The Regulation and Quality Improvement Authority

Report on the RQIA Review of Intrapartum Care

Northern Health and Social Care Trust

CONTENTS

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)

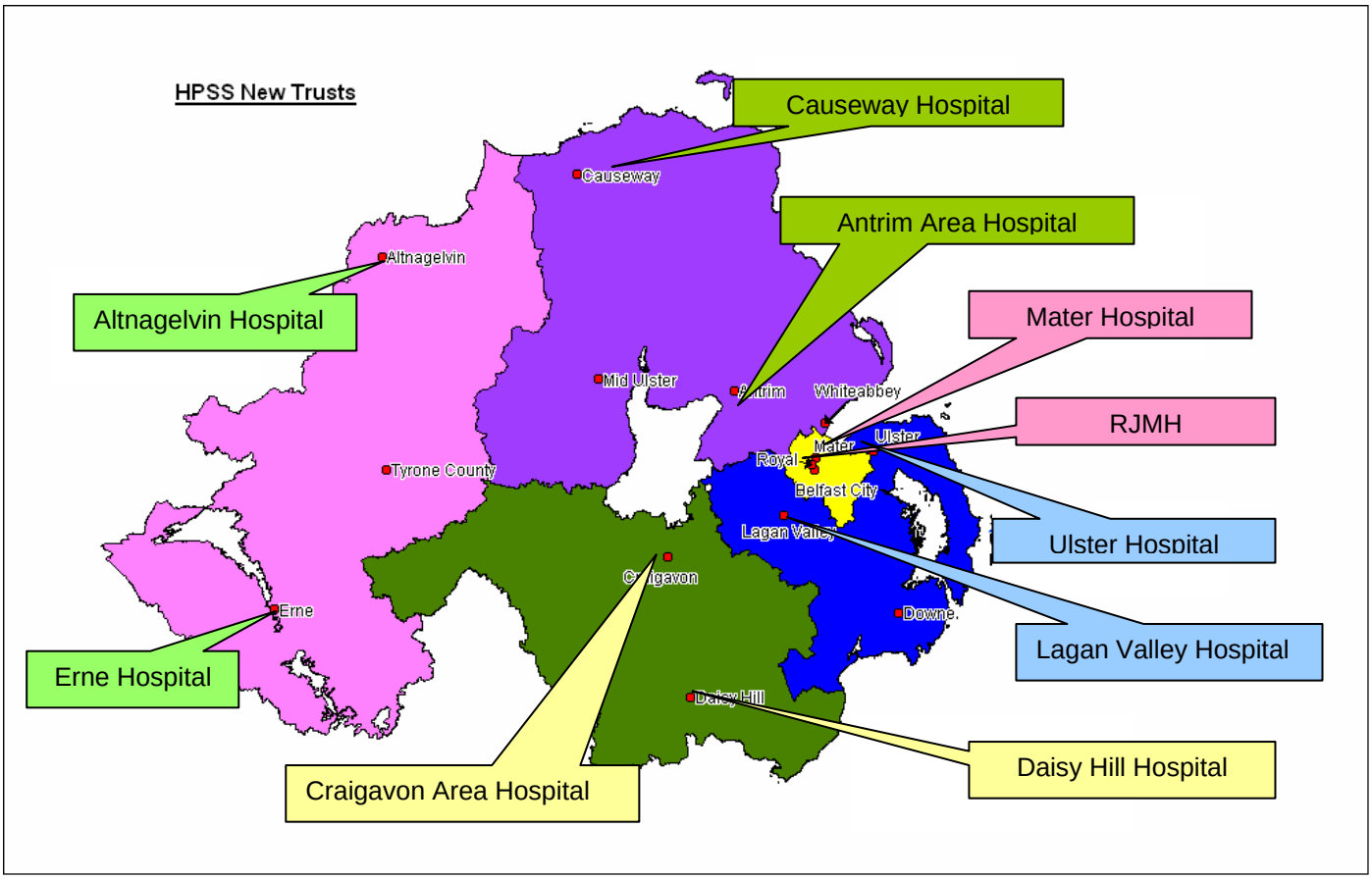


Figure 1 Location of Maternity Units by HSC Trust.

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 (EWTD) and its impact on the hours traditionally worked by medical staff. In addition an increasing number of female doctors choose to work in the field of obstetrics and gynaecology and may choose to work flexible working patterns.

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

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

Chapter 2: Methodology

2.1 Methodology

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

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

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

2.2 Selection of standards

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

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

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

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

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

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

2.3 The review team

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

Dr Brian Alderman	Postgraduate Medical Education and Training Board (London)
Ms Janet Calvert	Regional Breast Feeding Co-ordinator, Northern Ireland Health Promotion Agency (Northern Ireland)
Dr Carole Castles	Lay Reviewer (Northern Ireland)
Ms Jayne Jempson	Matron for Intrapartum Care, Portsmouth Hospitals Foundation Trust (Portsmouth)
Ms Sara Johnson	Head of Child Heath 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. *(A reason must be stated clearly in the trust's response)*
Not Achieved	The criterion is likely to be achieved in full but after March 2009. For example, the trust has only started to develop a policy and implementation will not take place until after March 2009.
Partially Achieved	Work has been progressing satisfactorily and the trust is likely to have achieved the criterion by March 2009. For example, the trust has developed a policy and will have completed implementation throughout the trust by March 2009.
Substantially Achieved	A significant proportion of action has been completed to ensure the trust's performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
Fully Achieved	Action has been completed that ensures the trust'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 Northern Health and Social Care Trust Maternity Services

The Northern Health and Social Care Trust came into existence on the 1 April 2007. It is responsible for the services formerly delivered by 3 Trusts to a population of 400,000. Management of maternity services falls within the Acute Hospital Services Directorate which has responsibility for services across the following sites:

- Antrim Area Hospital
- Causeway Hospital
- Whiteabbey Hospital
- Mid-Ulster Hospital
- Braid Valley Hospital

The profile of the maternity service consists of:

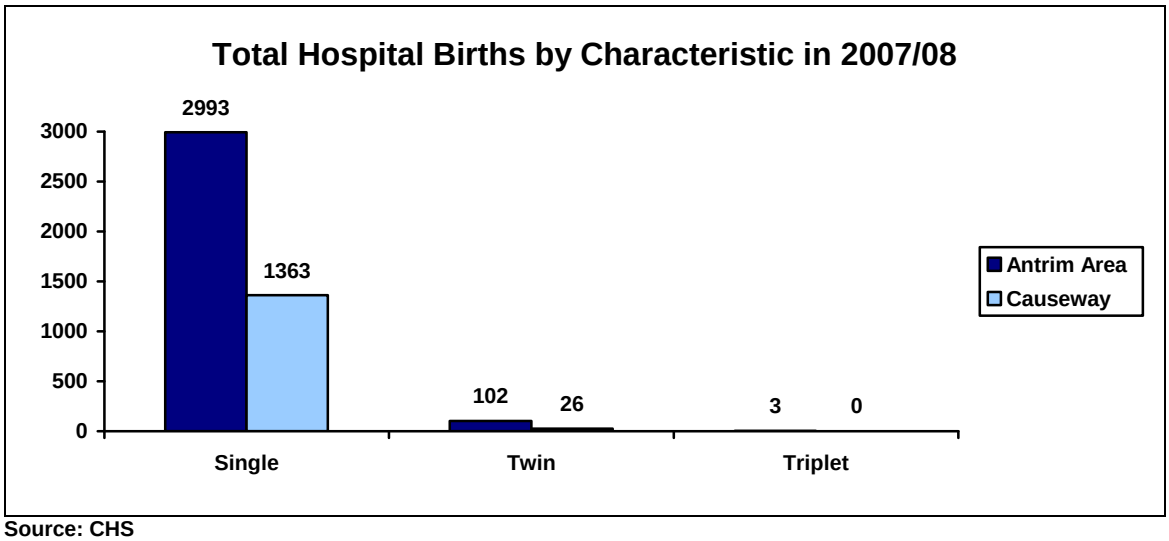
- 2 Maternity Units sited at Antrim Area Hospital and Causeway Hospital
- Trust-wide community maternity services
- A range of obstetric outpatient services in Braid Valley Ballymena, Moyle Larne, Carrickfergus, Whiteabbey, Antrim and Causeway Hospitals.

