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Powys Teaching
Health Board

Ref: CS/CL/sj

3rd April 2012

Mr W Powell AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Powell

**Re: Petitions Committee – Cross-border Maternity Services (ref P-04-318)
Powys teaching Health Board submission**

Powys teaching Health Board is pleased to provide the following information for consideration by the Committee to help inform the response to cross-border maternity services petition.

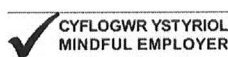
Powys is the largest county in Wales covering approximately 25% of the land mass of Wales a distance of 130 miles from north to south, but only has 4% of the population at 130,000. Powys teaching Health Board (tHB) provides antenatal and postnatal midwifery care for approximately 1200 women and their babies a year, of which approximately 300 births are within Powys. The births within Powys are home births or births in one of six free-standing midwife led units, and Powys has one of the highest home birth rates in the UK. Powys does not have its own District General Hospital but secures services on behalf of its population from six main DGHs. Furthermore, although there are 10 community hospitals in Powys there are no inpatient services for children, of any age, with any condition, with all inpatient services for children being provided out of county.

The District General Hospitals are:

Wrexham Maelor, Wrexham (Betsi Cadwaladr University Health Board)
Bronglais, Aberystwyth (Hywel Dda Health Board)
Singleton, Swansea (Abertawe Bro Morgannwg University Health Board)
Nevill Hall, Abergavenny (Aneurin Bevan Health Board)
Hereford Hospital (Wye Valley NHS Trust)
Royal Shrewsbury Hospital (Shrewsbury and Telford NHS Trust)

In relation to maternity and neonatal services, there is no single centre to which such women and neonates from Powys could be transferred, due to the considerable distances involved in accessing services. Working collaboratively, beyond our borders, is fundamental to how Powys operates. Trusts such as Shrewsbury and

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Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithred Bwrdd Iechyd Lleol
Addysgu Powys



We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

Telford NHS Trust have been reviewing and redesigning services in order to increase sustainability. This has meant a proposal for maternity services to be transferred from Shrewsbury to Telford (20 minutes further away from mid Wales). This has caused concern for the population in mid Wales in relation to the 'moving away' of services and Powys teaching Health Board continues to work closely to ensure any proposals safeguard the interests of the Powys population. This includes;

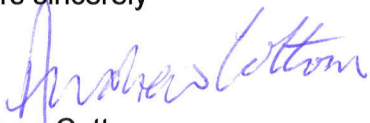
1. As part of our maternity strategy for Powys we seek to undertake as much maternity care within Powys as safely possible. Clearly there are some women who require more specialist care and this would not generally be able to be provided within Powys. We are exploring how best we could provide ultrasound scanning, day assessment and consultant obstetrician clinics within Powys to enable more women to access these services locally and to reduce travel.
2. We are also working with other Welsh maternity services to enable a wider range of options for maternity care. For the majority of the population who have accessed services in Shrewsbury, the pathway for maternity services in Wrexham is a realistic alternative option. Fruitful collaboration is taking place with Betsi Cadwaladr University health Board in this regard.
3. The teaching Health Board recognises that the standards set out by, for example, the Royal College of Obstetricians and Gynaecologists, and the National Institute of Clinical and Healthcare Effectiveness (NICE) means that Health Boards and Trusts are actively reviewing their services to ensure they are sustainable and meet the standards expected.

Powys teaching Health Board is playing its full part in discussions and is striving to ensure that the needs of people living in rural mid Wales are fully taken into account. Senior clinicians, managers and healthcare planners are actively involved in this process.

I enclose for your information our Maternity Services Strategy and accompanying implementation plan.

Please do not hesitate to contact me with any further points of clarification.

Yours sincerely



Andrew Cottom
Chief Executive

Attachments

Maternity services strategy

Maternity services strategy implementation plan



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Powys teaching Health Board Maternity Strategy Implementation plan

1 Introduction

The purpose of this document is to give a broad outline of how Powys teaching Health Board maternity services intends to implement the 2011-14 Maternity strategy, as approved by the Health Board in December 2011. The intention of the plan is to ensure that services deliver on the identified areas within the strategy and continues to progress from a 'good to a great' service.

2 Strategic Aims Action Plans and measures of success

Strategic Aim 1

Promote healthy lifestyles for pregnant women which have a positive impact on them and their family's health

Strategic Aim 2

Place the needs of the mother and family at the centre so that pregnancy and childbirth is a safe and positive experience and women are treated with dignity and respect

Strategic Aim 3

Provide a range of high quality choices of care as close to home as is safe and sustainable to do so, from midwife to consultant-led services

Strategic Aim 4

Employ highly trained workforce able to deliver high quality, safe and effective services

Strategic Aim 5

A service for the population that is constantly reviewed and improved

Promote healthy lifestyles for pregnant women which have a positive impact on them and their family's health

