WALES AUDIT OFFICE
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Maternity Services: Follow-up Review

Powys Teaching Health Board

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Contents

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Summary report

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1. In June 2009, the Wales Audit Office published a national report entitled *Maternity Services in Wales*[1]. That report was informed by our 2007 review of maternity services across Wales.

2. Our national report concluded that while maternity services were generally appropriate and women's satisfaction levels were relatively high compared with England, practices varied unacceptably and information was generally not well collected or well used. The report made a number of detailed recommendations; some aimed at the Welsh Government and others at local NHS bodies. Appendix one provides a summary of our recommendations for health boards which addressed the following themes:

- planning and performance management;
- user engagement;
- the provision of safe and effective maternity; and
- the experience for expectant and new mothers and their babies across the pathway of care.

3. During 2007 we produced local reports on maternity services in the former NHS trusts across Wales. Although the former Powys Local Health Board was included in the data collection exercise, a local report was not produced for the Health Board. A summary of the data analysis, however, is included in Appendix 2 of this report.

4. We presented our national report to the National Assembly's Public Accounts Committee in July 2010 and the Welsh Government gave evidence in response to the report in November 2009. In February 2010, the Committee published its own *Interim Report on Maternity Services*. Then, in February 2011, the Committee took further evidence from the Welsh Government on the progress that was being made at a national and local level to improve maternity services. That evidence session demonstrated that while action is being taken, challenges still persist in some parts of Wales.

5. Before the Public Accounts Committee returned to the topic in February 2011, we had already decided to undertake further audit work of our own. In March 2011 we undertook follow-up work[2] to examine whether Powys Teaching Health Board (the Health Board) can demonstrate improvements in the planning and delivery of maternity services in response to the various issues identified in our previous data collection exercise and our national report.

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

[2] Our follow-up work consisted of interviews with a number of key personnel at the Health Board and document reviews.

6. We have concluded that there is evidence that the Health Board is making good progress in further improving its maternity service although the provision of maternity care in neighbouring NHS bodies still presents significant challenges. The reasons for reaching this conclusion are set as follows:

- 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 although intervention rates at some provider obstetric units remain a concern.

7. Our work has identified a number of areas that still require attention. These are shown below in Exhibit 1.

Exhibit 1: Key issues for the Health Board

Key issues
Strategic Direction • Playing an active role in the service reviews being undertaken in the neighbouring health boards to ensure that the quality of the service required for Powys women is not overlooked.
Management Arrangements • Maintaining the importance of leadership within the midwifery staff to ensure that momentum is not lost in improving maternity services and the workforce is not destabilised.
Staffing • Ensuring that the distribution of staff across the Two Shires does not compromise patient choice and that the Maternity Support Worker role is being used to its full extent.
Maternity Information • Clarifying and monitoring the timescale for the implementation of Myrddin so as to secure an effective information system that enables efficient collection and reporting of maternity information to support improved planning and performance management.
User Engagement • Although a lot of progress has been made in securing user engagement, ensuring the Maternity Services Liaison Committee is effective and the momentum for user engagement is being sustained.

Key issues

Pathway of Care

- Strengthening performance management arrangements with the provider obstetric-led units to ensure that sufficient challenge is in place around all aspects of maternity care and that where necessary, appropriate action is taken and improvements are made.

Detailed report

Maternity services are seen as a high priority with good executive engagement and our previous work is being actively used to drive improvements

Maternity services are a high corporate priority for the Health Board

8. Maternity services in Powys are seen as a success story following a substantial period of transformation that has taken place as a result of a critical report to the former NHS trust in 2001. Although our previous local work across NHS bodies in Wales did not deliver a local report for Powys, many of the indicators that were measured as part of our review in 2007 indicated that the local maternity service was leading the way in Wales on many aspects of service provision. Maternity services feature heavily in the Health Board's annual reports and the quality of its services has been recognised at a number of UK conferences and media events.

9. The maternity service has a role to play to deliver the financial requirements of the Health Board during the current economic climate. The service also features heavily in the strategic vision for the Health Board. The maternity service is seen as an integral part of the Integrated Family Support Service. This is a good example of how the Health Board is working with a range of stakeholders to provide services to the local population within the Powys community, whilst not losing sight of ensuring high quality and safe services.

10. Over the last 12 months, maternity services have featured on the Board agenda several times. Issues discussed include:

- the draft *Strategic Vision for Maternity Services in Wales*[3] and a supplementary paper outlining the potential consequences for Powys;
- a paper outlining the Integrated Family Support Service;
- the inclusion of maternity aspects within the public health update to the Board; and more recently
- a presentation to Board members on the Baby Friendly Initiative (BFI)[4].