Trust Activity

Total Births

For the year ending 31 March 2008 the Northern Trust reported a total figure of 4493 births (including home births) encompassing 4362 single births, 64 sets of twins (128 births) and one set of triplets (3 births).

Chart 1.



Source: CHS

Home Births

The choice of home birth should be offered to all women[1]. The Northern Trust can provide trained professional, midwifery and/or medical staff who are able to support home births. In the year 2007 / 08 six requests for home births were facilitated. One request for home birth was refused as the woman was advised against a home birth. In addition, there were seven 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 their pregnancy. However, there are instances of cross boundary flow of the resident population between trusts in Northern Ireland and trusts are required to coordinate this.

The Northern Trust provided approximate figures for these cross boundary flows. The trust provided antenatal care in the community for approximately 1813 women who went on to deliver elsewhere and conversely delivered approximately 62 women who had received their antenatal care at another trust, 40 of these women were delivered at Antrim Area Hospital whilst the other 22 were delivered at Causeway 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

A multiprofessional clinical guideline development group meets every three months, to review both new and existing guidelines.

There is limited user involvement in the development of the maternity services strategy and of the agreement, of some service users, to become involved in initiatives such as a Maternity Services Liaison Committee. The trust recognises the difficulties in achieving 'neutral' and sustainable user involvement. The trust is however recruiting and providing support and guidance to a pool of service users whom it hopes will remain committed to the trust.

Across both sites evidence based guidelines are in place, which are disseminated through line management to medical and midwifery staff during induction for new employees. Copies of all guidelines are available in all wards and departments. The review team found some differences in the guidelines being used in the two maternity units but was assured that the trust is in the process of cataloguing guidelines from the legacy trusts and has convened a multidisciplinary group to harmonise all such policies and guidelines. Guidelines are reviewed every 2-3 years. They are drawn up for use across the trust though in certain instances, as Causeway Hospital has no Special Care Baby Unit, some local variations must apply. This work will be aided by the appointment of a practice development midwife. Policies are retained in a loose leaf folder to allow for updates to be added, as required

In its self assessment the trust indicated that, where appropriate, guidelines are clearly displayed for staff reference and as a learning tool in the management of various obstetric emergencies. With the development and introduction of each new guideline, a process of audit is undertaken at departmental level to ensure there is compliance and improvement in patient care.

The review team noted some weaknesses in existing guidelines as the trust still has uni-disciplinary guidelines unique to each site. The trust needs to ensure the development of multidisciplinary trust-wide guidelines. The harmonisation of these guidelines was seen as a significant challenge for the trust and therefore a score of partially achieved was considered appropriate.

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

In the trust core members of the risk management team are the clinical director, the lead midwife for the delivery suite, the governance midwife and the clinical risk midwife. Risk management meetings are held monthly at both maternity units and there is full multidisciplinary attendance. Information on incidents is disseminated to the Clinical Risk Management Group, and is reviewed at monthly meetings. Key learning points are formulated by the group and actions required are delegated to each member. Key learning points are communicated from the group to the Assistant Director and to the governance department.

A peri-natal meeting is held twice weekly. Attendance is not compulsory but the register indicates the meeting is usually attended by most paediatric, midwifery and gynaecological staff. The review team felt that the trust had good risk management structures in place which facilitated good co-ordination across both sites and the trust as a whole. The trust indicated in its self assessment that all employees have a duty to identify and report anything which has the potential to lead to harm to either an individual(s) or the trust and ensure an appropriate response is made. There is a risk register for the directorate.

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

The trust's Clinical Risk Management Group has published an incident trigger list to guide staff, and patients, in the identification and reporting of adverse incidents which occur within the trust. The list is wall mounted and clearly visible to all staff within all clinical areas within the units on both sites. During the observational site visit the review team was able to observe these lists.

All women have risk assessments performed for issues such as obesity, anaesthetic and obstetric risks. These are recorded in patients' hand held records and any required actions are identified. The review team confirmed that the trust is strong in identifying and reporting

risk and is developing a specific maternity risk management policy and strategy for implementation across the trust.

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

Adverse incidents may be reviewed at the peri-natal meetings, governance meetings and the paediatric forum. For those incidents which are regarded as serious, round-table debriefings are convened. All critical incidents are reviewed by the Clinical Risk Management Group and round-table debriefs are held on a need-basis with an action plan following.

The trust has a risk management midwife in post, who deals with staff involved in clinical incidents, the promotion of reporting and the management of the feedback process. The trust indicated to the review team that the system is new and is currently based around individual feedback and working directly with staff involved in incidents. If any changes in practice are required this will be passed initially to a senior midwife. Lessons learned are disseminated via a system of memos or safety briefs to each ward, which are then cascaded to all staff. The trust plans to produce a quarterly news sheet, circulated to all medical and midwifery staff, in which learning points will be highlighted anonymously.

The current trust guideline on electronic fetal monitoring (EFM) has been revised and will be launched on 1 February 2009. The review team used the example of EFM guidelines to test the multiprofessional input into the development of protocols and guidelines and the sign off of such by all relevant staff. The trust was able to demonstrate a team approach to the process, where a core group worked on the policy development. Drafts are then shared across multidisciplinary teams, cascading downwards to allow all staff the opportunity for comment. All policies are then subjected to quality screening prior to sign off for implementation. Once agreed, the EFM policy will be made available in all wards and departments and staff will be orientated via weekly cardiotopography (CTG) meetings, at staff handovers and at safety briefings held on a daily basis. The review team confirmed that there is evidence of multidisciplinary input to protocols, however, there is currently no service user involvement, though this an area being developed.

The trust was asked about its written protocol and guidelines for the use of epidural injections and infusions. It was noted that the trust has anaesthetic guidelines which include the use of epidural injections with infusions. Each epidural procedure is evaluated on an individual basis for patient satisfaction. In Antrim (24% epidural rate), any trends which this questionnaire identifies are then audited on a needs basis. In Causeway (4% epidural rate), there are adhoc anaesthetic audits. On both sites, midwives receive in-house training from anaesthetic staff in the management of women requiring regional analgesia.

The review team confirmed that all new polices are placed onto the trust's intranet allowing access for all staff. Hard copies are also provided, as required. Midwifery staff must sign off on polices confirming that they are orientated to any new procedure. For medical staff, policies are launched at weekly teaching sessions or at the labour ward forum, which is held monthly in Causeway or bi-monthly in Antrim. The review team was concerned that there is no formal sign off policy for medical staff but assurances were given that this is being addressed.

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

Round-table discussions involving the governance unit are held when appropriate. Where there is a high element of risk this is reported to the Trust Board, facilitated by the governance department. The Clinical Risk Midwife, in post since December 2008, plans to produce a quarterly trust wide newsletter to provide appropriate feedback to all staff. Currently individual feedback and debriefing does occur and those involved in serious incidents are given additional support.

There are monthly (Causeway) or bi-monthly (Antrim) governance meetings open to all medical and midwifery staff. Issues for discussion include items which have been identified for audit. The group also considers suggestions for future audit and proposals for altering practice. From a corporate perspective there is a patient safety group and an integrated governance strategy. Incidents reported across the trust are discussed and learning is extracted for sharing across the whole governance arena. In respect of maternity services there is a new governance infrastructure (following the amalgamation of three former trusts) and there is a plan to develop a maternity services risk management strategy. This will be developed by the clinical risk midwife and will focus on the risks that the service faces day and daily.

