Pwyllgor Cyfrifon Cyhoeddus
Public Accounts Committee

David Rees AM
Health and Social Care Committee

10 December 2013

Dear David,

Maternity Services in Wales

At our meeting on 3 December 2013 the Public Accounts Committee considered an update from the Welsh Government on our report on Maternity Services in Wales.

We agreed there was merit in sharing the correspondence with the Health and Social Care Committee to inform the Committee's future work programme.

A copy of the correspondence is attached.

Yours sincerely

Darren Millar AM
Chair
Public Accounts Committee

Our ref:

Date: 31 July 2013

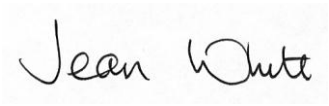
Darren Millar AM
Chair – Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

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 spring this year. This is to meet the requirements of Recommendation 12 of the Public Accounts Committee report on Maternity Services

Yours sincerely



Professor Jean White
Chief Nursing Officer
Nurse Director NHS Wales

UPDATE ON THE MATERNITY PERFORMANCE BOARD MEETINGS SPRING 2013

MATERNITY PERFORMANCE BOARDS - TERMS OF REFERENCE

BACKGROUND

The remit of the Performance Boards is to hold Health Boards to account for 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 – SPRING 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.

As data collection is a challenge, the Head of Information from each Health Board was invited to attend this first meeting to discuss how they will support maternity services to collect the required data by autumn.

Whilst the terms of reference state that prior to each Health Board meeting the CNO will ask for written evidence from relevant organisations, it was agreed that, for the first 'scene-setting' meeting, this would not take place. Organisations will be offered the opportunity to submit written evidence at all subsequent meetings.

Successes

- Maternity Services Liaison Committee (MSLC)
  The User Chair from each MSLC was invited to attend the Performance Board to demonstrate Welsh Government's commitment to listen and respond to the user voice.

  All meetings were attended by the Chair or deputy if the Chair was unavailable. There was good user participation at the meetings.

- User Satisfaction
  There is clarity on an all Wales approach to survey user satisfaction with an expectation that there will be feedback on results at the autumn Performance Board meeting.

- Midwifery workforce
  6 out of 7 Health Boards comply with Birth Rate Plus workforce planning tool, which demonstrates that they have the right number of midwives to run a safe and effective service. The one non-compliant Health Board has a shortage of 4 midwives and will review their midwifery requirements once service reconfiguration has been agreed.

Challenges

- **Caesarean section rates**
  Whilst all Health Boards have plans in place to reduce rates, they still remain high (over 25%) in all Health Boards apart from Cardiff and Vale. All Health Boards are actively working at reducing rates and have been asked to report the rates monthly. Plans for improvement will be reviewed at the autumn Performance Board meetings.

- **Data collection**
  All Health Boards were asked to bring their lead for maternity information to their first Performance Board to discuss how improvements were being made to the electronic data collection.

No Health Board was able to present a complete data set although there had been significant progress in some Health Boards.

Both BCU and Powys have no method of capturing data electronically although Powys is now working closely with NWIS to enable Myrddin Maternity to be functioning by October 2013.

A specific project, with PHW and NWIS, set up in December 2013, is working with all Health Boards to support them to be able to collect data on all performance measures by October 2013. This may not be achieved by BCU.

- **Improving health of pregnant women**
  Health Boards have been asked to contribute to a reduction in pregnant women's BMI, smoking, alcohol consumption and substance misuse.

  This will require changes in both practice and in data collection and whilst Health Boards are aware of this, it is likely that they will first focus on data collection. Ultimately, there will need to be some investment in developing midwifery skills to encourage behaviour change. This will be discussed at the autumn Performance Board meetings.

- **Improving mental health in pregnancy and the puerperium**
  In order to address the challenge of ensuring women have appropriate planning and support for mental health problems that may occur or get worse during maternity, Health Boards have been asked to report on their progress with this. As it is a new measure, there is necessarily a period required for agreement of appropriate care pathways for referral. These are being put in place and Health Boards will be expected to report this at the autumn Performance Board meetings.

