



The **Regulation** and
Quality Improvement
Authority

Report on the RQIA Review of Intrapartum Care

Southern Health and Social Care Trust

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Chapter 1: Background Information

1.1 The Regulation and Quality Improvement Authority

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

The RQIA's main functions are:

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

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

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

1.2 Context for the review

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

*Source: Registrar General 2009

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

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

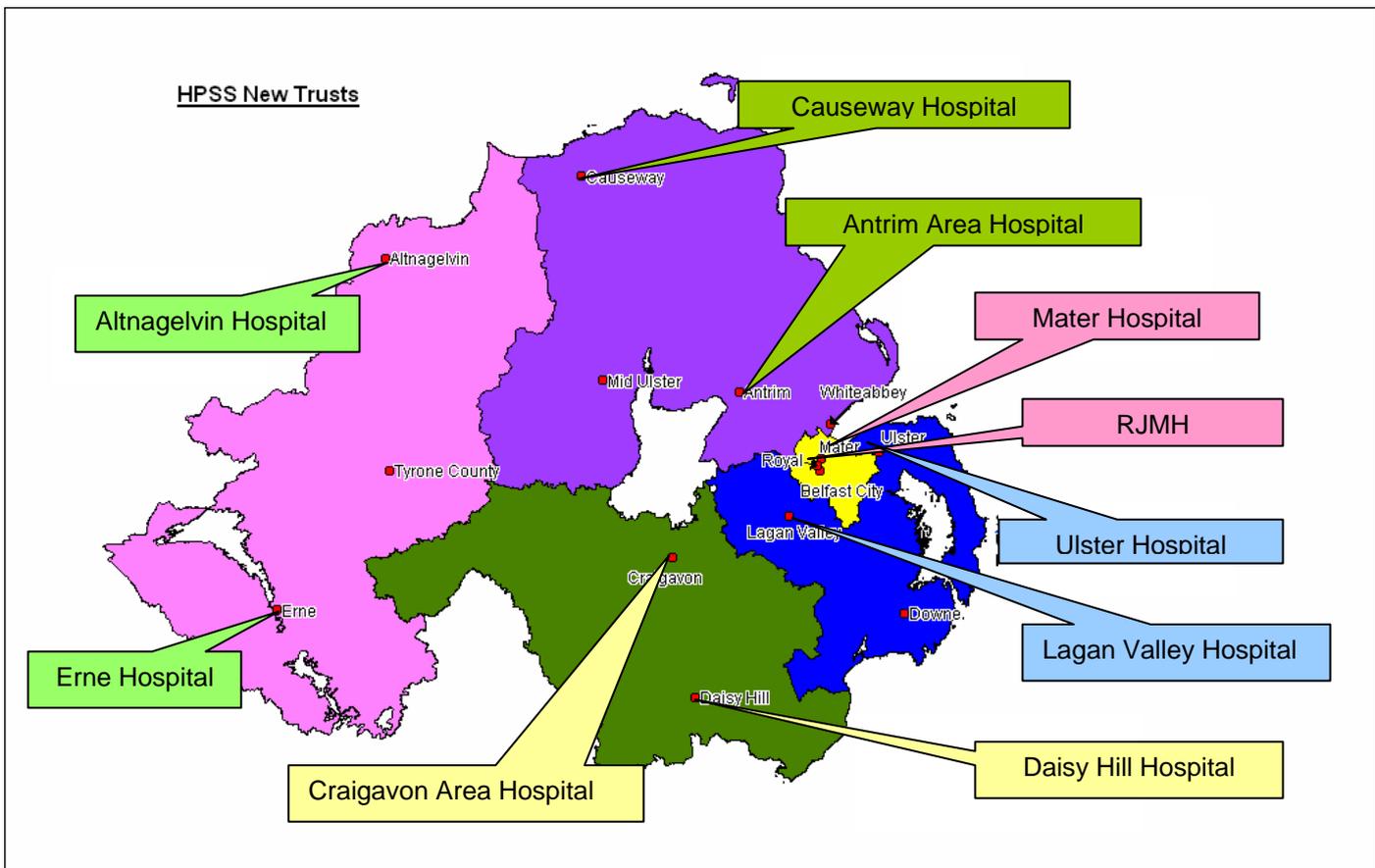


Figure 1 Location of Maternity Units by HSC Trust.

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

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

1.3 Current issues for maternity services in Northern Ireland

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

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

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

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

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

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

Workforce issues have had a significant impact on service delivery. Across the UK concerns have been expressed about the changing age structure of the midwifery workforce and the resulting loss of the body of experience built up over time. In the year 2008 -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 1 midwife in the Belfast HSC Trust to 22 midwives in the Southern HSC Trust.

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

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

In recent years a number of high profile, adverse incidents have occurred in maternity services in Northern Ireland. This has led to increased demand for robust governance and risk management arrangements and a requirement for independent assurance on the quality and safety of maternity services.

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

Chapter 2: Methodology

2.1 Methodology

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

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

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

2.2 Selection of standards

The planning for this review commenced in June 2008, at which time it was noted that there were no existing guidelines for intrapartum care in Northern Ireland. A decision was made at that time to use "The Safer Childbirth, Minimum Standards for the Organisation and Delivery of Care in Labour" (2007) as a standard framework to assess all five health and social care trusts. The review team considered that the standard statements and associated criteria provided a robust framework to inform a baseline assessment of intrapartum care although they are not formally agreed standards for implementation in Northern Ireland. Chapter three 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) issued to the service, dated 24 October 2008, entitled 'Lessons from Independent Reviews of Maternal Deaths and Maternity Services' (Appendix 1). Chapter four of this report sets out the review team's findings in relation of the recommendations of the circular.

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

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

2.3 The review team

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

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

2.4 Self Assessment - Level of Achievement (Standard Criteria)

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

TABLE 2

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

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

Recommendations

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

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

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

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

The Southern Health and Social Care Trust came into existence on the 1 April 2007. It is responsible for the services previously managed by four trusts which merged on the 31 March 2007. Management of maternity services lies within the Acute Services Directorate in the integrated Maternity and Women's Health Division.

The profile of the maternity service comprises:

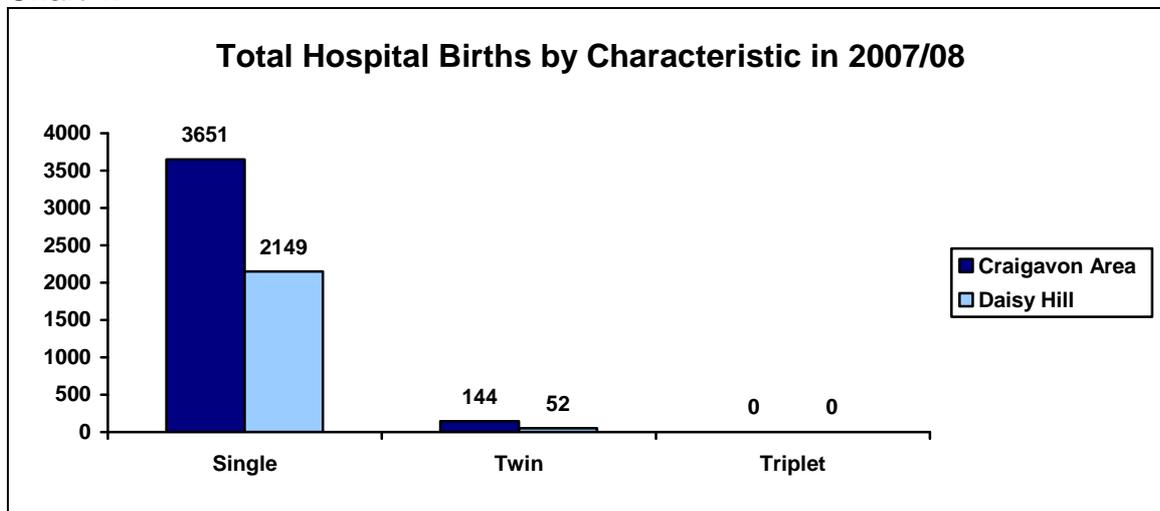
- Maternity Unit, Craigavon Area Hospital (including a dedicated Midwifery Led Unit)
- Maternity Unit, Daisy Hill Hospital
- Community Midwifery Teams in 3 localities

Trust Activity

Total Births

For the year ending 31 March 2008 the Southern Trust reported a total figure of 6002 births (including home births) encompassing 5806 single births and 98 sets of twins were born (196 births).

Chart 1.