There are sound management structures in place for maternity services although sustaining midwifery leadership is important

11. Within the Health Board's organisational structure, there are clear lines of accountability for the provision of maternity services across Powys. The Nursing Director is operationally and professionally responsible for maternity services, as well as being the lead for children's services, and reports all matters relating to the

[3] *Strategic Vision for Maternity Services in Wales* – Draft Strategy Document, Welsh Assembly Government, reference WAG10-11163 – January 2011.
[4] The Baby Friendly Initiative provides training for health professionals to enable them to give breastfeeding mothers the help and support they need to breastfeed successfully.

maternity service to the Board and the Executive Management Team. The Nursing Director is supported by an Independent Member who has the lead for children services, both are champions for maternity services in Powys.

12. The maternity service is led by a Head of Midwifery with managerial input from the general manager for women and children's services. At the time of our follow-up review, the Head of Midwifery was due to leave the post. That post holder has now left and has been replaced with interim arrangements, although we are aware that the Health Board is currently undergoing a process to recruit into a substantive post. The Head of Midwifery was recognised as a strong champion for the maternity service in Powys. This was reflected in our staff survey in 2007[5] which identified an overwhelming percentage of staff who saw midwifery providing the leadership of the service. Our follow-up fieldwork identified a level of anxiety amongst staff at the departure of the Head of Midwifery and concerns that the positive developments that had been made within the service would be lost. As such it is important that the Health Board does not lose sight of the importance of midwifery leadership for its maternity service.

13. The previous Head of Midwifery provided regular updates on maternity services to the Director of Nursing and this arrangement has continued with the acting head of midwifery. Regular dialogue is also in place between the Head of Midwifery, the Director of Nursing and the Medical Director who has been very supportive in working and engaging with GPs around maternity services. There is also a good level of engagement with locality managers who have responsibility for the wider operational issues impacting on the hospitals and community bases in which maternity services are based as well as service level agreements with provider obstetric units.

The recommendations from the national report have been embedded within the local development plan alongside statutory targets for the maternity service

14. Focusing on the key recommendations from our national report, the Health Board has developed a comprehensive action plan with clear timescales and responsibilities. This has been used to inform the basis of the Local Delivery Plan (LDP) for the maternity service, which also encompasses the relevant requirements of the Annual Operating Framework (AOF) and subsequent Annual Quality Framework (AQF).

15. The service has also recognised the importance of other external reviews and guidance in driving service changes. This includes the National Service Framework for Children, Young People and Maternity Services, Healthcare Standards and Welsh Risk Pool assurance work (with compliance in 2009-10 at 95 per cent), and key actions arising from these reviews have also been incorporated into the local delivery plan.

[5] Our review in 2007 included a staff survey. Key findings from the staff survey are included in Appendix 2.

16. The LDP is the responsibility of the Director of Nursing as the nominated executive lead and progress against the objectives is reported on a quarterly basis. This informs performance management arrangements within the directorate and the overall Health Board's progress against the AOF/AQF requirements. Routine progress reporting has provided opportunities for the service to debate the challenging issues and to consider solutions that may require the support of other parts of the Health Board, for example, input from the planning and commissioning team.

17. The midwives that we spoke to as part of our follow-up review were familiar with our previous work, and were aware of the approach adopted by the Health Board to take the relevant recommendations forward. The LDP and its progress features heavily on the agendas for the staff meetings in both the North and South shires and minutes indicate that the staff are fully engaged in the delivery of the objectives. Individual personal objectives for staff are also based on the objectives outlined in the LDP.

Positive steps have been made to strengthen the information base which underpins planning and performance management of the Health Board's maternity service

The Health Board has plans in place to address the lack of a maternity information system, and is making progress in establishing information flows from its obstetric providers

18. At present, the maternity service in Powys lacks an information system. A limited range of data items are collected on the mainstream hospital patient administration system, Myrddin, but these purely relate to outpatient and inpatient activity, ie, number of patients who attend an antenatal clinic in any of the community hospitals and number of patients who are admitted to the midwifery-led units. All other information pertaining to the maternity pathway is currently recorded manually.

19. This lack of electronic information means that much of the Health Board's performance management of maternity services is based on retrospective data collection exercises. Not only is this approach laborious and time consuming, but it also means that data is not collected in 'real time', which can adversely affect the quality of the data output. When asked as part of our staff survey in 2007, only 28 per cent of staff agreed that there is good clinical and management information. The Health Board has plans in place to implement the maternity module of Myrddin to address this problem, but the timescale is not clear.

