



The **Regulation** and
Quality Improvement
Authority

Report on the RQIA Review of Intrapartum Care

Western 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)

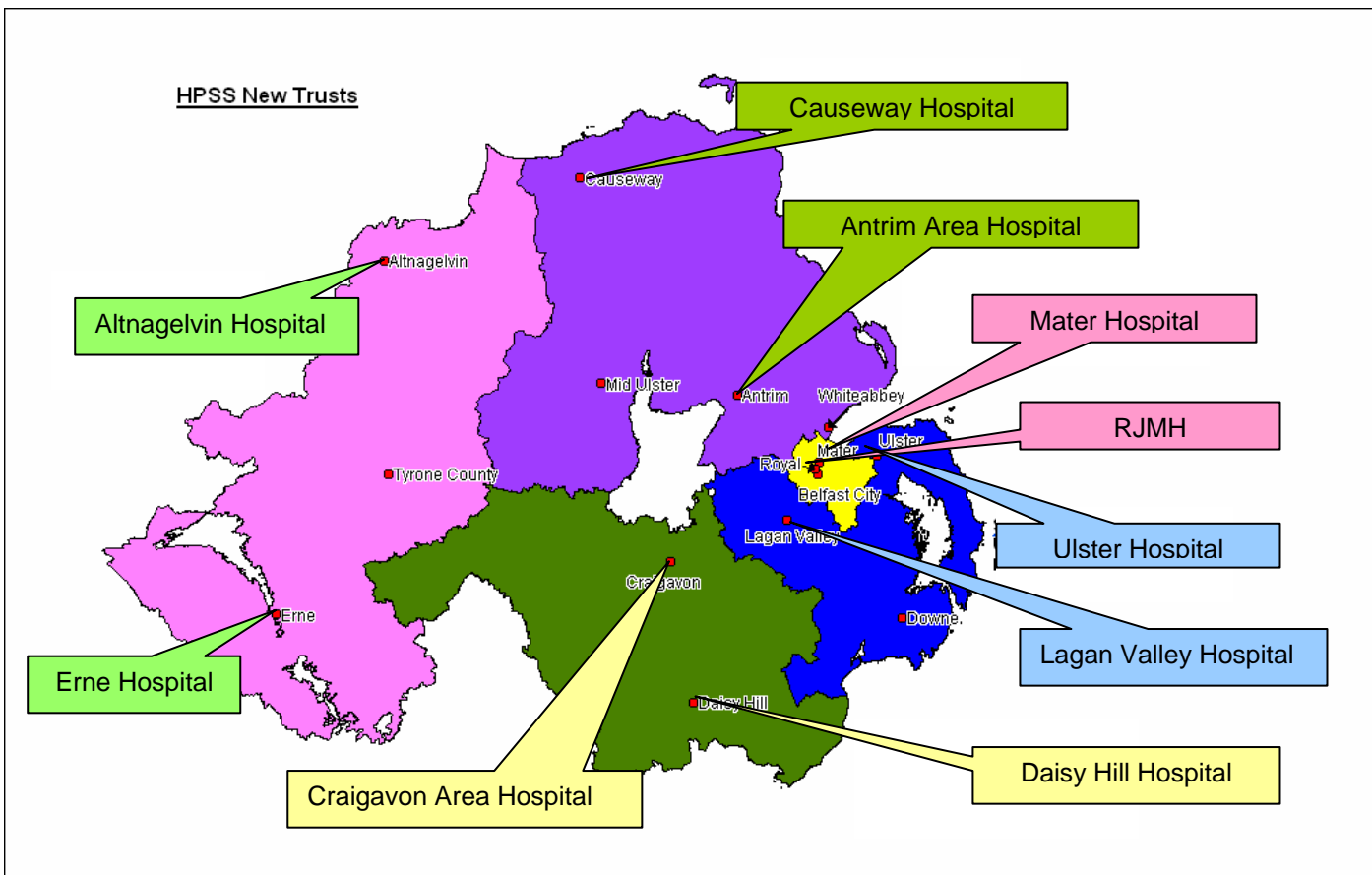


Figure 1 Location of Maternity Units by HSC Trust.

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 four 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 Western Health and Social Care Trust Maternity Services

The Western Health and Social Care Trust came into existence on the 1 April 2007. It is responsible for the services formerly delivered by three legacy trusts.

The trust has 12,500 staff and provides health and social care services for 290,000 people. Management of maternity services falls within the Women' and Children's Services Directorate which is made up of 4 sub directorates:

- Family Support
- Quality Development
- Healthcare (Maternity, Neonatal, Gynaecology, Health Visiting, School Nursing, Genito-Urinary Medicine, Family Planning, Acute and Community Paediatrics, Community Dentistry)
- Children's Mental Health and Disability

The profile of the maternity service consists of:

- 2 community midwifery areas which cover Derry, Limavady and Strabane; Omagh and Castlederg; Enniskillen and Lisnaskea
- 2 maternity units sited at Altnagelvin Hospital and the Erne Hospital
- 1 neonatal Intensive Care Unit at Altnagelvin Hospital and a 6 cot neonatal unit in the Erne Hospital.

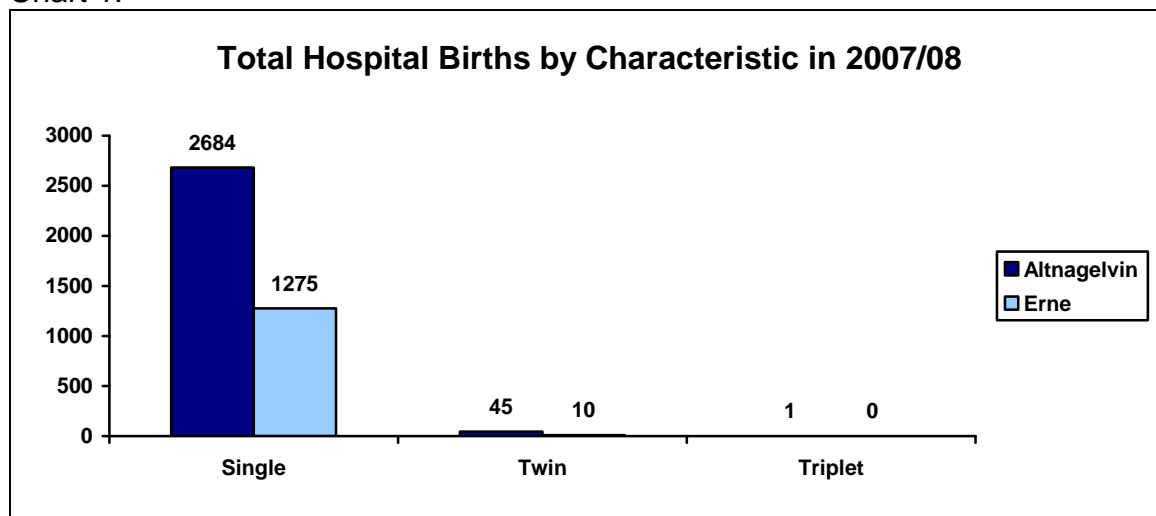
Maternity services in Altnagelvin Hospital moved to a new purpose built unit in February 2009. This comprises ten labour, delivery, recovery and postpartum (LDRP) rooms in the midwife led unit which is adjacent to the consultant unit. Maternity services in the Erne Hospital are due to transfer to a new purpose built unit in the South West Hospital which is due to be completed in 2012.