- **Compliance with RCOG guidelines on Consultant presence on Labour Ward**
  Aneurin Bevan, Betsi Cadwaladr (BCU) and Hywel Dda Health Boards all report compliance against RCOG guidance although BCU stated that, as a result of service change implementation, Wrexham will soon require an increase from 40 to 60 consultant hours.

  Cardiff, ABMU and Cwm Taf are not compliant and are waiting for the 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. This situation will be reviewed at the autumn Performance Board meeting.

  The situation will be discussed at the autumn Performance Board meetings, when reconfiguration plans will have been agreed. All Health Boards will then be expected to have plans in place to ensure that they do comply.

Good Practice in Maternity Services

Health Boards were asked to say what specific parts of their service they were proud of and these examples will be posted on the Health Board websites so that good practice can be shared.

ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD

Maternity Services Liaison Committee – written by a user member.
The committee offers a real opportunity for those that use maternity services to have a voice and to learn more about the way in which the services are developed. It's given me a true insight and a better understanding of the challenges that face the NHS every day. Our group is made up of health professionals from varied backgrounds, which give the MSLC great input from the many departments that are involved with Maternity care such as Midwives, Student Midwives, Health Visiting, Anaesthetics and Gynaecology to name just a few. Other professionals are invited to come and present to the group when covering topics, for example the NSPCC came to speak about Shaken Baby Syndrome a few weeks ago.

We have strong representation from service users in the MSLC for the ABMU Health Board. We have a Doula, A father involved with post natal depression support for partners. We have representation for families that have experienced the loss of a child, Breastfeeding Peer Support and Parent Advocacy representing women and their families that may find using maternity services difficult due to learning difficulties or social situations. We are always discussing the group with other third sector agencies and charities that support women and families to get as many involved as possible. The suggestions from the lay members of the MSLC are really listened to and their viewpoints are important. Our MSLC have been supportive of a card designed by a Breastfeeding Peer Supporter for health professionals to use as a conversation prompt to help support women during the first few days of breastfeeding. Without an open, strong Maternity Service Liaison Committee, unique ideas like these would never culminate.

I feel the relationship between the service user and those involved with creating and managing maternity services needs to be open and equal. I feel the ABMU MSLC has that and will unite both health professional and the people that they care for to mould good quality services for the future.

Use of technology
The introduction of Social Media has meant two-way communication between staff and patients happens more often and is a lot easier.

The Maternity Team, along with the Communications Team at ABM Health Board have taken advantage of social media as a way of engaging with and communicating with mums-to-be and their families by setting up the ABM child and family health Facebook page. The child and family page is a sub-page of the main ABM Facebook page which currently has over 2,100 followers. At the last count the child and family page had 671 followers which is similar to, and in some cases more than, the main Facebook page for some organisations.

The Team use the child and family page, along with Twitter, to maintain a continuous relationship with patients, providing them with information, advice and guidance such as 'Top Ten Tips for a normal birth', ' Is home birth safe?', the importance of the MMR vaccination during the measles outbreak, plus new equipment and service improvements. It has also proved very beneficial answering general queries from mums and mums-to-be, putting minds at rest. As well as forming a community for people to share their own experiences and groups such as Breastfeeding Awareness to contribute information and support.

ANEURIN BEVAN HEALTH BOARD

Caesarean section rates

As part of maternity services ongoing service monitoring a rise in the emergency caesarean section rate has been noted throughout 2012. In response to this, the lead labour ward obstetricians and the senior midwifery managers for high risk, have been conducting an in depth audit into the incidences and decision making process for each emergency caesarean section within their areas to ensure the maintenance of best practice. Their observations and findings have been presented at the service multi professional clinical forum for discussion. Any training requirements identified as part of this process have been incorporated into the agenda or undertaken as part of the planned training sessions within the service. The Maternity Services Board is continually updated on progress via presentations of the services labour ward dashboard and from individual presentations from clinicians involved.

