# Briefing paper on the progress made in improving maternity services in Wales

## Introduction

**1.** The Auditor General's report *Maternity Services in Wales*, published in June 2009, concluded that while most women were generally satisfied with the services they received, practices varied unacceptably, and performance and financial information was generally not well collected or well used.

**2.** The report made a number of recommendations:

- that the Welsh Government develop a strategy for maternity services, and support its delivery by establishing a common all-Wales dataset and a clearer accountability framework;
- to local NHS bodies, based around the following themes:
  - planning and performance management (including data and information systems);
  - the provision of safe and effective maternity services (including midwifery staffing levels);
  - user engagement; and
  - the experiences of expectant and new mothers and their babies across the pathway of care.

**3.** In November 2009, the Public Accounts Committee took oral evidence from the then Accounting Officer and the Chief Nursing Officer. The committee published its own *Interim Report on Maternity Services* in February 2010, and indicated its intention to revisit the topic. The committee's report not only reinforced the need for the Welsh Government to develop a national strategy for maternity services, but also included recommendations focused upon improving:

- antenatal education;
- support for breastfeeding mothers;
- midwifery training;
- provision of neonatal services; and
- equipment in maternity units.

**4.** 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. The committee followed up its evidence session by writing to the then Accounting Officer with additional written questions, to which the Accounting Officer replied in early March 2011. The oral and written evidence demonstrated that, while progress had been made, there were still shortcomings apparent in relation to:

- the need to ensure that service users were supported in taking part in formal arrangements to gather their views;
- the need to reduce reliance on locum staff to both reduce costs and maximise patient safety;
- developing an all-Wales dataset; and
- continuingly high rates of caesarean sections.

**5.** During spring and summer 2011, the Wales Audit Office undertook audit work at all seven health boards in Wales to follow up its June 2009 report *Maternity Services in Wales.* Our work assessed whether local health boards had taken appropriate action to address the shortcomings previously identified and could demonstrate improvements in the planning and delivery of maternity services. The follow up work also took account of the concerns raised by the Public Accounts Committee, including those set out in its February 2012 *Interim Report on Maternity Services*.

**6.** The Wales Audit Office issued a report to each health board setting out our findings of our follow-up audit work and describing how well maternity services were improving. It should be pointed out that the follow-up work was by design, less detailed than the audit work that underpinned the 2009 audit report, and did not, for example, repeat the survey of women's experiences on maternity services.

**7.** The findings from the follow-up reviews are summarised in this briefing as a means of providing the committee with an update on the progress that is being made with the development of maternity services in Wales. The briefing also draws on data and information provided by the Welsh Government, as well as the findings from the Welsh Risk Pool's annual assessment of maternity services[1].

**8.** My overall conclusion is that there has been some progress in all areas covered by previous audit recommendations. However, this progress needs to be accelerated, particularly to address the challenges that still exist in relation to reducing caesarean section rates, enhancing the capacity of neonatal services and implementing a robust performance monitoring and management framework supported by efficient IT systems. The findings which have led me to this conclusion are summarised in the following sections.

[1] The Welsh Risk Pool is a mutual organisation which provides indemnity to all health boards and trusts in Wales and forms part of the NHS Wales Shared Services Partnership. As part of its annual assessments of Welsh maternity services, the Welsh Risk Pool comments on the progress of health boards in meeting *Safer Childbirth Minimum Standards for the Organisation and Delivery of Care in Labour* (2007).

# There is now a clearer strategic framework for maternity services and better information on which to plan services, although it is not yet clear to what extent these developments are driving service improvements

## The Welsh Government has produced a maternity services strategy, but delays in producing this document mean that it is too early to determine how it is affecting delivery at a local level

**9.** In June 2009, the Auditor General recommended that the Welsh Government develop a comprehensive strategy document setting out its vision for maternity services, supported by framework that identified clear accountabilities for delivery of the strategy's aims. In March 2010, in response to the committee's recommendations, the Welsh Government committed itself to publishing such a strategy by December 2010. However, it was not until February 2011 that the Welsh Government launched a three-month consultation on its draft strategy, *A Strategic Vision for Maternity Services in Wales*, which it then published formally in September 2011.

