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Maternity services: follow-up review

**Abertawe Bro Morgannwg University
Health Board**

Issued: August 2011

Document reference: 341A2011

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Summary report

Summary

1. In June 2009, the Wales Audit Office published a national report entitled *Maternity Services in Wales*¹. That report was informed by our 2007-08 review of maternity services across Wales, from which we reported local audit findings to predecessor NHS trusts.
2. Our national report concluded that while maternity services were generally appropriate and women's satisfaction levels were relatively high compared with England, practices varied unacceptably and information was generally not well collected or well used. The report made a number of detailed recommendations; some aimed at the Welsh Government and others at local NHS bodies. Appendix 2 provides a summary of our recommendations for health boards which addressed the following themes:
 - planning and performance management;
 - user engagement;
 - the provision of safe and effective maternity; and
 - the experience for expectant and new mothers and their babies across the pathway of care.
3. During 2008, we produced local reports on maternity services in the former Swansea and Bro Morgannwg NHS trusts. We also produced a summary report for Abertawe Bro Morgannwg NHS Trust, which was created from the merger of these two trusts on 1 April 2008. Overall, we found that the maternity services in the two predecessor trusts faced different challenges in terms of configuration and service profiles. More wide-ranging improvements were required across the former Swansea NHS Trust service in order to ensure high quality cost effective services. However, many of the areas requiring improvement largely mirrored those identified within our national maternity report. Appendix 2 describes in more detail the conclusions from the two local reports.
4. We presented our national report to the National Assembly's Public Accounts Committee in July 2010 and the Welsh Government gave evidence in response to the report in November 2009. In February 2010, the Committee published its own *Interim Report on Maternity Services*. Then, in February 2011, the Committee took further evidence from the Welsh Government on the progress that was being made at a national and local level to improve maternity services. That evidence session demonstrated that while action is being taken, challenges persist in some parts of Wales.

¹ The report can be accessed at:
http://www.wao.gov.uk/assets/englishdocuments/Maternity_services_eng.pdf

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5. Before the Public Accounts Committee returned to the topic in February 2011, we had already decided to undertake further audit work of our own. In May 2011, we undertook some follow-up work to examine whether Abertawe Bro Morgannwg Health Board (the Health Board) can demonstrate improvements in the planning and delivery of maternity services in response to the various issues identified in our previous local and national reports². We note that at the time of our fieldwork, the directorate was restructuring with changes anticipated in professional and managerial lines of accountability³.
6. We have concluded that the Health Board has made considerable progress in creating an increasingly improved and integrated maternity service, although further work is required and momentum needs to be maintained. The reasons for reaching this conclusion are set out below.
- maternity services are recognised as a high priority;
 - the Health Board has made good progress in identifying, collecting and using the information it needs to help plan and manage the maternity service;
 - the Health Board is content with the overall strategic model for maternity services and recognises that it needs to remain responsive to changing demand;
 - there are well developed systems to support the delivery of safe and effective care, although obstetric cover in the labour ward does not yet meet recommended levels; and
 - the services offered across the maternity care pathway are improving with reducing interventions and increased support for breastfeeding although variations in community midwifery arrangements need to be addressed.
7. Our work has identified a number of areas that still require attention. These are shown below in Exhibit 1.

² Our audit work consisted of interviews and focus groups undertaken with a number of key personnel at the Health Board along with document reviews.

³ The Health Board's maternity units comprise two obstetric units, one at Singleton Hospital, Swansea and one at the Princess of Wales Hospital, Bridgend. There is a midwifery-led delivery unit alongside the obstetric unit at Singleton Hospital and a standalone midwifery-led Birthing Centre at Neath Port Talbot Hospital.

Exhibit 1: Key issues for the Health Board

Key issues

Delivering the Maternity Strategy

Following changes to the organisational structure and reporting relationships, ensure that maternity strategy implementation remains a key Health Board priority.

Co-ordinated information systems

With the implementation of Myrddin, the Directorate can obtain increasingly timely and useful clinical, quality and performance information and further enhance its monitoring systems.

Operational issues need to be addressed such as access by community midwives to terminals for data entry.

Obstetrician availability in Labour Ward

The means of resourcing the 60 hour presence by Consultant Obstetricians on the Labour Ward at Singleton Hospital has not yet been identified.