In order to maximise attendance at learning sessions the trust tries to manage clinical commitments. The trust accepts that in Causeway, although minutes are kept of the multidisciplinary meetings, there is currently no mechanism to distribute these minutes to staff unable to attend. Until now, feedback has been on an adhoc basis due to lack of administrative support. The review team concluded that the trust is working hard in planning and coordinating risk management but there is a significant weakness in its feedback to multidisciplinary staff groups. Although there are opportunities to meet and discuss incidents and learning, attendance at such sessions is neither compulsory nor recorded.

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

Past guidelines are dated and archived in each maternity unit. With the establishment of the Northern Trust and the ongoing process of harmonisation of guidelines, these will be archived within the Equality Unit. New guidelines are disseminated through line managers and a pro-forma is retained at ward level, which records individual signatures and dates as to when staff were orientated to the policy.

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

The trust use multidisciplinary hand held patient records and indicated that all staff are orientated to record keeping guidelines during the induction process. Compliance with record keeping standards is audited by consultant obstetricians, supervisor of midwives, multiprofessional audits and individual ward managers. There is a planned standardised approach, with the introduction of regional hand held records in April 2009. Pro-formas have been developed at local level for recording procedures such as repair of perineum and caesarean section. All written cardiotocograph data are retained within the chart. At present a problem has been identified with reference to electronic storage which has been communicated to estates services for immediate action. The Northern Ireland Maternity Information System (NIMATS) is in use on both sites and all other episodes of care are entered into the current hand held maternity records.

The last major audit took place in 2007 as part of the programme of midwifery supervision. The trust is currently revising the audit tool to allow this to be repeated and if any problems are identified these will be addressed via follow up procedures. There have been other audits, in relation to EFM and theatre care bundles, which have record keeping as one of their components. There was also an unannounced audit following the introduction of the Physiological Early Warning Score System (PEWS) in which the trust did not perform well. To address this, the trust looked again at their processes and there is now a weekly audit of three charts and the trust is moving towards real time audits, making audit purposeful for the staff on the ground.

When exploring the processes for feedback from audits, the review team was told of the monthly audit/governance meeting. The trust is encouraging midwives to present at this, however finding time to do so is difficult. The trust is erecting governance/patient safety notice boards across all departments and intends to use these to display clinical dashboards.

On examination of patient records the review team found evidence of poor record management with written records on loose pages, which could easily be lost or misplaced. In addition the review team found an instance where epidural records where written on a partogram. It was noted that that student midwives were signing off cardiotocographs (CTG's) which is unauthorised. The management of loose papers and the structure of notes needs to be improved and the review team felt that the implementation of regional notes is an opportunity for training and development in this area.

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** Fully Achieved
		RQIA Assessment Fully Achieved

The trust described the development of an annual programme of audit as a result of national, regional and local concerns and recommendations. Findings are presented at governance or audit meetings in both units and have been published in trust clinical audit reports. There is an annual trust-wide peri-natal/maternal morbidity meeting, to which the Commissioner is invited, where the trust presents its figures for the previous year.

The review team found evidence of prospective audit, however, some areas are better than others. The team did validate the level of assessment as fully achieved as the trust does have an audit programme in place with a published annual report and meeting to launch this.

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** Fully Achieved **RQIA Assessment** Substantially Achieved

All newly appointed midwives have an identified preceptor, a written induction programme and are orientated to all areas of the maternity unit within first year of working within the trust. For anaesthetic staff there is an induction process in line with the Royal College of Anaesthetists guidance and new doctors undergo a trust induction process followed by a departmental induction programme.

A number of good examples of multidisciplinary working and a multidisciplinary approach to learning from clinical incidents were noted. However, although the structures are in place, staff reported difficulties in attending all meetings due to service pressures. The review team found there was good access to neonatologists and a nurse from the Neonatal Intensive Care Unit. There were some areas which required improvement, particularly in anaesthetics at Antrim where there is no dedicated service available after 5pm. Although the review team was told that the trust is dealing with this issue, they were concerned, as they found no evidence of planning to rectify this and a lack of strategic direction in anaesthesia. The review team found a limited number of tools used to facilitate multidisciplinary communication and they did feel that the governance notice board is a good initiative which is very effective in practice.

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** Fully Achieved **RQIA Assessment** Partially Achieved

The trust has labour ward forums in place on both sites. The agenda includes the review of issues regarding current practice or protocols and discussion of any issues raised by staff. Core membership of the labour ward forum includes the lead consultant for the labour ward, lead midwife for the labour ward, anaesthetist, paediatric consultant, clinical risk midwife, sisters and the supervisor of midwives, others are invited as required. The trust reported difficulty with the recruitment of service users to the labour ward forum.

The review team felt that the labour ward forum was well established and worked well. There were clear lines of communication and the forum forwarded reports on any issue, which generated a clinical incident report to the governance unit via the Clinical Risk Group. Some concerns were expressed around linkages and communication between the two labour ward forums and the trust should review this. The review team recognised that achieving user involvement is difficult.

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** Partially Achieved **RQIA Assessment** Substantially Achieved

All women who book for maternity care with the trust will have a hand held maternity record. This enables any professional who has contact with the patient to record care, recommendations and any identified actions all within the one chart. The SBAR (Situation, Background, Assessment, Recommendation) communication tool has been introduced trust wide and safety briefings are carried out at each shift handover between both midwifery and medical staff. This is enhanced by informal communication.

Any woman who wishes to discuss her choices with regard to her pregnancy and birth plan does so, on an individual basis, with her community midwife or parent craft midwife. This opportunity is available throughout antenatal care.

During observational visits the review team commented on the good communication between staff. In relation to communication with service users there was good use of notice boards, which were well organised and up to date. In addition, it was notable that the open breakfast service was developed as a direct result of consultation with service users.

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** Fully Achieved **RQIA Assessment** Substantially Achieved

All permanent staff have complied with the recruitment and selection procedures and communication skills are assessed as part of the interview process. Junior doctors, appointed centrally, are assessed in communication skills early in their employment. Junior doctors who are not fluent English speakers are required to have passed an assessment by the Professional and Linguistic Assessments Board (PLAB) before commencing employment. When required, the trust has access to interpreting services and patients with learning disabilities are managed individually. All staff are issued with photographic identification, however during the review visits the review team observed that not all trust staff were wearing their identification, which may present a barrier to communication.

Standard 4: Staffing levels

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

NB. This Criterion was assessed for midwifery staffing only.

During 2008 / 09 both sites have had the Birthrate Plus workforce tool completed. However the trust has no programme in place which audits staffing levels annually. In relation to the medical team, there is no recognised tool for the assessment of anaesthetic staffing levels. Issues regarding staffing are identified on an individual case basis and processed through clinical risk procedures as appropriate.

Although there is no annual external audit of staffing levels, there is ongoing internal work to manage this. The trust outlined difficulties in recruiting temporary cover which is being addressed by the creation of additional permanent posts. There is a regional workforce group that is looking at this situation and the trust participates in this. The review team found that the trust undertakes extensive internal management of staffing levels and felt that the actual level of achievement was higher than that assessed by the trust.

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** Unlikely to be Achieved **RQIA Assessment** Partially Achieved

The trust does not calculate midwifery staffing levels in this manner. The trust has an appointed workforce lead and is currently devising a trust-wide approach to staffing levels. One-to-one care is provided, though sometimes it may be necessary to redeploy staff from other areas or to employ bank staff to achieve this. Staffing issues may be included on an individualised maternity dashboard for both sites.

