

**Public Accounts Committee  
PAC(3)-01-11 (p1) : 2 February 2011**

**Update on Welsh Assembly Government Response to the report of Wales Audit Office and the National Assembly Public Accounts Committee's report on Maternity Services**

**This paper from the Welsh Assembly Government reports the progress made and the current position as at February 2011 on the recommendations made by the Public Accounts Committee in its report on maternity services published in February 2010.**

**1 Recommendation**

We recommend that, with immediate effect, the Welsh Government provides us with further details of how it intends to meet, or has already met, the recommendations made by the Auditor General in his report.

**Position February 2011**

Doc. 1 attached provides the progress and current position against each of the WAO report recommendations accepted by the Welsh Assembly Government.

**2 Recommendation**

We recommend that, in line with the Auditor General's first recommendation; the Welsh Government publishes a clear strategy for delivering maternity services in Wales by the end of 2010. This strategy should include details of:

- How the Welsh Government will complete the improvements outlined by the Accounting Officer to us
- The targets the Welsh Government has set and how these align with quality and outcomes
- How the Welsh Government will monitor performance

**Position February 2011**

A strategy for maternity services has been prepared and will issue for consultation very shortly.

Its purpose is to set out the Assembly Government's strategic vision for maternity services building on the requirements of the standards set out in the National Service Framework (NSF) for Children, Young People and Maternity Services. Local Health Boards are responsible for the planning and delivery of maternity services in Wales and will be expected to use the strategy to underpin and inform this process. The strategy identifies the action needed at both a national and local level.

**3 Recommendation**

We recommend that, as a minimum, the Welsh Government ensures that the equipment specified in the standardised inventory referred to by the Chief Nursing Officer is available across all wards that require it within the next twelve months.

#### **Position February 2011**

There is now an All Wales standardised inventory for equipment in birthing environments agreed with all Heads of Midwifery.

Healthcare Inspectorate Wales has a key role in relation to the review of Maternity Services and as part of this role would monitor and ensure compliance with the recommendations related to maternity units.

#### **4 Recommendation**

We recommend that the Welsh Government provides a copy of the neonatal framework to us as soon as possible.

#### **Position February 2011**

Action completed through the Welsh Assembly Government's response to this recommendation in March 2010.

#### **5 Recommendation**

We recommend that the Accounting Officer provides us with a more substantive written submission on the reasons behind the data on the take up of antenatal classes as soon as possible.

#### **Position February 2011**

Heads of Midwifery have:

- Reviewed what women say they want from classes
- Planned new provision
- Implemented new services based on women's views

A typical response:

- Over 50% of women now access pregnancy and birth information from the internet, through a wide variety of sources and are very interested in the possibility of a locally developed website being available, with over 75% of women saying that they would access information about labour and birth from this source.
- First and second time mothers had different priorities for the information
- Most women wanted to attend classes with their partner, but there was also a small demand for 'women only' classes.
- Women under 20 yrs of age were most likely to want to attend with a peer age group.

## **6 Recommendation**

We recommend that the Welsh Government evaluates its new approach to postnatal care to determine whether it is improving the experiences of service users, and whether increases in staffing lead to an improvement in breastfeeding rates.

### **Position February 2011**

This is a matter for Local Health Boards (LHBs). At the request of the Chief Nursing Officer, the Heads of the Midwifery Advisory Group have carried out a review of the delivery of post natal care within each Health Board and where necessary, new models of care have been implemented.

Increased numbers of Maternity Support Workers, Health Care Assistants and Nursery Nurses have been introduced in postnatal wards and the community to increase the support to women and families.

All LHBs will continuously evaluate improvements through user satisfaction surveys.

A UNICEF Professional Officer for Wales has been appointed to provide professional support, through the UNICEF UK Baby Friendly Initiative (BFI) to maternity, health visiting and community services across Wales. In Wales, over 51% of Welsh births now take place in a BFI Awarded maternity unit. As a result of this mothers with particular needs, such as obesity, are benefitting from an improved level of care in Wales.

Welsh Assembly Government Breastfeeding Strategic Management grants contribute towards the funding of designated Infant Feeding co-ordinator posts. The grants enable local groups and services to work in partnership to improve facilities for breastfeeding mothers and their families.