20. To prepare midwives for the implementation of an electronic maternity system, the Health Board implemented the Technology in Maternity Services (TIMS) project in January 2011. As a result, all staff have been issued with laptops and whilst there is no clinical need to utilise the technology as yet, the project has allowed the staff to

become accustomed to electronic solutions. This has provided an opportunity for staff to work smarter by making use of the equipment for business need, such as access to emails without having to return to an office base.

21. The Health Board's PAS system has no direct links to the neighbouring District General Hospitals (DGHs), where a large proportion of Powys women will choose to have their baby. As such, the Health Board is reliant on all of its contracted Welsh health boards and NHS trusts in England that provide obstetric-led maternity services to provide information relating to Powys residents.

22. Over the last six months, with the lead of the now acting head of midwifery, the planning and commissioning team have been engaging with the neighbouring DGHs to develop a dataset, based on the All Wales maternity data project. This will allow the Health Board to understand the maternity pathway for Powys women who receive obstetric care elsewhere. This has already allowed the Health Board to challenge the performance of some of the DGHs, particularly in relation to Caesarean section rates and recall rates for ultrasound scans. It is important that the Health Board continue to maintain ongoing dialogue with these bodies to ensure that action is being taken and improvements are being made.

There are well-established arrangements for seeking the views of users to inform service provision and development

23. The maternity service has well-developed systems of user engagement and consultation. The Health Board developed a *Maternity Strategy for User Engagement* following the recommendation in our national report for services to put in place processes and mechanisms to improve user engagement. This strategy builds on what was already in place and introduces new initiatives across Powys. User engagement includes the following key mechanisms:

- Patient stories – women and their families who have experienced services in Powys are encouraged to write and share their experiences through Birth Stories which are included in a resource book in each birth centre.
- Patient surveys – at the time of our previous review, mothers delivering in Powys were excluded from our mothers' survey as the level of activity was too low. The Health Board has subsequently undertaken the same mothers' survey and the findings have been used to inform the local delivery plan.
- Patient views – a range of approaches is in place to capture ongoing views of maternity service users. These include consideration of compliments and complaints through the Health Board's corporate arrangements and the introduction of patient postcards that allow users to make anonymous comments and suggestions. The patient postcard process was recently used to gather users' views of the maternity support worker role.
- Forums and group – there are a range of forums in place which either have user representation, such as the Parent Education Forum or groups which are led by maternity users, such as the six Breast Feeding Support Groups.

- User representation – the Health Board has actively involved users in the development of maternity services. This included user involvement when promoting maternity services in the local media, implementation of the Caesarean section toolkit[6] and the completion of the Better Birth Environment Audit[7].

24. The Health Board has also re-established a Maternity Services Liaison Committee (MSLC) as required by the Welsh Government. The purpose of the MSLC is to advise the Health Board on the maternity services provided for its residents and to make sure the views of women using the service are taken into account when planning, developing and running maternity services across the Health Board. The previous MSLC had lost momentum due to the time commitment required by all those involved. As a result, the Health Board has looked to establish an MSLC which builds on the mechanisms and networks already in place to engage with service users thereby reducing the commitment of members. This means that the MSLC meets less frequently than a traditional MSLC and manages much of its business on a semi-virtual nature. The MSLC consists of multidisciplinary representation and has a chair that is independent of service provision and commissioning. Supported by a work plan covering short, medium and long-term goals, the MSLC was initiated in January 2011. Given its semi-virtual nature, it is important that the Health Board is assured that the MSLC is fulfilling its role although given its relative infancy it will take time to embed the process.

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

25. The Health Board's overarching strategic vision includes a key principle of providing services as close to home as possible. For some services, this will mean providing additional services, which are currently provided elsewhere, resulting in patients being repatriated back into the county. In respect of maternity services, the Health Board is looking to increase the proportion of women who deliver in Powys, by building on the already high proportion of women who choose to give birth at home or in the local birthing centres. Consideration is also being given to providing elements of antenatal care within its community hospitals, which are currently provided by neighbouring DGHs, such as ultrasound scanning.

[6] In 2009, the NHS Institute for Innovation and Improvement launched a comprehensive new toolkit to assist maternity units in achieving low Caesarean section rates while maintaining safe outcomes for mothers and babies.

[7] The Better Birth Environment Audit is a toolkit provided by the National Childbirth Trust (NCT) to emphasise the importance of a suitable environment in which a woman gives birth.

