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Department for Health and Social Services
Prif Swyddog Nyrsio - Cyfarwyddwr Nyrs GIG Cymru
Chief Nursing Officer - Nurse Director NHS Wales



Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair – Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

27 November 2013

Dear Mr Millar

Public Accounts Committee Recommendation 12: Maternity Performance Board Meetings

I have pleasure in enclosing an update on the Maternity Performance Board meetings held in autumn of this year. This is to meet the requirements of Recommendation 12 of the Public Accounts Committee report on Maternity Services

Yours sincerely

A handwritten signature in black ink that reads "Jean White".

Professor Jean White
Chief Nursing Officer
Nurse Director NHS Wales



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UPDATE ON THE MATERNITY PERFORMANCE BOARD MEETINGS AUTUMN 2013

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MATERNITY PERFORMANCE BOARDS - TERMS OF REFERENCE

Background

The remit of the Performance Boards is to hold Health Boards to account for the delivery of maternity services in line with the key actions within the Strategic Vision for Maternity Services in Wales by:

- Reviewing and monitoring delivery plans;
- Reviewing outcome indicator and performance measure data;
- Discussing areas for concern where performance is not improving;
- Agreeing an action plan for improvement;
- Promulgating good practice across Wales;
- Providing feedback to performance management at WG to inform their processes.

Membership

Professor Jean White - Chief Nursing Officer – Chair
Polly Ferguson – Nursing Officer Maternity and Early Years
Dr Heather Payne – Senior Medical Officer Maternal and Child Health
Committee secretariat

Process

Welsh Government will meet with the Maternity Service leads of each Health Board to review performance.

Prior to each Health Board meeting, and to inform the discussions, the CNO will ask for written evidence from the following organisations:

- The Health Board under review
- Chair of the respective MSLC
- Royal College of Midwives
- Healthcare Inspectorate Wales
- Local Supervising Authority
- Royal College of Obstetricians and Gynaecologists

Following each Health Board meeting, the Health Board will receive a written report from Welsh Government identifying where progress has been made and where improvements are required.

Frequency of Meetings

Twice a year.

Health Board Representatives

The Health Board will be represented by:

- Head of Midwifery
- Clinical Director for Maternity
- Directorate Manager
- User Chair or representative of Health Board's Maternity Services Liaison Committee (MSLC)

SUMMARY OF MATERNITY PERFORMANCE BOARD MEETINGS – AUTUMN 2013

All Health Boards have attended a Performance Board meeting. There was good engagement from the maternity leads who demonstrated a clear understanding of the challenges ahead and a commitment to improve services.

The CNO wrote and asked for evidence from all relevant organisations prior to the autumn meetings. Information was received from the Royal College of Midwives and two of the MSLCs.

Successes

- **Data Collection**

Whilst it remains a challenge to collect robust data we recognise that significant progress has been made to introduce new systems across all Health Boards. We are confident that by April 2014 all Health Boards will be able to collect data on all of the performance measures and indicators set by Welsh Government with the assistance of Public Health Wales. Once we have robust data sets this will enable a shift in focus to monitoring improvements in service provision.

A positive consequence from us collecting data is that the scale of the public health challenge is becoming clearer. This greater understanding of the problems is enabling Health Boards to consider the implementation of appropriate interventions to encourage healthy lifestyles.

- **Midwifery Workforce**

There continues to be safe staffing levels in midwifery services across all Health Boards. All are committed to maintaining compliance with the levels recommended through the Birthrate Plus acuity tool and regularly review their status. Only one Health Board in Wales is currently not compliant – Hywel Dda Health Board who is short 3.37 wte. The Health Board has plans in place to be compliant by the spring 2014 and currently uses Bank and Agency staff to maintain the right level.

Challenges

- **Caesarean section rates**

Caesarean section rates remain stubbornly high in many units. This is a complicated issue and improvement relies upon a multitude of factors not least an improvement in the general health of pregnant women and a shift in the culture of intervention which has developed in some areas.

- **Compliance with RCOG guidelines on Medical Consultant presence on Labour Ward**

Whilst all Health Boards report that their services operate safely, only Aneurin Bevan reports being RCOG compliant. Decisions around service reconfiguration are imminent and workforce plans will be addressed as part of this process.