Practice changes implemented include the introduction of a 'fresh eyes' approach which was commenced in early 2012 within the labour ward environment. A senior midwife or medical clinician is asked to review a Cardiotocograph (CTG) tracing hourly when continuous CTG monitoring is taking place, at this time a review of the woman's identified risks is undertaken. This ensures best practice within the labour ward and early deviations from the normal can be escalated to the senior medical staff and acted upon appropriately. The Caesarean Section Toolkit has been revitalisation and a task and finish group set up to complete identified work streams. The aim of this work is to ensure that women are commenced on the appropriate maternity pathway and that she receives the safest maternity care for her and her family.

A multi disciplinary approach to training

Aneurin Bevan Health Board maternity service has worked collaboratively through 2012/2013 to improve the uptake of staff training with a resultant increase in training compliance of 20%. This increase has been achieved through a multi disciplinary approach in delivering statutory and mandatory training. The service benefits from an all day monthly maternity and gynaecology clinical forum which incorporates audit activity, lessons learnt from clinical incident reporting, the sharing of new initiatives and good practice and training sessions. The training is provided by clinicians within the service and guest speakers from the Health Board.

Routine monitoring of statutory and mandatory training is undertaken by senior midwifery and medical staff with quarterly reports generated for the service to identify progress. Training reports are shared at the monthly clinical forum and the Maternity Services Board. An annual training needs analysis, taking into account both local and national requirements, informs the service training programmes.

More recently the maternity service has been working to implement Welsh Government All Wales development of Cardiotocography Training for maternity staff in line with Royal college Of Obstetricians and Gynaecologists guidance. This has involved setting up multidisciplinary Cardiotocography training sessions which commenced in April 2013.

BETSI CADWALADR UNIVERSITY HEALTH BOARD

Prevention Work and Early Years Focus

BCUHB has prioritised early years health and disease prevention, especially health in pregnancy and preparing for pregnancy. A wide range of health staff have been trained to help mothers understand the importance of not smoking in pregnancy, and all midwives now have carbon monoxide monitors which can show blood levels for both mothers and unborn babies. Obesity in pregnancy is recognised as just as dangerous as smoking, and local authority partners have used health improvement grants to provide exercise in pregnancy schemes through their leisure centres. Counter assistants in pharmacy shops have been trained to advise on key early years health topics, including how to get as healthy as possible before pregnancy and between pregnancies.

First Point of Contact Achievement

In 2009 BCUHB commenced work to improve their compliance with direct access to a midwife. Gaining direct access to a Midwife has also improved our compliance with booking women by 10 weeks gestation. As part o the work we have taken the following steps:-

1. There has been significant work with GP surgeries to ensure that women who present at the GP reception and identify themselves as being pregnant are signposted to their community midwife. The women are either given contact numbers or an appointment to see their community midwife. The majority of referrals to book for maternity care are now made by community midwives.
2. There has been extensive use of posters within GP surgeries, local pharmacies, play groups, community centres etc to inform women that they can make direct contact with a midwife when thy discover that they are pregnant and the posters advertise local contact details.
3. The majority of teams have drop in sessions during the week when women can access their midwife directly.
4. All postnatal women are give a credit card sized card as they are discharged from community care which informs them that they can contact their midwife directly when they next become pregnant, there are contact details of their local midwife on the cards.
5. Every team has a visible base within the local community setting.

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

Caesarean Section Rates

Cardiff and Vale Health Board currently has a caesarean section rate of 21.99%, which is the lowest in Wales. The clinicians who work in maternity services are very

proud of this and are committed not only to keeping the rate below 25%, which is the Welsh Government target but to further reduce the rate.

One of the most important reasons for this success is the excellent multidisciplinary team working that has developed a culture where normal birth is considered a measure of a successful maternity unit. Women remain at the centre of care throughout their pregnancy and birth and are supported to have a normal birth wherever possible.

They have a thriving Midwifery Led Unit located within the maternity department, where women with low risk pregnancies are encouraged to use the birthing pools during labour. The midwives who work in this unit are highly experienced in providing women with supportive care during labour and this has contributed hugely to the low caesarean section rate.