Source: CHS

Home Births

The choice of home birth should be offered to all women¹. The Southern Trust can provide trained professional, midwifery and/or medical staff who are able to support home births. In the year 2007/08, six requests for home birth were facilitated. In addition there were nine births outside of the hospital environment, which were unplanned.

¹ Department of Health, Maternity Matters, 2007.

Cross Boundary Flows

The majority of women receive their intrapartum care from the same organisation that cares for them during their pregnancy. However, there are instances of cross boundary flow of the resident population between trusts in Northern Ireland and trusts are required to coordinate this.

The Southern Trust provided approximate figures for these cross boundary flows. Craigavon Area Hospital provided antenatal care for approximately 12 women who went on to deliver elsewhere and conversely delivered approximately 30 women who had received antenatal care at another trust. Daisy Hill Hospital provided antenatal care for approximately 24 women who went on to deliver elsewhere and conversely delivered approximately three women who had received their antenatal care at another trust.

Chapter 4: Findings of the review team

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

Standard 1: Organisation and documentation

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.1	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.	Trust Level of Achievement Partially Achieved
		RQIA Assessment Partially Achieved

The trust has a guidelines committee which is advised by the labour ward forum of policies and guidelines that need to be developed or updated. Currently these policies and guidelines are available in hard copy in all wards and departments. Arrangements are in place to have policies and guidelines placed on the intranet. There is a rolling audit programme which is agreed annually with the Effectiveness and Evaluation Team which monitors compliance with clinical policies and procedures.

The trust advised of the recent amalgamation of the two legacy trusts and the process of merging two sets of guidelines. This is co-ordinated by the guidelines committee, which has multidisciplinary representation. Once in draft format, guidelines are sent to all consultants and midwives for consultation and other professionals as appropriate. Once consultation is complete the draft is discussed at the next guideline committee meeting. Amendments are made as required, however, there is no formal sign off on guidelines. The final version is then disseminated to staff via the trust's intranet system and awareness sessions are held to ensure everyone knows what is in place and how to access the electronic version. Paper copies are also available at each site.

The trust identified one particular driver; the CNO recommendations for CTG, following a review of neonatal death. Guidelines were reviewed in light of lessons learnt to ensure the trust was compliant with this guidance. Another driver is evidence based guidelines and best practice which often indicates a need to review current guidelines. The trust involves both midwives and junior doctors in the presentation and dissemination of new guidelines at their regular monthly audit meeting, allowing the opportunity to discuss any arising implications. Clinical incidents can also result in changes to guidelines and procedures, which are updated to reflect learning as required. Clinical incidents may also indicate to the trust that although there are robust policies and procedures in place, these need to be reiterated to staff via teaching and awareness sessions to ensure compliance.

The review team sought assurance that the trust has a written protocol and guidelines for the use of Electronic Fetal Monitoring (EFM) based on the NICE clinical guideline 55 (September

2007). The Southern Trust reported that its Electronic Fetal Monitoring (EFM) Policy is on the intranet and hard copies are also available at ward/departmental level. The policy includes clear classification of fetal heart rate trace features and definitions of normal, suspicious and pathological FHR traces, it also states that routine electronic fetal monitoring is not normally required for low risk labour. The EFM Policy and Guidelines has a clear CTG algorithm which describes actions to take and communication channels. A CTG co-ordinator has been appointed and all midwifery and medical staff have access to the K2 online training package. The division participated in the National Patient Safety Agency (NPSA) care bundles pilot project for EFM and is participating in the Regional Perinatal Collaborative.

The trust was asked about its written protocol and guidelines for the use of epidural injections and infusions. There is a written protocol and guidelines which are in the process of being updated. There are also trust guidelines for midwifery staff on caring for a woman with an epidural. The National Patient Safety Agency (NPSA) working group within the trust is currently working to implement universal labelling and storage of epidural equipment in line with the NPSA Recommendations for Alert 2: Safer Practice with Epidural Injections and Infusions. The trust has an ongoing audit in relation to epidural practice and these results are shared with staff at the joint obstetric and anaesthetic audit throughout the year. Currently the company representative provides training in the use of the specified epidural pump, however, in line with the NPSA recommendations on training, the trust will put in place a more robust training programme.

The review team was happy that the trust does have comprehensive guidelines albeit that some are still in legacy trust format. The trust is working to harmonise these and once developed they are ratified by the labour ward forum. The review team felt that a rolling system of review may assist in the process of bringing these together.

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

The trust has an Integrated Maternity and Women's Health Divisional Governance/ Risk Management Group which meets every three months and maternity risk management is addressed at these meetings. The membership of the group includes obstetricians, anaesthetists, midwives, trust risk manager, complaints manager, divisional managers and a pharmacist. Tele-link facilitates participation of staff on both sites. The group reviews adverse incidents, looking at the chain of events to see how they could have been better managed. There is feedback to staff via e-mail dissemination. The review team felt that the maternity service should consider the appointment of a designated risk management midwife to strengthen these processes within the directorate.

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

There is a Risk Management Strategy in the trust which is adhered to by the Integrated Maternity and Women's Health Division. A written risk management policy is being developed for obstetrics. The trust policy for the management of equipment and medical devices states that devices or equipment involved in an adverse incident should be clearly identified and kept in quarantine. At risk awareness training sessions, staff are advised of the need to retain clinical equipment that was attached to a patient in the event of an adverse incident which would include death. Lessons learned from root cause analysis locally and regionally are also applied. There is continuous assessment of risk, where all risks identified are categorised on the trust's risk register.

The review team confirmed that the trust is working on a specific obstetric risk management policy and was satisfied that there is a good culture of incident reporting.

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

The trust has a maternity guidelines committee which is responsible for the development of guidelines and protocols. National and regional guidelines and standards are implemented through multiprofessional working groups across both sites. All critical incidents are logged on the trust's risk management database (Datix) and are reviewed and risk rated by the Risk Manager for Acute Services. Trend analysis and follow up of incidents is carried out at the Clinical and Social Care Governance Group meetings. Powerpoint presentations have been delivered at these meetings to highlight specific incidents, the actions taken and lessons to be learnt. Reports are generated from Datix and provided to the Risk Management Committee on a regular basis or as and when required. This information is also shared with the Director of Acute Services.

The review team found evidence of multiprofessional forums at management levels and felt that the appointment of a risk management midwife would be beneficial. The trust is in

agreement with this proposal and has made a bid for funding, if successful the trust hopes to appoint a governance and risk management midwife.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS			
1.5	Meetings involving all relevant professionals are held to review adverse events.	<table border="1"> <tr> <td data-bbox="1147 383 1495 539">Trust Level of Achievement Substantially Achieved</td> </tr> <tr> <td data-bbox="1147 539 1495 687">RQIA Assessment Substantially Achieved</td> </tr> </table>	Trust Level of Achievement Substantially Achieved	RQIA Assessment Substantially Achieved
Trust Level of Achievement Substantially Achieved				
RQIA Assessment Substantially Achieved				

Adverse incidents are reviewed at the Clinical and Social Care Governance meetings. Information from this forum is disseminated to staff through sisters' meetings, memos to staff circulated through ward managers and also through the divisional directorate meetings. Adverse incidents are reviewed based on the level of risk assigned to the incident. Root cause analysis techniques for adverse incidents and complaint investigations are in place and utilised as required. Confidential Enquiry into Maternal and Child Health (CEMACH) actions are formally recorded, audited and reported to the Trust Board by the Clinical Governance Lead.

The trust has undertaken significant work in this area, the process is now centralised and a new incident reporting form has been developed. All incidents are quality assured, where patterns and trends are identified and shared with the Director. Incidents are discussed at the multidisciplinary Clinical and Social Care Governance meeting. This is an open meeting, well attended by junior staff and there is a telelink to facilitate participation from staff across both sites. The presentation of cases is to be rolled out across all staff. Feedback in a 'letter' format and is disseminated to junior medical staff via the consultant. A copy is sent to the delivery suite, which has a forum to present this information. There are additional informal meetings among the midwives to discuss these incidents and learning.

Incidents and learning are also fed back through the supervision process to individual staff. The trust has a system of 24-hour supervision, midwives on call and supervisors have an open door policy and can be contacted at any time. Policies and guidelines are discussed at ward level and there is a documentation book which is updated regularly. Staff are expected to read and sign off the documentation. The book is checked, although not on a formal basis. For the community midwives there are policy reading lists and staff must sign off when they have read the information, monthly meetings are also held which are minuted. Printed copies of information is provided and minutes are circulated to those who have not been able to attend. The trust has plans to introduce an issues newsletter for acute services and this will look at lessons learnt from incidents, complaints and litigation. This will focus on the positive aspects of learning. The trust has also recently established a multidisciplinary staff forum looking at how to improve two way communications.