2012-13

2013-14

<p>Strengthen midwives and allied professionals skills in supporting women and families to make health life choices i.e. smoking cessation, obesity</p>	<p>Training needs analysis in relation to specific topic areas: Smoking Substance misuse Obesity Motivational interviewing training to identified midwives</p>	<p>Training plan that reflects needs of service and individual midwives</p> <p>Motivational interviewing training rolled out across teams</p>
<p>Achieve full community and hospital UNICEF Baby Friendly status, and aim to increase breastfeeding rates further.</p>	<p>Submission of evidence for UNICEF BFI level 2 accreditation</p>	<p>Submission of evidence UNICEF BFI level 3 accreditation</p>
<p>Work in partnership with Public Health Wales and others to deliver targeted health improvement services for woman and families.</p>	<p>Baseline data on: Smoking in pregnancy at booking and at discharge Referral to smoking cessation services Outcomes for mothers and babies Substance misuse at booking and at discharge Referral to substance misuse teams Outcomes for mothers and babies BMI >30 at booking</p>	<p>Ensure collection of outcome data as per All Wales Maternity strategy 'Outcomes and Measures' subgroup: Smoking Substance misuse Obesity</p>
		<p>Develop research proposal for</p>

<p>obesity project – identify funding and gain ethics approval.</p> <p>Develop local guidance in line with foetal alcohol syndrome best practice.</p> <p>Develop and pilot screening tool for alcohol assessment</p>	<p>Ensure that staff involved with women and their families have an awareness and understanding of perinatal mental health issues</p> <p>Complete local guidance in line with All Wales Perinatal Mental health group information.</p> <p>Implement All Wales Perinatal Mental health toolkit (training)</p> <p>Audit compliance</p>
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Measures of Success

- Completed training needs analysis.
- Each midwifery team will have 1 midwife who has completed motivational interviewing training.
- Motivational interviewing techniques can be described by all midwives.
- Achieved UNICEF BFI level 2
- Achieved UNICEF BFI level 3
- % breastfeeding at birth (year on year improvement)
- % breastfeeding at 10 days postnatal (year on year improvement)
- % breastfeeding at 28 days postnatal (year on year improvement)
- % of women accessing Powys maternity services referred to smoking cessation
- % of women who report no longer smoking on discharge from maternity service

- % of women referred to substance misuse teams
- Local guideline fetal alcohol syndrome.

FINAL DRAFT

Place the needs of the mother and family at the centre so that pregnancy and childbirth is a safe and positive experience and women are treated with dignity and respect

2012-13

2013-14

<p>Strengthen the voice of service users at strategic, local and personal level</p>	<p>Review patient stories Review comments on our services Ensure Powys voice on provider services users forums</p>
<p>Work in partnership with Obstetric teams to deliver joined up services for women and their families</p>	<p>Regular meetings</p>
<p>Monitor and further develop maternity pathways in and out of Powys to ensure that Powys women and families receive the best possible care</p>	<p>Monitor Datix and complaints and share findings with Powys teams and providers. Audit of low risk cases choosing DGH care</p>
<p>Continue to work in partnership with 1000 Lives Plus Programme to develop community solutions for maternity care priorities i.e. sepsis and venous thromboembolism</p>	<p>Monitor Datix and complaints and share findings with Powys teams and providers. Provide community perspective on next priority area. Develop community solutions as appropriate</p>

Measures of success

- Annual MSLC report

- All women have had the opportunity to comment on services provided
- Annual report on women's feedback through patient/birth stories, feedback through patient/birth stories, comment on our service cards
- % of women scoring Powys maternity services 5 and above (10 being top marks)
- Annual report and review of Datix submissions
- Report on low risk women choosing DGH birth.
- Audit report on VTE and 'unwell woman' bundle compliance.

Provide a range of high quality choices of care as close to home as is safe and sustainable to do so, from midwife to consultant-led services

2012-13

2013-14

<p>Ensure that woman and their families know how to access their local midwifery service as the first point of contact</p> <p>Review and revise information available in community – website, posters, 'Welcome to Powys' leaflet</p> <p>Powys representation on All Wales maternity subgroup 'Accessing services'</p>	<p>Baseline audit first point of contact – analysis of results, target areas where identified. Agree pathways with Primary care.</p> <p>Review and revise information available in community – website, posters, 'Welcome to Powys' leaflet</p> <p>Powys representation on All Wales maternity subgroup 'Accessing services'</p> <p>Review current pathways</p> <p>Clear HDHB pathway</p> <p>Agree service specifications with commissioning, locality teams and provider units: BCUHB And develop for HDHB WVT ABHB ABMUHB SaTH</p> <p>Implement antenatal prophylactic Anti-D pathway</p>
<p>Develop clear pathways of care as close to home as safely possible linking seamlessly to providers outside of Powys</p>	<p>Implement national guidance from subgroup</p> <p>Re-audit</p> <p>Review pathways in relation to service reconfiguration completed: SaTH</p>

and audit outcomes	
Develop 'one stop shop' services for those accessing services from Obstetric units	Access to ultrasound during obstetric consultations - Llandrindod
Review parent education and improve access, availability and effectiveness	Audit satisfaction of antenatal education
Work closely with our neighbouring Health Boards and Trusts to ensure best outcomes of care are achieved, and that careful consideration is given to the Powys population needs in any service change	Complete design of '4 th prong' antenatal education and launch.
Ensure that the use of water in labour and birth is an option for all women using our Birth centres	Review and explore potential for increasing service provision within Powys: Midwife led ultrasound service Antenatal day assessment units
	Involvement with Llandrindod and Welshpool reconfiguration plans
	Move to relocated birth centres in Llandrindod and Welshpool with waterbirth facilities.

