

REVIEW OF THE MIDWIFERY LED UNIT IN CHIPPING NORTON

2008-2012

ACTION PLAN

The Oxford University Hospital NHS Trust made the decision to conduct an extensive review into the Cotswold Maternity Unit following concerns raised through internal monitoring processes about clinical care. The problems related to working practices within the unit and were not confined to a single incident. These issues when considered together were concerning and informed the Trust’s decision to suspend births at the unit and undertake this review. The review identified a number of recommendations that need to be actioned before the unit opens for births by the 1st July 2013. This action plan outlines the recommendations, the individuals responsible, the timescale for completion and evidence to support implementation of the recommendation.

1. Clinical Governance arrangements

RECOMMENDATION	INDIVIDUAL RESPONSIBLE	TIMESCALE	EVIDENCE
It is essential that there is a consistent approach across all the midwife led units in Oxfordshire and that all practice in the midwife led units complies with the OUH and National guidelines.	Clinical Midwifery Manager	June 2013.	
Monitoring must occur in each MLU and monthly meetings should be held to review numbers of births, transfers and cases; senior midwifery staff should be involved in the meetings. These must feed into	Clinical Governance Manager	Start date April 2013. Monthly meetings.	Proforma developed. Meetings arranged for Wallingford, Wantage and the Spires starting April 2013

the Directorate and Divisional governance structures and this will ensure that any concerns are identified quickly and actions taken.			
Audits should be undertaken by Supervisors of Midwives to ensure compliance with local and national guidelines and the results presented at the Directorate Governance Committee.	Contact Supervisor of Midwives	Start date April 2013. Agree ongoing audit timescales.	
The MLU's in Oxfordshire should be benchmarked against other units across the UK to offer assurance about practice, guidelines, numbers of births, antenatal and postnatal services.	Clinical Midwifery Manager	April 2013.	
Regular meetings should be held between CMU staff and local GPs to improve communication and provide information about changes within the unit or local/national guidance.	Clinical Midwifery Manager	Meetings to be arranged from April 2013 and agree frequency. Action notes to be agreed and circulated after each meeting.	
The senior midwifery management team should provide regular support for all staff in the CMU.	Clinical Midwifery Manager/Head of Midwifery	Fortnightly visits/meetings to the CMU.	
There should be quarterly visits from the Divisional Executive team to meet staff.	Head of Midwifery/Divisional General Manager	Start date – April 2013.	First visit arranged for 23 April 2013
The HOM will work closely with the Oxfordshire Commissioning Group to agree reporting structures and provide assurance about the safety of the CMU.	Head of Midwifery/Lead Commissioner	Finalise May 2013.	Meeting being arranged
Links should be developed with local			

user groups to receive feedback about the services provided in the CMU.	Clinical Midwifery Manager	Start May 2013.	
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2. Clinical Practice

RECOMMENDATION	INDIVIDUAL RESPONSIBLE	TIMESCALE	EVIDENCE
Managers should ensure all staff are aware of and work within local and national guidelines and this should be monitored through audit and Supervision of Midwives.	Clinical Midwifery Manager	April 2013.	
Collaboration should be enhanced between OUHT and OBU to ensure excellence in the development of the midwives of the future. The senior midwifery management team should work closely with OBU to ensure OUHT receives regular feedback from the Midwifery Link Lecturers.	Head of Midwifery/Lead Midwife for Education	Finalise arrangements – April 2013.	Maternity Practice Education Forum arranged for 22 April 2013. To be held quarterly.
The HOM and Lead Midwife for Education should agree formal feedback mechanisms regarding pre and post registration midwifery training.	Head of Midwifery/Lead Midwife for Education	Finalise arrangements – April 2013	Monthly meetings agreed. First meeting took place 18 March 2013
There must be involvement and support from the Consultant Midwives in the provision of women's care, especially if women with known obstetric or medical risks request to birth in the CMU.	Consultant Midwives	Arrangements in place.	