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

The trust has policies and procedures in relation to records management which include past guidelines and protocols. The Head of Corporate Records has responsibility for records management across the trust and the Head of Midwifery and Gynaecology is responsible for ensuring the application and adherence to these procedures. The review team confirmed that past guidelines are being archived in line with the trust's policy.

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

The trust's records management committee has harmonised the record management arrangements for the retention and disposal of records. All midwives comply with the Nursing and Midwifery Council (NMC) guidelines for records and record keeping and each midwife's documentation is reviewed by the supervisor of midwives at their annual supervisory review, thus fulfilling the NMC requirement to audit records. Clinical decisions and events are recorded in the combined medical and midwifery notes and reasons for omission of a prescribed drug are formally recorded on the patient's individualised medicine kardex. For midwives the Beeches Management Centre for Nursing and Midwifery Education provides training on the legal aspects of records and record keeping. Medical staff also comply with the General Medical Council guidelines for record keeping. NIMATS is available on the Daisy Hill site only, however, there are plans to implement the system at Craigavon.

The review team was advised that there is a programme of audit and supervision for midwives and that there an audit or records had been completed within the last year, the findings of which demonstrated a need to improve legibility in some cases. The introduction of the hand held maternity record will include a signing in page at the commencement of records.

With particular reference to Electronic Fetal Monitoring (EFM) and record keeping, the Trust has advised that all recommendations with regard to EFM and record keeping are documented as per Trust policy. The DR C BRAVADO mnemonic is embedded within

practice, audit reflects this, in that staff attending the in-house training event are given several to assess if their knowledge had improved.

There is good access for training in record keeping however staff compliance is not being routinely checked. There are some requirements under the supervision of midwives, however this is not extended to junior doctors in the same way. The review team suggested that a real time rolling audit of charts is an effective tool to monitor compliance and to highlight deficiencies when these occur. There were plans to implement NIMATS across the trust from 1 April 2009.

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

It was notable that there had been a recent audit of the Cardiotocography (CTG) care bundle, the findings of which showed that not all staff are evaluating CTGs. The findings were discussed and there is now supervision and observation of notes to ensure that evaluation of CTGs is consistent. The trust confirmed that practice has improved as a result of the audit, and that discussion of CTGs takes place on a daily basis. Further audit is ongoing to ensure the improved practice is continuing. There is also currently a rolling audit on caesarean section wound infection, which is a province wide audit. Emerging results have shown that three of the four elements of the care bundle have been achieved and wound infection has reduced.

Minutes of the audit committee were reviewed, which indicated that there is no clinical audit facilitator dedicated to obstetrics and gynaecology. As noted in other trusts in Northern Ireland, the review team felt that the appointment of a risk management midwife would assist the trust in developing a rolling programme of audit. The trust currently does not produce an annual audit report.

Standard 2: Multidisciplinary working

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

The roles and responsibilities of junior medical staff are currently set out in their job descriptions and by the Northern Ireland Medical, Dental and Training Association. Midwives are given an overview of the unit layout by the ward manager and are also given an induction booklet from each ward area to complete. This process is currently under review. There is a designated induction day twice a year when the junior medical staff change and the new rotation commences.

The trust has an induction day at various intervals throughout the year for all new staff, includes nursing, midwifery and medical staff. There is a formal communication process in place with the commissioner through the Maternal and Child Health Primary Care Group. There are robust communication processes in place with the commissioner outside the formalised meetings. There are annual meetings with commissioner which are set up through the Performance and Reform Team.

In discussion with staff the review team found that a framework is clearly available to support multidisciplinary working, however, the team perceived that the dominant approach appeared to be uni-professional.

The trust supports multidisciplinary training through skills and drills training, although the review team found that skills and drills are currently adhoc and there are no documented records of staff involvement. There is a need to put a planned process in place to ensure that multidisciplinary drills which fully test all the systems and not just the people involved are held on a regular basis.

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

The trust has a labour ward forum in place and meetings are held quarterly. The forum comprises of obstetricians, anaesthetists, labour ward managers, midwives, and senior managers. Adverse incidents, obstetric practice and risk management issues are discussed at these meetings. Issues raised are taken to the hospital governance committee and serious major risks are highlighted on the trust's risk register.

The review team found that the forum operates well, facilitating involvement of staff from both sites via telelink, however, there is no user representation on the forum and this should be pursued. The forum discusses risk management; this is not routinely the remit of a labour ward forum. The terms of reference for the labour ward forum need to be clearly defined. Full multidisciplinary attendance is not always achieved and junior medical staff are not always able to attend.

Standard 3: Communication

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

The Assistant Director for the division meets fortnightly with the Head of Midwifery and Gynaecology and the Lead Midwife, and on a weekly basis with the Clinical Director and Head of Midwifery. There are obstetric and gynaecology meetings held monthly on both sites and regular meetings with ward managers on both sites. A multidisciplinary staff forum is being established. The Associate Medical Director provides a monthly update for all consultants. Externally the trust engages with the commissioner through the Maternal and Child Health Primary Care Group and has regular face to face and telephone contact. A Maternity Services Liaison Committee is in existence on the Daisy Hill site, and plans are in place to initiate and develop a MLSC which will serve the Craigavon Hospital.

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

Trust staff attend a training programme called "Better Health through Better Communication". There are arrangements in place to engage interpreters and telephone interpretative support as required. Staff have had training sessions in relation to interpreting services and communication with non English speakers. For those women with a sensory impairment, such as loss of hearing, the trust has the facility to access sign language interpreters. For those women with a visual impairment, the trust has the facility to use the RNIB in obtaining audio tapes. Any written information is available in alternative languages.

The trust is currently in the process of distributing a multilingual handbook which has a section on maternity services. The visual images within the book also assist with communication with women who have a learning disability

The trust has a policy on wearing staff uniforms and there is specific reference to wearing of identity badges.

It was notable that the trust has access to an extensive range of interpreting services and tools and that the trust has a policy in place on the wearing of both uniform and identification, in view of this the review team felt that level of achievement should be raised for this criterion.

Standard 4: Staffing levels

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

NB. This Criterion was assessed for midwifery staffing only.

The trust indicated that staffing levels are reviewed regularly. A business case which requested additional staffing for the maternity service, on both the Craigavon and Daisy Hill sites, was submitted to the commissioner and was successful in realising additional funding. In addressing the age profile of midwifery staffing within the trust, there has been support from both the DHSSPS and the Commissioner to initiate an 18 month training programme for 12 nurses who worked or lived in the southern area to become midwives. In addition, the trust is engaged in a regional initiative to train maternity support workers.

The Birthrate Plus tool was applied in 2003 and it is the intention of the trust to commission a Birthrate Plus exercise in the near future to address the additional activity and case mix. The intention to repeat the exercise is driven by the recent changes in the trust configuration. However, no definite date had been set for the exercise to be carried out. A new structure for the service had been agreed meaning there will be one head of service and three lead midwife posts at band 8a.

In addition to midwifery staffing levels the trust reported that at present all medical posts are compliant with EWTD, however, the Trust does have some concerns about the quality of the cover being provided. At Daisy Hill the EWTD will be met if the trust continues to fund a senior house officer on the first tier. The middle grades and staff grades work one night and the specialist registrar works one shift per week. Future cover depends upon the trust's plans to move to a "hospital at night" shift system covered by staff grades.

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

The trust aims to provide one-to-one individual care by midwives within both labour wards and midwifery led unit. The review team was interested to hear that the trust is leading on

this regional initiative with eight maternity support workers currently in training and an additional two planned. These workers are trained to NVQ level 3 and can provide support for mothers;, the two additional posts will provide support in theatres.

There are ongoing skill mix issues. In Craigavon Hospital they have anaesthetic nurses but in Daisy Hill this cover is still provided by midwives. The trust is looking at skill mix to best utilise existing midwifery staff and it was noted that additional administrative support would be useful. Staffing levels have not kept pace with the increase in births. The trust has submitted a business case for additional staff to the commissioner and DHSSPS. Indications show this is being looked at positively and the trust is optimistic about addressing the staffing gap over the next year.