The recent Birthrate Plus assessment indicated that midwifery staffing for intrapartum care is generally appropriate. The difficulties experienced by the trust are due to sick leave and

maternity leave and this needs to be managed effectively. Appropriate cover is managed on a week by week basis by a team of band 7 midwives working across the service and when necessary staff are redeployed from other areas to provide appropriate cover. There is an on call system in operation at the Antrim site and midwives are asked to identify when they can be called in, if required, due to pressures. There have also been three additional permanent midwifery posts granted to cover maternity leave. The increased birth rate has meant that the labour ward is often full and this causes women in labour to remain in antenatal wards where one-to-one care is not always provided. The trust recognises that the solution is not about numbers of staff but about how those staff are deployed within the unit. There has been an audit of induction of labour and as a result the trust aims to plan the timing of inductions to make the best use of available staff.

The review team felt that the trust should look at ways to strengthen the on site midwifery leadership at night and reduce the need for the band 6 midwives to call band 7 midwives for advice on patient management

The review team explored why the trust doesn't offer midwifery led care. Discussion identified that historically there is a strong obstetric led model although there are some areas in the trust where midwifery led care is offered in all but name. There are service restrictions in terms of funding and to date users have not demanded this model of care. In its maternity strategy the trust has outlined its plans to develop medium and long term arrangements for midwifery led care. The trust hopes that when the fetal assessment unit is fully established there will be an opportunity to look at the type of care provided.

Currently most of the care provided by the trust is provided by midwives, but unfortunately this is not formally recognised and in real terms women have midwifery led care with support from obstetricians. The unit at Causeway has lower risk women and they have developed a phased plan to offer midwifery led care. This model could be developed and then rolled out across the trust.

In order to ensure better skill mix and the effective use of midwifery staff the trust has been working with Northern Ireland Practice and Education Council (NIPEC) who are developing a regional training programme for Maternity Support Workers. Currently all nursing auxiliaries are band 2 and they are being skilled up on the ward, in areas such as parent-craft and feeding support skill. There is a service level agreement in place where an anaesthetic assistant is available from general theatres when required and it is hoped this will reduce the necessity for midwives to scrub for theatres.

Obstetrician staffing levels

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

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

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

In Antrim hospital there are approximately 3,000 deliveries per annum and there is dedicated labour ward cover available for 37 hours per week, excluding annual leave. Such leave is covered by those remaining consultants who are supporting professional activities (SPA's) or in the hospital clinic. There is a proposal for a 'consultant of the week' model to provide cover nine to five, Monday to Friday, this has been put to senior management. This model would provide 40 hour prospective consultant labour ward presence.

In Causeway, there are approximately 1,450 deliveries per annum and there is dedicated consultant presence on the labour ward for five out of ten sessions. The other five sessions have a consultant present within the hospital but who is involved in other clinical duties.

The review team was surprised at the number of small peripheral clinics in operation, 27 in total. These clinics are a drain on time and resources and that immediate interim measures should be taken to reduce numbers of medical staff going to peripheral clinics followed by a phased reduction of these clinics. In addition to the staff resource the trust stated that all 27 peripheral clinics were purely antenatal and that every peripheral clinic has ultrasound equipment, which presents considerable expense for the trust.

The review team was satisfied that the trust recognised the need for increased consultant staffing on the labour ward and is looking at ways of achieving this. The proposed 'consultant of the week' system would increase the number of sessions on the labour ward although this has several other implications including the potential increase of waiting lists; a staff grade may be required to take on some of the consultant sessions. If this is implemented, and 40 hour cover is achieved, the trust will still need to plan for the future requirement of 60 hour cover.

At Causeway, EWTD compliance is achieved through a reorganisation of staff ensuring that there is use of the most experienced doctors in training. Mostly one junior doctor is on duty at one time but on some nights there are two junior doctors on duty. If there is a staff grade on duty they are supported by a consultant at home. There are however no protection arrangements in place to prevent the consultant from working the following day.

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

The number of junior doctors required for the trust depends on the European Working Time Directive and service requirements, however, the number of trainees allocated is dependent on regional training requirements. Each junior member of medical staff is allocated an educational supervisor who will complete the required assessment. All junior doctors are required to keep their Basic Life Support (BLS) certification, haemovigilance and K2 training up to date and this is monitored by the trust's Human Resources directorate. They are actively encouraged to complete Advanced Life Support in Obstetrics (ALSO) or equivalent.

In discussion with the senior management, the review team was told that the trust requires two additional staff grades in order to meet the European Working Time Directive (EWTD) at the Antrim site. There has been contact with the Northern Ireland Improving Junior Doctors Working Lives Implementation Support Group (ISG) on this issue but there has been no feedback and there is no guaranteed funding to secure these posts.

The review team concluded that there were training opportunities available for junior medical staff, however, there may be competing demands between the uptake of training opportunities for doctors in training and of service provision and the requirement to meet the EWTD. The review team felt that the considerable number of small peripheral clinics in operation and the time spent travelling to and from these clinics means reduced time available for training.

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** Fully Achieved **RQIA Assessment** Partially Achieved

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

In Antrim hospital there is an obstetric registrar and a senior house officer (SHO) dedicated to the labour ward and emergencies 24-hours per day. The registrars' competence in procedures is assessed before they act without supervision. In Causeway there are currently three temporary staff grade posts. There are seven trainees at level ST1 / ST2. There is one GP trainee and one F2 trainee. This allows the trust to maintain a rota with at least one doctor with 12 months experience available at all times.

The review team questioned whether maintaining a rota with one doctor having at least 12 months experience was really appropriate for the Causeway unit.

Anaesthetist staffing levels

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

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

In Antrim Hospital there is a dedicated anaesthetist available 9.00am-5.00pm Monday to Friday, while in Causeway there is no dedicated anaesthetist. The review team confirmed that there is no dedicated anaesthetist in Antrim between 5.00pm and 9.00am. Cover is provided during this time but is shared with all other areas within the hospital. At Causeway, there is no dedicated cover provided for the labour ward with 24-hour cover being provided on a shared basis with other areas such as the intensive care unit. The team raised concerns around the provision of anaesthetic cover.

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** Partially Achieved

The lead midwife for the trust's delivery suites is based in Antrim Hospital where there is also a lead consultant obstetrician. There is a team of seven band 7 sisters who co-ordinate the delivery suite on a day to day basis and also have responsibility for staff management and all other issues associated with day to day management. In Causeway there is no lead consultant for the labour ward. Two band 7 midwives cover all areas of maternity services on a day to day basis with both staff management and managerial responsibility for all areas of the service. There is no dedicated band 7 co-ordinator for the delivery suite. The senior midwives will be called in the event of an adverse incident or crisis situation when not on duty. There is no formal on call system for senior midwives.

The review team felt that the trust's self assessment score was high as although there is a lead consultant obstetrician providing leadership on the Antrim site this was not present at Causeway. There is a similar position where a labour ward manager is based at Antrim but there is no dedicated band 7 for the labour ward at the Causeway site.

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** Substantially Achieved **RQIA Assessment** Fully Achieved

In the Antrim Hospital delivery suite a band 7 co-ordinates each shift although on occasions, depending on service needs, an experienced band 6 midwife could also be identified as shift co-ordinator. In Causeway Hospital, with the absence of band 7 cover, there would be experienced band 6 cover.

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 Northern Trust does not have a consultant midwife currently employed, however, negotiations are taking place with the Queen's University Belfast (QUB) to make a joint appointment. The trust hopes to have this post in place by September 2009. The trust sees the role of the consultant midwife to support and work with the multidisciplinary team to challenge and develop new models of care. The trust is prioritising this and has agreement for part funding for this post.

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

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

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** Unlikely to be Achieved **RQIA Assessment** Not Achieved

As outlined in 5.3 the Trust does not have a consultant midwife in post. This standard should be addressed as outlined above.

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

There is an obstetric anaesthetic lead in Antrim Hospital. In Causeway there is an anaesthetist who takes an interest in obstetric issues. The review team confirmed that this was in place in Antrim but not in the Causeway unit.