The safety of women and their babies is paramount and the Obstetricians and Midwives undergo rigorous training to ensure they remain skilled in managing high risk labour, particularly in the interpretation of fetal heart monitoring which is key in reducing caesarean section. The introduction of STAN monitoring (ST analysis of fetal ECG) has provided additional information regarding the fetal condition to determine whether obstetric intervention is warranted; information which in turn helps the clinician make the right decision at the right time. STAN monitoring is a salient factor in maintaining a low caesarean section rate.

For babies who present in the breech position, an External Cephalic Version service is offered to women. Babies who are successfully turned to a head down position, decreases the need for caesarean section. Women who have had a previous caesarean section are counselled and supported to consider a vaginal birth after caesarean (VBAC), when clinically appropriate. This group of women can avoid a repeat caesarean section for their current and future pregnancies.

These practices all contribute to sustaining a caesarean section rate below 25% and more initiatives are planned to further reduce the current rate.

CWM TAF HEALTH BOARD

Maternity Information

The Maternity Information Technology System (MITS) is a robust Maternity Statistical Reporting Tool, developed as a result of close effective partnership working between maternity and IT services within Cwm Taf HB**.** Information generated, facilitates benchmarking across the health board and provides robust data to clinicians to: monitor monthly activity (including out of area activity), project activity levels, plan services, with the ability to localise the system making changes as and when required, in response to service/audit needs etc**.** MITS will be key to providing the information required by the Welsh Government against the Maternity Outcome Indicators and Performance Measures.

User Involvement

The current Cwm Taf Maternity Services Liaison Committee (MSLC) has been in situ since September 2010. The past couple of years have seen major developments

within Cwm Taf maternity services, for which we are delighted that the MSLC has been a part of and has in some cases, instigated some of these changes and improvements.
The main areas of focus and development by the MSLC are as follows:

- Transfer of the Early Pregnancy Clinic from antenatal to the gynaecological ward in both RGH and PCH.
- Fathers are now permitted to remain on ward with women who give birth after visiting hours.
- Promotion and championing breastfeeding amongst midwives.
- Evaluation of care updated and now consistent across health board.
- The creation of an intranet site for healthcare professionals leading the way to an internet site for pregnant women and new parents.

HYWEL DDA HEALTH BOARD

Normal Midwifery

Hywel Dda Health Board has implemented a Pathway through Normal Midwifery Services. This is an evidenced based pathway to assist midwives in planning and delivering care to low risk women through the antenatal, delivery and postnatal period. The pathway encourages health professionals to make 'Every Contact Count' to positively influence the health promotion agenda for women and their families. Key principles are embedded throughout the woman's journey where individual plans of care can be agreed in partnership with women. The aim of the pathway is to promote normality, refer as appropriate, prepare, advise and support women throughout the entire episode of care. The document is hyperlinked to allow health professionals to access the evidence to support their decision making. It is a comprehensive to provide consistency, and reduce both duplication of effort and prevent conflicting advice given to women.

POWYS HEALTH BOARD

Offering students an experience of community based services

Powys Maternity Services have recently played to host to three German Midwifery students who having 'Googled' home birth, birth centre identified Powys as an area where they were likely to gain experience in both, a rare event in Germany. They were also keen to come to the UK to experience British Midwifery. They had the opportunity to gain experience in managing a caseload, promoting normality particularly within a community setting, providing complete antenatal care to all women on a caseload. Preparing women for birth through antenatal education and birth plans and providing an on call facility for low risk women who birth in Powys either at home or in one of the birth centres. They participated in the provision of normal labour and birth care. They also observed postnatal care of all women on the caseload, predominantly home visits, breastfeeding support, newborn screening and emotional wellbeing support before observing the handover process to the health visiting team.

In addition to experiencing managing a caseload in the community they were also be able to attend local support groups and the antenatal road shows and were

encouraged to participate in Transforming Care process and improving quality principles. During their time with us we also facilitated them to attend a two day Obstetric emergency in the community course. All three students evaluated the placement well and were excited by the births they had observed that allowed women the freedom to birth in positions of their choosing – notable on all fours with the support of the midwife at all times reducing the need for pharmaceutical pain relief.