Trust Activity

Total Births

For the year ending 31 March 2008, the Western Trust reported a total figure of 4095 births (including home births) encompassing 3980 single births, 56 sets of twins (112 births) and one set of triplets (3 births).

Chart 1.



Source: CHS

Home Births

The choice of home birth should be offered to all women¹. The Western Trust can provide trained professional, midwifery and/or medical staff who are able to support home births. In the year 2007/08 fifteen requests for home birth were facilitated whilst nine requests were refused, as the women were advised against a home birth. In addition, there were eight births outside of the hospital environment, which were unplanned.

Cross Boundary Flows

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

The Western Trust was only able to provide partial figures for cross boundary flows and was unable to supply information on the number of women who received antenatal care but who went on to deliver elsewhere. The trust delivered 81 women at Altnagelvin Hospital who had received antenatal care at another trust, comparable figures were not available for the Erne Hospital.

¹ Department of Health, Maternity Matters, 2007

Chapter 4: Findings of the review team

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

Standard 1: Organisation and documentation

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.1	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 Substantially Achieved
		RQIA Assessment Partially Achieved

The trust has a specific process for the development of policies/guidelines which is facilitated by individual directorates. A working group develops evidence based guidelines, based on RCOG/RCM or NICE. All such guidelines are then forwarded to the Women & Children's Services Directorate Clinical and Social Care Governance Committee for endorsement. They are then forwarded to the office of the Chief Executive for publication on the trust's intranet. Guidelines are generally reviewed every three years, unless directed to the contrary. Ward based copies of all policies, protocols and guidelines are available to all staff. Audits of care are carried out and analysed by the audit department to ensure that staff are implementing guidelines and protocols.

The trust described having a defined process for policy development and a comprehensive set of general policies and labour ward guidelines. Evidence based guidelines for the labour ward are approved at the labour ward forum and also within the directorate. Policies require approval at a higher corporate management level. The policy development process involves both the lead consultant and lead midwives. Draft policies are circulated to all consultants and further passed to ward level to allow all staff to be involved. If it is appropriate, medical support staff are also included in policy development.

The trust is currently developing a composite set of maternity specific guidelines for adoption across both maternity units. Staff referred to the difficulties in getting input from staff on both sites, due to service commitments and the geographical distance between units.

The review team felt that policy development was managed by robust procedures, however, the review of policies is adhoc and not all policies are reviewed within the three year timeframe. There are a limited number of protocols in place and the trust needs to develop anaesthetic protocols, these should acknowledge that midwives can be involved in the management of women with epidural.

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

Risk management midwives chair monthly risk management meetings in each maternity unit, minutes of these are distributed to all clinical areas. It is planned that minutes of risk management meetings will be placed onto the intranet to ensure they are accessible to all staff. Staff outlined the make up of the risk management group which includes multidisciplinary representation from gynaecology, neonatal, medical and nursing representatives. Cases are presented to the group, followed by discussion to decide on the actions to be taken and learning to share. These meetings are minuted and shared within the directorate and forwarded to the Trust Governance Committee. Incident forms filled out by individual staff members are triaged by risk management midwives and consultant obstetricians. The Trust was about to pilot the web based, Datix reporting system at the Altnagelvin site.

The ward sister is responsible for sharing minutes with staff and informing staff of any agreed actions. The trust is utilising notice boards, communication boards and monthly meetings to ensure feedback. There is also direct feedback to staff involved in incidents and this has resulted in the identification of additional training needs for individuals and teams.

Overall the review team was satisfied that the trust has appropriate structures in place to discuss risk and that there is a commitment to improve organisation and documentation. The review team also found that the risk management and governance culture is particularly well established at Erne Hospital. In relation to discussion of incidents and lessons learnt, the review team found that individual cases were being discussed at the labour ward forum.

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

A trust risk management strategy was published in March 2008 and the directorate is currently developing an obstetric risk management strategy. The current strategy is implemented through staff education, both adhoc and formal training and regular audit. The appointment of two risk management midwives demonstrates the trust's commitment to remaining proactive in managing risk. There is an annual risk assessment of maternity

services which highlights low, medium and high risks which are then delegated to the appropriate person to manage. The trust intends to develop a maternity dashboard in line with Royal College of Obstetricians and Gynaecologists (RCOG) guidelines which will highlight areas for concern and investigation to the multidisciplinary risk management team.

A risk management policy is in place and includes a list of trigger incidents. The incident reporting and review processes are strong, practice is reviewed as required and actions are addressed, including the identification of training requirements. The review team found some weaknesses in providing feedback to all staff. In an effort to address this the trust is planning to present learning at morning handover sessions.

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

The trust has a multidisciplinary working group which develops and updates protocols and standards. Critical incidents are reviewed at a multidisciplinary discussion forum, the labour ward forum, monthly risk management meetings and perinatal meetings.

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), a copy of which is available at ward level. Random audits are carried out quarterly to ensure compliance with the EFM protocol. There is a clear classification of fetal heart rate (FHR) trace features with definitions of normal, suspicious and pathological FHR traces and there are established pathways of communication to allow concerns to be dealt with effectively. The review team confirmed that doctors and midwives have been provided with pocket-sized cards detailing definitions of the FHR traces.

The trust is making efforts to ensure input from staff across both sites, however, the review team noted that protocols are primarily developed in Altnagelvin and adopted for use by the maternity unit in the Erne Hospital.