**10.** The Public Accounts Committee recommended that, in producing a strategy, the Welsh Government should set out how any targets align with quality and outcomes, and how the Welsh Government will monitor performance. The Welsh Government has established an All Wales Maternity Services Implementation Group to help take these actions forward. Specifically, the group was established 'to drive forward, support and oversee health boards' efforts to transform maternity services in Wales' in line with the strategy and the National Service Framework for Children, Young People and Maternity Services in Wales (launched in September 2005). The implementation group's programme of work is being delivered through five subgroups, as follows; two of which are specifically focused on developing a national and local performance management framework:

- The 'Indicators Subgroup' is tasked with delivering a proposed set of national outcomes and indicators to enable health boards to set performance measures. Two outcomes and seven indicators have been developed (see Box 1). Although these are currently being refined to ensure consistency of language with other outcomes being developed for services in the NHS.
- The 'Informatics Subgroup' is tasked with agreeing a dataset to be collected by all health boards based upon agreed measures and indicators identified by the Indicators Subgroup. This work is scheduled for completion by September 2012.
- The 'Workforce Subgroup' is wide-ranging in its objectives. These objectives include: setting minimum levels of skills and training; assessing organisational compliance with agreed staffing levels; and developing workforce plans to deliver the appropriate numbers of suitably skilled and trained staff.

- The 'Direct and Early Access to Maternity Services Group' is tasked with developing a first point of access to maternity care toolkit working in partnership with General Practitioners (GPs).
- The 'Reporting for Safety and Quality Subgroup' is tasked with reviewing existing reporting mechanisms for quality and safety in maternity and neonatal services, and ensuring that reporting systems are integrated with service provision.

**Box 1: the Welsh Government's maternity strategy outcomes and indicators**

The Welsh Government has identified two 'outcomes' for maternity services:

- 'healthy pregnancy, healthy mother, healthy baby' which it will measure through indicators it has developed to capture birth weights and rates of drug and alcohol use, smoking, obesity and breastfeeding; and
- 'confident and knowledgeable parents' which it will measure through indicators it has developed to capture satisfaction with services.

Alongside these outcomes and indicators, the Welsh Government has also identified five 'performance measures' which are intended to capture how well a service is doing:

- normal birth rates[2];
- rates of women whose initial assessment has been carried out by the tenth completed week of pregnancy;
- caesarean section rates;
- rates of women with existing mental health conditions that have a care plan in place;
- rates of women who have had perinatal trauma;
- rates of women who receive level three care in intensive care units; and
- rates of babies that receive unexpected neonatal intensive care.

*Source: Welsh Government*

**11.** The Welsh Government told us that by the end of June 2012, it will have written to all health boards setting out the level of performance it expects against each of the performance measures by 2016 and the information it expects them to report via their websites from September 2012.

**12.** The Welsh Government's maternity strategy requires health boards to produce, by March 2012, local delivery plans that outline how health boards intend to improve access to, and the quality of, maternity services. The Welsh Government requires these plans to be based on a review of current services and to respond to each element of its strategic vision.

[2] The Welsh Government defines a 'normal birth' as a spontaneous vaginal delivery of a live baby without the aid of augmentation, acceleration, or epidural, and with no significant tear or post-partum haemorrhage.

**13.** In February 2011, the then Accounting Officer told the committee that the Welsh Government would review these plans to ensure they complied with the requirements of the strategy. However, we now understand that the Welsh Government has since decided not to ask health boards to submit their delivery plans for assessment. It believes that the more outcome-focused approach it is developing through the All Wales Maternity Services Implementation Group is a more appropriate way to hold the NHS to account on the effectiveness of its services.

**14.** The local audit work undertaken by the Wales Audit Office in 2011 found that health boards have made the improvement of maternity services a clear priority. The majority of health boards had a clear strategic vision for their maternity services, and where such a vision was not in place, work was well underway to develop one. As part of planning their services and developing their overall strategic vision, health boards had undertaken reviews of their maternity services and these had contributed to an improved understanding of demand and capacity across Wales. Health boards therefore appear well-placed to meet the Welsh Government's requirements to produce local delivery plans. However, as the strategic planning work in most health boards preceded the release of the Welsh Government's maternity strategy, there will be a need for individual NHS bodies to ensure that their local strategies and plans align to the new national strategy.