Notes of Maternity Performance Board Meetings Autumn 2013

Abertawe Bro Morgannwg University Health Board – 23 September

1. Performance Data

i. Caesarean section rates:

August 2013 – 26.8%

Caesarean section rates have been consistently higher than 25% since the previous performance board meeting. This is attributed to a culture of intervention which needs to be challenged. The Health Board has been tasked with transforming this culture in order to improve rates.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

August 2013 – 50% seen by 10 weeks

The collection of these data is now more robust and the Health Board is continuing to work on improving this rate.

iii. Rates of women with existing mental health conditions who have a care plan in place:

The Health Board is unable to report this at present.

The midwife records whether women have one of 5 specific mental health problems but is unable to record the subsequent care plans.

The recording of this information continues to be a challenge. The health board is reviewing their processes and considering the use of 'digi-pens' to electronically capture data to reduce duplication and improve data collection.

Welsh Government expects to see better data at the 2014 performance board meetings and this will be discussed at the all Wales Heads of Midwifery Advisory Group in November.

iv. Percentage of women and partners who said they were treated well by the maternity services:

August 2013 - Overall satisfaction level of 90%.

The Health Board collect their own data and have set a target of 95% satisfaction.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

These data are not yet collected in the Myrddin patient administration system and a change request has been submitted to NWIS. Three month data supplied by Child Health Department shows that the figure is 22% (between January and March 2013).

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance misuse:

The Health Board is unable to record this information on their current system and has made a request to NWIS for a change in the Myrddin system. Welsh Government will raise this issue with NWIS.

Smoking

At present, the Health Board records the number of women who smoke and have been referred to cessation services but not the number of women who gave up.

Weight gain

Data collected by the Health Board shows that approximately 20% of the pregnant population has a BMI of over 30. The Health Board recognises this as an issue and is working to find effective interventions.

Alcohol and substance misuse

The Health Board is currently unable to collect robust data due to the current system. The data are currently collected manually by a substance misuse midwife.

Welsh Government is currently developing a business case for implementing motivational interviewing training for midwives. Motivational Interviewing techniques should give midwives the ability to discuss the above issues with pregnant women and encourage behaviour change.

2. Data Collection

Informatics issues need to be resolved in relation to the Myrddin system to enable Health Boards to collect robust data. The Health Board is seeking opportunities to introduce 'digi-pens' for midwives.

3. Maternity Services Liaison Committee (MSLC)

The committee continues to work well and the Health Board keeps the MSLC informed of issues of interest.

4. **Staffing**

Midwifery

Birth Rate Plus compliant.

Medical

Not RCOG standard compliant.

A plan is in place to raise consultant hours at Singleton Hospital. The Health Board does not use locum staff.

The Health Board continues to wait for the outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover.

ANEURIN BEVAN – 4 October

1. Performance Data

i. Caesarean section rates:

September – 23.9%

The high rates of Caesarean section are attributed to a culture of intervention within the health board and low rates of External Cephalic Version (ECV). The Health Board officers have visited Cardiff and Vale University Health Board to look at their practices and as a result will be introducing new CTG equipment in March 2014. In addition, trial Vaginal Birth After Caesarean (VBAC) clinics will be running from October 2013.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

The Health Board has been unable to collect this data, however the MSLC has completed a piece of work to determine where women are seen for their initial assessment. They found that 100% of women went to their GP first. The Health Board is working with midwives and practices to ensure better promotion of direct access.

iii. Rates of women with existing mental health conditions who have a care plan in place:

Data are not currently collected, however a referral is made to either a specialist midwife or the GP and the Health Board is confident that women are receiving appropriate care.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The Health Board started collecting data from patients in April 2013 using '2 minutes of your time'. The Health Board reports a challenge in collecting data from new mothers and agreed to use and report on the Welsh Government All Wales Service User Experience Survey at the next performance board meeting.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

July 2013 - 26%. Work is underway to develop an antenatal pathway to encourage women to breastfeed.

vi. Rates of women who gave up smoking,; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance misuse:

Smoking

Data are not yet available on the percentage of women smoking at the end of pregnancy. The Health Board is currently piloting a smoking cessation scheme which, if successful, will be rolled out across their area. Data will be available at the next meeting.

Weight gain

This requires a change in practice and further investment in weighing scales. The Health Board is in the process of carrying out an audit and will take action to improve data collection in time for the next performance board meeting.

Alcohol and substance misuse

The Health Board employs a designated lead midwife in these areas. A recent health initiative promoting more open and honest responses from woman has shown more accurate data are being collected. A pilot is underway to help women understand their alcohol consumption.

The Health Board should be able to provide further data at the next meeting in the spring.