Measures of Success

- % of women accessing services directly (year on year increase)
- Clear pathways of care for woman accessing Hywel Dda services.
- BCUHB service specification agreed and in place.
- Antenatal prophylactic Anti-D routinely administered in Powys, to appropriate women.
- Service specifications developed for all provider units.
- Areas where care can be safely provided in Powys identified and business case available.
- One stop obstetric clinics with ultrasound Welshpool and Llandrindod.
- Birth pool at Llandrindod and Welshpool birth centres

Employ highly trained workforce able to deliver high quality, safe and effective services

2012-13

2013-14

<p>Implement the workforce plan for maternity services in Powys, ensuring that all midwives and support workers employed in Powys Maternity Services have the skills and competencies required.</p>	<p>Birth Rate+ undertaken Undertake NLI AH workforce redesign training Review workforce, including skill mix in light of both Implement program for midwives in high risk care that also supports care for Powys women</p>	<p>Implement any necessary changes in light of workforce redesign and Birth rate + reviews</p>
<p>Ensure that Powys Maternity Services remain the option of choice for midwifery students from Wales and beyond</p>	<p>Improve university links Increase numbers of midwives as sign off mentors Increase links with Institute for Rural Health.</p>	<p>Option for primary placements (12 weeks) taken up by students</p>
<p>Engage with health care professionals in Powys, who offer care to pregnant women, to share and develop education and research opportunities.</p>	<p>Maintain universal meetings (Maternity, Health Visiting, Safeguarding, School Nursing) Explore opportunities with adult learning disability team, Primary care.</p>	
<p>Ensure leadership within the service is effective and plans for the future leadership are developed</p>	<p>Identify appropriate leadership/management/coaching training for band 7 and 8a midwives. 8a leads to commence training</p>	<p>First cohort Band 7 midwives commence leadership/management/coaching training</p>
<p>Implement the Training and Practice Development</p>	<p>All identified training completed by eligible staff members</p>	<p>All identified training completed by eligible staff members</p>

plan established through effective appraisal and objective setting processes

Review training plan

Measures of success

- Birth Rate Plus complete
- NLIAM workforce redesign complete
- Number of high risk cases that have Powys midwifery support in obstetric unit.
- Number of students choosing to come to Powys for placements.
- Number of midwife 'sign off' mentors
- Clear career pathway for midwives including leadership and specialist clinical role choices.
- All 8a's and 15% band 7's completed leadership/management/coaching training.
- 100% completed IPRs
- 100% completed mandatory training

A service for the population that is constantly reviewed and improved

2012-13

2013-14

<p>Provide women and families with the information they require to make decisions about the type of care available.</p>	<p>Review and revise information already available and explore alternative mechanisms.</p> <p>Implementation of electronic maternity information system</p>	<p>Written information for all women accessing services Website page with up to date information regarding local care and choices Electronic maternity system used to inform service and women of care choices and outcomes</p>
<p>Implement mechanisms to measure the outcomes of care for the Powys population, including the experience of care</p>	<p>Launch comment on our service cards Audit of guideline compliance. Support increased representation on Maternity services liaison committee, Better birth environment audit Expand 'Birth stories' and opportunities for women to give their stories to MSLC, Supervisors of Midwives, Health Board.</p>	<p>Feedback from 'Trust' research</p>
<p>Implement 1000 Lives Plus Programme and Transforming Maternity services within a rural health setting</p>	<p>Commence Transforming Health within midwifery teams Roll out of 'unwell woman' and</p>	<p>Continue Transforming Health within midwifery teams Provide community perspective</p>

<p>VTE bundles Continue with input into development of next priority area</p>	<p>on next priority area. Develop community solutions as appropriate</p>
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Measures of Success

- Leaflet for women about choices and Powys services
- Website in place
- Electronic maternity information system in place and in use.
- % of women scoring Powys maternity services 5 and above (10 being top marks)
- Principles of Transforming healthcare used across all midwifery teams.



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MATERNITY STRATEGY 2011 – 2014

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1. Introduction

The purpose of this Strategy is to provide clear direction regarding the future planning and delivery of NHS Maternity services for women and their families for the population of Powys. It describes the core principles fundamental to service provision and outlines the key issues that need to be addressed in forthcoming years in order to deliver high quality, safe and cost effective services.