3. Risk Management systems

RECOMMENDATION	INDIVIDUAL RESPONSIBLE	TIMESCALE	EVIDENCE
Every member of staff must report incidents in line with the Trust's Incident Reporting system; this will be monitored by the Clinical Governance team.	Clinical Governance Manager	Start and agree monitoring process in April 2013.	
Opportunities for staff to meet with senior management will be put in place and details of how concerns should be escalated highlighted to every member of staff.	Clinical Midwifery Manager/Head of Midwifery	Finalise arrangements – April 2013.	
Workplace assessments should be completed as appropriate.	Clinical Midwifery Manager	As necessary.	

4. Environment

RECOMMENDATION	INDIVIDUAL RESPONSIBLE	TIMESCALE	EVIDENCE
The environment within the CMU will be reviewed to make the necessary changes e.g. remove the resuscitaire from the birthing room and relocate to another area within the unit.	Team Leader/ Clinical Midwifery Manager	Complete June 2013.	
The telephone system must be changed so calls can be heard by all staff wherever they are in the unit.	Team Leader	May 2013.	
The front door bell must be changed so it can be heard by all staff in the unit.	Team Leader	May 2013.	

5. Women's expectations

RECOMMENDATION	INDIVIDUAL RESPONSIBLE	TIMESCALE	EVIDENCE
The OUHT policy for length of stay and discharge procedures should be made clear to women at booking and be consistent in all MLU's.	Team Leader	April 2013.	
The OUHT policy for length of stay and discharge procedures should be made clear to women at booking and be consistent in all MLU's.	Team Leader	April 2013.	
The provision of antenatal sessions and breastfeeding support should be reviewed because current practice is not using staff resource efficiently and does not provide women with peer support.	Team Leader	May 2013.	

6. Staff

RECOMMENDATION	INDIVIDUAL RESPONSIBLE	TIMESCALE	EVIDENCE
The clinical midwifery manager will meet every member of staff working in the CMU to understand their choice of place of work.	Clinical Midwifery Manager	April 2013.	Meetings with staff have taken place during April 2013. Action plan to be agreed.
The clinical midwifery manager will review and agree the on call arrangements and links with other community teams.	Clinical Midwifery Manager	May 2013.	
Appropriate midwifery cover in GP		May 2013.	

practices should be provided to improve continuity and communication.	Clinical Midwifery Manager		
The clinical midwifery manager will review night time cover within the CMU; considering either an on call system or the employment of individuals on an annualised hours contract.	Clinical Midwifery Manager	Complete June 2013.	
Staff must comply with the European Working Time Directive.	Team Leader	Immediate.	
The clinical midwifery manager will arrange team building sessions to ensure a cohesive, positive working environment for every member of staff.	Clinical Midwifery Manager	Start May 2013.	

7. Supervision of Midwives

RECOMMENDATION	INDIVIDUAL RESPONSIBLE	TIMESCALE	EVIDENCE
Supervisors of Midwives must monitor practice, ensure staff are aware of guidelines and monitor compliance.	Supervisors of Midwives	Agree process with the LSAMO – April 2013.	Discussed at the Supervisor of Midwives meeting on 4 April 2013. Plan to be agreed.
Supervisors of Midwives must provide updates for staff on the importance of contemporaneous record keeping, audit and feedback through the Divisional governance structures.	Supervisors of Midwives	Agree process with the LSAMO – April 2013.	Discussed at the Supervisor of Midwives meeting on 4 April 2013. Plan to be agreed.
The Midwives Rules and Standards 2012 should be discussed with every	Supervisors of Midwives	Annually.	Discussed at the Supervisor of Midwives meeting on 4 April 2013.

midwife during their annual review meeting to ensure all staff are aware of their professional responsibilities, in line with the Nursing and Midwifery Council.			Plan to be agreed.
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8. Marketing and communication

RECOMMENDATION	INDIVIDUAL RESPONSIBLE	TIMESCALE	EVIDENCE
The Trust will develop strategies to ensure there is a robust structure in place to communicate effectively with the local GP's in Chipping Norton.	Senior midwifery and Media and Communication teams	May/June 2013	
The Trust will develop ways to meet and communicate with the local population of Chipping Norton about maternity services.	Senior midwifery and Media and Communication teams	May/June 2013	

9. Monitoring

The action plan will be approved by the Director of Clinical Services and will be monitored by the Childrens and Womens Division through the Clinical Governance structures.

Updates will be provided at Trust Board in May and June 2013.