2. Data Collection

The Health Board has significantly improved its data collection and acknowledges the further work which is required. The MSLC has input on data collection issues also.

3. Maternity Services Liaison Committee (MSLC)

The MSLC is developing and has good involvement with Health Board issues. They now have a Facebook page and use online tools. They have chosen specific issues to tackle such as parent-craft and access to water for labour and birth.

4. Staffing

Midwifery

Birth Rate Plus compliant

Medical

RCOG standard compliant.

POWYS – 7 October

1. Performance Data

The Health Board began using the Myrddin system from 1 October. It is acknowledged that there remain some gaps in the system. Welsh Government will continue to work with NWIS to resolve this.

i. Caesarean section rates:

July 2013 – 21%

All women who require any intervention in labour are transferred outside Powys to a district general hospital. The health board is in regular contact with the external DGHs on this issue.

The normal birth rate in Powys remains around 95%

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy

All women are currently being seen by 12 weeks and work continues to ensure initial assessments by 10 weeks.

iii. Rates of women with existing mental health conditions who have a care plan in place

87% of women with an existing mental health condition had a plan in place.

iv. Percentage of women and partners who said they were treated well by the maternity services

The Health Board added the question to their own comment cards as of August 2013 and will use the all Wales approach once it has been issued.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

July 2013 - 52% of the total population of babies in Powys, not separated by place of birth. Powys midwives offer home visits over a 24 hour period to help with breastfeeding.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance misuse

Smoking

At present data are collected at the initial booking and on referrals but not at the end of pregnancy. The Health Board is working on improving data collection through the implementation of Myrddin.

Weight gain

Women are weighed at the start of their pregnancy but not at the end. The Health Board is currently investigating the implementation of a healthy diet scheme for women with a BMI over 35 with consideration given to low income families.

Alcohol and substance misuse

Data supplied by the Health Board includes both alcohol and substance misuse. Kaleidoscope (substance misuse team in Powys) record referral as opposed to the cessation of misuse.

2. Data Collection

The Myrddin system went live on 1 October. While there are still some gaps in the system further improvements in data collection are anticipated at the next meeting.

3. Maternity Services Liaison Committee (MSLC)

The MSLC has recently held its first video conference with good feedback from members. The development of a Facebook page is underway.

4. Staffing

Birth Rate Plus compliant.

A system of visiting obstetricians is in place.

CWM TAF – 8 November

Significant progress has been made by the Health Board in the collection of the data required.

1. **Performance Data**

i. Caesarean section rates:

April 2013 – 33.9%

An audit was taken of all caesareans which were carried out in April 2013 when the rate peaked at 37%. Work is underway to tackle the high rates. The Health Board is undertaking continuous audit of all inductions along with a birth environment audit. In addition a multi-disciplinary team is being developed to review requests for Caesareans, Midwife led VBAC clinics are being put in place and training in providing aromatherapy has been provided to midwives.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

49.6% of women are currently seen before 10 completed weeks of pregnancy. The Health Board is currently targeting teams with low compliance to consider what actions need to be taken to improve early access.

iii. Rates of women with existing mental health conditions who have a care plan in place:

Progress has been made in capturing data with further improvement planned for the next meeting. The Health Board has systems in place to enable midwives to refer women – usually to their GP for a care plan/review of existing plans. It was acknowledged that a copy of the care plan needs to be available in the notes for obstetric purposes.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The 2 maternity related questions will be added to the Health Board's own survey. Feedback on services is already gathered through this survey and care is improved based on feedback. One example of this is where visiting times for partners were changed.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

September 2013 – 23%. This data is provided from Child Health Department. More robust data will be available for the next meeting. The Health Board has invested in nursery nurses as part of the midwifery team to support and encourage women to breastfeed.

vi. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance

misuse:

Smoking

Rates of women smoking are high but there has been some progress in quit rates. Further improvements have been made to collect data which will be made available at the next meeting. The Health Board is working with Communities First and Public Health Wales (PHW) to support women to quit. CO monitors are being used – well received by mothers.

Alcohol

Midwives are increasing awareness around alcohol consumption and are recording data, however, at present there is no specialist midwife in post and there are no accurate data on women who have reduced their intake.

Weight

The Health Board report rates of around 29% of pregnant women with a BMI of over 30 at initial assessment. BMI is discussed with women to offer them support in healthy eating and exercise to support them to maintain a healthy weight gain in pregnancy. The Health Board also provides women with the 'Tommy's' healthy weight gain in pregnancy booklet. Data are not yet recorded on weight at the end of the pregnancy.