17 qualified Assessors are now delivering the Open College Network /Agored Level 2 course for Breastfeeding Peer Supporters in Wales. As a result, over 60 mothers have qualified as peer supporters and they are working to complement the service provided by health professionals.

Breastfeeding Training for Maternity Care Assistants (MCAs) is available which has improved the quality of care and the number of new mothers breastfeeding their babies.

Evidence from LHBs indicates that breastfeeding rates are improving in those areas where trained peer supporters or MCAs are active in local groups. Their activities include work with mothers both antenatally and postnatally, in their own homes or in hospital.

As an example Cardiff and Vale ULHB midwifery services developed a scheme to

allocated 5 MCAs to develop one to one infant feeding support at home, drop-in groups and parent craft workshops. The work begins at Day 4 after birth and continues until 28 days post delivery. Over a 6 month period (April - October 2009) the MCAs gave feeding support to over 600 mothers, which resulted in an increase of 7.3% in mothers exclusively breastfeeding at discharge.

The UK Infant Feeding Survey reports every five years and the latest results will be available from June 2011. Currently in Wales, 67% of babies begin breastfeeding at birth, but after 4 days this figure has reduced to 56% and by the age of 2 weeks, this is down to 48%. The Survey provides useful detail regarding mothers' behaviour and attitudes to feeding their babies.

## **7 Recommendation**

We recommend that the Welsh Government ensures that levels of training for midwives, clinicians and other medical staff are maintained and that systems are put in place to prevent a shortfall developing in future

### **Position February 2011**

All midwives have an annual review with a local supervisor of midwives where training is monitored to ensure that every midwife has attended the required update sessions.

Assembly officials have had assurances from the Local Supervisory Authority (Healthcare Inspectorate Wales) that necessary training is being provided and uptake is good.

The Welsh Risk Pool also keeps annual records of compliance by each LHB.

All Heads of Midwifery have provided WAG with their register of training requirements.

LHBs and Trusts hold detailed information about Consultant Job Plans, and the availability of consultants to support maternity services. Job planning is the annual process for LHBs to agree the specific activities to be undertaken by their consultants each year, and service, workforce and financial plans will determine the numbers of consultants to be employed in each specialty.

Consultants and other career grade medical staff are required to undertake an annual appraisal which is designed to identify any issues of professional practice and agree action to address any such issues and their personal development plans for the coming year. Appraisal is a necessary part of the revalidation process for medical staff and an essential part of local clinical governance. Medical Directors carry the responsibility locally, on behalf of their Chief Executives and Boards, for ensuring effective appraisal processes are operating within their Health Board or Trust.

Other clinical staff will also be expected to have annual appraisal processes to ensure they have the necessary and up-to-date skills to carry out their roles effectively.

## **Doc 1**

### **Public Accounts Committee Recommendation 1:**

**'We recommend that, with immediate effect, the Welsh Government provides us with further details of how it intends to meet, or has already met, the recommendations made by the Auditor General in his report'**

**Wales Audit Office report into Maternity Services -Recommendations**  
(all recommendations were agreed by the Minister for Health and Social Services –  
March 2010)

#### **1a Recommendation**

The Assembly Government develops a comprehensive strategy document that sets out its vision for maternity services.

##### **Position February 2011**

A strategy for maternity services has been prepared and will issue for consultation very shortly.

Its purpose is to set out the Assembly Government's strategic vision for maternity services building on the requirements of the standards set out in the National Service Framework (NSF) for Children, Young People and Maternity Services. Local Health Boards are responsible for the planning and delivery of maternity services in Wales and will be expected to use the strategy to underpin and inform this process. The strategy identifies the action needed at both a national and local level.

#### **1b Recommendation**

The delivery of this strategy be supported by a clear accountability framework at every level. Such a framework should require policy leads and the different professional groups to work more closely together to achieve common and shared objectives.

##### **Position February 2011**

The Accounting Officer will monitor progress with improving the quality of maternity services through his performance management arrangements with Local Health Board Chief Executives. These monitoring arrangements will be based on the quality outcome and patient experience measures that will be developed.