26. To inform the Health Board's strategic vision and the repatriation process, all current patient activity has been mapped to identify the flows of patients both within Powys and out of county. This process has provided the Health Board with a comprehensive picture of demand and a starting point to repatriate services over the life of the five-year strategy.

27. The rural nature and wide geographical spread of Powys present a number of service delivery and planning challenges in terms of providing safe and effective maternity services whilst remaining within a constrained financial envelope. Reliance on neighbouring health boards and English NHS trusts to provide acute obstetric-led services and the proposed loss of obstetric-led service services in Hereford and Shrewsbury further compound the problems faced by the Health Board.

28. The draft All Wales strategic vision for maternity services was presented to the Board in April 2011. The supplementary paper reported to the Board outlined the alignment of the high-level vision for the Powys maternity service with the all-Wales strategy. However, the paper also outlined the importance for Powys to be engaged in the service reviews being undertaken in the neighbouring NHS bodies. Service reviews in the neighbouring health boards in Wales are still to be worked through. These are likely to have consequences on maternity services in Powys and only until these are known will the Health Board be in a position to formalise its local strategic direction for maternity services.

There are a number of positive mechanisms in place to support safe and effective maternity care in Powys

Recommended midwifery staffing levels are being maintained and work is progressing on rebalancing the skill mix although staff distribution may be an issue

29. The Health Board recognises the importance of meeting BirthRate Plus[8] staffing levels. Monitoring undertaken in 2009 confirmed that BirthRate Plus levels were being achieved for midwifery staff and this has continued to be the case. The size of the maternity service in Powys, however, can present challenges with economies of scale. The actual size of the midwifery workforce is small when compared to other services, and this can mean that flexibility to cover in the event of training requirements, sickness absence and on-call duties is reduced.

[8] BirthRate Plus is a national tool used to determine workforce planning in midwifery.

30. The Powys maternity service is delivered through a 'Two Shires' model. The North Shire covers from Newtown upwards and across to Machynlleth and Llanidloes, and the South Shire covers from Llangurig and Knighton downwards. During our fieldwork, staff working in the South Shire raised concerns over their inability at times to meet women's requests for home births due to out of hours staffing levels. Concerns were also raised about the number of midwives who were on, or about to go on, maternity leave and resultant workforce pressures. Although no safety concerns have arisen the Health Board needs to be assured that the staffing allocation and levels across the 'Two Shires' do not compromise patient choice.

31. Our 2007 review identified that the Powys maternity service had a higher grade mix than many other services, with staffing levels made up of only Band 7 and above. This was reflected in the higher cost per Whole Time Equivalent (WTE) when compared to other maternity services across England and Wales. It is also reflected in the Health Board's recent Integrated Workforce Plan which describes the maternity service as being a 'high staff cost service' as a result of its level of Band 7 staff.

32. The Health Board has plans in place to review the grade mix, which includes introducing lower band staff. However, it recognises that this will take time to implement, as in part this will be reliant on staff turnover. The Health Board's initial focus has been to rebalance the maternity workforce based on the recommended 90/10 ratio of qualified to unqualified midwives. This has resulted in the appointment of 3.0 WTE Maternity Support Workers (MSWs) who took up their posts in early 2011. The MSW posts provide support in a number of the localities within the two Shires, and early indications suggest that these roles are already having a positive impact. Administrative tasks previously undertaken by qualified staff are now undertaken by the MSWs, which means that midwives can focus much more of their time on supporting women in the community. Early discussions are already in place to develop the MSW role further over time with the potential to take on some low level clinical duties.

Facilities continue to be improved and all staff have the necessary equipment to fulfil their roles

33. Overall, the facilities and equipment available across the Health Board's maternity services are sufficient and appropriate. The Health Board has six birthing centres and since our review in 2007, there has been an investment in three of the birthing centres (Knighton, Brecon and Welshpool) to refurbish facilities and improve the environment for women in labour. All other birthing centres are of an appropriate standard with the exception of the birthing centre in Llandrindod Wells which is in need of refurbishment. Although this is recognised by the Health Board, due to the financial challenges this has not been possible to address.

34. To promote the homeliness of the birthing centres, the Health Board has introduced the DIY SOS approach. This is an approach which involves a 15 minute cosmetic revamp of the birthing centres by staff and has led to some positive improvements in the homeliness of the units.

35. The Welsh Government's Chief Nurse has requested that all health boards develop an equipment inventory and we recommended that the inventory be available in all maternity units. The Health Board has implemented the inventory. All staff have been issued with new equipment bags and additional equipment has been purchased for the birthing centres. This has included the instalment of a birthing pool in the Llanidloes centre.