2. Data Collection

Significant progress has been made.

3. Maternity Services Liaison Committee (MSLC)

At present there is no chair in place, however, meetings are still going ahead which alternate between two sites within the Health Board area.

4. Staffing:

Midwifery

Birth Rate Plus compliant

Medical

Not RCOG standard compliant, however, labour ward is prioritised to ensure a safe service.. The Health Board is waiting for the imminent outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

CARDIFF AND VALE – 5 November

1. Performance Data

i. Caesarean section rates:

September 2013 – 20.6%. The rate is consistently below 25% and includes high risk women from other Health Board areas. The Health Board's proportion of normal births is 65%

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

It is estimated that around 17% of women are being seen at 10 weeks although the majority of women are seen by 12 weeks. New systems are being implemented to increase direct access to a midwife within the community to address this. The provision of antenatal services is to be moved back out into the communities in order to promote early direct access to midwives.

iii. Rates of women with existing mental health conditions who have a care plan in place:

The Health Board reported that data are not yet collected, however, with the introduction of the Euroking system it is hoped this will be available for the next meeting. The Health Board is in the process of appointing a perinatal mental health midwife and a lead obstetrician with mental health interest to ensure a pathway of referral and care is in place.

iv. Percentage of women and partners who said they were treated well by the maternity services:

This information is not currently collected, however, it will be added to the standard questionnaire to ensure data are available for the next meeting. Work has been undertaken by the MSLC to encourage the collection of feedback by midwives on the Midwifery Led Unit.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

September 2013 – 39.1%. The Health Board estimates a 70% initiation rate but many move to bottle feeding by day 10. The Health Board is considering initiatives to encourage women to continue breast feeding.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; gave up substance misuse

Smoking, Alcohol and Substance Misuse

The Health Board has some data starting in July 2013, when Euroking was introduced, however it is not robust enough to report any trend. More accurate

data will be available for the next meeting. A referral mechanism is in place to a specialist midwife for alcohol, smoking and substances.

Weight

Around 20% of women are recorded as having a BMI above 30%. Work is underway to introduce interventions and pathways of care are already in place for those women with a BMI above 35. Investment had been made in scales to allow midwives to weigh women at 36 weeks to enable the availability of more robust data.

2. Data Collection:

The Health Board implemented a new data collection system, Euroking, in July 2013. Ten weeks of data was available for this meeting. More robust data will be available for the spring 2014 meeting.

3. Maternity Services Liaison Committee (MSLC)

The MSLC Chair reported good support from maternity services within the Health Board, particularly from midwifery services and from the Head of Midwifery. Meeting attendees include representation from gynaecology, obstetrics, Public Health Wales and midwifery at MSLC meetings. A Facebook page has also been started.

4. Staffing

Midwifery

Birth Rate Plus compliant.

Medical

Not RCOG standard compliant, plans are in place to relocate a Consultant from Llandough to UHW. Locum staffing are rarely used; locums are used that already work within the Health Board.

The Health Board is waiting for the imminent outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

BETSI CADWALADR – 8 November

1. Performance Data

i. Caesarean section rates:

September 2013 – 26%. The rate is skewed by the high rates in the central area of North Wales. A culture of intervention has been identified. Work is underway to address the high rate across the Health Board with targeted action at Ysbyty Glan Clwyd.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

The rate of women seen by 10 completed weeks is high in Betsi Cadwaladr at around 70%. This reflects the work which has been put into engaging with GP practices. The Health Board continues audit the data to ensure the high rate is maintained and improved. Training has been provided for pharmacy staff in healthy lifestyles advice and in directing pregnant women to maternity services as early as possible.

iii. Rates of women with existing mental health conditions who have a care plan in place:

The numbers of women with an existing mental health condition are very low and it is not clear whether the data are accurate or reflect under reporting by women. Women are referred to appropriate health care professionals but action needs to be taken to ensure the plan of care is available in the handheld records. The Health Board will provide more robust information at the next meeting.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The Health Board enjoys high rates of return of satisfaction surveys, at around 70%, with good feedback from mothers. A summary of the negative comments are fed back each month to midwives to enable improvements in service provision.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

Initiation rates are reported at around 80%, however, drop off is high with 10 day rates at 36%. The Health Board is considering ways to improve support in the community to promote the continuation of breast feeding.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance:

Smoking

The percentage of women who smoked at the start of their pregnancy was 20% in September 2013. All midwives now use CO monitors and all have had some brief interventions training related to smoking. Accurate data are not available on quit rates, however, it is believed they are rising, Health Care Support Workers have been trained to support women who want to quit. Accurate data will be available for the spring 2014 meeting.