The birth rate at the Princess of Wales Hospital obstetric unit will soon reach the threshold at which consideration will need to be given to achieving 60 hours of consultant obstetrician presence per week.

Inconsistency in community midwifery service

Currently different team working arrangements lead to inequity of access for women to community midwifery services across the Health Board and variability in the support to women in the community and to the home birth rate.

The planned community caseload review will be an important first step in planning more cohesive and equitable services to women.

Developing the Care Pathway

Perinatal Mental Health Services:

- It is recognised that perinatal mental health services are not yet delivered comprehensively across the Health Board.

Parentcraft:

- Decisions need to be taken on the available options developed for the future of parentcraft and a standardised programme planned and delivered.

Intervention rates:

- The Directorate recognises the need to continue to monitor caesarean section rates and address concerns where ongoing reduction in intervention over time is not evidenced.

Maternity services are recognised as a high priority

8. The Health Board views maternity services as a priority. At the time of our fieldwork, there was evidence of a positive service focus on maternity service improvement and managerial and professional accountabilities were clear. The Health Board was however, developing plans to introduce a new organisational structure.
9. There were some uncertainties about aspects of the new arrangements at the time of our fieldwork and staff were apprehensive about the pending changes. In making the changes, the Health Board has recognised the importance of ensuring clarity of roles and effective communication systems so that accountability for the maternity service is not diluted and its priority at the Health Board is not reduced. We understand that the revised structure has now been implemented.
10. Within the recent restructuring of the Acute Care Division, maternity services remain within an enlarged Women and Children's Health Directorate (the Directorate) accountable to the Director of Acute Care. The previous joint post of Head of Midwifery/Head of Nursing has been split into two separate roles, in recognition of and to support appropriate focuses on the major agendas within both midwifery and paediatric services. The Health Board has sought to ensure that appropriate professional and managerial reporting lines are continued within the new structure, with strong executive engagement.
11. The Executive Nurse Director reports on professional midwifery and nursing issues to the Executive Board and the full Board. The Head of Midwifery is professionally accountable to the Nurse Director. Ongoing communication between the Nurse Director and Head of Midwifery is maintained through monthly one-to-one meetings and through other forums, which include the Nursing and Midwifery Board. The Nursing and Midwifery Board has recently been refocused with a strategic agenda addressing professional nursing and midwifery issues, and it will now meet on a monthly rather than quarterly basis.
12. The Director of Acute Care, who is the executive lead for maternity services, has recently (May 2011) established an Acute Care Board. This Board reports to the Executive Board. The membership includes general managers and clinical directors from the acute directorates but does not include heads of nursing. We understand that nursing and midwifery representation will however, be co-opted as necessary, when the Acute Care Boards agenda requires professional nursing or midwifery advice or input. It will be important to ensure that professional nursing and midwifery advice is available to the Acute Care Board on an appropriate and timely basis.
13. The Directorate Management Team has been the main forum in which decisions have been taken to progress the response to external reviews. To date, the Head of Midwifery/Head of Nursing (under the previous management structure) has been a driving force in co-ordinating the planning and delivery of change across the maternity service, working collaboratively with the Clinical Director and Directorate General Manager.

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14. Our previous local audit work in 2008 identified considerable variation between the maternity services operating across the former Swansea and Bro Morgannwg NHS trusts. However, the Health Board has been successful in introducing consistent policies and procedures and engaging staff in working in an increasingly integrated manner. Where there remain different systems in operation, these are either intentional or there are plans in hand to address them. The Annual Report to the Local Supervising Authority for 2009-10⁴ recognised there had been effective amalgamation across the service.
 15. A comprehensive action plan with clear timescales and responsibilities has been developed based on our previous detailed reports to the predecessor Trusts and on our national report. The resultant action plan has been regularly reviewed and updated. During our recent review, we found staff to be supportive of both our current and previous work and they were keen to ensure that maternity services remain a high priority for the Health Board.
 16. The maternity service has also recognised the importance of other national and local reviews including the Welsh Risk Pool assurance work. The Welsh Risk Pool annually assesses the level of risk in maternity services and their findings often provide the stimulus for service changes. Similarly, recommendations from Healthcare Inspectorate Wales (HIW) reports have been considered and implemented leading to service improvements. Monitoring of action plans is co-ordinated through the Annual Operating Framework and regular updates on performance prepared for the Health Board.
 17. The Annual Operating Framework Service Improvement Plan brings together a comprehensive range of targets for the maternity service and includes actions to deliver against the targets. The Plan draws on the action plans developed based on external reviews. The content of this Plan is communicated across the maternity service and the arrangements for monitoring improvement are clear. These monitoring arrangements include use of the Maternity Dashboard.