## Although most health boards are using a maternity 'dashboard' to help monitor performance, a common dataset has yet to be developed and the majority of health boards still rely upon manual data collection processes

**15.** The Auditor General's 2009 report found that poor-quality information about the cost and quality of services was undermining planning and performance management of local maternity services; a conclusion reiterated by the committee's *Interim Report on Maternity Services*. In his written evidence to the committee in March 2011, the then Accounting officer indicated that a formal national dataset for maternity services (also known as a common dataset) would shortly be considered by the Wales Information Governance and Standards Board and subsequently mandated for use by health boards.

**16.** The Informatics Subgroup is currently undertaking work to identify a common dataset for maternity services. This work is due to be complete by September 2012. This delay reflects the original delay in publishing the strategy, as the composition of the common dataset has needed to be informed by the outcomes and indicators the Welsh Government has developed to assess progress in delivering its maternity services strategy. Health boards will be required to collect common dataset information to help develop their own understanding of how they are contributing to the Welsh Government's strategic outcomes. It is our understanding that health boards will not routinely be required to report performance against the common dataset to the Welsh Government.

**17.** In the absence of a common dataset, all health boards with the exception of Powys, now use a maternity 'dashboard', broadly based on that used by the Royal College of Obstetricians and Gynaecologists. The dashboard approach has helped health boards strengthen their performance monitoring and management of maternity services, and has assisted with the review of important service level information such as staff sickness rates, staffing levels, maternal and neonatal morbidity, and numbers of complaints.

**18.** While all health boards are using electronic information systems, our 2011 follow- up work found that the limitations of these systems mean that the majority of health boards continue to use resource-intensive (and costly) manual data collection processes to support the generation of management information.

## The Welsh Government and health boards have developed their approaches to engaging service users in planning and improving services

**19.** A *Strategic Vision for Maternity Services in Wales* reinforces the need for all health boards to establish maternity services liaison committees. In February 2011, the then Accounting Officer identified a number of health boards that were not fully complying with this requirement, although he also told the committee that he expected these issues to be resolved quickly.

**20.** Our follow-up audit work found that all health boards had a maternity services liaison committee in place which were chaired by 'user members' ie, members who can put forward the views of the users of maternity services. However, at the time of the follow-up work it was too early to assess the impacts of the liaison committees in making women's views count in planning and evaluating maternity services.

**21.** Health boards also have a range of other mechanisms for engaging with women and seeking their views on maternity services. These include: patient surveys; patient satisfaction 'postcards'; and discharge interviews. Whilst some health boards still find it a challenge to ensure that service users' views are fully reflected in service development and improvement plans, our follow-up work did identify a number of examples of health boards using information generated from service users to shape service delivery (Box 2).

**Box 2: Gathering the views of service users**

Our follow-up audit work identified the following examples of approaches of capturing service user views and using them to shape service delivery:

- Cardiff and the Vale University Health Board and Powys Teaching Health Board both used patient survey data to inform local delivery plans. Powys Teaching Health Board also involved service users in promoting its services in the media and supporting the implementation of the caesarean section toolkit.
- On the basis of feedback from lay reviewers, Abertawe Bro Morgannwg University Health Board created physically separate areas for antenatal and postnatal women sharing an obstetric ward. It also used patient survey data to improve breastfeeding support, by introducing nursery nurses, and to help ensure patients were treated with dignity and respect, by introducing customer care training.
- Cwm Taf Health Board used information from women who had previously used its maternity services to develop its community midwifery services.

**22.** Demonstrating its own commitment to involving service users in shaping the delivery of services, the Welsh Government's All-Wales Maternity Services Implementation Group is co-chaired by a service user and the Chief Nursing Officer.

# Although health boards report that they are able to cope with demand, some are still not meeting recommended staffing levels, and most could not provide the evidence that staff have had the necessary mandated training

## Although there has been significant progress, not all health boards are meeting recommended staffing levels for nursing and medical staff

**23.** In 2009, the Auditor General reported that many health bodies were falling far short of the recommended midwifery staffing levels, set out by Birthrate Plus – the workforce planning tool recommended by the Royal College of Midwives – and approved by the Welsh Government. In February 2011, the Accounting Officer confirmed to the committee that all health boards were 'compliant with Birthrate Plus staffing recommendations'. He also assured the committee that the situation with regard to staffing levels was 'sustainable', even given the pressures and challenges facing the health boards around funding.