Alcohol

These data are not yet collected but should be available for the next meeting.

Substance Misuse

These data are collected at birth and the percentage of women who declare this is small. There is appropriate referral for all women and further improvement in capturing this data will be made for the next round of meetings.

Weight

Around a quarter of pregnant women have a BMI of over 30 at the start of their pregnancy. Data has been collected since May 2013 which shows that around half of all women gain more than the recommended weight. Dietetic support is used but the resource is not enough. There has been a lot of work developed to try and support women to maintain a healthy weight. An integrated pathway will be used from November 2013 with a training package to support midwives in discussing exercise and healthy eating.

2. Data Collection:

There has been a huge improvement in the collection of data, however, this is still being done manually by midwives.

3. Maternity Services Liaison Committee (MSLC)

The MSLC is meeting regularly and uses video conferencing to address some of the geographical challenge. Encouraging women to breast feed will be the focus of some of their future work.

4. Staffing

Midwifery

Birth Rate Plus compliant.

Medical

This is a challenge on the Ysbyty Glan Clwyd site within the Health Board, however, consultants have been moved from other parts of the Health Board to ensure adequate cover. Locums are being used to backfill until such time as a permanent staffing solution can be found. [The situation is being monitored weekly at present.]

HYWEL DDA – 4 November

1. Performance Data

i. Caesarean section rates:

September 2013 – 27%. The Health Board is disappointed that their rate has not improved. This is partially due to the care of high risk women from Powys. Attendance at VBAC clinics is encouraged. The Health Board collects data by individual consultant and will review the transfer of care and outcomes of patients from Powys.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

September 2013 – 78% however this figure is measured against a 12 week target and not the 10 weeks as set by Welsh Government. The Health Board will ensure data reported is in line with the measure of 10 weeks at the next meeting. Culture was discussed as the main issue.

iii. Rates of women with existing mental health conditions who have a care plan in place:

Hywel Dda has a midwife for vulnerable families that currently reports on the number of women with serious mental health conditions. The Health Board does not, at present, report whether a care plan is in place but will ensure that this is achieved and reported on at the spring meeting.

iv. Percentage of women and partners who said they were treated well by the maternity services:

September 2013 – 91%. Survey cards were introduced in April 2013 across the three maternity units. A feedback board is also in place for women to see where improvements have been made as a result of their feedback.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

September 2013 – 66%. This information was generated by the Child Health Department. The Health Board recently achieved Phase 2 of the UNICEF Baby Friendly accreditation and is working closely with Flying Start to improve rates in deprived areas.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance misuse:

Smoking

September 2013 – 18% of women reported as smoking at the initial consultation. Staff are undertaking training from Stop Smoking Wales. Data on quit rates are not yet available but will be provided at the next meeting.

Alcohol and Substance Misuse

A midwife for Vulnerable Families is currently keeping records of the number of women in her care and data are now being collected by community midwives. Data are expected at the next meeting.

Weight

The Health Board reported that 30% of women have BMI over 30 at initial assessment. Data are available for August and September which show that around 25% of women stay within the recommended weight gain. The Health Board gave assurances that robust care plans were in place for women and the appointment of a lead midwife was discussed. Further, more robust, data will be provided at the next meeting.

2. Data Collection:

The Health Board is now using Myrddin. A new form, designed by community midwives, is also being used to collect all indicators which will improve data collection further.

3. Maternity Services Liaison Committee (MSLC)

The Board are now holding MSLC meetings in community areas every quarter to encourage more engagement. The Chair reported some challenges for the MSLC around attendance and securing new recruits.

4. Staffing

Midwifery

The Health Board is currently not Birth Rate Plus compliant (by 3.37 midwives). In implementing the Clinical Service strategy this will be reviewed. They intend to be compliant by the next Maternity Performance Board meeting in the spring. Bank and Agency staff are used to ensure the right staffing levels.

Medical

They are not RCOG compliant however assurance was given that staffing levels are safe.