⁴ The Supervising Authority aims to protect the public by monitoring standards, promoting continuous improvements in the quality and safety of Maternity Services and ensuring the midwives are confident and competent to practice safely using evidence based care. An annual report is published for each Health Board.

The Health Board has made good progress in identifying, collecting and using the information it needs to help plan and manage the maternity service

There has been a strong emphasis on performance management and the rollout of a new maternity information system should streamline data collection and analysis

- 18.** Information collected in maternity services is used for performance management and for service planning and review. The Directorate has developed the Maternity Dashboard to provide a month-on-month overview of key performance measures. The Dashboard is based on a performance management framework developed by the Royal College of Obstetrics and Gynaecology and addresses the following key areas:

 - Activity – including births, deliveries and caesarean sections;
 - Workforce – including consultant cover on the labour ward, mandatory training; and
 - Clinical Indicators – including maternal morbidity, neonatal morbidity, risk management, escalation, breast-feeding.
- 19.** The Maternity Dashboard provides a valuable and comprehensive presentational analysis of performance across a wide range of indicators. It is a key document to support performance measurement and monitoring and is used by the Head of Midwifery/Head of Nursing at her weekly meetings with senior midwifery and nursing staff and monthly at Directorate meetings. The Dashboard also forms the basis for action planning. In addition, information collected for the Dashboard is used to populate a range of monitoring returns including the Annual Operating Framework, National Service Framework and Antenatal Screening returns.
- 20.** In line with the all-Wales rollout plans, the Myrddin Patient Administration System, including its maternity module, has 'gone live' in Singleton Hospital in March 2011. Implementation has, we understand, been successful overall and work is underway to implement the system across the rest of the Health Board. The Directorate considers it a priority to have information systems standardised as soon as is practicable and to replace the PIMS system currently used in the other hospital units. The Health Board has therefore requested that the system go live in the Princess of Wales and Neath Port Talbot Hospitals ahead of the original schedule in order to promote effective integrated working. Consequently, the Health Board expects to complete the maternity service element of Myrddin implementation by November 2011.

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21. The Information Management and Technology (IM&T) Department has provided dedicated resources to support development and rollout of the Myrddin maternity module. The maternity service has also seconded a midwife to work on a part time basis with the IM&T Department. The purpose of that secondment is to ensure appropriate data is captured and suitable data collection systems are developed which meet the requirements of the maternity service. The seconded midwife has been able to work collaboratively and ensure the system being developed is informed by national reports and standards. For example, taking account of the Royal College of Obstetricians and Gynaecologists' *Standards for Maternity Care* and the UK Department of Health's *Delivering high quality midwifery care*.
 22. The introduction of the Myrddin maternity module should enable information to be collected in a more streamlined and coordinated manner. While labour ward staff have previously input maternity activity data, under the new Myrddin system community midwives will now be required to input their own data. We understand that this should improve data quality although there are some operational issues to resolve such as organising access to computer terminals. The seconded midwife organised training for staff in advance of the new information system 'going live' at Singleton Hospital. She also provided hands on support in high-risk areas such as the labour ward. It is intended that the same support will be provided when the system is rolled out in the Princess of Wales and Neath Port Talbot Hospitals.
 23. Midwifery and nursing staff expressed great enthusiasm for continuing to refine and develop Myrddin to provide useful and timely information and were keen to establish an Expert Group, with medical representation. Given that medical staff had, to date, had limited engagement with Myrddin, this could be a useful forum through which to improve the level of engagement and involvement.