Standard 6: Core responsibilities

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

The Northern Trust's aim has always been to provide one-to-one midwifery care for women in established labour. The trust is currently completing an audit to identify women who did not receive one-to-one care and any issues which need to be addressed. The review team found that one-to-one care was, in the main, being attained, however, this is often achieved by redeploying staff from other areas which leaves those areas understaffed. In addition, the review team found that the increased birth rate has meant that the labour ward is often full and this causes a backlog of women in labour in antenatal wards where one-to-one care is not always provided.

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

In the trust the on call consultant conducts a ward round on Saturdays, Sundays and bank holidays. The consultant will also conduct a round before going home in the evenings where all cases will be reviewed.

The review team found that the consultant obstetrician was mostly present during the 5.00pm handover but that sometimes this and the 10.00pm handover may be by telephone instead. The team felt the self assessed score was high as many of the arrangements in place were adhoc and without any written protocols.

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

All women in the trust are assessed prior to the administration of any anaesthetic procedure and appropriate records of this assessment are made.

In Antrim Hospital, all women are recovered within the labour ward by midwives using the Physiological Early Warning System (PEWS). In Causeway, women are recovered in general theatre recovery by trained nursing staff before returning to the maternity unit where they will have ongoing observations recorded on the PEWS chart. All staff have been trained in PEWS and SBAR (Situation, Background, Assessment & Recommendation).

The review team established that there is 40 hour anaesthetic cover at Antrim Hospital however, elective lists mean that at times the consultant anaesthetist is committed elsewhere and therefore a trainee is left on the labour ward or vice versa. Out of hours there is only one consultant anaesthetist for the whole hospital. At Causeway there is no dedicated anaesthetic cover. To alleviate some of these difficulties the trust recently changed its induction of labour policy to improve the timing of inductions to fit better with staffing availability. The review team recognised the strength of consultant anaesthetists in managing a good service in the trust.

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** Fully Achieved **RQIA Assessment** Fully Achieved

In the trust trained professionals are available at all times for any “at risk” births and in any emergency situation. In Antrim Hospital, all babies are stabilised in the neonatal unit and provided with appropriate equipment to maintain life support. All nursing and midwifery staff are provided with neonatal basic life support training. This is provided as an in-service programme by advanced neonatal nurse practitioners. Skilled neonatal nurses and enhanced and advanced neonatal nurse practitioners complete a neonatal advanced life support course every four years. In Causeway Hospital, protocols exist for many aspects of neonatal care. Many staff have completed the STABLE, Advanced Life Support Training in Obstetrics (ALSO) and Neonatal Life Support (NLS) courses and future basic neonatal resuscitation training will be provided for all staff within the Northern Trust with the Practical

Obstetric Multi-Professional Training (PROMPT) course scheduled to commence in March 2009. This training will provide staff with annual updating.

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** Unlikely to be Achieved **RQIA Assessment** Not Achieved

In the Northern Trust emergency ambulances are provided on request for transfer of high risk mothers / babies to other maternity / neonatal units for ongoing care. Medical staff will provide written summaries of events, current management and treatment provided. Any decisions for transfer of care will be discussed with the woman and her partner. Continuity of care on transfer will be provided as far as possible. This arrangement has developed through custom and practice and currently the trust does not have a written agreement with the ambulance service. When transfer of maternity patients is required for non-urgent reasons they have no clinical priority and patients may wait for a considerable time.

The review team was concerned by the trust's indication that no form of agreement is in place or had been sought from the ambulance service. Given the rural environment it is essential that agreement be sought. The score of unlikely to be achieved was a reflection of the Trust interpretation of the standard and not an actual representation of the situation. The review team found that operational procedures were in place and felt that a score of not achieved was more reflective of the current position.

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

In Antrim Hospital all complicated cases are reported to the consultant obstetrician. Consultants attend if the registrar has not been assessed as competent in a particular type of delivery or, on the exercise of the consultant's judgement, a second consultant will be called if necessary. Transfers to and from other units are discussed with the appropriate consultants and decisions made on the timing of transfer and accompanying personnel. In Causeway Hospital, a consultant obstetrician will be present for complicated procedures. There is no equivalent of a registrar or senior trainee therefore the consultant is always present for complicated deliveries. Referral procedures exist for referral to other disciplines.

In both units, the labour ward midwife may call a consultant obstetrician if there are particular concerns.

In discussion with staff and senior management the review team found that at Antrim Hospital much of the consultant input at complicated births is provided by phone. At Causeway Hospital there is always a consultant physically present at complicated births.

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

In the trust all decisions to proceed to emergency caesarean section or assisted / complicated vaginal deliveries are discussed with the consultant responsible for labour ward. In Antrim Hospital, registrars and labour ward sisters know that the consultants work in a team and that it is perfectly acceptable to contact another one if available. All assisted and emergency deliveries have a member of the neonatal team present. In Causeway Hospital, multidisciplinary team working exists within the unit. In the absence of a neonatal team, all complicated deliveries / sections will have the presence of a paediatric SHO and a high percentage of midwives are competent in neonatal resuscitation, many having completed STABLE, ALSO and NLS courses.

The review team confirmed that the Trust is, fully meeting this criterion however there may be potential issues arising in the future as some newly recruited staff are living further away from the units where they are employed, making rapid response difficult.

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** Fully Achieved **RQIA Assessment** Substantially Achieved

In the trust all theatre cases are assessed (Royal College of Obstetricians and Gynaecologists classification) on an individual basis and response times are audited. To date no issues have been identified. In Causeway Hospital, a contingency plan has been developed for use on the occasions when there is no dedicated obstetric theatre.

The review team was concerned at the absence of a dedicated anaesthetist at each site, meaning that delays have the potential to occur.

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** Substantially Achieved **RQIA Assessment** Fully Achieved

In Antrim Hospital, all caesarean sections are audited by the anaesthetic team and there is continuous assessment of outcomes. Data provided would indicate that 97% of women receive a regional block for elective caesarean section and 87% receive a regional block for emergency caesarean section. In Causeway Hospital statistics are presented annually for each calendar year, the most recent year for which data is complete is 2007 and the figures indicate that 97% of women received regional block for elective caesarean section and 87% received regional block for emergency caesarean section.

The review team is satisfied that the trust is meeting the standard criterion.

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** Fully Achieved **RQIA Assessment** Fully Achieved

Antrim Hospital is currently meeting this standard. In Causeway Hospital, the standard is met by the staff grade during office hours. Out of hours, senior cover is provided by a consultant paediatrician on call at home. The review team confirmed with the trust that the arrangements met the criterion in respect of the Causeway unit and were assured that it was.

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 Northern Trust reported it is currently meeting this standard. The review team confirmed this and noted that there are many new and robust systems in place which have been implemented as a direct response to serious incidents which have occurred in the past.

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 Substantially Achieved

In the trust, daytime handover is carried out directly and the 5.00pm handover either directly or, as necessary, by telephone. The Trust has also adopted the SBAR communication tool.

The review team felt the trust's self assessment was high, and felt that a level of substantially achieved was more reflective of the current position. This opinion is based upon the finding that some key staff live a considerable distance from the unit where they are employed, meaning that such response times are not always achievable. However, the trust asserted that response times have been met.

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** Fully Achieved **RQIA Assessment** Substantially Achieved

In anaesthetics in the trust, there are two tiers of junior doctors; a junior without competency is closely supervised at all times and a junior with competency is required to identify supervision needs. There is a system in place to capture this. There is an induction programme for junior doctors and each doctor in training has an identified educational supervisor. All newly appointed midwives are allocated a preceptor and a supervisor of midwives and follow a written programme to facilitate induction in all areas within maternity.

The review team found that attendance at training is documented, however, this showed that low numbers were participating in training. The team concluded that despite significant availability of training opportunities for doctors there may be conflict between the uptake of training in favour of service provision and the requirement to meet the EWTD.

In discussions with staff the review team found that junior obstetricians felt they were well supported to learn, however they did feel that there were challenges in achieving the balance between service delivery and training.