Obstetrician staffing levels

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.3	<p>The duration of prospective consultant obstetrician presence on the labour ward are in line with the recommendations in this document.</p> <p>Note: Units should work towards the targets contained in The Future Role of the Consultant and with immediate effect.</p>	<p>Trust Level of Achievement Partially Achieved</p> <hr/> <p>RQIA Assessment Partially Achieved</p>

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

The background to this recommendation is the recognition that the level of activity on the labour ward varies very little during a 24-hour period and that senior presence is therefore required for the totality of the working day, to support and train junior staff and to ensure high level decision making. From the obstetricians’ point of view it is more protective for them if their commitment is formally recognised on a sessional basis and clearly reflected in a job plan.

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

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

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

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

The trust reported the implementation of 40 hours per week consultant presence within the labour ward on the Craigavon site. This has been in place since 1 November 2008 meaning the trust complies with the Safer Childbirth recommendations for units with births between 2500 and 6000 per year. In Daisy Hill there are 10 hours of consultant presence per week in the labour ward, this is currently under review.

There is a 'consultant of the week' system, where consultants are allocated a week in which they only cover the labour ward, from Monday to Friday on a 9.00am to 5.00pm basis. Existing commitments are cancelled to facilitate this arrangement. Usually the consultants don't work any night shifts during that week and are therefore able to give 40 hour cover. Prospective cover is provided via the agreement that consultants do not take leave when they are consultant of the week. The person who is on duty for the labour ward would also liaise with the antenatal ward to see who has been admitted and to get a feel for the 'wider picture'. The consultant in the labour ward also covers the gynaecological ward, effectively meaning they are the on call consultant on the day. The review team felt that the consultant of the week initiative was beneficial in providing continuity of care, for the junior staff in relation to their teaching as well as providing prospective cover.

The review team concluded that the Craigavon Hospital should be moving towards 60 hour presence in 2009. This is recognised by the trust and they have asked for funding for an 8th consultant, this post is currently filled but is not funded. To provide full 60 hour cover the trust would assert that they need an additional 2.5 consultant posts. At present the main focus is to obtain the additional funding requested from the Commissioner to recurrently fund the eighth post.

Birth rates in the Daisy Hill unit are rising and the unit indicated a requirement for more consultant cover in the labour ward. There are currently 2.5 sessions per week covered but this is diminished when consultants are on leave. The limited number of middle grade doctors means that cover is not ideal. The target for Daisy Hill is to provide 40 hour cover. This must be achieved, as the unit is not operating as a low risk unit, it does receive complicated cases and the cover is assessed by the team as inadequate. Out of hours cover

is also not ideal. There are times when a consultant can be on call with a foundation grade doctor with very limited experience. There is additional middle grade cover, generally one at nights and weekends, sometimes two are available for night duty. If staff are called in to provide cover at night they are still expected to work the next day. If next day cover is cancelled as a result of the previous night's cover, there is an impact on the following day's work with patient appointments being cancelled.

The review team explored the plans in place to secure prospective cover at the Daisy Hill site. In the long term, substantive funding has been agreed for the fifth consultant post at Daisy Hill Hospital and job plans will need to be reviewed once this is made available. The review team established that there are only three dedicated labour ward cover sessions per week and three consultants, but to implement a consultant of the week initiative at Daisy Hill the unit would require six consultants.

Meeting the required level of consultant cover is part of the trust's vision and long term strategy; it is not however on the immediate agenda. Fundamentally, both units need careful planning as regards medical cover. At Craigavon, 60 hours cover is now highly desirable. At Daisy Hill there are fewer middle grade doctors, therefore existing consultants must ensure that work patterns are EWTD compliant. The trust should revisit the level of compliance 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, where services can be provided without the presence of doctors in training.

The trust provided RQIA with an action plan on how consultant cover in the labour ward in Daisy Hill Hospital would be addressed.

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

The trust indicated that the Northern Ireland Postgraduate Training Committee has identified issues with training opportunities within the trust due to service pressures and workload. The number of trainees is based on workforce planning, meaning that training opportunities may be available but are not funded regionally. There is an onus on junior medical staff to seek supervision and all junior medical staff have an identified supervisor. All junior staff are given the opportunity to attend basic life support training which includes resuscitation of pregnant women and neonates and are encouraged to attend advanced life support training such as Managing Obstetric Emergencies and Trauma (MOET) and Advanced Life Support Training in Obstetrics (ALSO). All specialist trainees are encouraged to attend MOET and ALSO.

The review team concluded that the trust must continue to work towards achieving a balance between improving rotas and provision of protected time for training opportunities, as currently this is not being achieved.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.5	Junior medical staff (obstetricians, anaesthetists and paediatricians) of appropriate competence are immediately available on the labour ward.	Trust Level of Achievement Partially Achieved
		RQIA Assessment Not Achieved

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

Consultants, registrars and junior medical staff are rostered for the labour ward on a daily basis on the Craigavon site with paediatric cover available if required. On the Daisy Hill site the junior medical staff are rostered to cover the labour ward. Specialist medical cover is available during normal working hours. Outside normal working hours junior medical staff are resident and may or may not have middle grade staff available. When no middle grade staff are rostered the consultant is on call from home to support the junior obstetric staff.

When the review team met with staff, they expressed the view that cover at both sites was poor and often junior medical staff did not have the appropriate competence levels to provide cover.

Anaesthetist staffing levels

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

The role of anaesthetists in obstetrics has changed over the years, such that it is now unthinkable that they were once regarded as mere technicians to deliver anaesthesia for an emergency caesarean section and then leave the obstetric unit to fulfil duties elsewhere. Delivery of anaesthesia and analgesia is the mainstay of obstetric anaesthetic practice but it can only be done safely if the service is coordinated and organised. This requires a designated lead obstetric anaesthetist who takes responsibility for all aspects of the clinical service. Staffing levels need to recognise that emergencies happen frequently and often with rapidity, with a requirement to respond quickly in order to save mothers' or babies' lives. Much of obstetric anaesthetic practice is unplanned but, as well as timely response to emergencies, anaesthetic services also need to respond to elective operating such that it is not normally interrupted by emergencies.

In its self assessment the Southern Trust reported that a dedicated duty anaesthetist is available between the hours of 9am to 5pm during the working week, this is normally a

consultant anaesthetist. Consultant anaesthetic job plans are developed to accommodate this. Outside these hours the duty anaesthetist covers the rest of the hospital including main theatres. This anaesthetist will have had a minimum of one years experience in anaesthetics and before covering the labour ward will have been assessed as competent using the Royal College of Anaesthetists guidelines. If this anaesthetist is unavailable to carry out emergency assistance to the labour ward it is acceptable and common practice to contact the consultant anaesthetist on call to provide this cover. The duty anaesthetist is able to access prompt advice and assistance from the consultant anaesthetist at any time, and they are actively encouraged to contact a consultant if they have any concerns. All consultant anaesthetists contact details are written on the anaesthetic rota and are available from switchboard and these are displayed in the labour ward.

An examination of the reported cover noted that, in Craigavon there is sessional cover amounting to ten sessions during the day and one anaesthetic trainee covers the entire hospital at night. A non-resident consultant can be called in out of hours if required and staff have indicated that this is a regular occurrence, usually because two procedures are happening at the same time. The service does recognise this carries significant clinical risk and concerns have been raised with senior trust staff. The trust anaesthetic group is concerned about the risk factor and patient safety and although there have been no major issues to date the review team acknowledge that this has the potential to impact upon safety. As a result of anaesthetic cover issues being raised by the review team, the trust forwarded an action plan to RQIA on how it proposed to address cover in Craigavon Hospital.

At Daisy Hill Hospital, anaesthetic cover is provided Monday to Friday on a 9.00am to 5.00pm basis. Between 5.00pm and 8.30pm there is both a resident anaesthetist and a non-resident on call anaesthetist available. After 8.30pm there is one non resident anaesthetist on call. If two procedures are happening at the same time the trust is reliant on a system of asking a non on call anaesthetist to help out. The review team concluded that this posed a high level of clinical risk and raised this with trust management. RQIA was subsequently advised of the actions planned by the trust to address these concerns.

The review team established that for both units all consultants are required to live within 30 minutes of the hospital, there are no plans to reduce the time requirement at present.

Standard 5: Leadership

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

The labour ward manager post in Craigavon has been vacant since June 2005. Several attempts to fill this post have been unsuccessful. The labour ward manager's post on the Daisy Hill site has been vacant since September 2007. The trust has given approval for a band 8a post for the overall management of both Craigavon and Daisy Hill sites, midwifery led unit and the admission and assessment unit.