There are well-established arrangements for seeking the views of users to inform service provision, although the Maternity Services Liaison Committee is yet to meet

24. The maternity service has well developed systems of engagement and consultation with service users. To support this work, the service makes effective use of the skills offered by the Health Board's Patient Experience and Communication Departments. As a result, the Head of Midwifery gains user intelligence from across the maternity service as well as information gained through wider Health Board patient and public engagement processes.
25. Lay reviewers contribute to annual reviews undertaken by Supervising Midwives. The maternity service has found the engagement of lay reviewers to be beneficial in uncovering and reporting on the views of women and staff. These views have informed service change, such as the creation of physically separate areas for antenatal and postnatal women on the Princess of Wales Hospital obstetric unit.

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26. The Health Board's arrangements for gathering users' views also include:
- Observational studies: Undertaken by the Head of Patient Experience and followed by an action plan drawn up for each area where observations are made and services are reviewed.
 - Forums: There is user representation on a number of maternity forums (the postnatal, normality and parentcraft forums) which have been established to review and develop services in a cohesive manner. A senior midwife leads each forum. There are plans to increase user representation to other maternity forums, which separately cover antenatal, labour ward and neonatal care.
 - Patient surveys: These surveys are undertaken on an annual basis in each maternity unit. The impact that a patient survey can have is illustrated by the action taken following the 2010 survey for Singleton Hospital. The response to the survey included additional support for breast-feeding, backed up by the introduction of nursery nurses and customer care training to improve staff attitudes and to help ensure women are treated with dignity and respect.
 - Patient stories: These stories are developed by the Patient Experience Team and are used to provide briefings to the Health Board and the Quality and Safety Committee and to support training and development.
 - User Groups: Specific task and finish groups have been established where there are potential service changes to be considered.
27. The terms of reference for the Maternity Services Liaison Committee have been developed by the Head of Midwifery/Head of Nursing in conjunction with the Director of Acute Care. The Committee will focus on overseeing delivery of the maternity strategy, reviewing performance and ensuring a clear user focus. The initial meeting is scheduled for July 2011 and the opportunity to develop a role for a non-officer member to lead on maternity services is being considered.

The Health Board is content with the overall strategic model for maternity services and recognises that it needs to remain responsive to changing demand

28. As noted previously, the Directorate has effectively managed the amalgamation of maternity services from predecessor trusts, streamlining service delivery and offering a comprehensive range of services to women. A culture of ongoing service review and strategic planning is well embedded.
29. The maternity service is planning to review the level of demand and available capacity in the light of increasing births across the Health Board (currently approximately 6,500 births per annum) along with the impact of changing patterns of service provision in neighbouring Health Boards. For example, the closure of the midwifery-led unit at Llandough Hospital (Cardiff and Vale University Health Board) appears to have led to an increase in the number of women using the Health Board's services.

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30. The Health Board has also undertaken a review of neonatal services and is planning to increase capacity at Singleton Hospital. Currently Wales is experiencing challenges in terms of matching neonatal capacity with demand, even though the Welsh Government has invested additional resources in neonatal services. Neonatal care facilities are classified as level one, two or three depending on the type of care they provide. The Health Board intends to increase the number of neonatal cots at Singleton Hospital, which is a level three facility, with the potential to increase cot numbers at Princess of Wales Hospital (a level two facility) once all-Wales neonatal plans are clear.

There are well developed systems to support the delivery of safe and effective care, although obstetric cover in the labour ward does not yet meet recommended levels

Birthrate Plus recommended midwifery staffing levels are being maintained although there are concerns about management capacity

31. The Health Board is committed to maintaining Birthrate Plus staffing levels. Monitoring undertaken in 2010 confirmed that Birthrate Plus levels were being achieved for midwifery staff supported by the introduction of new roles. Recommended staffing levels have been implemented based on the 90/10 ratio of qualified to unqualified midwives with the introduction of Maternity Care Assistants (MCAs) working in support roles.
32. Three yearly monitoring is required at an all-Wales level using the Birthrate Plus tool. However, the Directorate is undertaking annual monitoring because of the potential impact of the increased birthrate in the Health Board.
33. In monitoring Birthrate Plus staffing, a measure is used which assesses the proportion of management time that is considered appropriate to deliver the maternity service. This is known as 'infrastructure' management and the maternity service has reported to the Welsh Government concerns about a shortfall in the management proportion identified as required by Birthrate Plus.
34. Being an early implementer of the MCA role, from April 2009, has enabled the Health Board to make good progress in using these new staff effectively to support mothers. The MCA 12-month training programme was developed in conjunction with the National Leadership and Innovation Agency for Health (NLIAH), Skills for Health and the Royal College of Midwives, and the Health Board has participated in an all-Wales evaluation.