All training needs are met and competencies regularly updated

36. The Health Board has appointed a senior midwife to take the lead for practice development. A practice development strategy is produced on an annual basis, which outlines the skills required to deliver the service and the essential clinical training required to be completed within the year. All midwives are required to rotate to one of the neighbouring District General Hospitals (DGHs) for a two-week period during the year. This allows staff to maintain their clinical skills training and enhance joint working relationships with the obstetric teams.

37. As well as mandatory training, some elements of training are provided on a needs basis at a local level such as basic mental health training for midwives. Other aspects are included in the regular staff meetings, such as updates on new guidance, policies or tools. There is also evidence of an increasing focus on dignity and respect training within the Health Board with the adoption of a dignity and respect campaign which midwives are invited to participate in. At the time of our review, the Health Board told us that all of the necessary training for the service had been completed for the year.

38. Training plans are also in place for the new Maternity Support Workers through the Knowledge Skills Framework. However, we are unclear as to whether the Health Board is looking to support further development of this staff group by approving attendance at the all-Wales training for Maternity Care Workers. Given the Health Board's intention to develop these roles, the Health Board may wish to consider this training in future years.

The Health Board has put in place a number of mechanisms to improve safety and risk management

39. The Health Board emphasises the need to provide safe and effective maternity care in Powys. This is supported by a robust framework which includes:

- A Health Board wide Quality and Safety Committee which is informed by quality and safety committees at a locality and directorate level.

- The appointment of a lead midwife for clinical risk who works with staff to promote an open culture for reporting clinical incidents. This has included the introduction of the SBAR tool[9] to record and manage clinical incidents covering situation, background, complication and necessary recommendations.
- A flowchart which outlines the processes for dealing with clinical risk and includes a trigger list for untoward incidents.
- The establishment of a Serious Incident Committee and a clinical risk newsletter which is produced to ensure that lessons are learnt from any incidents that may have happened.
- The establishment of a clinical governance framework with Aneurin Bevan Health Board and joint working arrangements with all neighbouring NHS bodies on the management of exceptional cases.
- Annual perinatal review meetings with the findings reported to the Quality and Safety Committee.
- Annual intervention monitoring arrangements which support performance management discussions with each of the respective health bodies which provide obstetric care.
- The development of an escalation policy in the event of problems occurring during labour in the community in November 2010.
- Planned development of maternity care pathways which include the number of antenatal scans, management of high risk women who require obstetric care, referrals into day assessment and induction rates.
- Regular professional meetings with the Director of Nursing to raise issues of concern and to discuss potential management solutions.

Positive improvements have been made in all aspects of maternity care although intervention rates at some provider obstetric units remain a concern

Positive action has been made to improve the provision of antenatal care

40. Our national report recommended that health boards should provide locally accessible community locations where women can access a midwife. While community midwives seek to be first point of contact for pregnant women, some women initially visit their general practice before being signposted to a midwife. Where the midwife is based in a

[9] Structured – Background – Assessment – Recommendation (SBAR) is a structured method for communicating critical information that requires immediate attention and action contributing to effective escalation and increased patient safety.

practice or health centre, working alongside General Practitioners (GPs), then it is more likely that their role will be understood and they will be the first point of contact.

41. Relationships with GPs within the Health Board are reported to be mixed, however, attendance by lead midwives at protected learning time sessions has improved the interaction between primary care and maternity services. It has improved awareness of the maternity services available for Powys women and has also strengthened the role of the midwife as the first point of contact. Revamped information leaflets available right across the community and media campaigns have also reinforced the midwife as the first point of contact. Powys data from 2009 identified that 64 per cent of pregnant women went directly to the midwife as the first point of contact, compared to 32 per cent who first went to the GP. This is a substantial shift from the position reported in our national report (based on 2007 data) which identified that typically 69 per cent of women first went to their GP.

42. The Health Board has started work aimed at reducing variation in antenatal care management. For example, an audit of scanning practices identified a variable level of antenatal scans per woman. Also for women under the management of Bronglais Hospital, a high recall rate due to poor quality of scans was identified. This information has been used to inform development of maternity care pathways, and to inform discussions with Hywel Dda Health Board about the antenatal management of Powys women at Bronglais Hospital.