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

The directorate intends to distribute information relating to new adverse incidents through notice boards, regular newsletters and team briefs. The risk management team reviews all adverse incidents, to identify risks for further investigation and to highlight requirements for individual training. Risk management minutes are circulated to all staff at ward level. Actions resulting from adverse incidents are formally recorded, audited and forwarded to Trust Board, as required.

Risks are currently discussed in each unit and the review team welcomed the development of a single trustwide risk management group. There is a structure of meetings to discuss risk, however, attendance at meetings remains an issue and there is no robust monitoring of attendance. The process appears to be in the planning stage and the review team felt it is important that these plans are followed through.

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.	<p>Trust Level of Achievement Substantially Achieved</p> <p>RQIA Assessment Partially Achieved</p>

Past guidelines are held as per trust policy. Locally the Practice Development Midwife is responsible for ensuring compliance with records management procedures, however, there is no clear process in place for archiving guidelines and protocols.

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

A record keeping audit was completed in 2008, any recommendations will be actioned as required. Multidisciplinary training is ongoing through the Beeches Training Consortium and includes the legal aspects of record keeping. Staff are required to attend record keeping training on an annual basis and the trust carries out audits of record keeping. Currently the trust does not have computerised documentation systems but funding has been secured for the implementation of the Northern Ireland Maternity Information System (NIMATS) throughout the trust.

Staff indicated that there are regular audits of notes, however, they reported difficulties in analysing the compiled results. Ongoing initiatives include the review of shoulder dystocia cases, which includes a review of documentation.

With particular reference to Electronic Fetal Monitoring (EFM) and record keeping the trust has developed an audit tool which is just about to be implemented. Dates and times are not always recorded in the patient record and the review team highlighted the importance of recording this information. There is currently a regular live audit reviewing 20 patient records each time, which allows for identification of issues and reinforcement of learning with staff.

Training in record keeping is also part of the annual supervision of midwives and medical staff have protected time for study once a week

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

Outcomes in relation to CTG, caesarean section, post partum haemorrhage and tears are audited annually and statistical information is reviewed at the monthly labour ward forum. There is a manual cross check of the labour ward record book with the figures from the Child Health System to see if they correlate; sometimes discrepancies are identified. The directorate contributes to the annual audit report published by the trust.

The trust reported difficulties in presenting outcomes from audit to staff, which is exacerbated by the lack of a computerised information system. Hard copies of audits are held on the labour ward and are accessible to all staff. Monthly audit meetings are held in Altnagelvin and the trust is trying to arrange protected time to allow for better attendance at these meetings. Attendance for junior medical staff is expected to be at 70% and midwifery staff are required to attend three meetings per year. Full attendance levels have not yet been achieved.

Standard 2: Multidisciplinary working

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

There are regular meetings between the Assistant Director of Healthcare and the commissioner regarding provision and quality of maternity services. Local Maternity Service Liaison Committee (Mother's Voice) meetings are attended by the commissioner and the Head of Maternity Services; feedback from these meetings is used to assist in the definition of future provision of services.

The review team found that the trust had multidisciplinary risk management groups established at each site and meetings are used to disseminate learning from both audit and incident review. Reciprocal learning is practiced through multiprofessional teaching, both formally and by emergency drills. The trust has a comprehensive induction programme in place to ensure new junior medical staff are orientated to the team, formal individual induction interviews are completed within the first week at which skills are assessed. Junior medical staff members will not be permitted to carry out independent practice unless deemed competent by a consultant as per RCOG assessment tools.

On a daily basis the labour ward has three structured handovers per day at which any potential problems are identified and appropriate actions are taken. The review team established that multidisciplinary working is apparent across the trust, however, they did see an opportunity to further strengthen this as the maternity service moves into the new unit at Altnagelvin.

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

A labour ward forum is established and meets regularly at both sites. The review team concluded that this is a clinical forum discussing individual cases; this is not the remit of a labour ward forum. The terms of reference for the labour ward forum need to be clearly defined and meetings need to be held on a regular basis. Full multidisciplinary attendance is

not always achieved and this does need to be enhanced and developed in the future. There also needs to be regular communication between the two forums.

Standard 3: Communication

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

A number of communication systems are in place which includes the core brief, labour ward forum, perinatal meetings, divisional meeting, ward meetings, supervisors of midwives meetings, risk management meetings, sisters meetings as well as effective use of intranet, notice boards, and newsletters. Regular meetings take place between the Director and Assistant Director of Healthcare and the commissioner. The commissioner and Head of Maternity Services attend the local Maternity Service Liaison Committee (Mother's Voice) based at Altnagelvin Hospital.

This group has service user involvement and involvement of the Local Supervising Authority midwifery officer. The group provided input to the strategic build project relating to the new maternity unit at Altnagelvin Hospital. The review team found that communication at each site was good, however, there are gaps in communication between each maternity unit and there is little evidence of shared thinking across the units, as the culture within each unit is notably different.

There are ongoing patient satisfaction surveys with quarterly collation of findings which is fed back to service users. However, it was found that such feedback is often very general. At booking of appointments women are given the 'Choices' leaflet, to reflect accurately the choices available to women and harmonise the information provided. The review team felt there was some work to be done to communicate and educate women on the management of pregnancies and to change the culture of obstetric led care.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
3.2	Employers ensure that staff have both appropriate competence in English and good communication skills.	Trust Level of Achievement Partially Achieved
		RQIA Assessment Not Achieved

The trust does not have arrangements in place to ensure that staff are competent in English. There is a disability policy, and sign language training is provided for staff as well as a loop system in place throughout the trust for staff and patients with hearing impairments.

Currently there is no way of confirming the woman's ability to communicate in English. The trust has a Plain English policy and all documentation is screened by the Plain English group. There is no trust policy on the wearing of identity badges but there is a written policy on consent.

Standard 4: Staffing levels

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.1	Staffing levels are audited annually.	Trust Level of Achievement Not Achieved
		RQIA Assessment Not Achieved

NB. This Criterion was assessed for midwifery staffing only.

Birthrate Plus studies have been carried out in both Altnagelvin and the Erne Hospitals however there is currently no programme of annual audits. There are plans to repeat the Birthrate Plus exercise across the trust.