The draft strategy proposes the establishment of an all Wales group to lead

and oversee the delivery of the vision for maternity services. This group will report progress to and inform the Accounting Officer's performance management arrangements.

### **1c Recommendation**

The new LHBs, tasked with integrated service planning and provision, use the NHS reconfiguration as an opportunity to formalise the ways in which information about service quality and costs is fed back into service planning.

#### **Position February 2011**

Clinical audit information is key to informing service planning. As a basis for clinical audit, the Maternity Data Set Project completed the work to define the information requirements for maternity services in 2010. The first priority has been to produce a formal minimum data set. This will be considered by the Wales Information Governance and Standards Board shortly and then the Welsh Assembly Government will mandate this for use by Local Health Boards.

Similar work will continue over the next 2 years for extending the data set for maternity services.

Information on the costs of hospital and community based maternity services is now routinely identified by LHBs.

### **1d Recommendation**

The new LHBs should work together to carry out a comprehensive assessment of the actual costs of maternity services. The mechanism adopted needs to be consistently applied across each health body.

#### **Position February 2011**

The 2009-10 costing returns have been published within NHS Wales. They include a separate analysis of maternity costs for both hospital based and community based maternity care. The returns have been produced by NHS organisations using a standard methodology. Additional work has been undertaken to analyse costs per birth for each Health Board. This work is still being reviewed and validated by NHS finance professionals.

The initial pace of the implementation of Service Reporting has had to take account of the requirement for Finance teams to prioritise the delivery of 2010-11 financial savings plans. However, good progress is being made, with the Cardiff and Vale University Health Board in the vanguard. The LHB has set up and populated its system and is currently rolling it out to clinical and managerial users.

The consistent application costing methodologies across Wales is overseen by a Financial Information and Costing sub-group of the NHS Finance Directors Professional Forum. The sub group is chaired by the Finance Director of Betsi

Cadwaladr University Health Board, and includes financial, informatics and clinical membership.

**1e Recommendation**

The new LHBs must work harder to gather the views of service users and to fully consider these views when planning services. In particular, the providers of maternity services should ensure their maternity forums have appropriate representation from service users and ensure that the results of opinion surveys are considered as a priority.

**Position February 2011**

All LHBs but two have set up Maternity Service Liaison Committees, which have formal arrangements in place of gathering and using the views of service users.

Paul Williams has written to the 2 remaining LHBs to require them to put Maternity Services Liaison Committees in place by end of February.

**2a Recommendation**

Where midwifery staffing levels fall below recommended levels, the new LHBs should undertake an assessment of the adequacy of their staffing requirements for delivering safe and high-quality services

**Position February 2011**

LHBs have reviewed their midwifery staffing levels. Through service re-design and the introduction of skill mix, all LHBs are now fully compliant with Birth Rate Plus.

**2b Recommendation**

The new LHBs should review whether they have sufficient numbers of maternity support workers to support the efficient release of midwives to focus on more specialist care and treatment; and support the new national training programme to ensure all maternity support workers have the appropriate skills

**Position February 2011**

Training of maternity support worker's (MSW) is taking place across Wales, based upon skill mix workforce plans within LHBs.

Over 40 current support workers are now entered into the All Wales Maternity Support Worker Curriculum. Further cohorts of students are being recruited for the 2010/11 academic year, which begins in February. To date 20 students have registered.

The overall findings of the evaluation demonstrate that implementation of the

MSW trainee role has mainly been successful. The issue that needs to be addressed is that of MSWs being fully utilised and delegated to.

As a result of the recent evaluation it has been recommended that NLIAH conduct a further, in-depth evaluation of the impact of MSWs in two - three years' time as change across any organisation can take several years to imbed.

## **2c Recommendation**

The new LHBs need to strengthen the consultant job planning process to ensure that the details of consultant programmed activities are clearly stated and understood so that Trusts are readily able to distinguish the time consultants spend on obstetrics as opposed to gynaecology. This improvement would help trusts ensure they have appropriate consultant cover.