PAC RECOMMENDATIONS

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
1	<p><u>Recommendation 1.</u> We recommend that the Welsh Government makes publicly available the Terms of Reference of the Maternity Services National Delivery Board, including details of how the Board is fulfilling these Terms and its programme of work. We also recommend that the output and recommendations of the Maternity Services Implementation Group and its sub-groups should also be made publicly available.</p>	Completed in February 2013	<p>A section of the Chief Nursing Officer's (CNO) web page now contains a section specifically for Maternity Services. This is used to update readers on progress in implementing the Strategic Vision for Maternity Services as well as informing them of new initiatives related to maternity services.</p> <p>The Terms of Reference of the Maternity Board and its programme of work are available on the Welsh Government website along with the second edition of a newsletter 'Maternity News'. Aimed at Midwives and Users the newsletter provides a brief update on the actions to implement the Strategic Vision. The newsletter will be produced 3 times a year with the next edition due in December. Evaluation of the uptake of the newsletter will take place in 2014.</p> <p>The recommendations of the Maternity Services Implementation Group and the final reports from the five sub-groups are also available on the CNO's web page.</p>
2	<p><u>Recommendation 2.</u> We recommend that the Welsh Government ensures that there is greater clarity on the implementation of Local Delivery Plans and that a clear timetable for the production of these plans is published.</p>	Completed	<p>We have received a Local Delivery Plan from every Health Board. These have been scrutinised by officials and performance against the plans is discussed at the Maternity Performance Board meetings.</p> <p>The Autumn meetings have recently been held and dates have been agreed for the meetings in Spring 2014.</p>

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
3	<p><u>Recommendation 3.</u> We recommend that the Welsh Government, in collaboration with the Informatics Sub-Group, develops and implements a consistent and robust electronic data collection process for maternity services in each Welsh health board in order to remove the need for inefficient manual data collection.</p>	<p>Completed</p> <p>Report published on WG Web site in June.</p>	<p>All Health Boards now have plans in place to refine and extend the use of current operational maternity systems or to replace them in order to collect consistent and robust electronic data, reducing the burden of ineffective manual data collection.</p> <p>Health Boards reported on their progress at the recent Maternity Board meetings. To date all Health Boards except Betsi Cadwaladr have implemented an electronic system. In addition Public Health Wales will provide a full report for each Health Board against all of the performance measures and indicators in readiness for the Spring meetings.</p>
4	<p><u>Recommendation 4.</u> We recommend that the Welsh Government clarifies and publishes its definition of “confident and knowledgeable parents” and ensures that:</p> <ul style="list-style-type: none"> • this definition is communicated to all Health Boards to ensure that the data collection against this performance measure is consistent across Wales; and that • good practice is shared amongst Health Boards to assist in measuring against the definition. 	<p>Completed</p>	<p>Two specific questions have been agreed and added to the all Wales Service User Experience Survey bank of questions. All women who give birth in Wales will be asked to complete the survey including those that give birth at home. The survey will be provided following birth and can be returned up to one year after.</p> <p>Health Boards also have existing processes in place to seek user opinion on the care they receive; This will be presented at each Maternity Performance Board. Health Boards have been asked to make this information available to the public through their local web sites and notice boards.</p>
5	<p><u>Recommendation 5.</u> We recommend that the Welsh Government provides clarification on its expectations of the minimum staffing requirements to ensure safe and sustainable midwifery and obstetrics services and that it provides an explanation as to how data collected from health bodies on their midwifery staffing levels provides sufficient detail to determine whether these expectations are being met.</p>	<p>Completed</p> <p>Report published on WG Web site in June.</p>	<p>The Royal College of Obstetricians and Gynaecologists recommends that consultant presence should be 40 hours per week on a unit unless the unit has over 5,000 births per annum, in which case it should be 60 hours per week.</p> <p>The Royal College of Midwives recommend the use of Birth-rate Plus to determine midwifery staffing levels.</p> <p>To date NHS organisations have been able to provide us with accurate information on compliance with Birth-rate Plus requirements and the number of medical staff in post when requested.</p>