The strategy has been designed to reflect our commitment to achieving effective change in maternity services and to be congruent with Powys tHB Strategies and priorities including:

- Women's and Children's workforce plan
- Women's and Children's training plan
- Women's and Children's Practice Development Strategy
- Annual Operating Framework
- Annual Quality framework
- LHB Nursing and Midwifery Strategy 2011-2014
- Service, Workforce and Financial Framework for Powys
- The LHB's Business Plan
- The LHB Training plan.
- LHB Policies and Procedures
- LHB Clinical Governance strategy

Maternity services are key to ensuring that families have a safe and emotionally satisfying experience during their child bearing period. In Powys, this hinges on ensuring effective partnerships with all members of the health care team, ranging from local services such as General Practitioners, support workers, to obstetric and neonatal teams in neighbouring District General Hospitals (DGH). This strategic plan sets out the contribution required to achieve quality and cost effective services for families across Powys.

The strategy sets out the prioritised actions to be taken over the 3 years to respond to the key messages within all the national and local drivers described below. The strategy will steer the focused work to address the key priorities within "*A Strategic Vision for Maternity Services in Wales*" (WG 2011) and Midwifery 2020 (DOH 2010). As well as meeting the requirements for standards for Health services (WAG 2010).

- Organising maternity care to meet the needs of women and their babies;
- Protecting and improving the health and well-being of mothers and their babies;
- Ensuring pregnancy and childbirth is a safe, fulfilling, life-enhancing experience.

For Powys Maternity Services this will involve developing care closer to home; less unnecessary care outside Powys; focuses on community orientated services, and services using the finite healthcare resources to ensure that clients are treated in the right place at the right time by the right people.

2. Strategic Context

2.1 Powys – the green heart of Wales

Powys covers one quarter of the area of Wales, with the distance between north and south similar to that of from Bristol to London. With just over 130,000 people in the whole of the county, there are just 26 people per square kilometre and is therefore the most sparsely populated county in all of England and Wales.

The population of Powys as a whole enjoys on better health than the Welsh average, however there are significant inequalities across the county. The population is generally older in Powys than the average in Wales, with fewer children and young people than the Wales average.

Apart from the geography, the population profile and spread, Powys is also unique amongst Health Boards in Wales as it does not have any District General Hospitals within the county. It does therefore rely on working with partners to provide services to the population, some within but the majority outside of Powys including importantly into England.

Powys teaching Health Board provides a wide range of services itself as well as securing services for its population from partner organisations including the Voluntary sector.

Powys Maternity Services are provided to the local community by eight midwifery teams working with others across the whole pathway of care. These teams coordinate the care for woman and their families and liaise with services provided in and out of Powys. Women are offered a choice of pathways for care and these include:

- Complete Midwife led care in Powys including Home Birth
- Complete Midwife Led Care in Powys including a Birth centre birth
- Midwife led antenatal and postnatal care in Powys with external DGH midwife led Hospital birth
- Midwife led antenatal and postnatal care in Powys with external DGH consultant led Hospital birth
- Shared care between Powys Midwife and external DGH including hospital Consultant led birth
- Complete consultant care with DGH consultant led birth
- Neonates requiring special or intensive care receive their care from either the hospital team where they are born, transferred by ambulance from Powys with midwifery escort or, in rare cases transferred to a tertiary unit.

The maternity and neonatal teams that Powys Maternity services work in partnership include:

- Shrewsbury and Telford NHS Trust - maternity (Shrewsbury, Telford) and neonatal (Shrewsbury).

- Hywel Dda Health Board - maternity (Aberystwyth, Carmarthen, Haverford West), neonatal (Carmarthen, Haverford West)
- Aneurin Bevan Health Board - maternity and neonatal (Abergavenny, Newport)
- Cwm Taf Health Board - maternity and neonatal (Merthyr Tydfil)
- Wye Valley NHS Trust (Hereford) – maternity and neonatal
- Abertawe Bro Morgannwg University Health Board – maternity and neonatal (Swansea)
- Betsi Cadwaladr University Health Board – maternity and neonatal (Wrexham, Bangor).
- Tertiary neonatal services – Stafford, Birmingham, Cardiff, Liverpool

2.2 Strategic Context and Drivers for Change

There are a number of important strategic drivers that set the direction of travel for Maternity Services in Wales and across the UK. These drivers do not specifically focus on the rural context of maternity services but give a platform upon which national priorities can be translated into rural healthcare.