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35. Following maternity service amalgamation, the role of Nursery Nurses was reviewed. The outcome, supported by survey responses from service users, was the introduction of Nursery Nurses into the Singleton Units to support women and babies postnatally, in a similar way to that already proving beneficial in the Princess of Wales Hospital.
 36. While staffing levels are being addressed, there is concern that there is limited flexibility because many staff still hold contracts based on the conditions of the predecessor trusts. As a result, staff have a contracted base which is the location at which they work. The impact of this is that while a number of midwives will work some shifts in a maternity unit other than their own work base, they are not making themselves available to work away from their base on a regular basis.

Obstetrician input does not achieve the 60 hours per week recommended for labour wards

37. The Clinical Director for Women's and Children's Services is relatively new in post and both she and her predecessor are Obstetric and Gynaecology consultants. The clinical director is taking forward refinements to job planning to promote medical support for obstetric services including the availability of junior medical staff in the obstetric units.
38. The Health Board is achieving the 40-hour consultant presence per week in labour wards with more than 2500 births but is not, at present, achieving the 60 hours as recommended in *Safer Childbirth*⁵ (October 2009). To achieve 60 hours of obstetric presence the Directorate has indicated that it will be seeking additional funded medical sessions.

Multidisciplinary training is well developed

39. Mandatory training undertaken on a multi-disciplinary basis has been effectively implemented for 100 per cent of medical and midwifery staff (in March 2011). In improving the design of mandatory training programmes, work was undertaken to review the core training programmes for midwives. This programme has been redesigned and streamlined from three to two days per annum for all midwives and incorporates both mandatory and other relevant training.
40. Overall, we understand that the confidence levels of midwives in relation to home deliveries are high and there are opportunities for staff rotation to support training and development. While it is important that staff are effectively trained to be able to work flexibly when required, it is recognised that some staff prefer to work in an obstetric unit rather than in a midwifery-led facility, and vice versa.

⁵ *Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour* – Royal College of Anaesthetists, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health, October 2007.

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41. Directorate-wide induction and training opportunities have helped to support the amalgamation of the maternity service and have enabled staff to look at the maternity service on a Health Board wide basis. Common Directorate wide policies and procedures are being effectively implemented and collaborative working is enabling lessons and good practice from one area of the service to be implemented elsewhere.
 42. Well developed multi disciplinary reflection sessions are held weekly at the Princess of Wales and Singleton Hospitals to review clinical practice, support active learning and overall to promote good practice. However, we understand that midwives often have to attend in their own time. The sessions at Singleton Hospital are less well attended by midwives, and we have been informed that this may be because the meetings are held in a location away from the main obstetric unit.

Facilities are being upgraded and equipment provided and replaced as required

43. The Health Board has supported the need to improve and modernise maternity facilities where appropriate. Key areas which have been subject to recent upgrading include:
 - physical separation of antenatal/postnatal bed bays at the Princess of Wales Hospital Obstetric Unit to enable women to be cared for more appropriately;
 - obstetric theatre upgrade in Swansea; and
 - upgrade of the level three neonatal unit at Swansea to provide increased capacity.
44. Staff interviewed from across the maternity service reported that equipment was maintained and replaced as required both in community and hospital settings.
45. Equipment inventories were reported to be kept up to date. The only equipment considered necessary but not currently available were computer terminals to support data input.

A number of mechanisms have been established to support risk management

46. There is a variety of mechanisms on place to support effective risk management. These include:
 - Daily reviews of incident reporting and fortnightly maternity risk management meetings.
 - Monthly labour ward forums provide opportunities for the multi disciplinary team to discuss incidents and it provides opportunities to learn lessons.
 - Quarterly reports from the Directorate to the Health Board wide Quality and Safety Committee.
 - A comprehensive clinical audit programme.