43. Antenatal classes were traditionally run for four to six weeks in a range of community locations across the county. However, the Health Board recognised that the way in which antenatal education is delivered needs to be modernised. As a result a number of mechanisms for providing antenatal education to pregnant mothers have been introduced, namely:

- The traditional antenatal classes continue to be provided in a range of locations across the county, run by midwives from the Powys team.
- Local 'Bumps to Babes' groups have been established in each of the localities which provide opportunities for pregnant women and new mothers to meet together to listen and share experiences. A midwife from the local team is normally in attendance.
- A programme of 'Bumps to Babies' roadshows, which is organised by the Powys Children and Young People's Partnership, to give pregnant women and new parents the chance to find out about pregnancy, birth and 'life with a new baby' in a less formal environment. These roadshows are held every few months, rotating to towns across Powys and provide a range of opportunities to discuss the health and social care aspects of having a baby. As well as including statutory services, such as benefits advice, health visiting and maternity services, these also include such aspects as homeopathic pain relief and childcare providers.

44. Continuity is provided throughout antenatal care and the booking appointment allows sufficient time to ensure women are fully informed. The Health Board has taken steps to improve the care of women with mental health needs and all midwives have received basic mental health training from MIND. This has provided midwives with the

knowledge to support recognition of the signs of mental health issues and to then contact the mental health teams for support. The midwives have also been working with the local Child and Adolescent Mental Health Services (CAMHS) team to address issues around mother and child bonding issues at postnatal stage.

Powys continues to positively encourage normal birth within its community however more needs to be done to tackle the intervention rates at some of its provider obstetric units

45. Powys continues to have the highest rate of home births in Wales, with 39 per cent of women who deliver in Powys choosing a home birth. This represents nine per cent of the total maternity caseload, with 77 per cent of women choosing or requiring delivery at one of the neighbouring DGHs.

46. All women who deliver under midwifery led care in Powys should be of low risk. However women have the option of leaving their birthing choice right to the point of onset of labour and recently this has meant a small number of high risk women have requested a home birth. Despite professional advice from midwives, some of these women have insisted on a home birth and with the support of the appropriate clinical frameworks, outcomes for these women have been positive. However, this has presented a tension between professional accountability and a patient's choice, and the matter has been raised with the Royal College of Midwifery. We are not aware as to whether a solution has been found.

47. Continuity of care during labour is good, with one-to-one care in established labour. There is an escalation policy to protect staffing levels during labour, which can mean that other community midwives can be called in to provide support. This can however also mean that women may be requested to deliver in a birthing centre as opposed to a home birth, which affects patient choice, as discussed earlier in this report. It is important to note however that this issue is very rare.

48. For women who deliver in one of the neighbouring DGHs, the level of normality in birth can vary. The maternity service in Powys is challenged in the sense that it has to deal with a number of DGHs, each of which have different ways of working and differing clinical practices. Whilst the Health Board has a role to play in performance management of its provider obstetric services, at a patient-by-patient level, it is difficult for the Powys midwives to intervene in the management of labour once a woman has been admitted to a DGH.

49. Intervention during labour varies considerably across the provider DGHs. In our previous report, we identified that the Caesarean section rates in Wales were higher than in England, at 26 per cent. Within Wales, the Welsh Government has not set a target rate but health boards are required to demonstrate significant reduction in rates and to demonstrate that they have put processes in place to reduce rates. Recent data for Powys patients indicates that whilst there have been improvements in some providers of obstetric care; there remains a comparative high rate for Bronglais Hospital and Nevill Hall Hospital (Exhibit 2).

Exhibit 2: Caesarean Section Rates for Powys Women 2009

Locality	Rate[10] (%)	Main Provider DGH(s)
Welshpool	12.4	Royal Shrewsbury or Wrexham Maelor
Newtown	18.6	Royal Shrewsbury
Llanidloes	20.2	Bronglais or West Wales
Machynlleth	25.4	Bronglais
Knighton	15.3	Hereford
Llandrindod and Builth Wells	23.3	Hereford, West Wales or Nevill Hall
Brecon	27	Nevill Hall

Source: Powys Teaching Health Board 2009

50. The overall level of normal birth (accounting for other interventions such as ventouse or forceps) is also lower in two locality areas, Machynlleth and Brecon. These areas are predominantly served by Bronglais Hospital (Hywel Dda Health Board) and Nevill Hall Hospital (Aneurin Bevan Health Board). Early discussions are taking place with both of these Health Boards to understand the reasons for the high intervention rates and to look at ways of improving the rate of normality for Powys women.