**24.** However, more recent data (January 2012) demonstrates that four health boards (Betsi Cadwaladr, Hywel Dda, Cardiff and the Vale, and Cwm Taf) have small deficits in the number of midwives required to meet standards. All four are actively seeking to address this deficit, either through training midwife support workers or by changing service models. More generally, the Heads of Midwifery Advisory Group has informed Wales Audit Office staff of its concern that sustaining recommended midwife numbers is becoming increasingly challenging in the current financial climate, indicating that this is an area that will need to be kept under close review to ensure midwife staffing levels are sufficient to support safe and effective services.

**25.** Birthrate Plus also sets down guidelines for skill mix, indicating that the ratio of qualified to unqualified staff should be 90:10. Assessing the progress of health boards in meeting this ratio has not been possible as they have not all provided this information, even when asked to do so by the Welsh Government. Our follow-up audits did, however, indicate that all health boards were working towards achieving this ratio.

**26.** Health boards told us that, where they did not meet the Birthrate Plus guidelines, midwife staffing resources were diverted from other activities to ensure that clinical safety was not compromised, especially during labour, where the aim must be to provide one-to-one care. However, the impact of this practice is that midwife resources are being diverted away from other important activities such as staff training and development, and from some aspects of antenatal and postnatal care.

**27.** As part of its annual assessments of Welsh maternity services, the Welsh Risk Pool comments on the progress of health boards in meeting Safer Childbirth Minimum Standards for the Organisation and Delivery of Care in Labour (2007)[3]. In 2011, the Welsh Risk Pool found that most of the health boards met the recommendations for obstetric staffing levels. However, neither Abertawe Bro Morgannwg University Health Board nor Cardiff and the Vale Health Board were meeting the recommended 60 hours of weekly obstetric cover for maternity units with over 6,000 births.

[3] These standards are published jointly by the Royal College of Anaesthetists and the Royal College of Paediatricians and Child Health.

**28.** When the committee met in February 2011, to review progress in improving maternity services, it was particularly concerned about the costs and safety of using locum medical staff to help health boards meet the required staffing levels. In January of this year, the Chief Executive of the NHS in Wales highlighted the need to reduce reliance on locum and agency staff if health boards are to make the savings needed over the next three years. At the request of the Wales Audit Office, the Welsh Government wrote to all health boards asking them for their expenditure on locum medical staff in obstetrics, and to provide information on the processes they have in place to assure locum competence in maternity services.

**29.** All health boards responded to this request. Those responses confirm that health boards have appropriate measures in place to assess locum competence. However, it has not been possible to assess locum expenditure on maternity services, as not all health boards are able to disaggregate the medical staffing costs associated with maternity services, from the costs associated with gynaecology.

## Although some progress has been made, the majority of health boards were unable to provide evidence that all relevant staff had undertaken mandatory training

**30.** The Auditor General's 2009 report found that training of maternity staff was not always adequate; levels of training for maternity staff varied across Wales and were unacceptably low in some cases. The report recommended that health bodies ensure that all maternity staff are trained to the required levels.

**31.** Our follow-up audit work in 2011 found that all health boards had established mandatory training programmes for midwives. However, assessments by the Welsh Risk Pool found that, with the exception of Abertawe Bro Morgannwg University Health Board, health boards could not provide evidence that the mandatory training for medical and midwifery staff had been undertaken by all relevant staff. The Welsh Government told us that all health boards are reviewing their provision of training, both to maximise opportunities for staff to complete their training (eg, through e-learning packages) and to reassess what should be considered as mandatory.

**32.** In February 2009, the then Minister for Health and Social Services launched the all-Wales curriculum for the training of maternity support workers, to ensure standardisation of training for the role, support changes in the skills mix and ensure effective utilisation of workforce resources. During our follow-up work, we found that all health boards, with the exception of Powys, were supporting staff to complete this programme of training.

