.
3. The trust should appoint a labour ward manager in the Mater Hospital.
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.
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.

## **Northern Health and Social Care Trust**

1. The trust should explore ways to strengthen the on site midwifery leadership at night and reduce the need for the band 6 midwives to call the band 7 midwives for advice on patient management.
2. The trust should ensure 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.
3. To help achieve appropriate levels of consultant presence on labour ward, the trust should review clinic provision with a view to implementing a phased reduction of peripheral clinics.
4. The trust should continue to pursue the establishment of an early assessment unit and a midwifery led care model at Antrim Hospital.
5. The trust should identify a lead obstetric anaesthetist for anaesthetic services at Causeway Hospital.
6. The trust should consider developing a high dependency care facility close to the labour ward in Antrim.
7. The trust must ensure they have robust procedures to ensure consultant obstetricians are available within 30 minutes and that this is reviewed on a regular basis.
8. The trust should take into the account the requirement for a bereavement room when developing their plans to provide a close monitoring room / high dependency area at Antrim Hospital.

### **Southern Health and Social Care Trust**

1. The trust should develop a specific risk management policy for obstetrics ensuring that this includes a clearly defined trigger list for incident reporting.
2. The trust should consider the appointment of a designated risk management midwife to strengthen and build upon existing arrangements and assist in the development of a rolling programme of audit.
3. The trust should review provision of anaesthetic cover in the Craigavon and Daisy Hill hospitals given the nature of the case mix in both units.

### **South Eastern Health and Social Care Trust**

1. The trust should consider the viability of having a reception room for those women who require elective caesarean section or induction of labour.

### **Western Health and Social Care Trust**

1. The trust should implement the new arrangements for quarterly risk management meetings without delay, staff from across the trust should be facilitated to attend these meetings.
2. The trust should ensure a documented procedure is in place for the dating, archiving and central storage of past guidelines.
3. The trust should develop a policy for the wearing of identification badges.
4. The trust should develop appropriate procedures to ensure staff have an appropriate level of competency in English.
5. The trust should identify a lead obstetric anaesthetist for anaesthetic services at the Erne Hospital.
6. The trust should take into account the requirement for a bereavement room when developing their services at the Erne Hospital.

# 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](http://www.dhsspsni.gov.uk)

AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÁINNSTRÍE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

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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