Notes of Maternity Performance Board Meetings
Spring 2013

ABMU – Monday 25 March

1. <u>Performance Data</u>

i. Caesarean section rates:

April 2013 – 24.1%

Caesarean section rates are under 25%. To further improve rates, the Health Board wants to explore how they can raise the normal birth rates. They will be looking at their statistics more thoroughly and will report back in the October Performance Board meeting.

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

April 2013 - 50–60% seen by 10 weeks

The Health Board had previously set themselves a target of 12 weeks but are keen to explore how improve services and focus on 10 completed weeks.

They will report progress at the October Performance Board meeting.

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

The Health Board are unable to report this at present.

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

It was agreed that the Heads of Midwifery and WG would discuss how this could be recorded and reported in future.

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

April 2013 - Overall satisfaction level of 90%.

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire.

ABMU also ensure that feedback from users is made public on their

Twitter and Facebook accounts.

v. 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:

April 2013 – As this is new information that has been requested by WG the data is incomplete until electronic systems have been amended to support collection.

Smoking
At present, the Health Board record the number of women referred but not the number of women who gave up.

Weight gain
This requires a change in practice as women will need to be weighed at end of pregnancy to gauge effectiveness of healthy eating messages.

Alcohol and substance misuse
This is recorded at the beginning of pregnancy but not at the end.

2. Data Collection

Informatics issues need to be resolved in relation to recording mental health problems.

3. Maternity Services Liaison Committee (MSLC)

The committee is working well and now reports annually to the Board through an annual report. Training opportunities have been offered to members and representatives have set up sub-groups to look at specific issues e.g. Stillbirth.

4. Staffing

Midwifery
Birth Rate Plus compliant.

Medical
Not RCOG standard compliant.
The Health Board is waiting for the 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.

This situation will be reviewed at the autumn Performance Board meeting when there will be clarity on the medical staffing required to meet the RCOG standards.

ANEURIN BEVAN – Wednesday 27 March

1. Performance Data

i. Caesarean section rates:

April – 29.7%

As the rates are above 25% the Health Board has started looking at figures monthly and to analyse each maternity unit separately. They will report progress at the October Performance Board meeting.

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

No data were available as the electronic system does not enable this to be collected. However the Health Board states that they committed to gathering in the future through the Evolution/Protos system used. They will report progress at the October Performance Board meeting.

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

Minimal data are currently being collected. It was agreed that the Heads of Midwifery and WG would discuss how this could be recorded and reported in future.

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

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire.

v. 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
Midwives now receive mandatory training around smoking cessation.
Recording at the end of pregnancy needs to be introduced.

Weight gain
This requires a change in practice as women will need to be weighed at end of pregnancy to gauge effectiveness of healthy eating messages.

Alcohol and substance misuse
This is recorded at the beginning of pregnancy but not at the end.

2. Data Collection

A Task and Finish group is exploring how to improve data capture of women giving birth in Nevill Hall.

The use of digi-pens being looked at as community based midwives cannot access maternity systems remotely.

3. Maternity Services Liaison Committee (MSLC)

The MSLC is in early stages of development but promising progress has been made. Discussions at the meetings are linked to Implementation of the Maternity Strategy and the committee are working on how to promote MSLC further i.e. website, generic email address.

4. Staffing

Midwifery
Birth Rate Plus compliant

Medical
RCOG standard compliant.

The RCOG training has been reviewed and now different levels of training provided for different grades of staff. Uptake has increased from 60% last year to 90% in 2013.

POWYS – Thursday 28 March

1. Performance Data

As the Health Board does not have an electronic maternity information system there is very little accurate data available.