Given there is no annual audit of staffing levels, the review team explored how often the trust audited or checked midwifery staffing levels. The trust acknowledged it has been some time since Birthrate Plus was carried out and it is the intention to review this, as birth characteristics have changed and caesarean section rates have increased. The review team was told that the exercise would be conducted in May/June 2009. Although Altnagelvin Hospital has been successful with recruitment of midwives, this means there is a higher number of newly or recently appointed midwives in the cycle. The trust is able to fill posts but is facing a deficit in experience. In the Erne hospital there are difficulties with skill mix; it is important therefore that the trust looks at differing ways of deploying staff to make sure their skills are utilised efficiently.

In addition to the comments on midwifery staffing level the trust indicated that junior medical staff are allocated by a central appointment process, the trust is funded for eight registrars but usually works with seven as there is no reserve list to fall back on if someone pulls out.

Midwifery staffing levels

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.2	Midwifery staffing levels are calculated and implemented according to birth setting and case mix categories to provide the midwife-to-woman standard ratio in labour (1.0–1.4 WTE midwives to woman) with immediate effect.	Trust Level of Achievement Not Achieved
		RQIA Assessment Not Achieved

Women in established labour are priority to receive one-to-one care from a midwife. The trust intends to revisit Birthrate Plus and the supervisors of midwives intend to re-audit the provision of one-to-one care in labour. Staff are redeployed from other maternity areas, as

required, and staffing ratios will be flagged up in the maternity dashboard once it is implemented

There are planned caesarean sections every week day with two midwives involved in theatre duties, including scrub and receiving the baby. Midwives at the Erne do not routinely scrub for theatre. The midwife in charge of the labour ward is generally at a band 7 level, however sometimes cover is provided by a band 6. The trust has been working with the commissioner to secure ten maternity support workers. To ensure the best skill mix the trust is moving away from midwives scrubbing in theatre, anticipating that band 3 maternity support workers could be trained for scrub. The Erne Hospital has a vacant band 7 midwifery post which the trust has tried to fill on two occasions and will be advertised again. As part of the Comprehensive Spending Review, there is a planned reduction in antenatal/postnatal beds.

The new facilities at Altnagelvin Hospital are impressive however, there is a need to increase staffing in order to provide the full range of choice, without destabilising the existing service. The trust is trying to provide a greater range of services with the existing staff complement and the review team had some concerns around the planning of skills and staffing levels to operate the planned midwifery led unit.

Obstetrician staffing levels

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.3	<p>The duration of prospective consultant obstetrician presence on the labour ward is 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 Fully Achieved</p> <p>RQIA Assessment Substantially Achieved</p>

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

The background to this recommendation is the recognition that the level of activity on the labour ward varies little during a 24-hour period and that senior presence is therefore required for the totality of the working day, to support and train junior staff and to ensure high level decision making. From 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 job plans.

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

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

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

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

Both labour wards try to have 40 hour prospective consultant obstetrician presence. This is achieved by paying additional sessions. Occasionally cover is not met in the Altnagelvin unit. The trust has plans to recruit an 8th consultant and is planning to work towards 60 hour cover in Altnagelvin Hospital after recruitment.

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

The Northern Ireland Medical and Dental Training Agency (NIMBTA) allocate junior medical staff training placements regionally and the trust has an individual tutor who works in partnership with NIMBTA to agree numbers. Formal individual induction interviews are completed within the first week for new junior medical staff members where their skills are assessed. Junior medical staff members will not be permitted to carry out independent practice unless deemed competent by a consultant as per RCOG assessment tools. Reciprocal learning is practiced through multiprofessional teaching both formally and by emergency drills. Each clinical area has an induction orientation programme for that area. Trainees are responsible for completing training logbooks which are audited regularly by a consultant from obstetrics and gynaecology. Basic resuscitation is an integral part of induction training and there are opportunities to attend advanced life support training.

Based on discussions with both senior and junior staff, the review team concluded that there are training opportunities available for junior medical staff however there may be competing priorities between the uptake of training opportunities for doctors in training, maintaining appropriate levels of service provision whilst meeting the requirements of the European Working Time Directive (EWTD).

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

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

The assessment of required seniority of specialist trainees is agreed by NIMDTA and consultant tutors. Junior medical staff are available on labour ward on a rota system on baton bleep. Although cover is provided Monday to Friday, 9am to 5pm this is not being achieved out of hours.

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 Not 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.

A duty anaesthetist of appropriate competency and dedicated only to the labour ward is available 24 hours per day, seven days per week in Altnagelvin Hospital. In the Erne Hospital, a duty anaesthetist covers other emergencies in addition to the labour ward. The review team found the trust has an on call policy in place which stipulates that a consultant must be available from home within 20 minutes.

In Altnagelvin hospital, a dedicated consultant anaesthetist is available for ten sessions per week, additional cover is provided by a registrar and a senior house officer. Out of hours there is an anaesthetist on call for the whole hospital, whose priority is the labour ward and emergencies but they are not dedicated to the labour ward. In the Erne Hospital, there is dedicated anaesthetic cover 9am-5pm. The Trust has an on call policy in place which stipulates that a consultant must be available from home within 20 minutes.

The review team identified a need to review the cover available at the Erne Hospital as difficulties could arise if a caesarean section was required whilst another operation was already underway.

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 Substantially Achieved
		RQIA Assessment Fully Achieved

The trust has lead consultant obstetricians and labour ward managers in post in both units. Quality aspects are addressed through labour ward forum, risk management and perinatal audit meetings and directorate meetings. The woman and health professionals are clear who is responsible for care planning and clinical decision making through the allocation of an identified named professional. The review team confirmed that these posts are in place at both sites, however it was noted that the labour ward manager post in Altnagelvin was vacant, although recruitment procedures were underway.

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 Partially Achieved

The trust has a shift co-ordinator available in both units, however the shift co-ordinator is not supernumerary. This person facilitates communication on a 24 hours per day, seven days per week basis, between multiprofessional teams. The postholder is aware of on call rotas and is involved at multiprofessional shift handover. The trust ensures 24 hour managerial cover through the HSM on call system. The Head of Midwifery and assistant directors also provide cover on an on call rota.

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 does not have a consultant midwife currently employed.

There is a philosophy of care for midwifery led care. However, the review team found no firm plans in place for the recruitment of a consultant midwife. The trust did have plans to develop normality through enhancement of the proactive role of the midwife.

The review team was conscious that there is 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 is vital as midwifery led units are being proposed and developed at a time when intervention rates in labour in Northern Ireland are above World Health Organisation recommendations.

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

The trust does not have a consultant midwife in post.