Strategic Vision for Maternity Services in Wales (WG 2011)

The direction for maternity services was published this year with a focus on

“Promoting pregnancy and childbirth as an event of social and emotional significance where women and their families are treated with dignity and respect. For every mother wherever they live and whatever their circumstances, pregnancy and childbirth will be a safe and positive experience so that she, her partner and family can begin parenting feeling confident, capable and well supported in giving their child a secure start in life. “

Together for Health - A five year vision for the NHS in Wales (2011)

This sets out the collective aim for the NHS in Wales and lays out a commitment to deliver improvement in key areas

- Health will be better for everyone
- Access and patient experience will be better
- Better service safety and quality will improve health outcomes

One Powys Single delivery plan (2011) - This outlines how all public sectors, within Powys, will work collaboratively to deliver a ‘single plan’ for the people of

Powys. The key outcomes of this collaboration of particular relevance to Maternity services include:

- People in Powys live in supportive, sharing and self-reliant communities.
- Powys families are safe and supportive places in which to live.
- People in Powys are health and independent.
- People in Powys feel and are safe and confident.
- People in Powys can easily access the services they need.

1000 Lives Plus Campaign (2011) - Although initially aimed at inpatient services, Powys teaching Health Board Women and Children's Services are committed to the principles set out in '1000 Lives plus' and developing community based programmes to support the campaign.

Doing Well Doing Better: Standards for Health Services (2010) – These Standards set out a framework of what the public should expect from NHS services and should assist services in assessing and monitoring the service for users.

Our Healthy Future (2010) – The Public Health Strategy for Wales sets the direction for improving the health of the population of Wales.

Midwifery 20:20 Delivering Expectations (2010) - presents new challenges and opportunities for midwives to develop further their role as practitioners, partners and leaders in delivering and shaping maternity services. A focus on delivering safe and effective services for families through empowerment and choice, skill mix and workforce planning features highly in achieving the aims of Midwifery 2020.

Realising the Potential – Welsh Assembly Government Nursing Strategy (2009) - A number of 'briefing papers' under this document set out priorities for nursing education, midwifery, child and adolescent mental health and paediatric nursing. Delivering the future for Maternity services focuses on midwives being the lead professionals for low risk women, by booking 60% of the caseload as midwife led care and to increase to a 10% home birth service.

Rural Health Plan (2009) – Focuses on the need to develop services that reflect the needs of a rural community and addressing issues such as access, integration and community involvement.

National Service Framework (NSF) for Maternity, Children and Young People (2008) – the NSF is a ten year plan that sets out standards to be achieved on a multi-agency basis across Wales. They include 'flagged' standards that should be regarded as priorities. For maternity services the focus is to have midwives 'visible' in the community, to be first point of contact for pregnant women, to increase the number of low risk women offered early labour home assessments and consider home births as a safe and preferred option.

National Institute for Clinical Excellence (NICE) guidance in relation to a variety of maternity guidelines and care pathways have a bearing on this strategy.

3. From Good to Great

It is clear from a number of sources, more latterly the Wales Audit Office Follow-up report (2011) that Maternity Services in Powys are well regarded. In some aspects the service that the Powys population receives is leading the way in Wales and across the UK. The summaries below outline some of the successes. There is however more to do. With expectations rising, issues of service sustainability and limited resources the Maternity service recognises the need to change.

3.1 Breastfeeding

Powys teaching Health Board is unique in attempting to obtain both hospital and community UNICEF baby friendly status. Stage 1 has completed successfully and stage 2 is being worked toward. Powys currently has the highest breastfeeding rates at birth in Wales, 78% compared to the national average of 55%. The Bron i'r Babi, peer support groups across the county and the appointment of an infant feeding coordinator have been a crucial elements of this success.

3.2 Home Birth

Powys has one of the highest home birth rates in the United Kingdom. Approximately 3.4% of all births in 2010 in Wales were homebirths. In Powys, however, between 9 and 10%, of women choose to have their babies at home supported by midwives, that in the main they will have met during their pregnancy.

3.3 1 to 1 Care in Labour

All women who choose to have their baby in Powys, at home or in a birth centre, have one-to-one care from a qualified midwife from the onset of established labour. For the birth itself there will typically be two midwives present, one for the woman and one for the baby. Individual midwives in Powys are never responsible for more than woman in labour at a time. This meets that nationally recognised standard.

3.4 Promotion of Normality

Powys maternity services encourage all low risk women, regardless of planned place of birth, to access midwives directly for home labour assessments. For those women, especially those planning to use a District General Hospital for the birth, this reduces their chances of attending a DGH or birth centre and being sent away as deemed not in labour. Four of the Birth centres in Powys have birth pools and all have labour and birth rooms with floor mats and birth balls, facilities which support normality.

3.5 Women's views

Women are actively encouraged to contribute ideas and comments about the Powys Maternity services. Women's birth stories are available in all the midwifery teams. Women have contributed to the changes in birth environments through the National Childbirth Trust birth environment audit. Our Maternity Services Liaison Committee meets quarterly and our parent education group has women as

members. Both inform changes in the service, the most recent of which is a review of the content of antenatal education which has helped shape planned changes.

3.6 Public health priorities

The Maternity services in Powys have a close relationship with the Public Health team and are working together on providing information and developing practice in relation to flu immunisation, obesity, weight management, smoking and alcohol use.