### **Position February 2011**

LHBs are required to undertake job planning of Consultants on an annual basis, which identifies clearly how a Consultant's sessions (the terminology in Wales for programmed activities) are to be used over the coming year. To date there has been no explicit advice to LHBs to distinguish the time consultants spend on obstetrics as opposed to gynaecology, although this would generally be expected to be clear in terms of Direct Clinical Care sessions.

The Medical Director for NHS Wales is currently seeking assurances from Medical Directors in Health Boards and Trusts that they are now distinguishing the time spent on Direct Clinical Care activities between obstetrics and gynaecology in Consultant Job Plans. This has not happened prior to the WAO Report as both obstetrics and gynaecology were integral parts of individual Consultants' roles in this specialty and there had never previously been a requirement to distinguish between these activities.

The Wales Audit Office is currently undertaking a study of the implementation of the amended Consultant Contract in Wales, which introduced the current job planning system. The current WAO study may also identify any shortcomings with current Consultant job planning processes locally.

## **2d Recommendation**

Where the presence of consultant obstetricians on delivery suites fall below recommended levels, the new LHBs should undertake an assessment of the adequacy of their individual consultant staffing requirements for delivering safe and high-quality services.

### **Position February 2011**

This position is monitored on a regular basis and the WAG Medical Director discussed this with LHB Medical Directors and the Wales Deanery in early December to ensure that safe rotas were in place to support units.



### **3a Recommendation**

The new LHBs should ensure all maternity staff are trained to the required levels.

#### **Position February 2011**

Action complete. All midwives have an annual review with a local supervisor of midwives where training is monitored to ensure that every midwife has attended the required update sessions.

The Local Supervisory Authority (LSA), the Welsh Risk Pool and Heads of Midwifery compile accurate and up to date records on the uptake of training for each midwife.

The LSA has assured the Welsh Assembly Government that necessary training is being provided and uptake is at the required level

### **3b Recommendation**

The new LHBs should review their training programmes to ensure that there is sufficient focus on the principles of respect, well-being, choice and dignity for women.

#### **Position February 2011**

Action complete. Heads of Midwifery include these topics in their annual mandatory training sessions for midwives and keep these issues under constant review.

### **4a Recommendation**

The new LHBs should provide locally accessible community locations that can function as antenatal drop in centres run by midwives.

#### **Position February 2011**

All LHB's have facilities available where midwives could be the first point of contact. In the main midwives provide care within General practice surgeries and further work with the Health Boards is needed in this area to promote and advertise the midwife as the first point of contact.

### **4b Recommendation**

The new LHBs should promote midwives as the most appropriate first point of access for pregnant women and more widely signpost and publicise the

services that can be accessed locally.

#### **Position February 2011**

LHBs will need to advertise and promote the midwife as the first point of contact as they develop their community based services.

#### **4c Recommendation**

The new LHBs should review their processes for deciding on the appropriate number of antenatal check-ups to ensure this is based on need and that all women receive the recommended number of check-ups.

#### **Position February 2011**

All LHBs have reviewed services and have implemented changes based on their findings and carry out regular audits to ensure that guidelines are implemented.

#### **5a Recommendation**

The new LHBs develop local guidelines that pregnant women are scanned only if there has been a formal assessment of need and local audits should be carried out to assess the extent to which the guidelines are being applied.

#### **Position February 2011**

LHBs have reviewed their policies in line with Antenatal Screening Wales Standards and NICE guidance on the use of ultrasound scanning. LHBs carry out regular audits to ensure that policies and guidelines are implemented and that patient need is met.

#### **5b Recommendation**

The new LHBs should include information about the local guidelines for scanning within the first booking appointment. This should help to explain to women that additional scanning (over and above the minimum expected) is not always the most appropriate way of assessing the condition of the baby.

#### **Position February 2011**

The Pregnancy Book will be re-printed in autumn 2011 and will include up to date information on scanning.

#### **5c Recommendation**

The Assembly Government and Health Commission Wales must act quickly to agree the funding arrangements for the new Down's Syndrome test to ensure

that the most sensitive test is being used in Wales.

### **Position February 2011**

Local Health Boards, through their collective work on the Welsh Health Specialised Services Committee (WHSSC), are now responsible for the planning and securing of national screening programmes in partnership with Public Health Wales NHS Trust. New laboratory testing is being implemented in February that will lead to improved detection rates antenatally for Down's Syndrome.

