

Our ref:

Date: 31 July 2013

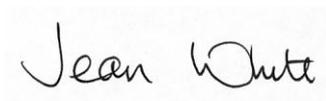
Darren Millar AM
Chair – Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

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

A handwritten signature in black ink that reads "Jean White". The signature is written in a cursive style and is enclosed in a light grey rectangular box.

Professor Jean White
Chief Nursing Officer
Nurse Director NHS Wales

UPDATE ON THE MATERNITY PERFORMANCE BOARD MEETINGS SPRING 2013

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MATERNITY PERFORMANCE BOARDS - TERMS OF REFERENCE

BACKGROUND

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

ABERTAWA 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 revitalised 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 of 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 they 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 given 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. Performance Data

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 introduced 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 pregnancy.

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 be 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. Performance Data

i. Caesarean section rates:

April 2013 – 37%:

The Health Board 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 Health 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 introduced 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 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 introduced 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.