**33.** The Auditor General's 2009 report, along with subsequent work by the Welsh Risk Pool, identified that instances of harm to the unborn are often contributed to by failure to correctly use equipment or interpret patterns in electronic fetal monitoring. Whilst training on such monitoring is delivered through a variety of methods, the Welsh Risk Pool recognised that arrangements for the assessment of competence needed to be strengthened. The Welsh Risk Pool facilitated the development of a basic competence assessment tool which was piloted by midwives and obstetricians across Wales. The results from the initial pilot identified a number of weaknesses especially in the use of standard terminology, which is critical to communication. There is recognition that the assessment process needs to be strengthened and further work is ongoing to ensure that competence-based training in this field is provided to a national standard across Wales for all disciplines. This work is being taken forward by a multidisciplinary group, chaired by the Chief Nursing Officer for Wales.

# Despite previous reports highlighting problems, neonatal services in Wales are still failing to meet relevant standards

**34.** Neonatal units or special care baby units provide more specialised care than that provided on a normal maternity ward. A number of reports have highlighted the problems with neonatal services in Wales, as follows:

- The Auditor General's 2009 report on maternity services found mismatches in neonatal demand and capacity which indirectly impacted on the effective delivery of maternity services. Neonatal units were found to be closing due to insufficient cot or staff numbers. Unit closures meant that some babies were being separated from their mothers and being cared for some distance from home.
- In July 2010, the National Assembly's Health, Wellbeing and Local Government Committee report on inquiry into neonatal services found that guidelines on occupancy rates within units and medical and nursing staffing levels were not being met, putting babies at risk; and that further funding would be needed if neonatal services were to meet the All Wales Neonatal Standards which were published and agreed by the then Minister in 2008.

**35.** When the committee last considered maternity services on 2 February 2011, time constraints prevented any discussion on neonatal services, and the committee chair subsequently wrote to the then Accounting Officer to seek an update on the progress that had been made in developing neonatal services since the Health, Wellbeing and Local Government Committee inquiry in 2010.

**36.** The then Accounting Officer responded to indicate that significant progress had been made in driving forward improvements for sick and premature babies and their families by using the additional £2 million per annum, that the Welsh Government first made available for neonatal services in 2008[4]. The Accounting Officer pointed towards a number of key developments:

- the establishment of a Neonatal Network for Wales (the Network) in the autumn of 2010 to develop a collaborative and co-ordinated approach to neonatal services across Wales;
- work by the Network with the seven health boards to assess capacity and levels of compliance with the All Wales Neonatal Standards, which has informed the development of an All Wales Neonatal Action Plan;
- the introduction of a (12-hour) neonatal transport service (with dedicated consultants and ambulance staff and equipment) at the start of January 2011;
- the introduction of IT systems to store and manage data on neonatal cases and to help locate the nearest available neonatal cot; and
- filling of all nursing staff posts and appointment of additional consultants in South Wales in October 2010.

[4] In October 2008, the then Minister for Health and Social Services, Edwina Hart AM, announced £4 million new funding for neonatal services over two years. On 8 December 2009, the Welsh Government committed to sustaining this level of funding at £2 million each year.

**37.** However, despite these developments, in January 2012 the Network produced a capacity review which repeated messages from earlier reports. This capacity review concluded that 'the current pattern and delivery of care indicates that there is systematic dysfunctionality and mismatch between demand for and the availability of cots with variability in clinical practice and resource utilisation'.

**38.** More specifically, the capacity review reported the following findings.

- Clinicians were struggling to find appropriate cots for babies, reflecting a number of different factors including the inappropriate use of high-dependency cots for low-acuity babies, as well as the limited availability of nursing staff.
- Very limited progress had been made with nurse staffing against the all-Wales standards. The clinical lead of the Network told the National Assembly's Children and Young People's Committee[5] that he agreed with the charity BLISS[6] that Wales needed an additional 82 neonatal nurses, to meet the All Wales Neonatal Standards.
- Medical staffing problems occur across Wales, but the most serious shortfall was seen in Betsi Cadwaldar University Health Board.

**39.** Given the findings of the most recent capacity review by the Network, urgent action is needed by the Welsh Government to develop a strategic all-Wales approach for the delivery of neonatal services that provides sustainable solutions to the challenges that currently exist. This action will need to be supplemented by more localised service delivery plans by individual health boards. The Welsh Government examined the neonatal service action plans drawn up by health boards to address operational risks and deliver service improvements, and will be discussing these plans with health boards in the near future to ensure that they are sufficiently robust and that there is evidence of collaborative working to reorganise and improve services.