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
			Our expectation is that all Health Boards will comply with these standards. In order to ensure this is maintained they are required to report on their staffing levels at the twice-yearly Maternity Performance Board meetings.
6	<p><u>Recommendation 6.</u> We recommend that the Welsh Government works closely with Health Boards to ensure that the use of locums and agency staff is managed efficiently in order that the reliance on using temporary staff to fill long-term gaps in staffing provision is minimised. We also recommend that the Welsh Government work with Health Boards to disaggregate the medical staffing costs associated with maternity services from costs associated with Gynaecology.</p>	Completed	<p>The Welsh Government works closely with all NHS organisations to monitor and scrutinise spend on locum and agency staff throughout the financial year at Health Board Level. As a result of the efforts made within Health Boards the spend on Locum and Agency staff in the year ending 31 March 2013 reduced by 18%, saving some £8.9 million.</p> <p>Discussions have taken place with Health Board colleagues. Because of the way Obstetricians/Gynaecologists work it would be difficult and not useful to disaggregate information in the way suggested.</p> <p>In order for Health Boards to have assurance that there is a safe level of cover for maternity services Job Planning processes need to be improved. The Welsh Government have established, with NHS employers, a Task and Finish group to strengthen Consultant Job Planning arrangements across Wales, and in particular, will be developing revised All Wales guidance and documentation, including updated training material, for implementation in 2014.</p> <p>This guidance will reinforce the importance of discussing service modernisation and improving clinical and patient care, during the job planning process.</p>
7	<p><u>Recommendation 7.</u> We recommend that the Welsh Government works closely with Health Boards to monitor and regularly review the training needs and competency of all maternity unit staff to ensure that more staff are able to interpret Electronic Fetal Heart Rate Monitoring data.</p>	Training package completed. CNO/CMO letter sent to Health	<p>The Chief Nursing Officer has led an all Wales Task and Finish Group to agree the most appropriate training package, which will for the first time, include an assessment of competence.</p> <p>All Health Boards are expected to introduce this training and assessment package from September 2013 with full compliance by</p>

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		Boards in September 2013.	<p>March 2014.</p> <p>Health Boards will report their progress at the Maternity Board meetings. They will be expected to keep records of staff training and assessment as well as information on the number of serious incidents related to misinterpretation of CTGs to ensure that the training and assessment package is improving interpretation.</p>						
8	<p><u>Recommendation 8.</u> The Committee endorses the recommendation of the Children and Young People Committee to address the shortage of staff in neonatal units and recommends that the Welsh Government takes action to ensure that Health Boards throughout Wales improve their workforce-planning arrangements for neonatal care. In particular we recommend that it addresses the delivery of neonatal services in north Wales when developing work-force plans.</p>	The Neonatal Network is making progress to resolve workforce issues	<p>Workforce Levels</p> <p>There has been improvement in neonatal workforce levels across Wales. This is demonstrated in the nurse shortfall figures collated by the All Wales Neonatal Network. Local Health Boards have produced Neonatal workforce plans which have been scrutinised by the All Wales Neonatal Network. The next data capture exercise will be in November with the Network reporting in January and we will expect to see further progress.</p> <p>WTE Nursing Shortfall (Gap between total WTE needed to be BAPM Compliant) Figures prepared by the All Wales Neonatal Network</p> <table border="1" data-bbox="1256 986 2089 1062"> <thead> <tr> <th data-bbox="1256 986 1536 1031">November 2011</th> <th data-bbox="1536 986 1812 1031">November 2012</th> <th data-bbox="1812 986 2089 1031">July 2013</th> </tr> </thead> <tbody> <tr> <td data-bbox="1256 1031 1536 1062">82.64</td> <td data-bbox="1536 1031 1812 1062">46.29</td> <td data-bbox="1812 1031 2089 1062">26.34</td> </tr> </tbody> </table> <p>Service Reconfiguration</p> <p>The structure of neonatal services across Wales will be determined following this phase of service reconfiguration. The future shape of services will further dictate the workforce requirements.</p> <p>North Wales</p> <p>As the committee will be aware on 28 March the First Minister issued a statement indicating the Royal College of Paediatrics and Child Health</p>	November 2011	November 2012	July 2013	82.64	46.29	26.34
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			would conduct a review into neonatal services within North Wales. The RCPCH completed their report in September 2013. The First Minister accepted the recommendations of the RCPCH and is establishing a panel to advise on the location of a new sub-regional neonatal intensive care centre. The model, which includes workforce requirements, is included in the final report.																
9	<p><u>Recommendation 9.</u> We recommend that the Welsh Government clarifies and publishes its definition of a “significant reduction” in Caesarean section rates along with a timetable by which it expects such a reduction to be achieved.</p>	<p>Completed.</p> <p>Health Boards reporting twice a year to Welsh Government</p>	<p>Current data has been received from the Health Boards on their Caesarean rates (shown in the table below). Reporting is completed on a monthly basis from April 2013.</p> <table border="1" data-bbox="1256 608 2092 906"> <thead> <tr> <th data-bbox="1256 608 1547 643">Health Board</th> <th data-bbox="1547 608 2092 643">Caesarean Section Rate</th> </tr> </thead> <tbody> <tr> <td data-bbox="1256 643 1547 678">Aneurin Bevan</td> <td data-bbox="1547 643 2092 678">23.9%</td> </tr> <tr> <td data-bbox="1256 678 1547 738">Abertawe Bro Morgannwg</td> <td data-bbox="1547 678 2092 738">26.8%</td> </tr> <tr> <td data-bbox="1256 738 1547 774">Betsi Cadwaladr</td> <td data-bbox="1547 738 2092 774">26%</td> </tr> <tr> <td data-bbox="1256 774 1547 809">Cardiff & Vale</td> <td data-bbox="1547 774 2092 809">20.6%</td> </tr> <tr> <td data-bbox="1256 809 1547 844">Cwm Taf</td> <td data-bbox="1547 809 2092 844">33.9%</td> </tr> <tr> <td data-bbox="1256 844 1547 879">Hywel Dda</td> <td data-bbox="1547 844 2092 879">27%</td> </tr> <tr> <td data-bbox="1256 879 1547 906">Powys</td> <td data-bbox="1547 879 2092 906">N/A</td> </tr> </tbody> </table> <p>Where rates are 25% or higher Health Boards have provided plans to reduce rates and these are discussed at the Maternity Board meetings.</p> <p>Caesarean section rates reflect both the health of the population and the culture within maternity services. Both need to be addressed to reduce rates. Welsh Government are working with Health Boards and holding them to account to address these challenges.</p>	Health Board	Caesarean Section Rate	Aneurin Bevan	23.9%	Abertawe Bro Morgannwg	26.8%	Betsi Cadwaladr	26%	Cardiff & Vale	20.6%	Cwm Taf	33.9%	Hywel Dda	27%	Powys	N/A
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10	<p><u>Recommendation 10.</u> We recommend that the Welsh Government establishes a more rigorous system for collecting and reviewing information from Health Boards on their Caesarean section rate performance. We also recommend that more regular and meaningful feedback be provided to assist</p>	<p>Completed.</p> <p>Health Boards reporting twice a year</p>	<p>As detailed above Welsh Government now expects monthly reports on Caesarean Section Rates from Health Boards with accompanying narrative when rates are reported above 25%. This is explored further with all Health Boards at the Maternity Performance Board meetings to identify both good practice and weaknesses. Following each meeting, Health Boards will receive feedback from the Chief Nursing Officer.</p>																