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

The trust is in the process of implementing the PROMPT training course with the first session due to be held at the end of March 2009. A database is being developed to record and ensure attendance on an annual basis. Each candidate will be issued with a student manual which outlines the learning aims and objectives for the course. An evaluation will be carried out on completion of the study day. There are regular tutorial sessions in-house, twice weekly, for all staff. RCOG trainees are required to attend the regional continuing medical education (CME) sessions and attendance is mandatory. Foundation trainees and GP trainees have similar programmes and attendance is facilitated. All training sessions within

the trust require a signature of attendance and line managers are made aware of non-attendance.

The review team explored the co-ordination of the provision of training in the use and interpretation of Cardiotocography in Intrapartum Fetal Surveillance. The Northern Trust indicated that midwives have historically been allocated to attend an annual study day facilitated by the Beeches Management Centre and this is supported by weekly multidisciplinary CTG review meetings. The Trust has introduced the K2 fetal monitoring system and all staff working within maternity are required to complete this training package on an annual basis. Compliance with this is monitored and feedback given to line managers. A robust supervision system for midwives is in place which enables learning/training needs to be assessed and acted on in conjunction with midwives and midwifery managers.

Doctors in training are assessed within the unit by their named educational supervisor and are also assessed each year at regional level by the Northern Ireland Medical and Dental Training Agency (NIMDTA). Equipment training is provided in the first instance by the company, and subsequent training is cascaded by a competent practitioner.

In relation to training in the use of the Physiological Early Warning Scores (PEWS), the Northern Trust reported having provided multidisciplinary in-service training in September 2008 on PEWS and SBAR. The current PEWS chart does not require scores to be added but works on colour coding and the training focused on the action required for the associated colour coding. All other observation charts were removed from the unit to prevent duplication of observation charts (apart from observations required for Magnesium Sulphate Infusion).

The review team confirmed that a system of mandatory training, including CTG training, is in place and there is documented recording of attendance. The review team did however express concerns at lack of staff attendance due to service pressures.

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** Unlikely to be Achieved **RQIA Assessment** Partially Achieved

The trust has a database which records attendance at courses. Attendance is also recorded on the duty rota and on leave profiles. For midwifery staff, training and development is monitored by midwife managers and supervisors of midwives. For medical staff there is an induction programme for junior doctors and each doctor in training has an identified educational supervisor. Delegates on the PROMPT training course will have seven opportunities throughout the year to attend. Attendance will be directed by the PROMPT faculty.

Protected teaching time for doctors in training is provided on a weekly basis and at weekly CTG meetings. Staff attending teaching sessions must sign a register of attendance, however, there is currently no mechanism to make attendance compulsory.

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** Fully Achieved
		RQIA Assessment Fully Achieved

The trust described having a robust induction programme in place. Each new member of midwifery staff is allocated a 'preceptor' for mentoring support for six months. A trust induction programme also exists. All new midwives are allocated a supervisor of midwives.

Medical staff are provided with local induction so they can be introduced to the working environment, policies and protocols. Competence is monitored throughout the six month period of induction to facilitate signing off the probation period at the end of the six months.

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.**	**Trust Level of Achievement** Unlikely to be Achieved **RQIA Assessment** Partially Achieved

In its self assessment the Northern Trust indicated that a maternity services strategy is being developed, which includes user involvement. Simultaneously, the Trust is producing a response to Developing Better Services, in respect of facilities from 2015, based on current recommendations for maternity units. Biannual review of facilities has not been a feature of the service, however deficiencies have been identified and rectified as and when possible on an individual basis.

Both the units visited by the review team are relatively new, however, there were some issues identified. In Antrim, the review team felt that the theatres and recovery area are too small and there is only one recovery bay meaning that women are often moved out of the area before they are ready. The trust does have problems with both staff and capacity and there is no funding at present to address this. The trust must therefore be innovative in the ways it utilises its current resources.

It was notable that initiatives such as the open breakfast service have been developed as a direct result of consultation with service users and that there is user feedback which has lead to changes in the delivery of the service, though this may be on an informal basis.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
9.2	**The audit process should involve user groups and a user satisfaction survey.**	**Trust Level of Achievement** Unlikely to be Achieved **RQIA Assessment** Partially Achieved

All women who use the maternity service in Antrim Hospital are asked to complete an evaluation on postnatal discharge. These evaluations are anonymous and are reviewed by each ward manager with any learning points identified. In Causeway Hospital, a user satisfaction survey was carried out in 2006 by the Head of Midwifery and the development of the breakfast bar system was a direct result of this. There is also a “suggestion box” facility available.

The review team felt that the trust is listening to service users with a view to improving the facilities within the service, therefore the trust should be rated at a level of at least 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** Substantially Achieved
		RQIA Assessment Partially Achieved

In the Antrim Hospital unit a care pathway has been developed for parents who have been bereaved and this has been revised in accordance with best practice. In Causeway Hospital the maternity unit has a dedicated 'quiet room' for use by bereaved parents. The unit has specific written information which can be provided to women experiencing miscarriage or neonatal loss. Within Causeway Hospital there is no direct support available such as a psychologist for bereaved parents, however, parents are given written contact details for support groups such as SANDS.

The review team was told of plans to develop a one-to-one close monitoring room within the delivery suite in Antrim Hospital and while the review team encouraged this development a concern was expressed that it would be achieved at the expense of the bereavement room facility.

Other environmental issues reviewed

All delivery rooms, across both units, are equipped with suction equipment, oxygen and anaesthetic gases, however, none of the rooms are designed to allow clinical equipment to be hidden and none of the rooms have bars and ropes (natural birthing aids) available. All of the rooms at both Antrim Hospital (7) and Causeway Hospital (4) have en-suite facilities, a comfortable chair and all have space for a birthing mat.

The Northern Trust has one fixed birthing pool available in the unit at the Antrim Hospital and 2% of women used this birthing pool for pain relief with just over half going on to deliver their baby in water. The Northern Trust has nine midwives trained to support women who choose to give birth in water, six of these are based at Antrim Hospital and the remaining three are community based.

The Northern Trust reported that it intended to introduce an additional birthing pool in Antrim Hospital. The review team observed that birthing rooms were somewhat clinical and there were not many birthing aids in the rooms. It was noted that the trust did have the equipment but it was unclear if there were adequate staff numbers trained to assist women in the use of birthing aids.

Standard 10: Outcomes

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

The Northern Trust reported that data on childbirth outcomes is available from the NIMATS system. A number of the outcomes are evaluated monthly and annually and the data is forwarded to the Head of Midwifery and the departmental leads for information. These are in relation to:

- Normal births without interventions.
- Instrumental births, ventouse, rotational or non-rotational forceps.
- Total births.
- Elective caesarean section – incidence and indications.
- Emergency caesarean sections – incidence and indications.
- Intrapartum stillbirths.
- Breastfeeding rates at birth and discharge.
- Maternal deaths.
- Neonatal deaths.

Data in relation to the other outcomes, except for neonatal birth injury and neonatal encephalopathy is available from the NIMATS or Clinical Risk systems on request.

In speaking with staff the review team found that the NIMATS system is not considered to be particularly user friendly as it is an older system and is due for upgrade. The trust has a systems manager who produces monthly reports but these are very basic and do not allow for detailed drill down. Often particular queries require a new query programme (SQL) to be written and these must be developed centrally by the Department of Information Systems (DIS). As a result the trust relies very heavily on manual systems and registers that work alongside the NIMATS system. DIS is working with the service to modernise the NIMATS system and make it more user friendly. In the main the review team concluded that the trust has been able to capitalise on the NIMATS system and use it fairly well.

The review team explored some specific outcomes during the review visit and confirmed there is audit of caesarean section rates which is presented at an annual peri-natal meeting and also an annual report where this information published. Although audit has shown that caesarean section rates are high, the trust has not been able to identify the rational for the high rates. There has been a recommendation to review the caesarean section rate and the trust is mandated to do this in the future. One potential solution to find out why rates are high may be in the form of a prospective audit of management of women in labour as it is often difficult to determine what could have been done differently after the event.