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- Use of the Modified Early Obstetric Warning Score system. This national system involves a score chart for all pregnant or postnatal women, intended to identify sick women and initiate action at a time when treatment might make a difference.
 - Participation in the 1000 lives plus Transforming Maternity Services Mini Collaborative. The focus of the work is on improving recognition and response to women and reducing the risk of deep vein thrombosis.
47. Health Board Escalation Policies have been implemented for maternity and neonatal services. The Directorate has reported that the escalation arrangements work satisfactorily and enable alternative arrangements to be made when necessary. Escalation arrangements can enable the maternity units to remain open for low risk women, even when neonatal services are limited. Escalation arrangements make use of an assessment tool which measures the availability of beds or cots and staffing and assesses the acuity (the amount and complexity of the workload assessed against the number and skill levels of staff) at regular intervals.

The services offered across the maternity care pathway are improving with reducing interventions and increased support for breastfeeding although variations in community midwifery arrangements need to be addressed

Antenatal care is based on the normal pathway of care and work is underway to agree comprehensive parentcraft training and improve perinatal mental health services

48. Our national report recommended that health boards should provide locally accessible community locations where women can access a midwife. Midwives aim to be the first point of contact for women who think they are pregnant and they promote their availability through primary care contacts. However, where midwives are not based in GP practices it can frequently be the GP who is the first point of contact. As a result of initial contact or signposting from a GP, the community midwife aims to support pregnant women in community environments with booking visits and subsequent appointments undertaken in community healthcare premises.
49. Women receive the recommended number of checkups and scans and quadruple scanning for Down's syndrome is now provided as recommended by Antenatal Screening Wales. Where possible women remain under the care of midwives and if they need to be referred for an obstetric appointment, the women will, where possible, revert to midwifery care. The 'Normality Forum', which includes wide-ranging input from the maternity service and user representation focuses on developing and promoting the non-interventional pathway for women.

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50. The Directorate recognises the importance of providing high quality information for women in various formats. These include:
- A 'Choices Leaflet' has been produced to inform women of all birth options available across the Health Board. Women can choose to go to a unit which may not be the nearest in distance, but which may better suit their needs. For example, women may choose to use the birthing centre at Neath Port Talbot Hospital although the midwifery led unit at Singleton Hospital may be closer geographically.
 - Virtual tours of the maternity facilities are available both on the Health Board website and via YouTube. Within the Health Board, the maternity service has won a number of awards for its audiovisual presentations.
 - Every woman is given the Pregnancy Book, which provides consistent information to women on the care and treatment they can expect from the maternity service.
51. Mental Health services are not equitably available across the Health Board. A specialist Community Psychiatric Nurse post was funded (December 2009) and full screening and support is available at the Princess of Wales Hospital. Services are not as well developed at Neath Port Talbot or Singleton Hospitals. The provision of mental health services for women during pregnancy and up to one year post delivery is considered a priority, and work is underway led by the Perinatal Mental Health Forum with the aim of developing a cohesive service across the Health Board area.
52. The provision of Parentcraft classes has been under review and the work has been led by the Parentcraft Forum. Lessons have been learnt from the courses, which have been trialled such as a full day course held on a Saturday. Preferred options have been identified with the aim of making classes accessible and informative along with providing women and their partners with choice of times and locations. The Health Board is currently considering the options recommended.

Ensuring normality in labour is a key priority and work is ongoing to continue to reduce intervention rates and improve consistency of community midwifery services

53. A range of options are available to women giving birth and choice is actively promoted. Home birth is supported and encouraged and while the average home birth rate is five per cent across the Health Board, it does vary between teams and rises to 21.5 per cent for women delivering in the Glan y Mor area.
54. The information available for women is comprehensive. The 'Choices Leaflet' describes the care and birth options available. Even where women who are not deemed suitable for home birth request one, an individual care plan is developed with the risks fully explained and documented. Women are also provided with information on what to expect in antenatal care including the number of appointments and scans.