3.7 Wales Audit Office review

Powys maternity services were reviewed by the Welsh Audit Office in 2011 as a follow up from a comprehensive national and local review in 2007. The follow up report concluded that there is evidence that the Health Board is making good progress in further improving its maternity service:

“Maternity services are seen as a high priority with good executive engagement and our previous work is being actively used to drive improvements; positive steps have been made to strengthen the information base which underpins planning and performance management of the Health Board’s maternity service; a comprehensive mapping exercise has provided a good foundation for forward planning however changes in the shape of services in neighbouring health bodies will have consequences for maternity services in Powys; there are a number of positive mechanisms in place to support safe and effective maternity care in Powys; and positive improvements have been made in all aspects of maternity care.” (WAO 2011)

There is however more to do.

4. Strategic Priorities

In order to fulfil the Ministers vision for the future of maternity services as described in the Strategic Vision for Maternity Services in Wales (WG 2011) and the recommendations of Midwifery 2020 (DOH 2010) maternity services will need to look to developing the excellent foundations of care that are already provided for the Powys population.

The Powys teaching Health Board’s vision is to develop:

‘Truly integrated care at a local level centred in the community.....’

With this vision in mind this strategy will look at how maternity practice can be developed within the five key areas identified within the ‘Strategic Vision for the Maternity Services’.

3.1 Strategic Aim 1:

Promote healthy lifestyles for pregnant women which have a positive impact on them and their family's health

Powys maternity services will need to concentrate on developing practice which focuses on the prevention of ill health and the promotion of health and wellbeing and a reduction in inequalities. Care provision should be provided within environments that are appropriate and that take into account the needs of the individual. To achieve this we will need to work in partnership with other agencies in providing care within local communities. This could be achieved through the developments within 'One Powys: Single Delivery plan' for example, as well as working closely with other Health Boards and Trusts.

Services should be developed to encourage health and independence. A refocus of our service will need to take place to ensure that every opportunity is taken to support women and their families to develop healthy lifestyles. Staff will need to be, and feel, well prepared to undertake that informative and supportive role. As a service we will need to demonstrate adequate delivery of the targets within the Children and Young People's Plan, development of the target areas within 'Our Healthy Nation', the National Service Framework and Midwifery 2020. Specific areas to be targeted within the next three years include:

- Smoking cessation
- Alcohol and substance Misuse
- National screening programs
- Pregnancy as a safe and healthy experience
- Nutrition/ Physical activity/ Obesity
- Teenage conception
- Breastfeeding
- Mental Health and wellbeing

Breastfeeding: Building upon the success achieved to date, the maternity service will look to maximise the support that can be provided in partnership with our Health Visiting colleagues in particular. An investment in generic staff training will increase the overall level of support offered by midwives and other staff working directly with women and families. We continue to commit ourselves to working in accordance with our local Breastfeeding Action Plan and achievement of BFI hospital and community accreditation. We seek to improve our breastfeeding rates further, specifically in terms of the length of time breastfeeding takes place.

Obesity: This is a major and increasing problem across the UK and has many significant risks to health. Obesity can cause or contribute to high blood pressure, cardiac conditions, diabetes, incontinence, poorer obstetric outcomes and ultimately premature death. Midwives need to play their full part in achieving care that reflects the NICE guidelines for tackling Obesity NICE (2006). Powys maternity services are in an ideal position to begin the process of tackling this problem. The service is already based within local communities and the focus for midwifery care is to promote normality and encourage healthy lifestyles. By

focusing on a system of care that promotes wellbeing in mother and babies the ripple effect could change the health of whole families and in time entire communities. This would also be an ideal opportunity to link with partners providing similar care. An action plan will be drawn up with a proposal for change looking at ideas for implementing new practice and services to tackle this issue.

Mental Health: The promotion of emotional health and well-being is an essential platform upon which families can develop good relationships. Powys Maternity services are represented on the All Wales Perinatal Mental Health development group and have contributed to the development of guidelines and training. In order to play a full part in promoting emotional health and well-being, the maternity Services will launch the All Wales Perinatal Mental Health training package for Midwives, developing and implementing appropriate care pathways and reviewing the current Midwifery Mental Health guideline and practice.

We will:

- ✓ ***Strengthen midwives and allied professionals skills in supporting women and families to make health life choices i.e. smoking cessation, obesity***
- ✓ ***Achieve full community and hospital UNICEF Baby Friendly status, and aim to increase breastfeeding rates further.***
- ✓ ***Work in partnership with Public Health Wales and others to deliver targeted health improvement services for woman and families.***
- ✓ ***Ensure that staff involved with women and their families have an awareness and understanding of perinatal mental health issues.***

3.2 Strategic Aim 2:

Place the needs of the mother and family at the centre so that pregnancy and childbirth is a safe and positive experience and women are treated with dignity and respect

In order to best meet the needs of Powys families services will need to be developed in local communities, with the engagement of local citizens to help design, plan, deliver and review the transformation of our service. For those women whose care needs to be partly or wholly led by obstetric partners, ensuring good communication between teams is crucial to ensuring safe outcomes and Powys Maternity services will work with all partner organisations to ensure that pathways are not only appropriate but deliver the best outcomes.