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	Health Boards to manage progress in reducing rates where possible. This feedback should reflect challenges posed by NICE guidance on caesarean sections.	to Welsh Government	<p>Where there has been significant improvement in rates, Health Boards will be asked to share good practice through the Innovations Board set up by the Minister for Health and Social Services as well as through all Wales committees such as Heads of Midwifery Advisory Group Wales and the National Specialist Advisory Group for Women's Health.</p> <p>All Health Boards use local Dashboards to report their Caesarean Section rates to the Health Board so that continuous improvements can be discussed by the executive team.</p>
11	<p>Recommendation 11. We recommend that the Welsh Government clarifies that the data reported by Health Boards on initial antenatal assessments carried out within the first ten weeks of pregnancy is consistent and robust, and specifically that the data should:</p> <ul style="list-style-type: none"> include assessments by GPs as well as midwives; and not include assessments which have been scheduled but which may not have been undertaken. 	<p>Completed.</p> <p>Health Boards reporting twice a year to Welsh Government</p>	<p>This performance measure was set to ensure that women have early access to appropriate services so that they can receive information, advice and support as soon as is possible. This includes carrying out an initial assessment, taking blood and the writing of a care plan for the pregnancy.</p> <p>At the Maternity Performance Board meetings, Health Boards are asked to report the proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy. Health Boards also report on the systems they are putting in place to meet this requirement.</p>
12	<p>Recommendation 12. We recommend that the Welsh Government provide an update to the Public Accounts Committee by July 2013 on each Health Board's progress in improving maternity services.</p>	<p>Completed.</p> <p>Summary of Maternity Performance Board meetings prepared following spring meetings.</p>	<p>A summary to the maternity performance board meetings from Spring 2013 was provided to the Committee and the Minister for Health and Social Services. (SF/MD/2801/13)</p>