The review team was told that two lead midwives have been appointed. One will have responsibility for the labour ward at both Craigavon and Daisy Hill hospitals, the midwifery led unit and the admission and assessment Units. The other will have responsibility for inpatient and outpatient maternity and the gynaecology ward on both sites. The lead midwives will rotate to ensure the presence of a lead midwife on a daily basis on each site. In addition a band 7 delivery suite sister will be available on each shift in both labour wards. It is not ideal to have lead midwives with responsibility for both sites but it does, however, represent progress in securing these posts.

On the Craigavon site the 'consultant of the week' has the overall responsibility for the clinical decision making with input from the senior sister on duty within the labour ward. At Daisy Hill the Consultant Obstetrician on site has overall responsibility for the clinical decision making during normal working hours, out of hours it is the responsibility of the Consultant Obstetrician on call. Lead clinicians have been identified for both sites by the labour ward forum.

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

A senior sister is available as the shift co-ordinator on each shift at each site. The senior sister provides clear leadership with all members of the multidisciplinary team and is mindful at all times of the resources used, skills of the staff available and stock control. As outlined before previous attempts to appoint a labour ward manager on both sites has been unsuccessful, however the trust is now appointing a labour ward manager (8a post) that will cover both labour wards and the midwifery led unit. Communication is ongoing between each woman, midwives, junior doctors, registrars and consultant in charge of the labour ward. Each professional is accountable for the care they provide and clearly documents the care they have given in the case notes. Midwives undertake immediate assessment and care of the baby in the immediate period after birth and they will alert other staff as required to manage particular aspects of the care of the mother or baby.

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

The trust reported that it does not have a consultant midwife currently employed.

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

The review team found that a bid for funding such a post had been made to the commissioner and this has been looked upon favourably although there has not yet been confirmation of this. The trust hopes that such a post will help to promote normality in birth. The review team felt that the trust is attempting to progress the issue and appeared to have a strong bid for funding however this may be an area that requires some regional direction to make it achievable.

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

As outlined in 5.3 the Trust does not have a consultant midwife in post.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
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.	<p>Trust Level of Achievement Partially Achieved</p> <p>RQIA Assessment Substantially Achieved</p>

There is a lead obstetric anaesthetist on each site, both of whom cover clinical sessions. One of the postholders is also a member of the labour ward forum.

Standard 6: Core responsibilities

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

The majority of women in both units receive one-to-one care, and when this standard is not achievable a critical incident form is completed. The Birthrate Plus tool was applied in 2003 and it is the trust's intention to commission a further Birthrate Plus exercise in the near future to address the additional activity and case mix.

The review team found that the obstetric unit is handling more births than expected however the midwifery led unit is not achieving the target of 900 deliveries. This is related to staffing issues, women do want to deliver in the unit and it is hoped that with the additional staffing provided by the trust they will reach the target of 900 deliveries per year. At present there are small numbers of women in Craigavon who don't see a consultant; this is increasing from 50 to 75 per month. The unit has nine midwifery led beds and six consultant led beds. If there are capacity issues for the obstetric beds, women who meet the normal criteria will go to the midwifery led beds in order to free up those which are consultant led.

Capacity is an issue and the trust has plans in place for staff to work additional hours or to come in as required to enhance capacity. There are additional pressures resulting from maternity leave and there are arrangements for some midwives on maternity leave to shifts if they wish to. It is inevitable that staff will need to be called in to provide cover at times, the trust is hoping to put a midwife on call system in place and is using community midwives to back fill other posts to allow those with specific skills in the labour ward to cover as and when required.

Staff advised that community midwives update their skills by working in the delivery suite but it is anticipated that this will change in the coming years. At present midwifery staff rotate into the obstetric unit for 75 hours (2 weeks) per year to keep their skills up to date.

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

The consultant will conduct one ward round a day during Saturday, Sundays and bank holidays. The consultant also reviews midwifery led cases when referrals are deemed appropriate or if a transfer of care is required. There is ongoing telephone communication between the labour ward and the consultant obstetrician on call and, quite frequently, they attend more than once a day, depending on activity within each unit. There is a consultant obstetrician contactable in case of emergency, 24 hours a day on a rotational basis, which is accessible within each unit on both sites.

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

All women attending for elective caesarean sections are seen by the anaesthetist prior to anaesthesia. High risk women are assessed at the high risk anaesthetic clinic on the Craigavon site which has been in operation since December 2008. At Daisy Hill Hospital all high risk women are seen by an anaesthetist at the antenatal clinic. All women booked for elective caesarean section are seen by an anaesthetist pre-operatively. Arrangements are in place for women requiring anaesthesia to have one-to-one care which includes observations and a period of time in a recovery area. An Obstetric Early Warning Scoring System is about to be implemented across both sites. Training for anaesthesia assistants is provided by the anaesthetic division whilst training for recovery staff is undertaken at local level on both sites.

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

Trust guidelines recommend that an advanced resuscitator is available 24 hours per day on a seven days per week basis and that stabilisation of the newborn follows the Neonatal Life Support (NLS) guideline. All the middle grade staff and advanced neonatal nurse practitioners have up to date NLS (UK) training and other junior doctors receive individual training and in-house competency assessment at the commencement of their attachment. All sisters in the labour ward have undertaken the ALSO course which incorporates neonatal resuscitation and have attended NLS (UK) training. All core midwives within the midwifery led unit have undertaken the ALSO course and the majority of core midwives have undertaken the NLS course. There is a rolling education programme through the education

commissioning group which identifies midwives to undertake both the ALSO and NLS course on an annual basis. There are also adhoc in-house training sessions for midwives in neonatal resuscitation which is provided by the ANNPs and updating is ongoing. NLS training is now open to community midwives who undertake home births.

Standard 7: Emergencies and transfers

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

There is a local agreement with the ambulance service to respond to all emergency situations, but at present this agreement is not formalised. Priority is given by the ambulance service to 'flying squad' calls. The ambulance service is notified regarding home births and will respond in an emergency situation.

In preparation for the handling of emergencies the trust holds occasional skills and drills training. The trust has two midwives who are trained in Practical Obstetric Multiprofessional Training (PROMPT) and is looking towards bringing in a PROMPT trainer. The review team found that skills and drills are currently adhoc and there is a need to put a planned process in place to ensure these are held on a regular basis. Staff on the labour ward know who to contact in an emergency, and no significant issues were raised.

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

As part of the self assessment the Southern Trust reported that, as part of the learning from a neonatal death, a policy is available within the division which highlights incidences when a consultant should be requested or informed of possible complicated births. As part of the policy there is also documentation known as the HART mnemonic which records the assessment and agreement for transfer of care during labour from the midwifery led care to consultant care.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
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.	Trust Level of Achievement Fully Achieved RQIA Assessment Fully Achieved

The trust has a policy which stipulates procedures that are in place for contacting a consultant obstetrician prior to emergency caesarean sections and difficult births. There are also guidelines within the policy which require that a person skilled in neonatal resuscitation is present at all deliveries requiring a caesarean section following unsuccessful trial of operative vaginal delivery. In discussion with staff the review team was confident that these arrangements are in place and that staff on the ward adhere to them.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
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)	Trust Level of Achievement Substantially Achieved RQIA Assessment Partially Achieved

The trust stated that if a duty anaesthetist is unable to respond within an appropriate time, for example, if they are involved in the care of another patient, then a consultant anaesthetist would be contacted.

The review team examined the levels of anaesthetic cover at each of the maternity units. It was apparent that there are difficulties in relation to the out of hour's anaesthetic cover at both sites. In Craigavon hospital there is one anaesthetic trainee who covers the entire hospital at night. A non-resident consultant can be called in, out of hours, if required and staff have indicated that this is a regular occurrence usually because two procedures are happening at the same time. At Daisy Hill hospital out of hours cover is provided by one non resident anaesthetist on call. If two procedures are happening at the same time, the trust is reliant on a system of asking a non on-call anaesthetist to help out. This is a risk issue and the review team felt this needs to be addressed in consultation with the commissioner.

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

The trust reported that 100% of women have regional anaesthesia for elective caesarean section. However other information supplied indicated that only 1% of women having elective caesarean sections had a general anaesthetic. The percentage of women within the Trust who had regional anaesthesia for emergency caesarean sections is noted to be 91.98% which confirms that the Trust is meeting the target for best practice. This is monitored by a computerised system that the anaesthetists use on a daily basis when they have undertaken a procedure such as a caesarean section.

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

On the Craigavon site there is 24-hour availability of paediatric support for immediate advice and urgent attendance (within 10 minutes). Staff attending have advanced skills in paediatric resuscitation. On the Daisy Hill site there is paediatric support available from a range of junior and middle grade paediatric staff. Although the senior paediatric staff may not be available within 10 minutes, there is support and senior staff are available within 20 minutes.