In order to achieve these, maternity services will need to embrace opportunities for engagement with families through the Patient Involvement and Experience committee (IPIE), learn from complaints and concerns and maximise the value of

the Maternity Services Liaison Committee (MSLC). There should be an emphasis on enabling individuals to contribute and take some responsibility for their own plan of care.

One key area for development will be the birth environments and ensuring women from all areas have access to a birth environment that is safe, relaxing and fit for purpose. For individuals to be involved to this extent the service needs to recognise the language and cultural needs of the client and work with partners within the community to ensure all families are equally involved in the care process. This will enable continuous improvement of safety and effectiveness based on the client experience. Client views will be collected on a regular basis through implementation of the 'Coos Card', which is a postcard sized feedback card based on satisfaction scores.

People accessing our care should be offered adequate information to enable them to make appropriate choices which are based on best evidence, research and safety. Developments in practice need to acknowledge and respond to national drivers and guidance such as NICE, NSF, Confidential Enquiries Maternal and Child Health (CEMACH) and child protection regulations. Maternity services will work with the 1000 Lives Plus programme to develop safe maternity care in the community setting. Placing quality and safety above all else, managing risk and ensuring that continuous improvement is part of every working day. Developing practice should reflect active involvement in research, audit and service evaluation.

We will:

- ✓ ***Strengthen the voice of service users at strategic, local and personal level.***
- ✓ ***Work in partnership with Obstetric teams to deliver joined up services for women and their families.***
- ✓ ***Monitor and further develop maternity pathways in and out of Powys to ensure that Powys women and families receive the best possible care.***
- ✓ ***Continue to work in partnership with 1000 Lives Plus Programme to develop community solutions for maternity care priorities i.e. sepsis and venous thromboembolism***

3.3 Strategic Aim 3:

Provide a range of high quality choices of care as close to home as is safe and sustainable to do so, from midwife to consultant-led services

Maternity services need to provide care which is responsive, flexible and accessible. Developments will focus on exploring the principles of midwives as first point of contact, continuity of care and seamless care provision. We need to address the issues in collaboration with GP's and other health colleagues who have access to women either before they become pregnant or when they are first pregnant. There will need to be more effective signposting of women to midwives. In order to do this we will need to invest some time in understanding the reasons why women choose to book with a midwife or not. This may be done through focus groups, case study or some local research.

Powys families access care and information from a number of services during their life cycle often unaware or unconcerned about how those services work with each other. When considering any change or development in practice maternity services need to recognise the affect this may have on other services based in Powys and how working together and communicating well could ensure that families are provided with a service which is multi-disciplinary and multi-agency yet seamless to families in receipt of care provision.

By linking better with partners in the District General Hospitals and looking at developing care provision locally, maternity services need to strengthen and improve the care pathways for families in order to prevent delays in care provision. This will require some innovative thinking, honesty and a willingness to assess who or what is best placed to meet an individual's need. This will require development of an integrated network of providers for pre-conception, antenatal, intra partum and postnatal care.

Ultimately the achievement of this will not only benefit families in a seamless provision of care but also benefit organisations in reducing waste, duplication and improve efficiency and productivity.

We should continue to develop services for women suffering from domestic abuse and substance misuse; and develop services for young people. Special attention this year will be given to reviewing the recommendations of the British Medical Association in relation to fetal alcohol syndrome (2006) in order to improve care provision and outcomes. Furthermore, ensuring the service works well for hard to reach and often vulnerable groups is essential and therefore the service will undertake a review parent education provision in an effort to improve information provision and support given to these groups.

Powys families have accessed obstetric-led care in district general hospitals provided by other Health Boards and Trusts. On the whole services have been well regarded. There is however variation in outcomes for example in relation to intervention rates particularly Caesarean section. Working on behalf of our population we will renew our focus on the outcomes for women in each DGH, looking to ensure that providers of care are offering a world class service to our population.

In the context of service sustainability, several key Health Boards and Trusts will be reviewing their provision of maternity services. Powys teaching Health Board will need to play its full part in discussions about service provision to the Powys

population. This also extends to issues of neonatal care. We will therefore work closely with maternity partners in the provider units to establish safe and effective care pathways for both maternity and neonatal care.