# Whilst key aspects of service provision such as antenatal services, have improved, caesarean section rates remain high

## Health boards have improved key aspects of antenatal provision

**40.** In the audit work underpinning the Auditor General's 2009 report, data was collected on 'first point of contact' – that is, the first contact by NHS women on learning they are pregnant. This data showed that, although the National Service Framework promotes midwives as the first point of contact, 69 per cent of women first went to their GP. Although our follow-up work in 2011 did not repeat this data collection exercise, it did show that health boards were actively promoting midwives as the most appropriate first point of contact. Examples of actions being taken include:

- raising awareness within GP surgeries about 'direct early access' through GP representation on maternity services liaison committees and midwives attending GPs' protected learning sessions; and

[5] On 9 February 2012, the National Assembly's Children and Young People's Committee ran a one-day inquiry on neonatal services, to follow up on the July 2010 report *Inquiry into Neonatal Care in Wales*.

[6] BLISS is a charity established to provide support and care to premature and sick babies in the UK.

- enhancing access to midwives, for example by allocating community midwives to specific GP practices or through midwifes carrying out home visits.

**41.** As part of implementing its maternity services strategy, the Welsh Government has set up a group to develop a toolkit and operational framework for use by health boards to support the principle of 'direct early access'.

**42.** The 2009 report also found that attendance at antenatal classes varied markedly, and was low in a number of NHS bodies. Since then, NHS bodies have reviewed their provision of antenatal education and classes. The most common improvements we found were redesigns of websites to include virtual tours of facilities and provision of classes outside of standard hours (ie, on weekends and evenings). However, we also found that, in two health boards, access to antenatal sessions remained a problem. In one, insufficient classes were provided to meet demand and in the other take-up of existing provision was low although in one of these health boards, plans to deliver improved access was well-advanced.

## Whilst there has been progress in relation to maintaining equipment inventories, there is not a comprehensive and up to date picture of whether units are meeting guidelines for creating a supportive birth environment for mothers

**43.** The follow-up work found that all health boards were meeting the Welsh Government's requirement to develop and comply with an equipment inventory within maternity units. Whilst it was beyond the scope of our follow-up work to look in detail at the facilities in maternity units across Wales, we have looked to use information from other sources to assess whether units provide a supportive and homely environment for delivery of babies.

**44.** We found that comprehensive and up-to-date information on birth environment at maternity units is not readily available. The lack of this information means that it is difficult to assess whether all units are meeting guidelines for a supportive birth environment, which gives women a sense of control and increases their comfort. The Heads Of Midwifery Advisory Group told Wales Audit Office staff that it had concerns about the homeliness of maternity units, for example, the limited availability of en-suite bathrooms, and the lack of capital funding to improve facilities.

## Whilst some health boards have achieved notable reductions, overall caesarean section rates remain high in comparison to World Health Organisation guidance

**45.** The 2009 report by the Auditor General drew attention to the fact that caesarean section rates at all Welsh maternity units exceeded 20 per cent, despite the World Health Organisation stating that there was no justification for rates exceeding 15 per cent.

**46.** During 2009, the Welsh Assembly Government invested £50,000 to facilitate the implementation of the 'Pathways to Success Caesarean Toolkit' in every NHS trust in Wales. The toolkit, developed by the NHS Institute for Innovation and Improvement, is to 'assist maternity units in achieving low caesarean section rates while maintaining safe outcomes for mothers and babies'.

**47.** As part of our follow-up audit work, data was collected from the 13 obstetric-led units performing caesarean sections across Wales. This data showed that, since 2007, caesarean section rates have decreased in eight of the 13 units, although in a number of these, the reduction has been marginal. Increased caesarean rates were reported in the remaining five units. In all units, caesarean section rates still exceed 20 per cent and in some the rates are close to, or above, 30 per cent (Figure 1).