The Health Board reported that they are waiting for NHS Wales Information Services (NWIS) to set up the Myrddin Maternity System. CNO agreed to speak with NWIS to speed up this process.

i. Caesarean section rates:

Ranges from 13% to 45% (emergency only)

All women who require any intervention in labour are transferred outside Powys to a district general hospital. However, to support normal birth, active birth sessions have been introduce and to increase the uptake of Vaginal Birth After Caesarean (VBAC), midwives discuss this option, with all women who have had a previous Caesarean section, at their first appointment for a subsequent regency.

The normal birth rate in Powys is now 96%.

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 plans are in place to ensure initial assessment by 10 weeks although data capture is not in place yet.

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

There are strong existing links between maternity services and mental health although that absence of electronic data capture makes this hard to measure.

Data capture will be considered as part of the introduction of the Myrddin Maternity System

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

The current questionnaire has a satisfaction scale of 1-10 scale, with 95% scoring 5 and above.

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire.

v. 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
Current services to support smoking cessation, alcohol, substance misuse and weight management make contact women using a withheld number, so women are unlikely to answer the phone call. This is being discussed to find solutions.

Weight gain
This requires a change in practice as women will need to be weighed at end of pregnancy. A system has been set up to measure weight in the 3rd trimester.

Alcohol and substance misuse
This is recorded at the beginning of pregnancy but not at the end. Kaleidoscope (substance misuse team in Powys) record referral as opposed to the ceasing of misuse.

2. Data Collection

There is much work to be done in order for the Myrddin maternity system to produce data. However, there is an expectation that data will available at the autumn Maternity Performance Board.

3. Maternity Services Liaison Committee (MSLC)

Whilst there is an active committee, the geographical spread makes meeting a challenge. Currently discussions are held via email and meeting face-to-face once per year.

The MSLC's annual report went to Board in 2012.

4. Staffing

Birth Rate Plus compliant.
A system of visiting obstetricians is in place.

CWM TAF – Tuesday 2 April

1. <u>Performance Data</u>

i. Caesarean section rates:

April 2013 – 37%:

The Health Bards stated that letters are sent to parents following caesarean section, advising that they could have a normal birth when next pregnant. Women have a 'de-briefing' with a midwife following caesarean section.

The Board suggested that high rates are, in part, related to poor general health of the population.

They are now in the process of developing a standard evidence based approach to plan of care and decision making process and this will be explored at the next Performance Board in autumn.

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

This data are not currently held by the Heath Board. However, in many areas, pregnant women are seen by a midwife straight away as GP receptionists give out midwife number rather than book a GP appointment.

The Health Board were asked to present data at the next Performance Board in autumn.

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

No data were available as this is a new requirement.

The Health Board were asked to present data at the next Performance Board in autumn.

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

The Health Board use a current questionnaire and results are seen by clinicians and senior midwives and used to discuss how to improve services.

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire.

v. 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:

Carbon monoxide training is now mandatory for midwives. Around 26% of pregnant women in Cwm Taf smoke at the start of pregnancy.

A high percentage of women have a raised high BMI. Weight is measured in antenatal clinics and some women are referred to Slimming world.

2. Data Collection

A bespoke IT system is in place which allows statistics to be broken down into teams. New data fields will have to be incorporated to enable performance data to be extracted.

3. Maternity Services Liaison Committee (MSLC)

The meetings alternate between the North and South area but there is not much consistency of attendance and it is easier to find users who want to join MSLC who have had bad experience.

Breastfeeding peer support groups are in abundance.

4. Staffing:

Midwifery
Birth Rate Plus compliant

Medical
Not RCOG standard compliant
The Health Board is waiting for the 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.

This situation will be reviewed at the autumn Performance Board meeting when there will be clarity on the medical staffing required to meet the RCOG standards.

CARDIFF AND VALE – 2 April

1. Performance Data

i. Caesarean section rates:

April 2013 – 19% (consistently below 25% including high risk women from other areas)

Still monitoring rates monthly via their dashboard

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

Electronic data are not yet available for this measure. Posters are now being used in clinics to promote early access to a midwife which detailing midwives contact numbers.

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

No data available for this yet. Health Board will report progress at the next performance board meeting.