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55. Where women choose to have their baby in a maternity unit, there is evidence of women choosing the type of birth and maternity unit rather than the location nearest to them. For example, women will choose to go to the Neath Port Talbot Hospital Birthing Centre although the Singleton midwifery-led unit is closer to where they live, as they prefer as non-clinical an environment as possible in which to deliver their baby.
56. The maternity service recognises that the use of cardiotocograph (CTG) equipment needs to be appropriate and only undertaken when clinically required. We have previously noted that all maternity nursing and medical staff receive mandatory annual training in the use of CTG. Where staff consider that CTG equipment needs to be used, the system operating requires that staff record in the patient notes the reason for its use. It has been reported to us that this has reduced the use of CTG in the obstetric units. In addition, work is underway, led by the Consultant Midwife, which aims to understand the midwife's perception of risk and to identify how this effects the actions she would take. This review will address the use of CTG.
57. The Directorate monitors intervention rates on a monthly basis and in our discussions, midwives were aware of the current rates of induction and caesarean section rates. The caesarean section rates (both planned and emergency) are reported monthly in the Maternity Dashboard, trends are monitored and reasons for variation are identified. There is a widespread recognition of the need to reduce intervention and promote normal birth, where possible. Caesarean section rates have decreased since our previous Acute Hospital Portfolio Maternity report (Exhibit 2).

Exhibit 2: Caesarean section rates across the Health Board in 2007 and 2011

Hospital location	2007	2011 (January to May)
Singleton Hospital – obstetric unit	30%	26.7%
Princess of Wales –obstetric unit	22%	21.3%

Source: Abertawe Bro Morgannwg University Health Board – Children and Women's Directorate data

58. The Caesarean Section tool kit has been implemented and is actively used across the obstetric units with the aim of achieving an overall reduction in caesarean sections of one per cent. The Vaginal Birth After Caesarean (VBAC) pathway is well understood and promoted by midwives.
59. Collaborative working in obstetric services is reported to have improved further since our previous review with an increased culture of openness and transparency. Midwives report that they are encouraged and supported to discuss and challenge medical staff in reaching obstetric decisions. Where there is a situation where a doctor and midwife do not agree on a course of action, the midwife can escalate this for further review.

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60. While the Health Board considers that the current model of community and hospital based maternity services is appropriate, the Directorate recognises that community midwifery is not delivering an equitable service to all women.
 61. Community Midwifery Teams operate different systems using either a caseload or named midwife approach. The caseload approach enables more comprehensive out of hours support to women in the community and in these areas, the proportion of home births is regularly higher as evidenced in the Glan y Mor area. The named midwife system provides less dedicated on call to a geographical area and staff from these teams provide cover to the obstetric and midwifery led units when they are experiencing staff shortages or increased acuity.
 62. The Directorate plans to undertake a caseload review of community midwifery teams which should enable the variations in team practice to be identified. Performance indicators are not currently collected for the community midwifery service and the caseload review should provide an important opportunity to introduce a range of indicators to measure workload. The information obtained will support decision making on the future pattern of community midwifery services.

Postnatal care focuses on the needs of the mother for timely discharge and breast feeding support

63. Midwives were concerned that they were unable to effectively support women in the maternity units postnatally. A pilot scheme 'Transforming Care' has been introduced in Singleton Hospital's postnatal ward to review the amount of time spent with women in direct care and support. This scheme has been developed by the Welsh Government in conjunction with NLIAM. The initial results have been encouraging and empowering for the maternity service and have led to service changes. These include the introduction of a quiet place to plan discharge with mothers, better pharmacy collaboration to ensure drugs are available at the appropriate time and overall to recognise that discharge is the woman's priority and therefore needs to be well co-ordinated by the postnatal ward.
64. In order to further reduce delays in discharges midwives have been trained to undertake non-complex baby checks. However, with any level of complexity, a doctor is required and this can delay the discharge. The Directorate also plans to train staff in administering intravenous antibiotics to babies and this will extend the system currently in practice in Swansea.