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.	Trust Level of Achievement Not Achieved RQIA Assessment Not Achieved

There is a lead obstetric anaesthetist in Altnagelvin Hospital in charge of anaesthetic services with sessions that reflect the clinical and administrative workload. There is no identified lead in the Erne Hospital for obstetric anaesthetics.

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 Not Achieved <hr/> RQIA Assessment Partially Achieved

The trust reported that women in established labour are priority to receive one-to-one care from a midwife. The trust intends to revisit Birthrate Plus and the Supervisors of Midwives intend to re-audit the provision of one-to-one care in labour. During the review visit, midwifery staff were asked about maintaining one-to-one care at all times and during staff breaks. It was reported that cover to maintain one-to-one care is not always available. Through the process of risk assessment, appropriate staff are redeployed from other maternity areas as required to ensure cover is maintained. The review team found that the trust has audited the availability of one-to-one care. This is achieved in the majority of cases and is prioritised by drawing staff from other areas to ensure this.

The trust hopes to deploy its Labour, Delivery, Recovery and Postpartum rooms (LDRP) once additional midwives are recruited. The trust recognises that women want choice and they are trying to promote home births and domino approaches. A high percentage of women giving birth in the trust have normal, uncomplicated births and it is these women who could be safely delivered in a midwifery led unit, on the understanding they can transfer to the obstetric unit should their presentation change.

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 Not Achieved <hr/> RQIA Assessment Partially Achieved

Physical ward rounds occur daily on Saturdays, Sundays and bank holidays. Often, due to the required supervision of junior medical staff, ward rounds are repeated during the evening before the consultant leaves the hospital, although this is not a formal arrangement. Physical ward rounds are not taking place twice daily on Saturdays, Sundays or bank holidays or a physical round every evening at 10.00pm as per Safer Childbirth Standards, however there is 24-hour emergency cover by consultant obstetricians.

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 Partially Achieved
		RQIA Assessment Partially Achieved

All women, requiring a general anaesthetic, are assessed by either an anaesthetist or an anaesthetic nurse prior to an elective procedure. The trust has a post operative policy on the frequency of observations required and the Modified Early Warning Score (MEWS) is used in recovery. In Altnagelvin Hospital, care during the first 30 minutes in recovery would be by a staff midwife, who may have no formal training in recovery care. In the Erne Hospital, women are cared for by recovery staff in general theatre. Midwives do not have specific training in post-operative recovery; however individuals are signed off as competent by their preceptor.

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

A professional (midwife, neonatal nurse, advanced neonatal nurse practitioner, paediatrician) trained and regularly assessed as competent in neonatal basic life support is immediately available for all births, in any setting. The trust has a protocol for stabilisation of neonates. Trust training arrangements include Neonatal Life Support (NLS) training, Advanced Life Support Training in Obstetrics (ALSO), mandatory midwifery emergency study days, skills and drills and adhoc training on resuscitation of the newborn. Training is provided by trust resuscitation officers, NLS instructors, ALSO instructors, consultants and Advanced Neonatal Nurse Practitioners (ANNP's). The review team found considerable evidence to confirm achievement of this standard.

Standard 7: Emergencies and transfers

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

The trust's Protocol for Management of Obstetric Emergencies meets the recommended arrangements set out in the CESDI 5th Report. The trust has also reviewed its pain relief policies and procedures to ensure that effective analgesia is maintained, especially during the transfer of an acutely ill woman to another unit. The trust arrangements for the management of women requiring high dependency care was felt to be an exemplar of best practice.

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

The on call obstetric consultant is informed and attends all complicated births in obstetric units. A protocol is in place whereby midwifery and medical staff can contact the consultant on call. The trust has had an inter-hospital policy for the transfer of patients, and files/records, since July 2008. In the Altnagelvin Hospital baton bleeps are in use for obstetric emergencies by obstetricians, paediatricians and anaesthetists. The lead clinician is actioning a similar arrangement for the Erne Hospital.

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 Substantially Achieved
		RQIA Assessment Fully Achieved

A consultant obstetrician is contacted prior to emergency caesarean section and attends as required. In the Erne Hospital, without an experienced member of junior medical staff, a consultant will be present at all caesarean sections and trials of instrumental deliveries.

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 Substantially Achieved

The trust was able to demonstrate that it had met this standard as confirmed by the findings of an audit of anaesthetic response time carried out in 2008. The review team confirmed that the audit did show the trust had met the standard, but the availability of anaesthetic cover and the availability of theatres remains an issue for consideration.

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 Not Achieved
		RQIA Assessment Not Achieved

In Altnagelvin, 97% of women who had an elective caesarean section had regional anaesthesia and 89% of women who had an emergency caesarean section had regional anaesthesia. This information is currently not available for the Erne Hospital.

The review team confirmed that the trust had met the required standard in Altnagelvin Hospital. Due to the lack of a computerised information system across the trust figures for Erne were not readily available

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

The Western Trust reported that it has 24-hour cover by appropriately trained paediatric staff. Midwives are also trained in neonatal life support. The most senior paediatric residents are a staff grade and specialist registrar. All babies have an initial first examination by midwives and deviations from normal are referred, as appropriate. However, the assessment in the Erne Hospital was that this criteria was partially achieved.

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 Fully Achieved RQIA Assessment Fully Achieved

The review team confirmed that the trust is currently meeting this standard.

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

There is a handover policy in place within the trust and within each unit.

The trust outlined a comprehensive programme of unannounced emergency drills. All new medical trainees receive medical emergencies training within their first month in post. The review team confirmed this programme of skill and drills in discussion with staff from across the labour ward, all of whom were able to confirm participation in at least one drill. The effectiveness of the drills was highlighted by one of the midwifery staff in Erne who was able to apply the skills learned in the drills when a similar case presented the following week.

Standard 8: Training and education

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

All newly qualified midwives follow the Annex T programme and have competencies signed off by a preceptor. Ongoing supervision is provided by supervisors of midwives.

In relation to medical staff, each unit has a NIMDTA/RCOG postgraduate tutor who organises weekly teaching programmes as well as co-ordinating regional workforce planning in the form of recruitment and allocation of junior medical staff. Each postgraduate tutor is responsible for ensuring training needs are met and that junior doctors are assessed regularly with the RCOG assessment tools. Each junior member of the medical staff is also supported by an educational supervisor and another consultant, who will perform three monthly formal interviews, which includes multidisciplinary appraisal, guidance on areas of weakness, targeted training to address these as well as examination preparation. Non consultant grade doctors have similar appraisals. Each postgraduate tutor also attends updates and training in RCOG London on a regular basis.