We will:

- ✓ ***Ensure that woman and their families know how to access their local midwifery service as the first point of contact.***
- ✓ ***Develop clear pathways of care as close to home as safely possible linking seamlessly to providers outside of Powys.***
- ✓ ***Develop 'one stop shop' services for those accessing services from Obstetric units.***
- ✓ ***Review parent education and improve access, availability and effectiveness.***
- ✓ ***Work closely with our neighbouring Health Boards and Trusts to ensure best outcomes of care are achieved, and that careful consideration is given to the Powys population needs in any service change.***

3.4 Strategic Aim 4:

Employ highly trained workforce able to deliver high quality, safe and effective services

In order to work effectively as team, maternity staff need to feel valued and respected, with clarity of roles and responsibilities and a culture of lifelong learning and development. Developing staff will lead to an increase in expertise, skills and availability within Powys of specialist advice and guidance. Staff need to be appropriately recruited, trained and supported in order for them to make sound clinical decisions based on research evidence and guidance. Having an appropriate workforce is essential to taking any developments in practice forward and this is the focus of the Women's and Children's workforce plan. Investment in staff and development through adequate training is covered in detail within the training plan and Practice Development Strategy.

We will focus on empowering our workforce to provide evidence based care through a commitment to understanding and implementing research and audit findings. This will include where possible supporting front line staff to initiate, be involved in and evaluate local research projects working with other professionals and services where beneficial.

Statutory supervision of midwives is a key element to successful, safe services. We will continue to develop proactive supervision within Powys through the midwifery updates, supervisory toolboxes and one to one support. We will continue our commitment to support midwives with training to be supervisors.

Powys teaching Health Board has achieved a good standard of placement for midwifery students in the last four years and continues to provide experience for external students from across the UK. All birth centres have been educationally audited and are suitable for university placements. Current mentors will need to maintain their status as required by new NMC regulations introduced in 2007, through attendance at university mentorship updates and education. The service would aim to be the first choice for midwifery students seeking a positive rural health experience.

We will:

- ✓ ***Implement the workforce plan for maternity services in Powys, ensuring that all midwives and support workers employed in Powys Maternity Services have the skills and competencies required.***
- ✓ ***Ensure that Powys Maternity Services remain the option of choice for midwifery students from Wales and beyond.***
- ✓ ***Engage with health care professionals in Powys, who offer care to pregnant women, to share and develop education and research opportunities.***
- ✓ ***Ensure leadership within the service is effective and plans for the future leadership are developed.***
- ✓ ***Implement the Training and Practice Development plan established through effective appraisal and objective setting processes.***

3.5 Strategic Aim 5:

A service for the population that is constantly reviewed and improved
The Maternity service will provide reassurance to the public that innovative developments in practice to ensure continuous improvements in care are central to our core philosophy. All developments in practice will need to demonstrate that any investments required will lead to an increase in quality of care, reduction in waste, improved effective use of resources such as IT systems and maximisation of positive clinical outcomes. Powys Maternity Services vision is to tailor

developments to what really matter to women in order to use resources in an effective way while remaining focussed on a vision for:

“Ensuring pregnancy and childbirth is a safe, fulfilling, life-enhancing experience”.
(WG 2011)

The NHS in Wales and Maternity services in particular must be able to demonstrate to the public that services are safe and effective. A focus on measurable outcomes is therefore a key strand of work moving forward. In line with a national approach the teaching Health Board will measure the experiences of women and their families of the services they receive, and the outcomes of care. In view of openness and transparency a greater emphasis on making this information available to the public will take place.

Maternity Services will embrace the use of audit as a tool to drive further improvement and the full commitment of the Powys services to develop and implement 1000 Lives Plus programme for transforming maternity care in a rural setting is already made. More specifically, challenging the status quo in an attempt to improve practice will continue. Increasingly we will look to increase the number of women who choose to birth their babies in Powys. We are keen to look at ways to increase the number of medium risk women birthing in Powys. This must be done with careful consideration to our criteria and the maintenance of safety for Powys women.

We will:

- ✓ ***Provide women and families with the information they require to make decisions about the type of care available.***
- ✓ ***Implement mechanisms to measure the outcomes of care for the Powys population, including the experience of care***
- ✓ ***Implement 1000 Lives Plus Programme for Transforming Maternity services within a rural health setting***

4.0 Implementation, Monitoring and Reporting

The Welsh Government, within the Strategy for Maternity Services puts a requirement on the Chief Executive and Lead Executive for Maternity Services in each Health Board to publish progress against the local delivery plan (implementation plan of this strategy) each quarter on the organisations website.

An implementation plan will shortly be drawn up offering more detail on how the commitments made in this strategy will be delivered, the timescales for delivery, the measurable outcome and the lead.

The implementation of the strategy will be reviewed through the Women and Children's Performance management mechanisms. This will also include a review of the clinical outcomes and experience of care of the services provided to the population of Powys. Furthermore, there is a requirement to report formal progress against the delivery/implementation plan to the Board and to Welsh Government annually.

5.0 Conclusion

This Strategy provides a clear direction for maternity services for the Powys population. It reflects the priorities laid down by the Welsh Government and envelopes the needs of the Powys population. Its implementation will enable an already good service for the population to become a great service. The proof of this however will be through measurable clinical outcomes and the judgement of service users themselves.