**Figure 1: Caesarean section rates in the 13 obstetric units 2007-2011**

| Local health board | Obstetric unit | Rate at March 2007 (%) | Rate at March 2011 (%) |
|---|---|---|---|
| Abertawe Bro Morgannwg | Singleton Hospital | 30 | 27 |
| | Princess of Wales | 22 | 21 |
| Aneurin Bevan | Royal Gwent Hospital | 27 | 24 |
| | Nevill Hall Hospital | 30 | 25 |
| Betsi Cadwaladr | East (Wrexham Maelor Hospital) | 26 | 23 |
| | Centre (Glan Clwyd Hospital) | 24 | 28 |
| | West (Ysbyty Gwynedd) | 21 | 22 |
| Hywel Dda | Bronglais Hospital | 26 | 28 |
| | Withybush Hospital | 27 | 25 |
| | Glangwili Hospital | 25 | 29 |
| Cardiff and the Vale | Heath Hospital | 26 | 21 |
| Cwm Taf | Prince Charles Hospital | 26 | 30 |
| | Royal Glamorgan Hospital | 31 | 30 |

*Source: Wales Audit Office analysis of NHS data held by obstetric-led units*

**48.** In his response in March 2011 to written questions from the committee, the then Accounting Officer indicated that training on using the toolkit was completed in June 2010. This timescale probably means that any reductions in caesarean section rates as a result of health boards implementing the toolkit would not have been reflected in the data given in Figure 1, as at the end of March 2011.

**49.** Following implementation of the toolkit, every Health Board produced an action plan to reduce unnecessary intervention. In his March 2011 response to the committee, the then Accounting Officer noted that the Welsh Government intended, in June 2011, to review the progress made by health boards in implementing the toolkit. However, we understand that this review has been deferred whilst the Welsh Government considers its broader approach to monitoring performance for the whole service.

**50.** Moreover, the Welsh Government has not set a target rate for caesarean sections. Instead it requires health boards to secure a 'significant reduction', and to demonstrate that they have processes in place to reduce rates. The Welsh Government has not previously defined what it means by a significant reduction or the timescales by when such a reduction should be achieved. But the new performance management framework being implemented from June 2012 will set out the level of performance the Welsh Government expects each health board to achieve against the performance measure for caesarean section rates.

**51.** In the absence of a Welsh Government target, health boards have developed their own traffic light systems to monitor their performance. However, the point at which performance is flagged as red differs across health boards, as does the tolerance of what constitutes acceptable practice. For example, our follow-up audit found that:

- Cwm Taf Health Board operated with a green flag goal of 25 per cent or less and a red flag rate of 30 per cent or more;
- Hywel Dda Health Board operated with a goal of 23 per cent and a red flag rate of greater than 25 per cent; and
- Aneurin Bevan Health Board had set a tolerance range for caesarean sections of 23 to 26 per cent; while above 26 per cent is flagged as red.

**52.** The Welsh Government's Maternity Strategy reinforces the need for all health boards to implement their Caesarean Section toolkit plans and to report on progress. However, it is not clear when this reporting will take place, or in what form. During our follow-up work, four health boards reported seeing more mothers who are obese or diabetic which makes achieving a normal birth more difficult. But our follow-up audit work also ascribed a failure to change obstetric practice as contributing to stubbornly high caesarean section rates. It is too early to tell whether the implementation of the Toolkit and its associated pathways will be effective in helping to change these practices.

## Local health boards have improved their support for breastfeeding and there are some indications of increasing breastfeeding rates in Wales, although the Welsh Government is still in the process of developing a more systematic approach to monitoring breastfeeding in the first six months of a child's life

**53.** The Auditor General's 2009 report found that a third of women were unhappy with the quality of support, advice or encouragement for feeding their baby, either from the breast or bottle. Although our follow-up audit work did not re-survey women's attitudes on the quality of the support for infant feeding, it did look for evidence of action to support breastfeeding. We found that all maternity units have achieved varying

degrees of accreditation with the UNICEF[7] / World Health Organisation Baby Friendly Initiative for the support provided (Appendix 1)[8].

**54.** Our follow-up work also highlighted a number of specific initiatives, such as:

- Peer support groups for new mothers, for example as run by Abertawe Bro Morgannwg University Health Board and Powys teaching Health Board.
- Hywel Dda Health Board has undertaken post-training audits of breastfeeding knowledge amongst midwives, followed by further support if required.
- Cwm Taf, Hywel Dda and Powys health boards have appointed dedicated breastfeeding co-ordinators. For example, the maternity nurse co-ordinator for breastfeeding in Cwm Taf Health Board works across neonatal care, maternity and paediatrics to provide direct support to mothers for feeding and to deliver training to a range of healthcare professionals.