Formal and informal multidisciplinary training takes place in a number of ways throughout the Trust to include the K2 training package, Beeches Management Centre training, midwifery emergency study days and adhoc training. The trust downloads records of uptake of K2 training twice yearly and training is also recorded in staff training logs.

Medical staff have no formal assessment of competence of CTG interpretation, however each clinician can be individually assessed on the K2 system. Clinical risk management investigations will identify and assess any further training requirement. A 'buddying system' is to be implemented for juniors by senior medical and midwifery staff.

Trust staff confirmed that labour ward staff must complete the K2 training package every six months and that this is included as part of medical appraisal and midwife portfolio. CTG is used as a theme for discussion at some labour ward forums with specific cases of interest identified on the labour ward and considered for review. The review team welcomed such discussion but noted that this should not be the primary function of the labour ward forum. There is a central control panel for all CTGs which consultants can also access remotely at home.

The review team confirmed that midwifery staff undergo formal assessment and ongoing site training and supervision but at present training is not always mandatory and the onus is on the individual to attend. The review team spoke with student midwives who confirmed that they were happy with both the training provided and the ability to attend.

Junior medical staff have weekly medical training sessions and students are asked to pick an audit topic every six months. There are multidisciplinary audit meetings but, due to staff commitments, it is not always possible to have joint meetings. There is some planned rolling audit undertaken but there is also flexibility to look at emerging issues as required. Those undertaking individual audits are also responsible for the dissemination of the findings.

There is a mandatory programme of training for junior doctors with dedicated teaching once per month. All junior staff are required to attend at least six of these sessions per year. In addition there is informal clinical/practical based teaching once per month and weekly teaching sessions facilitated by specialist registrars and by consultants. Clinical workload is managed to facilitate attendance at training sessions. Overall the review team felt the trust had demonstrated a significant commitment to training and education, and was pleased to see that protected time for training is provided. The review team felt that the informal bedside teaching is a good example of how to balance training and service demands and this was noted as an exemplar of best practice.

The review team noted the provision of routine and regular training at the Erne Hospital. There were ample opportunities to avail of this training. In terms of practical procedures there is always a consultant available to demonstrate procedures and the review team felt that the Erne is as well placed to provide training as most teaching hospitals.

Training for anaesthetists is competency based and there is a regular monthly training meeting. Anaesthetists can also access obstetric training. On a separate issue anaesthetic involvement in the labour ward forum is limited and staff would like to have the opportunity to attend.

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

Multiprofessional in-service education / training sessions are mandatory and attendance is documented. Multidisciplinary training includes CTG and skills and drills, K2 training and haemovigilance. All midwives have received a mandatory training log for completion.

The review team confirmed that all multiprofessional training is mandatory and that attendance is recorded, however, they did note that only half of the midwives in the Erne Hospital had undertaken recent CTG training. Follow up for non attendance should be strengthened.

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 Substantially Achieved

Supervisors of midwives assesses training needs at the annual supervision interview, these needs are then forwarded to the Head of Service for commissioning of courses. Cross referencing is taking place as midwives present their portfolios detailing training attendance for the year. A database is being developed and non attendance will be highlighted.

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 Substantially Achieved
		RQIA Assessment Substantially Achieved

The trust has an induction programme for all staff. Midwives have been given individual personal training logs to record mandatory and desirable training requirements/study days; training needs will be identified from these logs. Preceptorship is available for midwifery staff.

New junior medical staff have formal individual induction interviews completed within the first week at which their skills are assessed. Junior medical staff members will not be permitted to carry out independent practice unless deemed competent by a consultant as per RCOG assessment tools. The review team confirmed that appropriate induction arrangements are in place as reported.

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 Partially Achieved</p> <p>RQIA Assessment Partially Achieved</p>

In the self assessment return the Western Trust stated that postnatal evaluation forms are available for all service users. The Maternity Service Liaison Committee (Mother's Voice) meets with the trust on a quarterly basis and Mother's Voice members were involved in the planning of birthing rooms. Other user groups and disability groups were involved in the planning of the two new birthing centres. The trust has plans to re-establish the local MSLC at the Erne Hospital.

The new maternity unit at Altnagelvin Hospital meets all relevant clinical and comfort standards. The midwifery led unit will have two birthing pools but before they become fully operational there needs to be a risk assessment of the use of these pools. At present there are baths available for labouring and women can deliver in these baths. It is planned that community midwives will work within the midwifery led unit to ensure their skills are up to date. The Trust is linking with the midwifery led unit in Craigavon Hospital to see how it operates a maternity led unit alongside an obstetric led unit..

The unit at the Erne Hospital is an older building but is well maintained. At the time of the review work had commenced on a new acute hospital near Enniskillen. The new hospital will have a dedicated maternity unit.

The Mother's Voice group is a forum for discussion and feedback on the environment and the facilities within the service, however this engagement is confined to the Altnagelvin site. The review team would encourage the re-establishment of the group in the Erne Hospital.

The review team was unable to clearly establish if there is a programme of biannual reviews of the trust's maternity facilities but this should be built in to future planning.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
9.2	The audit process should involve user groups and a user satisfaction survey. (Paragraph: 6.1.2)	Trust Level of Achievement Partially Achieved
		RQIA Assessment Partially Achieved

Environmental audits are carried out on a weekly basis in the delivery suites at both units and monthly in all other areas, any hazards identified are referred to the appropriate department for action. User groups are not formally involved in this process but any complaints from users about the environment at ward level are actioned, for example the refurbishment and repainting of bathrooms and shower facilities. An ongoing service user survey is distributed to mothers on discharge and collected by the community midwife on day ten for collation and forwarding to the Head of Maternity Services and the MSLC for two way feedback and action.

The review team was satisfied that the trust is listening to service users with a view to improving facilities within the service and agreed with the self assessment score of partially achieved.

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 stated that procedures and facilities are in place in the event of a stillbirth, infant or maternal death. The commissioner employs a bereavement co-ordinator and the trust has written information available for women who experience miscarriages or neonatal loss. The new build, on the Altnagelvin site, has a dedicated bereavement suite in the postnatal ward separate from the main ward area, however a similar facility is not available in the Erne Hospital.