#### **6a Recommendation**

The new LHBs review their arrangements for booking appointments to ensure that mental health issues and issues concerning maternal rights and benefits are consistently covered in discussions with the pregnant women.

### **Position February 2011**

All women are assessed and advised in line with the All Wales Hand Held Maternity Record, which addresses these issues.

#### **6b Recommendation**

The new LHBs ensure that every woman, whether having their first or subsequent baby, receives a copy of *The Pregnancy Book* if they want one.

### **Position February 2011**

All women in Wales are offered the Pregnancy Book.

#### **6c Recommendation**

Through general surveys of maternity service users, the new LHBs should explore the reasons for low attendance at antenatal classes. The results of these surveys should be acted upon to ensure women and their partners are given every opportunity of attending classes if they wish to.

### **Position February 2011**

Heads of Midwifery have:

- Reviewed what women say they want from classes
- Planned new provision
- Implemented new services based on women's views

A typical response:

- Over 50% of women access pregnancy and birth information from the internet, through a wide variety of sources and are very interested in the

possibility of a locally developed website being available, with over 75% of women saying that they would access information about labour and birth from this source

- First and second time mothers had different priorities for the information
- Most women wanted to attend classes with their partner, but there was also a small demand for 'women only' classes
- Women under 20 years of age were most likely to want to attend with a peer age group.

#### **7a Recommendation**

The new LHBs should put processes in place to ensure that women's preferences for pain relief are formally recorded by the clinicians caring for them and that clinicians discuss with women the issues regarding pain relief so that women have realistic expectations and understanding that not all pain relief methods can be used at all times.

#### **Position February 2011**

During the antenatal period, the clinician, having discussed pain relief with the prospective mother, records this in the All Wales Hand Held Maternity Record.

However, all methods of pain relief are available to all women at all times, where clinically appropriate.

#### **7b Recommendation**

The new LHBs should encourage women to move around during labour and assess whether CTG equipment is being overused to the extent that it is preventing women being mobile during labour.

#### **Position February 2011**

All LHBs use the Clinical Pathway for Normal Labour, which follows NICE guidance on the use of foetal monitoring.

The Clinical Pathway for Normal Labour directs midwives to discuss with labouring women the importance of mobilisation and positioning in labour. Midwives are asked to sign the Pathway to confirm that they have done this.

#### **7c Recommendation**

The new LHBs should promote the principle that women are not left alone during or just after labour but if that is unavoidable then the woman should be assured that a clinician is close at hand if required.

#### **Position February 2011**

All LHBs provide one to one care in labour at all times, and are reassured, should they be left alone at any time that a clinician is close at hand if required.

## **8a Recommendation**

The new LHBs carry out local audits to assess the appropriateness of their Caesarean section rate including a comparison of Caesarean rates for individual consultants.

### **Position February 2011**

All LHBs are working to develop new practices based on their action plans to reduce caesarean section rates.

A review of progress and sharing of good practice will be made at an all Wales meeting of Obstetrics and Midwifery from each LHB in April 2011.

## **8b Recommendation**

Where local audits reveal high rates of Caesarean sections, the new LHBs should implement a Caesarean toolkit developed by the NHS Institute for Innovation and Improvement which aims to reduce section rates.

### **Position February 2011**

This recommendation has been implemented and all LHBs are developing new practices based on their action plans to reduce rates.

## **9a Recommendation**

The new LHBs explore and act on the reasons for lower satisfaction rates in postnatal care and, where necessary, engage with new mothers further to assess the contributing factors and how services might be improved.

### **Position February 2011**

All LHBs have carried out surveys of women's satisfaction with postnatal care.

In the light of the satisfaction surveys, key areas of improvement have been in the introduction of MSWs and Nursery Nurse posts, review and standardisation of postnatal information and literature, review of visiting policies, roll out of postnatal peer support groups for breast feeding mothers, community drop-in clinics.

User satisfaction surveys will continue to be undertaken and acted upon in the future.

## **9b Recommendation**

The new LHBs should ensure that the necessary support is available to support women to breastfeed and that the advice and support provided is consistent.