51. In 2009, the Health Board implemented the Caesarean Section Tool Kit which had been developed by the NHS Institute for Innovation and Improvement, aimed at reducing Caesarean section rates. The Tool Kit is a multidisciplinary tool. While some of the neighbouring Health Board consultants have been involved in its use and implementation, due to the nature of Powys, midwives drive much of the work and the lead midwife for public health takes overall responsibility.

Progress is being made to improve all aspects of postnatal care

52. Nationally the level of postnatal visits was identified as a concern and we recommended that health boards should ensure that an appropriate level of postnatal care and support was in place. Powys introduced a postnatal pathway, shortly after our data collection period in 2007, which outlines the expected number of postnatal visits. Although the service recognises that the number of visits should be dependent on individual need, the pathway identifies minimum visits at 7, 10 and 28 days postnatal.

53. The pathway is monitored bi-annually through an audit of case notes and we are told that recent data indicates that the level of postnatal visits remains high. Reviews have identified the purpose of the postnatal visit and who should be present, and potential areas for improvement have included the transition of care to health visitors. As part of

[10] Includes both elective and emergency caesarean sections.

the development of the MSW role, consideration is being given to the MSW providing the continuity between maternity services and health visiting, and to take an active part in postnatal visits.

54. Great strides have been made in improving breast feeding. The Health Board is working towards Baby Friendly Status with Phase 1 UNICEF Baby Friendly accreditation[11] achieved and plans for full accreditation to be achieved by September 2012. The Health Board has appointed a breast feeding co-ordinator who has had a positive impact on rates by putting the necessary training mechanisms in place for staff and working with the women and the community. Breastfeeding rates at birth are now around 72 per cent, which is an increase on the national position reported in 2009[12]. However, rates drop to 59 per cent at 10 days postnatal and reduce further after 28 days. Breast feeding is supported by a number of groups across the county which are run by volunteer women. These provide one-to-one support to mothers through drop in sessions as well as opportunities to network with other new mums. The Health Board recognises that these support mechanisms are working well, but more needs to be done to improve sustainability rates.

55. A number of mechanisms are in place to continually assess the overall level of satisfaction with postnatal care in Powys. This includes a regular review of complaints and compliments, monitoring of all clinical incidents that are reported and evaluation of the patient postcards. Any issues if identified are reported directly back to the service and into the MSLC. To date, no areas of concern have been identified in relation to postnatal care in Powys.

[11] Support is provided by the Baby Friendly Initiative to health-care facilities that are seeking to implement best practice, and an assessment and accreditation process recognises those that have achieved the required standard.

[12] Our national report in 2009 reported the proportion of women who initiated breastfeeding to be from 43 per cent in North Glamorgan NHS Trust to 66 per cent in Swansea NHS Trust.

Appendix 1

Recommendations from our 2009 *Maternity Services in Wales* report

Our *Maternity Services in Wales* report recommended that Health Boards should*:*

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

Appendix 2

Summary of data analysis 2007

The following exhibit outlines the performance of the Health Board against a range of key service indicators in 2007 when compared to other similar midwifery led units across England and Wales. Source data was collected through a service questionnaire covering the financial year ending 31 March 2007.

Exhibit 3: Performance against key service indicators for midwifery led units in 2007

Indicator	Powys LHB performance	Comparative position	Ideal position
1a. Number of deliveries per annum in the midwifery-led units	175	Average	–
2a. Ratio of deliveries to booked	0.12	LQ	–
5a. Number of options available for assessing women in early labour	4	UQ	UQ
7a. Delivery beds per 1,000 deliveries	20	UQ	Average
7b. Percentage delivery rooms which are en-suite	66%	Above average	UQ
7c. Homeliness of delivery rooms	61%	Average	UQ
7d. Percentage of delivery beds less than three years	0	LQ	UQ
10a. Pain relief options routinely available **(out of a maximum of 8)**	6	UQ	UQ
15a. Percentage of women transferred out during labour or after delivery	33%	Above average	–
15b. Percentage of women transferred who were transferred in labour	94%	UQ	