Other environmental issues reviewed

All of their delivery rooms, across both units, are equipped with suction equipment, oxygen and anaesthetic gases, however, only two of the rooms in Altnagelvin Hospital are designed to allow clinical equipment to be hidden. Only one of the rooms in Altnagelvin Hospital, has bars and ropes (natural birthing aids) available. Only one of the seven rooms at Altnagelvin Hospital has en-suite facilities, the others, and those at the Erne Hospital (6) have none. Six of the seven rooms at Altnagelvin Hospital have room for a comfortable chair and all have

space for a birthing mat. At the Erne Hospital three of the six rooms have space for a comfortable chair and only two rooms have space for a birthing mat.

It should be noted that at the time of the self assessment, ahead of the review visit, the trust was about to open the new maternity facility which will rectify some of these deficiencies.

The trust had no fixed birthing pools available at either unit however the trust has 18 midwives trained to support women who choose to give birth in water, 10 of these are based at Altnagelvin Hospital and 8 in the Erne Hospital. The review team noted that two new birthing pools will be available at the Altnagelvin Hospital.

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. In its self assessment return the Western Trust indicated that it does not have NIMATS or any other form of electronic system which collects and correlates data. However data is collected manually, on a monthly basis, for a number of the outcomes and this is reviewed by the Consultant Obstetrician and the Labour Ward Manager, these are in relation to:

- Normal births without interventions.
- Inductions – indications, outcomes and success.
- Augmentation of labour.
- Instrumental births, ventouse, rotational or non-rotational forceps.

Data in relation to the other outcomes is collected as a trigger for clinical incident reporting and is discussed as required. Data is not collected in relation to maternal transfers to other units, percentage of complicated births attended by a consultant obstetrician and antenatal steroids prior to preterm birth.

The review team found that the induction rate is high and that women are often induced early. The trust is aware of its performance and has an induction policy in place, however, the trust has identified via audit, that induction is often as a result of women's choice and is working to re-educate women to reverse this trend.

The review team found that there are plans to introduce NIMATS to the Altnagelvin site. The funding for the hardware has been agreed however there is a requirement to secure the IT support to bring the system in. In the interim the trust is collecting manual information, but this is not readily available or well utilised.

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)

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 indicated that its strategy for maternity services will be developed once the 5th tier structures are in place in early 2009. A proposed away day to develop the strategy was unfortunately cancelled as other issues took precedence, another date to meet is planned.

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.

The trust has agreed inclusion/exclusion criteria for midwifery led care; currently there are no agreed criteria for the transfer of care from midwifery led care to consultant care. Policies for the documentation and timing of transfer of care are not in place. There is a policy in place regarding operative trial of vaginal delivery and a protocol for assessing progress in labour. There is a protocol for the recognition and management of secondary arrest in the progress of labour and for the monitoring and observation of patients.

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.

A labour ward forum is established and meets regularly at both sites. The review team concluded that the forum was a clinical risk forum discussing individual cases; this is not the remit of a labour ward forum. The terms of reference for the labour ward forum need to be clearly defined and meetings need to be held on a regular basis. Full multidisciplinary

attendance is not always achieved and this does need to be enhanced and developed in the future. There also needs to be regular communication between the two forums.

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 management and leadership structures within the trust were generally well developed. However the trust had not appointed staff to their tier 5 management level following the merger of all legacy trusts. Despite this, the review team was very impressed with the leadership demonstrated in the training opportunities provided for junior doctors in both units

DHSSPS Recommendation 5.

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

There is a local Maternity Service Liaison Committee (Mother's Voice) based at Altnagelvin hospital. This group has service user involvement and involvement of the Local Supervising Authority midwifery officer. The group has provided input to the strategic build project relating to the new maternity unit. In the past the Erne Hospital did have an active MSLC and is trying to re-establish this. The review team found that communication at each site was good, however, there are gaps in communication between each maternity unit and there is little evidence of shared thinking, as the culture within each unit is very different.

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.

Minutes and other formal communication mechanisms between the women and children's directorate governance structures are linked with 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.

Multiprofessional in-service education/training sessions are mandatory and attendance is documented. Multidisciplinary training includes CTG and skills and drills, K2 training and haemovigilance. All midwives have received a mandatory training log for completion.

The review team confirmed that all multiprofessional training is mandatory and that attendance is recorded, however, they did note that only half of the midwives in the Erne Hospital had had recent CTG training.

DHSSPS Recommendation 8.

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

The trust has a multidisciplinary working group which develops and updates protocols and standards. Critical incidents are reviewed at a multidisciplinary discussion forum, the labour ward forum, monthly risk management meetings and perinatal meetings. The review team felt that policy development was managed by robust procedures, however, the review of policies is on an adhoc basis and not all policies are reviewed within the three year timeframe. The trust needs to develop some anaesthetic protocols, these should acknowledge that midwives can be involved in the management of women with epidurals.

DHSSPS Recommendation 9.

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

The trust reported the current ratio of supervisors to midwives is 1:21. Three midwives were engaged in training to ensure the trust meets the required ratio and the trust is proactively recruiting training places as part of succession planning for the supervisors of midwives. The review team found that the current ratio for supervision is 1:25 in Altnagelvin Hospital and 1:17 in Erne Hospital.

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 junior medical staff are allocated by a central appointment process, the trust is funded for eight registrars but usually end up with seven as there is no reserve list to fall back on if someone pulls out.

In relation to midwifery staffing levels the trust acknowledged it has been some time since Birthrate Plus was carried out and it is the intention to review this, as birth characteristics have changed and caesarean section rates have increased. Recruitment and retention of staff is always an issue.

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.

Newly qualified midwives follow the Annex T programme which provides three months in antenatal, postnatal, NNICU and six months intranatal care with preceptorship. Competencies are required to be signed off by preceptors to allow newly qualified midwives to progress from band 5 to band 6 after one year of registration. Off duties ensure a fair and equitable rotation between all areas and shifts. The review team expressed no concerns with these arrangements.

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.

At the Erne women requiring high dependency care are transferred from the labour ward to a separate general HDU and the midwife transfers with mother to carry out midwifery duties. In Altnagelvin Hospital women are nursed on the labour ward by a senior midwife in conjunction with consultants. Mechanisms are in place to update skills in the Erne Hospital and there is currently an emergency midwifery study day every month in Altnagelvin.

DHSSPS Recommendation 14.

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

All staff are being introduced to the Physiological Early Warning Scores (PEWS) system but this has not yet been fully embedded into practice.

