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Mr Darren Millar AM
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Cardiff Bay
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Dear Darren

MATERNITY SERVICES IN WALES

The Clerk's letter of 27 March 2013 requested my advice on the Welsh Government response to the Committee's February 2013 report on *Maternity Services in Wales*. The response is positive in the sense that the Welsh Government has indicated that it accepts 11 of the Committee's recommendations and that it partially accepts the one remaining recommendation. In several places, the response emphasises work in progress as reflected also in the Committee's report. However, there are a number of areas that the Committee may wish to consider following up. Specifically:

- The Welsh Government has accepted *Recommendation 4* which relates to the definition of 'confident and knowledgeable parents' and arrangements for measuring related outcomes. Reflecting commitments given in the letter that the Committee received from the then Minister for Health and Social Services in January 2013, the response to this recommendation confirms that a format for measuring user satisfaction has now been agreed. This data will be collected before women leave hospital following a birth. While the response offered does technically address the Committee's recommendation, members may feel that basing this data collection on a single question before women leave hospital is limiting. For example, it would then take no account of the effectiveness of the support offered to women after they leave hospital and it would, presumably, exclude from any analysis the – albeit small – proportion of women who choose home births.

- The Welsh Government has accepted *Recommendation 8* which relates to workforce planning for neonatal care. Taken together with the Welsh Government response to a previous recommendation in this area from the Children and Young People Committee (a recommendation that the Public Accounts Committee endorsed), the Committee can take some assurance that there are actions in train to improve workforce planning for neonatal care.

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However, the Welsh Government has not spelt out how it will hold health boards to account in this area and there is no reference to how the North Wales aspect of the Committee's recommendation is to be addressed. In January 2013, the then Minister for Health and Social Services indicated that she would be providing the Committee with a copy of a Neonatal Capacity Review progress report due in February 2013. The Welsh Government response to the Committee recommendation suggests that it draws on findings from that progress report but the Committee may still wish to obtain a full copy of that report as promised (if this has not already been supplied).

- *Recommendation 9* relates to the Welsh Government clarifying and publishing its definition of a 'significant reduction' in Caesarean Section rates along with a timetable by which it expects such a reduction to be achieved. In accepting the Committee's recommendation, and as reflected in some of its previous evidence, the Welsh Government response seems to confirm that its main focus now is on whether caesarean section rates are appropriate, but with an implicit target that it would not expect any health board caesarean section rates to exceed 25 per cent. The response is not explicit about the timescales for achieving any necessary reductions, other than to indicate that it expects to see reductions during 2013 where Health Boards are reporting rates of 25 per cent or above. As shown by the figures supplied in the Welsh Government response, and in the evidence considered previously by the Committee, Cwm Taf Health Board faces a particular challenge if it is to achieve what would, for it, be a significant reduction to a rate of less than 25 per cent.

- The Welsh Government has indicated that it only partially accepts *Recommendation 11* on the collection and reporting of data on initial antenatal assessments carried out within the first ten weeks of pregnancy. This partial acceptance appears to reflect a misunderstanding of the Committee's recommendation. The response indicates that: *"Welsh Government do not feel that it needs data on whether it was a midwife or a GP that carried out the assessment"*. The recommendation did not ask the Welsh Government to disaggregate this data and simply reflected the concern that such data had, previously, not been complete. The Welsh Government's response suggests that health boards will be expected to report data on the basis of when the assessments were carried out (not when they were scheduled) and to include all initial assessments regardless of whether they are carried out by a midwife or GP. In that respect, the Committee can take some assurance that action is being taken to tackle the concern that prompted the recommendation.

In response to *Recommendation 12*, the Welsh Government has promised a further update in July 2013 on health boards' progress in improving maternity services. The Committee could ask the Welsh Government to extend the scope of that update to seek further clarification on any of the points listed above. However, the Committee might also consider indicating to the Welsh Government that it would be content to receive that update in around October 2013 instead, or as soon as possible after the autumn meeting of the Maternity Board. The Committee's anticipated work programme means that it may have limited opportunity to consider any further update before the summer recess, even assuming that the Welsh Government provides it in time. Delaying the update until after the autumn Maternity Board meeting would give the Committee greater assurance that it accurately reflects the latest reported position at the point at which it is able to be considered.

Finally, I note that the Welsh Government response to Recommendation 6 in the Committee's report refers to the fact that: *"An apportionment of total medical costs between maternity and gynaecology services is currently undertaken by Health Boards to submit specialty costs in the annual national reference cost returns. Generally, Health Boards will use consultant job plans as the basis for apportioning all medical costs between maternity and gynaecology services"*. The response goes on to describe work that is ongoing to improve the allocation of these costs in future returns. However, in preparing its report on the NHS Consultant Contract the Committee might wish to note that the evidence it has received on the extent to which NHS consultants have up to date job plans raises broader questions about the robustness of any wider data that is based on those plans.

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