Indicator		Powys LHB performance	Comparative position	Ideal position
16a.	Criteria for delivery in a midwife-led unit **(out of a maximum score of 12)**	10	UQ	UQ
17a.	Birthing pools per 1,000 deliveries	24	UQ	Average
17b.	Average number of deliveries utilising birthing pool per month	1	LQ	Average
17c.	Percentage of women using birthing pool who deliver in pool	100	UQ	UQ
20a.	Total antenatal and postnatal beds per 1,000 deliveries	17	Below average	Average
20b.	Percentage antenatal and postnatal beds which are en-suite	100	UQ and highest in comparative group	UQ
20d.	Level of access security to postnatal areas **(out of a maximum of 6)**	3	Below average	UQ
21b.	Percentage of women staying for less than one day	58%	UQ	UQ
22a.	Percentage of women who initiated breastfeeding	100%	UQ	UQ
23a.	Midwives per 1,000 deliveries	150	UQ	Average
23d.	Community midwives per 1,000 women booked	150	UQ	Average
24b.	Part-time factor (headcount/WTE)	1.25	Average	Average
24c.	Percentage of midwife vacancies	7%	Above average	LQ
24d.	Average cost of a midwife	£33,000	UQ	Average

Indicator	Powys LHB performance	Comparative position	Ideal position
25a. Maternity support workers per 1,000 deliveries	0	LQ and lowest in comparative group	Average

Note: UQ – Upper Quartile, LQ – Lower Quartile

The following Exhibit outlines the performance of the Health Board against a range of key staff indicators in 2007 when compared to other similar midwifery-led services across England and Wales. Source data was collected through a staff survey. Twenty-three midwives in Powys responded.

Exhibit 4: Performance against key staff indicators for midwifery-led units in 2007

Indicator	Powys LHB performance	Comparative position	Ideal position
2. Percentage of staff who felt that there was adequate training for midwives	96%	UQ	UQ
3. Extent of mental health training for midwives **(out of a maximum of 3)**	1.25	UQ	UQ
5. Confidence of midwives for working in women's homes **(1 denotes confidence and -1 no confidence)**	1	UQ	UQ
9. Percentage of staff identifying midwives as strongest leadership	96%	UQ and highest in comparative group	UQ
Level of agreement with the following statements **(1 denotes agreement and -1 disagreement)**			
• 'women's views influence policy decisions'	-0.04	Above average	UQ
• 'obstetricians and midwives do not have shared goals'	-0.2	Above average	LQ
• 'I am clear when I need advice from a senior staff member'	0.9	LQ	UQ
• 'I feel respected for my work and a valued member of the team'	0.25	UQ	UQ
• 'I do not feel supported when things go wrong'	-0.4	Below average	LQ

Indicator	Powys LHB performance	Comparative position	Ideal position
• ‘Staff always comply with unit policies and protocols’	0.4	UQ	UQ
• ‘I do not receive timely and comprehensive feedback from incidents’	-0.74	LQ	LQ
• ‘Multidisciplinary meetings on recent cases drive improvement’	0.76	UQ and highest in comparative group	UQ
• ‘I do not receive adequate support to undertake my work’	-0.55	Below average	LQ
• ‘There is consistent practice and advice from all clinicians’	0.33	UQ and highest in comparative group	UQ
• ‘I feel able to raise any concerns’	0.7	UQ	UQ
Percentage of staff agreeing that			
• women’s notes are of high quality	95%	UQ and highest in comparative group	UQ
• there is good clinical and management information	28%	–	–
• midwives are called at an appropriate time in high risk deliveries	100%	UQ and highest in comparative group	UQ
• the quality of obstetric doctors’ advice and support is appropriate	91%	–	–
• timeliness of obstetric doctors’ advice and support is prompt or adequate	93%	–	–

Indicator	Powys LHB performance	Comparative position	Ideal position
• the quality of senior midwives' advice and support is appropriate	100%	UQ and highest in comparative group	UQ
• the use of ECV is appropriate	36%	–	–
• the use of continuous CTG is appropriate	43%	–	–
• vaginal birth after Caesarean is offered when appropriate	93%	–	–
Level of agreement with the following statements (**1 denotes agreement and -1 disagreement)**			
• 'Our service addresses the needs of the local population'	0.39	UQ	UQ
• 'Low risk women don't have the right number of antenatal checks'	-0.71	LQ	LQ
• 'There is support for women with mental health problems'	0.1	Above average	UQ
• 'Home birth is not offered to all low risk women'	-0.78	LQ	LQ
• 'Appropriate equipment is always available'	0.4	UQ and highest in comparative group	UQ
• 'Specialist services are not always available for those in need'	-0.15	UQ	LQ
• 'Sufficient postnatal help is provided on infant feeding'	0.21	UQ	UQ
• 'Continuity of care is not provided for most women'	-0.44	LQ	LQ

Indicator	Powys LHB performance	Comparative position	Ideal position
• 'Individualised care is provided for women receiving our care'	0.79	UQ and highest in comparative group	UQ
• 'Not enough postnatal care is spent in women's homes'	-0.2	LQ	LQ

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