Consultant with interest in peri-natal mental health is considering whether to take the lead.

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

Currently using '2 minutes of your time' survey.

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire. The MSLC are committed to completing the all Wales survey with patients.

v. 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 (We will require a comparison of %age of women who initially smoked, drank more than 5 units, BMI over 30 and misuse substances and measure 5):

New electronic maternity system 'Euroking' will be able to capture smoking data and midwives are now using of carbon monoxide monitors.

Substance misuse data more readily available as Cardiff and the Vale have specialist midwife.

Plans are in place to re-weigh women at 36 weeks.

2. Data Collection:

'Euroking' maternity system is being introduce in the Health Board in July and the organisation are committed to working with Cardiff and the Vale to write suitable programmes to enable robust data capture. 3 months implementation plan to take place.

There are also plans to pilot digi-pens for community midwives.

3. Maternity Services Liaison Committee (MSLC)

Terms of Reference have been recently been re-written and maternity staff within Cardiff and the Vale are supportive of the MSLC and are encouraging the setting up of 'Mums groups' in communities to help harder-to-reach groups.

4. Staffing

Midwifery

Not Birth Rate Plus compliant at the time of the Performance Board but they committed to address this by June. Welsh Government now has confirmation that they have appointed more midwives and are Birth Rate Plus compliant.

Medical

Not RCOG standard compliant

The Health Board is waiting for the 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.

This situation will be reviewed at the autumn Performance Board meeting when there will be clarity on the medical staffing required to meet the RCOG standards.

BCU – 18 April

1. **Performance Data**

The Health Board have no electronic maternity system in place and so all data has to be captured through a trawl of the Hand Held Maternity Record.

i. Caesarean section rates:

April 2013 - 26%

Overall rates are 26% but there is wide variation across the 3 sites with rates of 30% rate in Glan Clywd.

Whilst some aspects of the Caesarean Section Toolkit have been introduces there does need to be more work done on understanding the high rates. The Health Board will be expected to report progress at the autumn Performance Board meeting.

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

80% of women are currently seen by 10 weeks with direct access to a midwife estimated at around 90% - highest across Wales.
Midwife contact cards are placed in GP surgeries and leisure centres and vouchers for exercise opportunities are available for pregnant women in Anglesey.

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

A strategy is currently being developed to ensure that women are referred for care planning. An interim measure for data capture is being addressed through the use of paper based forms completed at birth.

iv. Percentage of women and partners who said they were treated well by the maternity services:
Patient stories are fed into a Quality and Safety report and the MSLC has contributed to the all Wales satisfaction strategy.

v. 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:

A wellbeing strategy has been in place for 18 months, which focuses on maternal smoking and obesity.

Smoking cessation effectiveness only has a success rate of 3.1%.

The Health Board has recently invested in bariatric scales to weigh women more accurately.

2. Data Collection

Data are still collected manually which is time consuming for midwives and less accurate than electronic systems.

The Health Board were asked to ensure that this situation is improved by the autumn Performance Board meeting.

3. Maternity Services Liaison Committee (MSLC)

There is a commitment to rotate meetings across central, west and east areas and 'Voices' training for users has taken place.

4. Staffing

Midwifery
Birth Rate Plus compliant

Medical
Currently RCOG compliant however, as a result of service change implementation Wrexham will soon require 60 consultant hours.

This situation will be reviewed at the autumn Performance Board meeting.

HYWEL DDA – Friday 7 June

1. Performance Data

i. Caesarean section rates – April 2013 - 32%

Ceredigion high caesarean section rate when compared to amount of births. The Health Board is actively working with mums to opt for VBAC.

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

The majority of women are seen by 12 weeks, however these data are not recorded electronically yet

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

Not yet recording any data.

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

The Health Board stated that a very high percentage of women report that they are treated well – although no data were presented (72% return rate).

Every patient is given 'My Diary' throughout hospital stay which is more focussed on being treated well.

v. 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.

No data available. Because of high obesity rates the Board have set their own targets for reducing the rates.