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

The trust is currently meeting this standard.

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

A consultant obstetrician is available within 30 minutes of the unit outside the hours of consultant presence. For those consultants that do not live within the vicinity when they are on call for the unit they stay in accommodation within the locality to enable them to be available within a 30 minute timeframe.

Standard 8: Training and education

Clinical Support

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

There is no dedicated labour ward manager on either site. A lead midwife for the labour ward and midwifery led unit (8a post) has been agreed and will work across both sites. Student midwives are supported by sign off mentors, a practice educator and a link tutor. Newly qualified midwives have a link midwife and they participate in a rotational programme which facilitates experience for a period of four months encompassing the areas of antenatal, intranatal and postnatal care. Labour ward activity is an identified part of the consultant obstetricians job plan and there is at least one ward round during Saturdays/Sundays and bank holidays supported by telephone communication at intervals throughout the day. Consultant obstetricians are contacted in the case of emergencies and anticipated difficult births and must attend. Each junior doctor has a named supervisor. Senior consultants support and mentor more junior consultant colleagues.

The review team found that the trust does not currently meet the ratio of 1:15 supervisors to midwives, however an action plan had been agreed to address this. The midwifery support is good and there is 24-hour support available. Training for midwives is recorded and through supervision and the trust can access training for breech births through the Beeches Training Centre. All midwives have personal profiles in which they record their training. The trust is working to make this more structured to ensure all staff receive the appropriate training.

The trust complies with the Queen's University of Belfast (QUB) training programme which is supported by the university's own online training. The trust has introduced consultant of the week at Craigavon and this has led to improved teaching opportunities. It is still difficult to set aside time for training, which is often rushed. The trust has indicated difficulties in identifying a dedicated session that most of the staff can attend, attendance is recorded but problems arise because of the shift system.

The trust has had a recent deanery visit which highlighted issues around consultant supervision. The trust needs to establish a formal training programme and facilitate the release of junior doctors for training; at present there is no action plan in place for this. The trust stated that a Postgraduate Medical Education and Training Board (PMETB) visit is scheduled for January 2010 and they wish to address these issues in advance of this visit.

The review team found that paediatric postgraduate training is provided by a combination of mandatory teaching sessions and practical on the job teaching. Staffing issues impact on the

uptake of training opportunities. At times there is conflict between the uptake of training and the needs of the service and there is no protected time for training.

In relation to anaesthetist training, the review team was advised that in Craigavon, there is a tutor specifically for anaesthetist students but these trainees do not do obstetric anaesthesia in their first year. Training is generally on a one-to-one basis and takes the form of practical on the job training. There is no protected time for training and anaesthetic time to supervise trainees is very often interrupted as there are not enough anaesthetists to cover elective lists and to provide training.

The review team concluded that the trust does have a training programme in place but that uptake and attendance is low, due to staffing pressures. The trust must continue to work towards achieving a balance between improving rotas and provision of protected time for training opportunities, as currently this is not being achieved.

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

In the trust multiprofessional in-service education/training sessions are mandatory and medical staff attend regional training sessions. All audit meetings and training sessions have a formal attendance register so that a record is maintained. On the Daisy Hill site there is a weekly teaching session for junior doctors. A multidisciplinary team from Daisy Hill has undertaken PROMPT and are progressing a programme of multiprofessional training to include skills and drills. A multidisciplinary team from Craigavon Hospital is scheduled to attend PROMPT training and will take similar action to progress multiprofessional training.

The review team was told that attendance at training is recorded on training databases however the follow up on non attendance is weak.

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

The trust informed that review team that both medical and midwifery staff have a mechanism for the personal logging of attendance at training. It was not clear to the review team if these logbooks are cross referenced, as outlined above, and the team felt that the system to monitor and follow up on non-attendance should be strengthened.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
8.4	There should be provision for support of new staff entering the environment of the birth setting.	Trust Level of Achievement Partially Achieved
		RQIA Assessment Partially Achieved

All staff entering the birth setting environment are given support of a mentor or supervisor. Midwives who rotate to labour ward have additional support for the first two weeks.

The review team discussed the provision of training in the use and interpretation of Cardiotocography in Intrapartum Fetal Surveillance in order to assess the trust's approach to training and supervision. The Southern Trust has said that midwives have accessed theoretical instruction in the use and interpretation of CTG via the Beeches Management Centre. This includes a lecture and scenarios presented by a consultant obstetrician. The trust has purchased and installed the K2 training package on all computers within the division and the package is also accessible at home. This package involves teaching simulation, assessment and certification and has been approved to ISO standards. In-house theoretical and practical sessions are available to all midwifery and obstetric staff; these are provided on a regular basis throughout the year.

The review team found that there is no protected time available for completion of the K2 training package. If staff complete this in their own time they will receive seven hours time in lieu of the 15 hours it takes to complete the training. Trust staff working in intrapartum care have to demonstrate evidence of working towards or having completed the K2 training package. This applies to both substantive and bank staff.

The review team found a checklist sticker system is used in both Daisy Hill and Craigavon, however, in the obstetric unit the CTG is checked every hour and recorded in the patient notes. There is an envelope to store CTG papers for future reference.

The review team raised concerns that mandatory training undertaken in their own time was based on goodwill of staff. The review team identified an inconsistent approach across Northern Ireland and felt there should be an agreed regional policy on the provision of protected time for training.

Standard 9: Environment and facilities

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

The trust reported that facilities have been reviewed biannually in relation to the increase in activity. Refurbishment has taken place in the maternity units in both Craigavon and Daisy Hill Hospitals; this has incorporated requirements of the Disability Discrimination Act in relation to disabled access. A business case is currently with DHSSPS for additional maternity facilities on the Craigavon site.

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

The trust reported that user satisfaction surveys are to be undertaken between January and March 2009. This will enable the trust to have the views and opinions of women available when this detailed information is required in relation to the refurbishment of the delivery suite on the Craigavon site. The Maternity Services Liaison Committee on the Daisy Hill site has been very influential in the refurbishment of maternity facilities in the delivery suite; this includes the provision of a birthing pool.

The Trust is trying to establish a similar MSLC for the Craigavon area and is doing this with the assistance of the committee from Daisy Hill. Requests from service users have also led to the establishment of a midwifery led antenatal care and evening clinic. Views of service users have shaped the development of the unit at Craigavon and the birthing pool is a direct result of this input.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
9.3	Dedicated and appropriate facilities for bereaved parents should be available.	Trust Level of Achievement Partially Achieved RQIA Assessment Partially Achieved

The trust has dedicated rooms for bereaved parents on both sites. These rooms are not located away from the main maternity area. There is a care pathway for stillbirths that ensures that all relevant bodies and agencies are informed and that future post natal appointments are cancelled as appropriate. The trust provides a list of contacts for support. There is information available for women who experience miscarriage or neonatal loss.

Other environmental issues reviewed

All of the delivery rooms, across both units, are equipped with suction equipment, oxygen and anaesthetic gases, however only the rooms in the midwifery led unit are designed to allow clinical equipment to be hidden and none of the rooms have bars and ropes (natural birthing aids) available. Only the rooms in the midwifery led unit (9) at Craigavon Area Hospital have en-suite facilities, the other rooms in Craigavon Area Hospital (6) and Daisy Hill Hospital (5) do not. The rooms across all units do provide a comfortable chair and all have space for a birthing mat.

The trust does not have current provision of fixed birthing pools within its obstetric units. However the trust reported that in its midwifery led unit, which operates along side the main obstetric unit in Craigavon Area Hospital, they have one mobile birthing pool available and in addition to this each of the en-suite rooms has a bath which can be used for pain relief. 39% of women used this option for pain relief with just over half going on to deliver their baby in water. The unit in Craigavon Area Hospital has 18 midwives trained to support women who choose to give birth in water.

Craigavon Hospital has the first Midwifery Led Unit in Ireland, which provides nine dedicated rooms for Labour, Delivery, Recovery and Postpartum (LDRP) care, this environment is very homely. Due to the number of women giving birth within both units, plans have been made to extend/refurbish the labour ward on both sites. The refurbishment work in the labour ward in Daisy Hill is ongoing. A second (emergency) theatre has been provided on the Craigavon site and there is also a business case to increase the number of delivery rooms and install a birthing pool in the labour ward. This case also provides for a dedicated area for induction of labour and additional recovery/high dependency beds. The additional rooms will have a more 'home like' environment and will be conducive to promoting normality.