In addition to the initial profiling, the 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 Department of Health Social Services and Public Safety, Department of Information Systems (DIS) and trusts work together to ensure that in the future the NIMATS system is capable of producing statistical information in greater detail.

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

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

DHSSPS Recommendation 1.

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

In its self assessment the Northern Trust indicated that a maternity services strategy is being developed, which includes user involvement. Simultaneously, the trust is producing a response to Developing Better Services, in respect of facilities from 2015, based on current recommendations for maternity units. Biannual review of facilities has not been a feature of the service however deficiencies have been identified and rectified as and when possible on an individual basis.

DHSPS Recommendation 2.

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

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

DHSSPS Recommendation 3.

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

The trust has labour ward forums in place on both sites. The agenda includes the review of issues regarding current practice or protocol and discussion of any issues raised by staff. Core membership of the labour ward forum includes the lead consultant for the labour ward, lead midwife for the labour ward, anaesthetist, paediatric consultant, clinical risk midwife, sisters and the supervisor of midwives, others are invited as required. The trust reported difficulty with the recruitment of service users to the labour ward forum.

DHSSPS Recommendation 4.

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

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

DHSSPS Recommendation 5.

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

The review team noted there was no Maternity Service Liaison Committee in place on either site and steps should be taken to rectify this.

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.**

Round-table discussions involving the governance unit are held when appropriate. Where there is a high element of risk this is reported to the Trust Board, facilitated by the governance department. The Clinical Risk Midwife, in post since December 2008, plans to produce a quarterly trust-wide newsletter to provide appropriate feedback to all staff. Currently, individual feedback and debriefing does occur and those involved in serious incidents are given additional support.

DHSSPS Recommendation 7.

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

The review team confirmed that a system of mandatory multidisciplinary training, including CTG training, is in place and there is a system for documenting recording of attendance. The review team did however express concerns that service pressures were having an impact on staff attendance. Further detail on this issue is discussed in standard 8.2.

DHSSPS Recommendation 8.

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

The review team used the example of EFM guidelines to test the multiprofessional input into the development of protocols and guidelines and the sign off of such by all relevant staff. The trust was able to demonstrate a team approach to the process, where a core group worked on the policy development. Drafts are then shared across multidisciplinary teams, cascading downwards to allow all staff the opportunity for comment. All policies are then subjected to quality screening prior to sign off for implementation. Once agreed the EFM policy will be made available in all wards and departments and staff will be orientated via weekly cardiotocography (CTG) meetings, at staff handovers and at safety briefings held on a daily basis. The review team confirmed that there is evidence of multidisciplinary input to protocols, however, there is currently no service user involvement though this is an area being developed.

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.

Statutory supervision of midwives is a unique part of ensuring safe practice and protection. The trust was asked to outline how they are meeting the recommended ratio of one supervisor to fifteen midwives. The Northern Trust reported a ratio of 1 Supervisor of Midwives to 14 Midwives and the review team confirmed this was the case.

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.

During 2008/09 both sites have had the Birthrate Plus workforce tool completed. However the trust has no programme in place which audits staffing levels annually. In relation to the medical team, there is no recognised tool for the assessment of anaesthetic staffing levels. Issues regarding staffing are identified on an individual case basis and processed through clinical risk procedures as appropriate.

Although there is no annual external audit of staffing levels, there is ongoing internal work to manage this. The trust outlined difficulties in recruiting temporary midwifery cover which is being addressed by the creation of additional permanent posts. There is a regional workforce group that is looking at this situation and the trust participates in this. The review team found that the trust undertakes extensive internal management of staffing levels and felt that the actual level of achievement was, in fact, higher than that assessed by the Trust.

The trust requires two additional staff grades in order to meet the European Working Time Directive (EWTD) at the Antrim site. There has been contact with the Northern Ireland Improving Junior Doctors Working Lives Implementation Support Group (ISG) on this issue but there has been no feedback and there is no guaranteed funding to secure these posts.

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.

On the Antrim Hospital site, all midwives are rotated on a 12-18 month basis around each area, however, if an individual need is identified as a result of either supervisory contact or the appraisal system, individuals are rotated to specific areas for training or service needs. The review team found that at Antrim Hospital there were six to eight permanent night staff, however, the trust tries to rotate staff to day shift for four weeks throughout the year. It was emphasised by the trust that the maternity unit is as busy at night as it is during the day therefore skills are utilised. Night staff have to attend all mandatory study days. Despite this assurance, the review team felt that night cover and the necessary training rotation for night midwives was an issue which was not being managed appropriately.

In Causeway Hospital, there is an integrated unit where midwives maintain their skills in all aspects of midwifery including delivery suite, antenatal and postnatal ward, admissions and maternal/fetal assessment and antenatal clinic. Staff are allocated on the duty rota specifically for delivery suite for four weeks but may also be required at other times to work in the delivery suite or rotate to other areas depending on the demands of the service. Night staff rotate onto day duty for a period of 8 weeks in the year. Due to the staffing levels at night midwives may work in all areas within one shift.

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.

In the trust there are no specific high dependency areas, nor equipment to facilitate this type of care. Women requiring observation will be transferred to the intensive care unit. Midwives do not have specialist high dependency training. However, plans are being developed for a one-to-one close monitoring room within the delivery suite in Antrim Hospital and appropriate equipment is currently being sought to facilitate this.

The review team confirmed that the trust had clear protocols for managing sick patients and was undertaking a process of upgrading midwifery training to allow them to do invasive monitoring if the patient is stable. The review team encouraged the development of the close monitoring room, however, it was noted that this was at the expense of a bereavement room and delivery room. The team felt that conversion of one of the delivery rooms to a close monitoring room is counterproductive to effective intrapartum care as it would reduce capacity. The Trust should reconsider its plans in relation to providing this without reducing

capacity. There are no similar plans for the Causeway site which despite being a lower risk unit still does have ill patients.

DHSSPS Recommendation 14.

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

The trust has introduced a Physiological Early Warning Score (PEWS) system which had been recently audited. The result of the audit showed that the trust did not perform well. To address this, the trust looked again at their processes and there is now a weekly audit of three charts and the trust is moving towards real time audits, making audit live and real for the staff on the ground. The SBAR (Situation, Background, Assessment, Recommendation) communication tool has been introduced trust-wide and safety briefings are carried out at each shift handover between both midwifery and medical staff. This is enhanced by informal communication.

DHSSPS Recommendation 15.

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

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

DHSSPS Recommendation 16.

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

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

DHSSPS Recommendation 17.

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

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

DHSSPS Recommendation 18.

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

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

DHSSPS Recommendation 19.

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

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

DHSSPS Recommendation 20.

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

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

DHSSPS Recommendation 21.

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

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

DHSSPS Recommendation 22.

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

In relation to transfers of an acutely ill woman to another unit, the Northern Trust has indicated that each case is assessed on an individual basis. Women who are critically ill and require transfer are dealt with through NICATS, however women who are acutely ill are assessed on an individual basis. The trust does not have a written protocol for the transfer of acutely ill women.

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 specialties.**

The trust has had a programme of Practical Obstetric Multiprofessional Training (PROMPT) running from March 2009. This is mandatory but there are difficulties in releasing staff to attend. There is a series of adhoc drills which are documented and for which feedback is provided. The drills are all multidisciplinary. The review team was shown how these drills can identify problems and bring about changes in practice. One such drill identified the lack of O negative blood being kept on site, therefore blood was not always readily available. This issue was further exacerbated by communication difficulties with the laboratories. Once the

problem was identified the maternity service and the laboratories worked together to produce a new post partum haemorrhage (PPH) protocol. The SBAR communication tool has been introduced on a trust-wide basis and safety briefings are carried out between both midwifery and medical staff.