2. Data Collection

Using Myrddin Maternity module across all 3 units and work being done to stop duplication of data entry.

3. Maternity Services Liaison Committee (MSLC):

Geographical issues - Hywel Dda MSLC is split into 2 groups. Good professional attendance. Meeting held every 2 months.

4. Staffing

Midwifery

The Board is not Birth Rate Plus compliant, (by about 4 midwives), but reported that are carrying out a review in summer. The results and action plan will be reported to Welsh Government.

Medical

The Health Board is RCOG compliant.

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
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

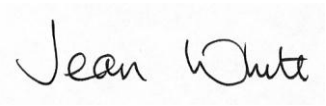
27 November 2013

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



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UPDATE ON THE MATERNITY PERFORMANCE BOARD MEETINGS AUTUMN 2013

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 is 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. <u>Performance Data</u>

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. <u>Performance Data</u>

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	**Recommendation 1.** 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.	Completed in February 2013	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. 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. 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.
2	**Recommendation 2.** 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.	Completed	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. The Autumn meetings have recently been held and dates have been agreed for the meetings in Spring 2014.

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3	**Recommendation 3.** 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.	Completed Report published on WG Web site in June.	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. 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.
4	**Recommendation 4.** We recommend that the Welsh Government clarifies and publishes its definition of "confident and knowledgeable parents" and ensures that: • 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.	Completed	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. 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.
5	**Recommendation 5.** 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.	Completed Report published on WG Web site in June.	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. The Royal College of Midwives recommend the use of Birth-rate Plus to determine midwifery staffing levels. 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.

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			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	**Recommendation 6.** 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.	Completed	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. 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. 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. This guidance will reinforce the importance of discussing service modernisation and improving clinical and patient care, during the job planning process.
7	**Recommendation 7.** 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.	Training package completed. CNO/CMO letter sent to Health	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. All Health Boards are expected to introduce this training and assessment package from September 2013 with full compliance by

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<tr><td></td><td></td><td>Boards in September 2013.</td><td>March 2014.

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.</td></tr>
<tr><td>8</td><td><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.</td><td>The Neonatal Network is making progress to resolve workforce issues</td><td>Workforce Levels

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.

WTE Nursing Shortfall (Gap between total WTE needed to be BAPM Compliant)
Figures prepared by the All Wales Neonatal Network

<table><tr><td>November 2011</td><td>November 2012</td><td>July 2013</td></tr><tr><td>82.64</td><td>46.29</td><td>26.34</td></tr></table>
Service Reconfiguration

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.

North Wales

As the committee will be aware on 28 March the First Minister issued a statement indicating the Royal College of Paediatrics and Child Health</td></tr>
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<tr><td></td><td></td><td></td><td>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.</td></tr>
<tr><td>9</td><td><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.</td><td>Completed.

Health Boards reporting twice a year to Welsh Government</td><td>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.

<table><tr><th>Health Board</th><th>Caesarean Section Rate</th></tr><tr><td>Aneurin Bevan</td><td>23.9%</td></tr><tr><td>Abertawe Bro Morgannwg</td><td>26.8%</td></tr><tr><td>Betsi Cadwaladr</td><td>26%</td></tr><tr><td>Cardiff & Vale</td><td>20.6%</td></tr><tr><td>Cwm Taf</td><td>33.9%</td></tr><tr><td>Hywel Dda</td><td>27%</td></tr><tr><td>Powys</td><td>N/A</td></tr></table>
Where rates are 25% or higher Health Boards have provided plans to reduce rates and these are discussed at the Maternity Board meetings.

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.</td></tr>
<tr><td>10</td><td><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</td><td>Completed.

Health Boards reporting twice a year</td><td>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.</td></tr>
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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	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. 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.
11	**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: • include assessments by GPs as well as midwives; and • not include assessments which have been scheduled but which may not have been undertaken.	Completed. Health Boards reporting twice a year to Welsh Government	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. 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.
12	**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.	Completed. Summary of Maternity Performance Board meetings prepared following spring meetings.	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)