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.

This recommendation was not reviewed in the Western 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 trust has a policy on the use of PCA infusions where the anaesthetist sets and locks the rate on the pump while the midwifery role is to observe the patient, the infusion rate and the volume infused.

DHSSPS Recommendation 18.

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

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

DHSSPS Recommendation 19.

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

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

DHSSPS Recommendation 20.

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

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

DHSSPS Recommendation 21.

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

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

DHSSPS Recommendation 22.

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

The trust's Protocol for Management of Obstetric Emergencies meets the recommended arrangements set out in the CESDI 5th Report. The trust has also reviewed its pain relief

policies and procedures to ensure that effective analgesia is maintained especially during the transfer of an acutely ill woman to another unit.

DHSSPS Recommendation 23.

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

Systems were in place to promote good liaison between specialities, however the level of anaesthetic cover after 5.00pm in both units had the potential to compromise the promptness by which opinions are given.

DHSSPS Recommendation 24.

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

The trust reported that the consultant on call, as per the on call rota, has overall responsibility for care of the woman and communication with her family. As part of the record keeping policy all care provided and discussions with family members are recorded in the patient notes.

DHSSPS Recommendation 25.

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

There is currently no system for annual appraisal as the trust is awaiting the full implementation of Agenda for Change and the associated Knowledge Skills Framework. Consultant appraisal was reported to be undertaken in line with RCOG guidelines.

DHSSPS Recommendation 26.

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

A risk management policy is in place and this includes a list of trigger incidents. The incident reporting and review processes are strong, practice is reviewed as required and actions are addressed, including the identification of training requirements.

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.

This recommendation is being met. Further detail on the adverse incident reporting is discussed in the analysis of standard 1.

DHSSPS Recommendation 28.

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

The review team found that there were some weaknesses in getting feedback to all staff. In an effort to address this, the trust is planning to present learning at the morning handover session.

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 in the trusts were aware of their personal responsibilities in report writing and documentation in the event of a serious incident.

DHSSPS Recommendation 30.

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

Staff appear to be well supported through the supervision and feedback processes which are discussed further in the analysis in standard 1.

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 43 mothers who gave birth in the Western Trust who took time to complete and return the questionnaires.

Summary

When asked how content they had been with their overall birth experience they had in Western Trust hospitals, **33%** of the 43 women who responded to this question replied that they were **completely content** and an additional **37%** 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)?	39.5% (17)	25.6% (11)	18.6% (8)	11.6% (5)	2.3% (1)	2.3% (1)
To what extent did you feel listened to?	27.9% (12)	32.6% (14)	25.6% (11)	7.0% (3)	4.7% (2)	2.3% (1)
To what extent did you feel you and your birthing partner(s) were treated with respect and dignity?	47.6% (20)	45.2% (19)	7.1% (3)	0% (0)	0% (0)	0% (0)
To what extent did you feel your wishes were respected and accommodated?	37.2% (16)	37.2% (16)	18.6% (8)	0% (0)	4.7% (2)	2.3% (1)
To what extent did you feel your religious and cultural beliefs were respected and accommodated?	48.8% (21)	34.9% (15)	4.7% (2)	0% (0)	0% (0)	11.6% (5)
To what extent did you feel you were kept regularly informed about your care?	44.2% (19)	25.6% (11)	16.3% (7)	11.6% (5)	2.3% (1)	0% (0)
To what extent did you have confidence and trust in the staff caring for you during labour and birth?	57.1% (24)	23.8% (10)	11.9% (5)	4.8% (2)	2.4% (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.

Sixty-three percent 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 they were very satisfied with the cleanliness, privacy, level of heating and lighting, and the space to move about and change position in the delivery suite. **Over half of mothers**, however, responded that they **were only somewhat satisfied with the comfort of the furniture in the delivery suite.** **A quarter of mothers** stated that they **were only somewhat satisfied with the selection of birthing aids** available, with 14% expressing complete satisfaction.

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

Fifty percent of mothers reported that they breastfed their baby while still in the delivery suite and a further 20% bottle fed their baby in the delivery suite. **The majority of women** (between 57% and 73%) 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".¹ One aspect of the environment and facilities that gave mothers the least amount of satisfaction was how attractive or homely the delivery suite was. **Over one-third of mothers giving birth within the Western Health and Care Trust commented that they were only somewhat satisfied** with this and 9% said they were not at all satisfied with this aspect of the delivery suite.

A selection of statements made by mothers who gave birth in Western 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.

" Far too warm. There was no gas in the container my partner had to point this out. There was no ECG machine available and then when they got one there was no paper in the ECG machine. I had to get off the bed for them to set up the stirrups as the bed hadn't been stored away properly."

"They did not allow my partner up when I felt I needed him up, they made me wait until the real end."

"Delivery room was excellent."

"Had skin to skin after leaving theatre - loved it. My husband did skin to skin with baby while waiting for me to come of recovery - he loved it! The midwives I came into contact with on the labour ward were wonderful - very warm, professional and competent. They were very supportive and I felt secure in their care. When baby's heartbeat dropped / raised they contacted the consultant immediately. I was very pleased to have had one-to-one care throughout labour."

"As an experienced mum, I was relaxed during delivery with a very calm, reassuring midwife. I did feel that the midwife was stretched and with a lot of responsibility placed on her shoulders."

"Gas and air stopped working whilst in labour. Staff moved me to another delivery suite. Staff very accommodating and very nice."

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.

Western Trust recommendations

Standard 1: Organisation and Documentation

1. The Trust should implement the new arrangements for quarterly risk management meetings without delay. Staff from across the Trust should be facilitated to attend these meetings.
2. The Trust should ensure a documented procedure is in place for the dating, archiving and central storage of past guidelines.

Standard 3: Communication

3. The Trust should develop a policy for the wearing of identification.
4. The Trust should develop appropriate procedures to ensure staff have an appropriate level of competency in English.

Standard 7: Emergencies and transfers

5. The trust should identify a lead obstetric anaesthetist for anaesthetic services at the Erne Hospital.

Standard 9: Environment and facilities

6. The Trust should take into account the requirement for a bereavement room when developing their services at the Erne Hospital.

Appendices

Appendix 1 Departmental Circular DH1/08/133883

From the Chief Medical Officer
Dr Michael McBride



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

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MINISTRE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: 028 9052 0563
Fax: 028 9052 0574
Email: michael.mcbride@dhsspsni.gov.uk

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