Standard 10: Outcomes

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

The trust reported that various outcomes have been subject to audit across each of their units. Data is collected in various forms using the NIMATS system on the Daisy Hill site and manually on the Craigavon site. These statistics are discussed, as appropriate, at clinical governance meetings, clinical risk meetings and perinatal meetings. A significant number of the outcomes are recorded and monitored via the trust's maternity dashboard.

In speaking with staff the review team found that the NIMATS system is used at Daisy Hill and that there are plans to introduce this on the Craigavon site. Staff said it was relatively easy to obtain data on outcomes but getting more in depth information is more difficult.

The trust has high caesarean section rates and the review team was interested to hear the reasons for this. Trust staff reported that a contributory factor is the amount of ultrasound scans carried out in Northern Ireland, these sometimes lead to unnecessary induction of labour and therefore unnecessary caesarean section. The trust is currently auditing indications for caesarean section at the Craigavon site. On the Daisy Hill site the induction rate has decreased and the caesarean section rate has increased, this may indicate that indication for induction may not be as accurate as it should be.

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

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

Unfortunately this could not be provided by any trust, given both limitations in the availability of the NIMATS system across trusts and limitations of the system itself in providing a more detailed breakdown of information. The review team recommended that the DHSSPS, Department of Information Systems and trusts work together to ensure that in the future the NIMATS system is capable of producing statistical information in greater detail.

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

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

DHSSPS Recommendation 1.

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

The trust had initiated a review of maternity services in September 2007. This was to address the key issues facing the service in relation to the increase in the population and in particular the black and ethnic minority population, which has resulted in an increase in the birth rate and associated capacity requirements in terms of staffing and accommodation. The trust proposed to develop a maternity services model based on approximately 6500 births per year. The proposed model will ensure that low risk women will be looked after by midwives and high risk women by consultant led teams. The service model will require new referral pathways to be agreed in consultation with primary and community care colleagues. The review team found that despite having no documented strategy, trust staff have a very clear vision for the service which includes the promotion of normality and the care of low risk women by midwives.

DHSSPS Recommendation 2.

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

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

DHSSPS Recommendation 3.

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

The trust has a labour ward forum in place and meetings are held quarterly. The forum comprises of obstetricians, anaesthetists, labour ward managers, midwives, and senior

managers. Adverse incidents, obstetric practice and risk management issues are discussed at these meetings. Issues raised are taken to the hospital governance committee and serious major risks are identified to the division and are highlighted on the trust's risk register.

DHSSPS Recommendation 4.

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

The trust has a clearly defined leadership and management structure for maternity services, however, as outlined in the commentary on standard 4, there have been difficulties in the recruitment of a labour ward manager.

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 trust described their Maternity Services Liaison Committee in Daisy Hill as being well established, some of these achievements include the provision of breast feeding facilities within the local community, for example in shops. The committee has also been influential in the refurbishment of the maternity ward at Daisy Hill and has assisted in the development of a birthing plan which is to be rolled out to the Craigavon site. The trust is trying to establish a MSLC for Craigavon and is doing this with the assistance of the established committee from Daisy Hill. The commissioner has been approached for funding to progress this. The review team was complementary of the MSLC at Daisy Hill and felt that the challenge for the trust is to replicate this on the Craigavon site.

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 medical director is the chair of the trust's Clinical Social Care Governance Group which incorporates risk management. The membership of the maternity services Risk Management Group comprises of obstetricians, anaesthetists, midwives, trust risk manager, complaints manager, divisional managers and a pharmacist. The meetings are held quarterly and telelink facilitates participation of staff on both sites. There is also a dedicated maternity sub-committee which meets regularly. The trust confirmed that there are effective links between the divisional and corporate governance structures.

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.

In the trust multiprofessional in-service education/training sessions are mandatory and medical staff attend regional training sessions. All audit meetings and training sessions have a formal attendance register so that a record is maintained. It was unclear as to who had the responsibility to co-ordinate, record and audit the training.

DHSSPS Recommendation 8.

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

The trust has a guidelines committee which is advised by the labour ward forum of policies and guidelines that need to be developed or updated. Currently these policies and guidelines are available in hard copy in all wards and departments. Arrangements are in place to have these policies and guidelines placed on the intranet. There is a rolling audit programme which is agreed annually with the Effectiveness and Evaluation Team which monitors compliance with clinical policies and procedures.

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 ratio of supervisors to midwives in the trust does not meet the recommendations of 1 to 15. The trust reported having 16 Supervisors of Midwives giving a ratio of approximately 1 to 19 midwives across the trust, however, in discussions with staff the review team found the ratios to be higher. There are two sisters undertaking the training for preparation of the supervisors of midwives module at Queens University Belfast. Once these supervisors are in post the ratio will improve, aided by the reinstatement of an additional supervisor of midwives. Training of supervisors is requested annually through the education and commissioning pro-forma and it is planned for a further two midwives to undertake the module for preparation of supervisors of midwives training in 2009/2010.

DHSSPS Recommendation 10.

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

The trust indicated that staffing levels are reviewed regularly. A business case which requested additional staffing for the maternity service, on both the Craigavon and Daisy Hill sites, was submitted to the commissioner and was successful in realising additional funding. It was notable that the trust was leading on the regional initiative on maternity support workers and had initiated a bespoke post registration programme for the training of locally

based nurse to become midwives. The last Birthrate plus exercise was undertaken in 2003 and plans to repeat the exercise were reported. The trust was also EWTD compliant for medical staff.

DHSSPS Recommendation 11.

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

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

DHSSPS Recommendation 12.

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

The trust has a rotation list is conducted on the Craigavon site biannually (this includes night staff) with a rotation list for newly qualified staff rotating through the areas of antenatal, intranatal and postnatal care. For the Daisy Hill site a rotation list is carried out every three to six months, with staff on day duty rotating more frequently than night staff, due to skill mix demands within certain areas. Community midwives are rostered for updating on an annual basis

DHSSPS Recommendation 13.

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

The trust does not have a high dependency unit on either site. Within its labour wards there is a recovery area that is equipped with high dependency monitoring equipment for women that require high dependency care, but who do not need intensive care. A number of midwives working within the labour ward have attended a module in relation to care of high dependency women. The sisters within labour ward have also attended training in relation to high dependency care. All sisters have completed the Advanced Life Support in Obstetrics (ALSO) course and some have undertaken the course on Management of Obstetric Emergency and Trauma (MOET) and also a module in high dependency care. For midwives that have not attended training there is in-house teaching/training of staff when there is a high dependency woman within the labour ward environment. The trust has submitted a business case for additional maternity accommodation on Craigavon site which includes three dedicated recovery/high dependency beds.

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.

The trust has just implemented the Obstetric Early Warning System (OEWS) to the Craigavon site and it is planned to introduce this to Daisy Hill Hospital in the near future. If a women needs to transfer to the general HDU unit a midwife will accompany them.

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.

The review team did not review this recommendation in the Southern Trust

DHSSPS Recommendation 16.

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

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

DHSSPS Recommendation 17.

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

The Trusts does not use patient controlled analgesia in labour.

DHSSPS Recommendation 18.

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

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

DHSSPS Recommendation 19.

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

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

DHSSPS Recommendation 20.

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

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

DHSSPS Recommendation 21.

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

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

DHSSPS Recommendation 22.

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

In relation to transfers of an acutely ill woman to another unit, the Southern Trust does not have a specific policy/procedure to ensure analgesia is maintained. The current procedure is that any woman that requires analgesia is seen by an anaesthetist prior to transfer and analgesia is administered accordingly.

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.

In preparation for the handling of emergencies the trust holds occasional skills and drills training. The trust has two midwives who are trained in Practical Obstetric Multiprofessional Training (PROMPT) and is looking towards bringing in a PROMPT trainer. The review team found that skills and drills are currently adhoc and there is a need to put a planned process in place to ensure these are held on a regular basis. Staff on the labour ward know who to contact in an emergency and no significant issues were raised.

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.

Staff must adhere to the trust's policy on record keeping and document any information given to family. The lead consultant/clinical lead within division, on call for the day will liaise with family and any woman that is seriously ill will have a designated midwife looking after them, who will act as point of contact and will engage with the obstetrician and anaesthetists.

DHSSPS Recommendation 25.

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

The trust has an Interim Development Review Policy (appraisal) aligned to the Knowledge and Skills Framework. Awareness sessions commenced in December 2008 to facilitate ward managers/team leaders and other key staff to develop the knowledge and skills to undertake developmental reviews. This is an area the trust and the division believe requires more attention in 2008/09 and 2009/10. Medical staff have ongoing appraisal as per RCOG recommendations.