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 named consultant is the designated point of contact and is responsible for co-ordinating clinical management. If unavailable the responsibility will be transferred to the duty consultant. Information given to the family is also recorded in the chart to ensure the communication of consistent messages and avoid any confusion.

DHSSPS Recommendation 25.

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

The trust reported that all midwives are required to have an annual appraisal performed by their line manager or appropriate person identified. This is recorded on documentation recommended by trust policy and any action points which are identified are fed back to the appropriate line manager. The review team confirmed that any specific training requirements would be identified through supervision and training processes. When speaking with midwives the review team found that the appraisal system was not as robust as it should be, but that there is a strong system of supervision in place.

The review team confirmed that appraisal for junior doctors in obstetrics assessment is in keeping with the RCOG documentation. Such trainees have a more structured appraisal system, including competency based on site assessments and training five times per year in order to be deemed competent. Systems of cross cover can take consultant cover away from the labour ward and therefore there is not always a consultant present to ensure supervision.

Consultant appraisals are carried out in line with the trust's policy on appraisal, having robust appraisals every year which includes reference to CPD and attendance at necessary courses.

DHSSPS Recommendation 26.

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

The trust's Clinical Risk Management Group has published an incident trigger list to guide staff, and patients, in the identification and reporting of adverse incidents which occur within the trust. The list is wall mounted and clearly visible to all staff within all clinical areas within

the units on both sites. During the observational site visit the review team was able to observe these lists.

DHSSPS Recommendation 27.

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

The trust has a risk management midwife in post, who deals with staff involved in clinical incidents, the promotion of reporting and the management of the feedback process. The trust indicated to the review team that the system is new and is currently based around individual feedback and working directly with staff involved in incidents. If any changes in practice are required this will be passed initially to a senior midwife. Lessons learned are disseminated via a system of memos or safety briefs to each ward, which are then cascaded to all staff.

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.**

Individual and debriefing sessions occur and those involved in serious incidents are given additional support. Further detail on the management and communication of incidents is referenced in standard 1 of this report.

DHSSPS Recommendation 29.

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

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

DHSSPS Recommendation 30.

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

Round-table discussions involving the governance unit are held when appropriate. Where there is a high element of risk this is reported to the Trust Board, facilitated by the governance department. The Clinical Risk Midwife, in post since December 2008, plans to produce a quarterly trust-wide newsletter to provide appropriate feedback to all staff. Currently individual feedback and debriefing does occur and those involved in serious incidents are given additional support.

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 45 mothers who gave birth in the Northern Health and Care Trust who took time to complete and return them.

Summary

When asked how content they had been with their overall birth experience they had in Northern Heath and Care Trust hospitals, **32%** of the 45 women who responded to this question replied that they were **completely content** and an additional **50%** 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)?	**48.9% (22)**	40.0% (18)	11.1% (5)	0% (0)	0% (0)	0% (0)
To what extent did you feel listened to?	**42.2% (19)**	48.9% (22)	6.7% (3)	2.2% (1)	0% (0)	0% (0)
To what extent did you feel you and your birthing partner(s) were treated with respect and dignity?	**50.0% (22)**	45.5% (20)	4.5% (2)	0% (0)	0% (0)	0% (0)
To what extent did you feel your wishes were respected and accommodated?	**47.7% (21)**	34.1% (15)	18.2% (8)	0% (0)	0% (0)	0% (0)
To what extent did you feel your religious and cultural beliefs were respected and accommodated?	**44.4% (20)**	26.7% (12)	6.7% (3)	0% (0)	0% (0)	22.2% (10)
To what extent did you feel you were kept regularly informed about your care?	**42.2% (19)**	42.2% (19)	15.6% (7)	0% (0)	0% (0)	0% (0)
To what extent did you have confidence and trust in the staff caring for you during labour and birth?	**60.0% (27)**	37.8% (17)	2.2% (1)	0% (0)	0% (0)	0% (0)

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

Table 3 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.

Just over half of mothers were completely satisfied and a further quarter very satisfied with the opportunity for skin-to-skin contact immediately after birth. Half of all mothers who responded to the survey stated a complete satisfaction and the majority were very satisfied with the homeliness, comfort, privacy, level of heating and lighting and the space to move about and change position in the delivery suite.

The majority of mothers in the Northern 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 believes respected and accommodated and kept regularly informed about their care. **Sixty percent of women said they had complete confidence and trust in the staff caring for them**.

Twenty-two percent of mothers reported that they breastfed their baby while still in the delivery suite and a further 8% bottle fed their baby in the delivery suite. **About half of women** (between 44% and 65%) who responded said they **were either completely or very satisfied that those caring for them gave consistent advice, practical help and the opportunity to be involved in decisions. Over a quarter** of those responding stated that they **were only somewhat satisfied with the active support and encouragement and the information or explanations they needed** regarding feeding their baby (either breast or bottle).

The Royal College of Obstetricians and Gynaecologists' Standards for Maternity Care state that "facilities in birth settings should be at an appropriate standard and take account of the woman's needs and the views of service users by being less clinical, non-threatening and more home-like whenever possible".[i] The one aspect of the environment and facilities that gave mothers in the Northern Health and Care Trust the least amount of satisfaction was how attractive or homely the delivery suite was. While **31% of mothers giving birth within the Northern Health and Care Trust responded that they were very satisfied and 29% somewhat satisfied, only 16% said they were completely satisfied** with this aspect of the delivery suite.

A selection of statements made by mothers who gave birth in Northern Health and Care Trust hospitals. We recognise that the number or returns for individual hospitals in some cases were small and may not be a representative sample. The following statements obtained from questionnaires are a selected sample only and should not be taken as being representative of the trust as a whole.

"The midwife that delivered my baby was brilliant."

"I had a very good labour and was looked after brilliantly."

"Quite satisfied with the care given by midwife/doctor in charge. Was taken to theatre for emergency caesarean, although ended up with a natural birth as the anaesthetist didn't arrive when he should have but I was able to have the baby naturally, which was just as well!"

"Following the birth I remained in delivery suite for four and a half hours it got very cold in the room."

"No birthing pool was available during labour."

"When my baby was born by section I did not see him until he was washed and dressed and I was very upset because I had looked forward to this important bonding time. (Baby was well Apgar score of 9). When my husband went to look at baby midwives said he could see the baby when they were finished."

"Didn't have a delivery suite, so had to give birth in the Caesarean room on a bed with no sides!! Completely dissatisfied needless to say!!"

"Wasn't offered skin to skin at all. Very quick delivery - 75 minutes - so wasn't offered birthing aids and was on bed from I came in."

"A very positive, relaxing experience. Very good facilities / accessibility."

"I found the delivery suite very warm, and it didn't have any openable windows to get any form of fresh air before the baby was born."

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.**

Northern Trust recommendations

Standard 4: Staffing Levels

1. The Trust should explore ways to strengthen the on site midwifery leadership at night and reduce the need for the band 6 midwives to call the band 7 midwives for advice on patient management.

2. The Trust should ensure that all midwifery staff have regular rotation, around all areas of practice, and that there is a system of rotation on and off night duty.

3. To help achieve appropriate levels of consultant presence on labour ward, the Trust should review clinic provision with a view to implementing a phased reduction of peripheral clinics

4. .The Trust should continue to pursue the establishment of an early assessment unit and a midwifery led care model at Antrim Hospital.

Standard 6: Core responsibilities

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

Standard 7: Emergencies and Transfers

6. The Trust should consider developing a high dependency care facility close to the labour ward in Antrim.

7. The Trust must ensure they have robust procedures to ensure consultant obstetricians are available within 30 minutes and that this is reviewed on a regular basis.

Standard 9: Environment and Facilities

8. The Trust should take into the account the requirement for a bereavement room when developing their plans to provide a close monitoring room / high dependency area at Antrim Hospital.

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

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

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

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