**55.** The most recent (2010) Infant Feeding Survey found that between 2005 and 2010, initial breastfeeding rates in Wales increased from 67 per cent to 71 per cent. Wales outperformed Northern Ireland where initial breastfeeding rates in 2010 were 64 per cent, but still underperformed in comparison to England and Scotland, which saw initial rates of breastfeeding in 2010 of 83 per cent and 74 per cent respectively.

**56.** A lower estimate of breastfeeding rates in Wales comes from the Welsh Government's National Community Child Health database. Using this database, the Welsh Government estimated that overall the percentage of babies breastfed at birth is between 50 and 55 per cent.

**57.** Welsh Government officials told us that they attributed these varying results to differences in the data collection methods used across these two studies. The Welsh Government has some concerns about the robustness of the data on breastfeeding contained within the National Community Child Health database. Consequently, a more standardised method for assessing breastfeeding status has been developed and has been piloted in Aneurin Bevan Health Board with plans for wider roll-out to all health boards during 2012.

[7] Although now officially the United Nations Children's Fund, the organisation continues to be known by its old acronym of UNICEF, which stands for the United Nations International Children's Emergency Fund.

[8] The Baby Friendly Initiative is a worldwide programme of the World Health Organisation and UNICEF which aims to work with health care systems to ensure a high standard of care in relation to infant feeding for pregnant women and mothers and babies. The programme runs an assessment and accreditation process, under which hospitals, community settings and universities can become accredited. For maternity units and community settings, assessment for Baby Friendly accreditation takes place in several stages, from initial registration of intent to take part in the initiative to full accreditation.

# Appendix 1: The progress made by health boards in achieving the UNICEF/World Health Organisation accreditation for breastfeeding support, as of March 2012

| Health board | Accreditation for maternity units | Accreditation for community based services |
|---|---|---|
| Hywel Dda | All three units have achieved Stage 1, and are scheduled for Stage 2 assessment in June 2012. | In August 2012, board is planning to register its intent with UNICEF to work towards Baby Friendly accreditation. But has not achieved any level of accreditation. |
| Abertawe Bro Morgannwg | All three maternity units have achieved full accreditation. | Achieved Stage 2 accreditation and is working on recommendations to achieve full accreditation. |
| Betsi Cadwaladr | Two of the three units have achieved Stage 2 accreditation, with the remaining unit achieving Stage 1. All the units are working towards achieving the next level of accreditation, by September 2012. | Has registered its intent with UNICEF to work towards Baby Friendly accreditation. But has not achieved any level of accreditation, although Stage 1 assessment is scheduled for January 2013.<br>Although practices in the Wrexham area are more developed and community services there have achieved Stage 1 accreditation. |
| Cwm Taf | All three units have achieved full accreditation. | Has achieved Stage 2 accreditation, and is scheduled for assessment for full accreditation in October 2012. |
| Powys | Powys has achieved Stage 1 accreditation, and is scheduled for Stage 2 assessment in March 2013. | Has achieved Stage 1, and is scheduled for Stage 2 assessment in March 2013. |
| Cardiff and the Vale | The single maternity unit has achieved Stage 2 accreditation, and is scheduled for full accreditation assessment in March 2012. | Has achieved a Certificate of Commitment and is scheduled for Stage 1 assessment in September 2012. |
| Aneurin Bevan | All three units have achieved full accreditation. | Has achieved Stage 1, with Stage 2 assessment scheduled for June 2012.<br>Although practices in the Torfaen area are more developed and community based services there have achieved Stage 2 accreditation. |

*Source: Welsh Government*

**Stages of accreditation:**

**A Certificate of Commitment**: is the first award given by UNICEF in recognition that a provider is committed to implementing the standards, has an action plan to achieve Baby Friendly accreditation and the commitment to implement the plan.

**Stage 1**: assesses policies and procedures.

**Stage 2**: assesses the staff education programme.

**Stage 3**: assess outcomes of the care provided to pregnant women and new mother.