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.

The review team confirmed that the trust is working on a specific obstetric risk management policy and was satisfied that there is a good culture of incident reporting.

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.

Adverse incidents are reviewed at the Clinical and Social Care Governance meetings. Information from this forum is disseminated to staff through sister's meetings, memos to staff circulated through ward managers and also through the divisional directorate meetings. Adverse incidents are reviewed, based on the level of risk assigned to the incident. Root cause analysis techniques for adverse incidents and complaint investigations are in place and utilised as required. CEMACH actions are formally recorded, audited and reported to the Trust Board by the Clinical Governance Lead.

The trust policy for the management of equipment and medical devices states that devices or equipment involved in an adverse incident should be clearly identified and kept in quarantine. At risk awareness training sessions, staff are advised of the need to retain clinical equipment that was attached to a patient in the event of an adverse incident which would include sudden or unexplained death.

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.

Incidents and learning are fed back down through the supervision process for feedback to individual meetings. The trust has a system of 24-hour supervision, midwives on call and supervisors have an open door policy and can be contacted at any time. Policies and guidelines are discussed at ward level and there is a documentation book which is updated regularly.

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.

Staff are well briefed about their personal responsibilities in relation to documentation and report writing in the event of a serious adverse incident.

DHSSPS Recommendation 30.

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

The trust has undertaken significant work in this area, the process is now centralised and a new incident reporting form has been developed. All incidents are quality assured, where patterns and trends are identified and shared with the Director. Incidents are discussed at the multidisciplinary Clinical and Social Care Governance meeting. This is an open meeting, well attended by junior staff and there is a telelink to facilitate participation from staff across both sites. The presentation of cases is to be rolled out across all staff. Feedback is written up into a 'letter' format and is disseminated to junior medical staff via the consultant. A copy is sent to the delivery suite, who have a forum to present this information. There are additional informal meetings among the midwives to discuss these incidents and learning.

DHSSPS Recommendation 31.

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

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

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

Methodology

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

Trusts agreed that health visitors would distribute questionnaires to mothers at their 16 week health assessment for return to RQIA. The members of the review team are very grateful to trust staff for their involvement in distributing the questionnaires and to the 58 mothers who gave birth in the Southern Health and Care Trust who took time to complete and return them.

Summary

When asked how content they had been with their overall birth experience they had in the Southern Health and Care Trust hospitals, **45%** of the 58 women replied that they were **completely content** and an additional **47%** were **very content**. This indicates a high level of satisfaction by mothers with the care they received.

Please rate, during your labour and birth						
	Completely	Very	Somewhat	Slightly	Not at all	N/A, don't know or can't remember
To what extent did you feel you were given the information you needed about options, pain relief and interventions (e.g. breaking waters, monitoring, forceps delivery)?	57.9% (33)	26.3% (15)	10.5% (6)	5.3% (3)	0% (0)	0% (0)
To what extent did you feel listened to?	57.1% (32)	25.0% (14)	10.7% (6)	1.8% (1)	3.6% (2)	1.8% (1)
To what extent did you feel you and your birthing partner(s) were treated with respect and dignity?	64.9% (37)	22.8% (13)	5.3% (3)	5.3% (3)	1.8% (1)	0 (0)
To what extent did you feel your wishes were respected and accommodated?	56.1% (32)	26.3% (15)	8.8% (5)	3.5% (2)	1.8% (1)	3.5% (2)
To what extent did you feel your religious and cultural beliefs were respected and accommodated?	57.7% (30)	19.2% (10)	1.9% (1)	0% (0)	0% (0)	21.2% (11)
To what extent did you feel you were kept regularly informed about your care?	62.5% (35)	23.2% (13)	8.9% (5)	1.8% (1)	3.6% (2)	0% (0)
To what extent did you have confidence and trust in the staff caring for you during labour and birth?	71.4% (40)	19.6% (11)	3.6% (2)	3.6% (2)	1.8% (1)	0% (0)

Table 3: The staff caring for you (source: Mothers' experience survey)

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

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

The majority of mothers in the Southern Health and Care Trust area said they were completely satisfied about the extent to which they were given information, listened to, treated with respect and dignity, had their wishes and religious and cultural beliefs respected and accommodated and kept regularly informed about their care. **71% of women said they had complete confidence and trust in the staff caring for them.**

Forty-nine percent of mothers reported that they breastfed their baby while still in the delivery suite and a further 31% bottle fed their baby in the delivery suite. **The majority of women (between 77 and 79%) who responded said they were either completely or very satisfied that those caring for them gave consistent advice, practical help, active support and encouragement,, information or explanations needed and the opportunity to be involved in decisions.**

The Royal College of Obstetricians and Gynaecologists' Standards for Maternity Care state that "facilities in birth settings should be at an appropriate standard and take account of the woman's needs and the views of service users by being less clinical, non-threatening and more home-like whenever possible".ⁱ **A quarter of mothers giving birth within the Southern Health and Care Trust commented that they were only somewhat satisfied with the comfort of furniture in the delivery suite, however, overall 59% said they completely satisfied with the cleanliness of the delivery suite.**

A selection of statements made by mothers who gave birth in Southern Health and Care Trust hospitals.

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

"A very homely feel e.g. music put on and rocking chair brought into the delivery suite. Unfortunately the toilet was a walk down the corridor - not very private for the middle of a labour!"

"Midwifery led unit in Craigavon offers an exceptional service and should be rolled out as an example of Best Practice across NI"

"I used the midwife led unit in CAH. I couldn't speak highly enough of it!"

"I had a very straight forward delivery with no complications so it is difficult to comment although there was no privacy what so ever!"

"Felt I was in a corridor."

"I would like to state team of medics were excellent during delivery and suite excellent."

"Very professional staff (hardworking). Helped provide a comfortable environment. Cleanliness a big issue, especially in bathroom."

"I found the heating the hospital a little too warm, myself and baby were sweating a lot."

"I would recommend that women are examined immediately as soon as they arrive in delivery suite. I dilated 4cm during the time it took to transfer me to delivery suite. The midwife didn't examine me even though I was 8cm and sent me to the toilet on my own. I had no pain relief and was completely exhausted."

"I cannot compliment the staff in the delivery suite enough, they were both professional and caring and made me feel very safe in their hands."

"MLU - Excellent, outstanding facility."

"I was not offered any birthing aids and never used or saw any toilet facilities. I was only offered a commode at the side of the bed. I was in the delivery suite 8 hours before birth."

"Had a very good experience."

Chapter 7: Summary of Recommendations

Recommendations for the service across Northern Ireland

Standard 1 Organisation and documentation

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

Standard 2 Multidisciplinary Working

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

Standard 4 Staffing levels

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

Standard 5 Leadership

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

Standard 6 Core Responsibilities

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

Standard 7 Emergencies and transfers

11. All trusts should have formalised written agreements in place with the Northern Ireland Ambulance Service on attendance at emergencies or when transfer is required.

12. Trusts who do not have dedicated 24 hour anaesthetic services should review their cover arrangements to ensure that there will be no delay in carrying out an emergency caesarean section.

Standard 8 Training and education.

13. All trusts must work to achieving an appropriate balance between managing rotas and providing protected time for training opportunities, for medical staff.

14. All trusts must ensure records of staffs attendance at mandatory and other training sessions are regularly reviewed and that line managers are made aware of the reasons for non-attendance at mandatory training.

15. All trusts should establish a skills inventory for midwifery staff.

Standard 9 Environment and Facilities

16. The proposed plan for the new maternity unit at the Royal Jubilee site should be revisited to take account of increased throughput and of the potential for further increases in activity as a consequence of the plans to 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

18. All trusts should review their information needs for maternity services to ensure that they have systems to provide the data set out in the Safer Childbirth Standards and that this information is effectively shared with staff.

19. The DHSSPS, Business Services Organisation (BSO) and trusts should work together to develop the capabilities of the NIMATS system and ensure that appropriate information is readily available on clinical outcomes as set out in the Safer Childbirth Standards.

Other recommendations

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

Southern Trust recommendations

Standard 1: Organisation and Documentation

- 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.

Standard 4: Staffing Levels

- 3.** The trust should review provision of anaesthetic cover in Craigavon Area and Daisy Hill Hospitals, given the nature of the case mix in both units.

Appendices

Appendix 1 Departmental Circular DH1/08/133883

From the Chief Medical Officer
Dr Michael McBride



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

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MINISTRE 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