### **Position February 2011**

A UNICEF UK Professional Clinical Lead for Wales has been appointed to provide professional support, through the UNICEF UK Baby Friendly Initiative (BFI) to maternity, health visiting and community services across Wales. In Wales, over 51% of Welsh births take place in a BFI Awarded maternity unit. As a result of this continuing support and maintenance of skills by health professionals, mothers with particular needs, such as obesity, are benefitting from an improved level of care in Wales. All LHBs in Wales are participating in the Baby Friendly Initiative and 10 Maternity Units have achieved the full Award. Community Healthcare services and Universities in Wales are also progressing towards the award.

Welsh Assembly Government Breastfeeding Grants contribute towards the funding of designated Infant Feeding co-ordinator posts. Local strategic management grants enable local groups and services to work in partnership to improve facilities for breastfeeding mothers and their families.

Over 60 mothers have been trained as peer supporters through the Open College Network /Agored Level 2 course for Breastfeeding Peer Supporters in Wales. Their work complements the service provided by Health professionals.

Breastfeeding in public places is also being encouraged through the Welsh Assembly Government's Breastfeeding Welcome Scheme, with over 350 premises signed up to the Scheme.

### **10a Recommendation**

The new LHBs review their policy and practice to ensure that the level of postnatal care is appropriate to the needs of new mothers and that all women receive at least the minimum standard number of postnatal check-ups.

### **Position February 2011**

All LHBs have reviewed their postnatal care services and have made service improvements where necessary.

This includes the employment of nursery nurses, MSWs and breastfeeding peer supporters in the hospital and community.

All LHBs carry out satisfaction surveys regularly to review postnatal provision.

### **10b Recommendation**

The new LHBs work with primary care to ensure that the standard six-week postnatal check-up of the mother's health and well-being takes place.

### **Position February 2011**

Local Health Boards are expected to provide post natal care in line with NICE clinical guidelines entitled 'Routine postnatal care of women and their babies' (July 2006)".

#### **11a Recommendation**

The Assembly Government, in partnership with the NHS in Wales and other key stakeholders, agree a coherent common data set for maternity services and this data set should be explicit about the neonatal and maternal outcome indicators to be monitored.

##### **Position February 2011**

Clinical audit information is key to informing service planning. As a basis for clinical audit, the Maternity Data Set Project completed the work to define the information requirements for maternity services in 2010. The first priority has been to produce a formal minimum data set. This will be considered by the Wales Information Governance and Standards Board shortly and then the Welsh Assembly Government will mandate this for use by Local Health Boards.

Similar work will continue over the next 2 years for the extending the data sets for maternity services.

#### **11b Recommendation**

The new LHBs develop appropriate IT systems that enable systematic recording and analysis of maternity service performance through the indicators defined in the common data set.

##### **Position February 2011**

An impact assessment carried out with all Health Boards indicated that some Health Boards will need to make amendments to systems to achieve the collection of the data set.

#### **11c Recommendation**

The Assembly Government and NHS bodies should standardise coding of inpatient episodes to ensure that data is accurate and provides a true reflection of activity.

##### **Position February 2011**

Data standards for all items in the agreed data set have been confirmed and clear actions for implementation have been agreed this approach will ensure standardised coding.

#### **12a Recommendation**

The new LHBs standardise the criteria for incident reporting; seek to promote a

culture of openness and put mechanisms in place to support learning from incidents.

### **Position February 2011**

Improvements in the reporting of incidents continue. The Putting Things Right Project builds on the NSPA Being Open Policy.

Putting Things Right Guidance is to be launched in April 2011 to coincide with the coming into force of new regulations.

### **12b Recommendation**

The new LHBs should implement the recommendations contained within the Welsh Risk Pool Maternity Project in addressing the problems in the use and interpretation of electronic foetal monitoring that is a common feature in a large number of high-value obstetric clinical negligence claims.

### **Position February 2011**

All LHBs are meeting the Welsh Risk Pool (WRP) requirements for mandatory cardiotaocograph training.

The training and assessment programme developed by WRP and Royal College of Obstetricians and Gynaecologists with the LHBs is near to completion and should be ready for use in spring 2011.