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- 65.** The maternity service is seeking to actively promote breastfeeding. UNICEF full Baby Friendly Breast Feeding⁶ status has been obtained at all three maternity units – at Princess of Wales, Neath Port Talbot and Singleton Hospital. In addition to providing information and advice to women on breastfeeding, the Directorate has expanded the number of Nursery Nurses with a key role in providing breast-feeding support to new mothers. Previously nursery nurses were an integral part of the maternity service at the Princess of Wales Hospital but not at Singleton Hospital.
- 66.** The Directorate recognises that peer support is important for women and provides advice and support to a number of these groups:
- Breast Feeding Support Groups – these are run by service users with input from midwives, health visitors and the infant feeding coordinator.
 - Local Supervising Authority Peer Support Group – users participate in the recruitment of the Supervisor of Midwives and in reviewing maternity services.
 - The Maternity Service has engaged creatively with users in developing 'Grace's Gift'. This collaborative work seeks to improve women's awareness of stillbirth and the need during pregnancy to be aware of the movements of their baby.
- 67.** The Postnatal Forum regularly reviews the care of women postnatally. Work has been underway with considerable success to standardise the postnatal care of women and to ensure for routine births that the number of visits is standardised with handover to a Health Visitor on the 14th day after delivery.
- 68.** Women's levels of satisfaction are assessed using a Discharge Questionnaire and the results are used to inform the work of the Postnatal Forum.

⁶The Baby Friendly Initiative works with the health-care system to ensure a high standard of care in relation to infant feeding for pregnant women and mothers and babies. Support is provided for health-care facilities that are seeking to implement best practice, and an assessment and accreditation process recognises those that have achieved the required standard.

Appendix 1

Recommendations from our 2009 *Maternity Services in Wales* report

Our *Maternity Services in Wales* report recommended that health boards should:

- Effectively plan and performance manage their maternity services. Appropriate information systems were required to enable systematic recording and analysis of maternity services to inform planning and to support performance management.
- Put in place measures to improve user engagement and to gather the views of their users to improve the user experience and inform planning. This included user representation on maternity forums and through surveys.
- Put in place processes and mechanisms to ensure the provision of safe and effective maternity care through the pathway of care. This included ensuring that maternity services have the appropriate number of adequately trained staff, facilities and equipment. It also included promoting a culture of openness and putting in mechanisms to support learning from incidents.
- Put in place measures to improve the experience for expectant and new mothers and their babies across the pathway of care:
 - during the antenatal phase, ensure timely access to midwives, improve the ways in which women make informed decisions about their pregnancy and care, ensure the appropriate number of check-ups and scans, and where required improve access to and attendance at antenatal classes;
 - during labour, ensure continuity of care, reduce variation in management of care and take measures to reduce unnecessary Caesarean sections; and
 - during the postnatal phase, improve women's satisfaction with their postnatal care, provide consistent and better support for women to breastfeed and ensure that the appropriate level of support and care is provided to new mothers.

Appendix 2

Findings from local audit work in Swansea and Bro Morgannwg NHS Trusts in 2007-08

During 2007-08, we undertook and reported on maternity services in the former Swansea and Bro Morgannwg NHS Trust. The overall conclusions from that work, reported in 2008, are summarised below.

Swansea NHS Trust overall conclusions

We concluded that the Trust needed to review its practice in a number of key areas in order to ensure that it was delivering a high quality and cost effective maternity service:

- arrangements for staff training, support and supervision needed to be reviewed to ensure that care was as safe and effective as possible and that an open and supportive culture existed within the maternity division;
- although capacity appeared to be sufficient to meet demand, there had been instances where the maternity and neonatal units had been closed to new admissions;
- satisfaction with antenatal care was comparatively low and mothers could have been better prepared and supported during this stage;
- whilst there was a strong midwife presence during labour, care was highly interventional and levels of confidence amongst mothers and staff were a concern; and
- despite good levels of post natal support more mothers and babies were readmitted than would be expected.

Bro Morgannwg NHS Trust overall conclusions

We concluded that the Trust provided an overall efficient maternity service which was generally well regarded by women, although improvements in some areas of practice would have supported further improvement in the quality and cost effectiveness of the service:

- multidisciplinary collaborative working was well developed although safe and effective delivery would have been further promoted by improved processes and training, and a more inclusive approach within existing forums;
- overall maternity capacity appeared adequate at the time of the review with the potential to rebalance resources although some performance data was not available and the neonatal unit had closed relatively frequently;
- there was overall satisfaction with provision and choice in antenatal services, and a strong midwifery-led focus to care;
- the model of care used limited intervention in a comfortable environment and an above-average proportion of women were satisfied with their care in labour; and
- midwives provided good levels of post-natal support although the potential to further improve some aspects of post-natal arrangements existed.



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