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Maternity Services – Assessment of Progress – **Hywel Dda University Health Board**

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Contents

The Health Board has substantially addressed the operational and strategic challenges posed by its maternity service which now has strong leadership, although Caesarean Section rates remain high.

Summary Report

Introduction

1 In April 2011, we carried out a follow up review was undertaken to examine whether Hywel Dda University Health Board (the Health Board) had made improvements in the planning and delivery of maternity services in response to issues identified in previous local and national reports. It concluded that the Health Board had made good progress in improving its maternity services; however meeting operational and strategic challenges required stronger leadership and engagement by obstetricians.

2 Our 2011 report put forward a number of areas for improvement:

- Progressing future planning proposals;
- The absence of an overall Health Board-wide lead consultant obstetrician;
- The absence of a maternity information system;
- Performance management and accountability shortcomings;
- Sustaining user engagement;
- Supporting safe and effective maternity services; and
- Factors inhibiting normal maternity care.

3 As part of the Audit Plan for 2017, the Auditor General included local work to track progress made by the Health Board in addressing the recommendations made in the 2011 Maternity Services follow up report. This progress update commenced in February 2018 and asked the following question: **Has the Health Board made sufficient progress in response to the findings and areas for improvement made in the original review?**

4 In undertaking this progress update, we:

- sent the Health Board a self assessment which was completed and returned to us;
- reviewed a number of documents including those attached to the self assessment; and
- interviewed Health Board staff to discuss progress, current issues and future challenges.

5 We summarise our findings in the following section. Appendix 1 has more detailed information..

Our findings

6 We conclude that the Health Board has substantially addressed the operational and strategic challenges posed by its maternity service which now has strong leadership, although Caesarean Section rates remain high.

7 Exhibit 1 summarises progress against each of the previous areas for improvement.

Exhibit 1: status of 2011 areas for improvement

Areas for improvement	Implemented	In progress	Overdue	Superseded
7	6	1	0	0

Source: Wales Audit Office

8 We found that the Health Board has made progress against all of the areas for improvement which we set out in 2011. The Health Board has:

- implemented a major reconfiguration of maternity, neonatal and paediatric services in August 2014 and introduced a number of new services in line with its new strategic approach;
- appointed a Health Board-wide lead consultant obstetrician in 2014 as part of the reconfiguration of neonatal, maternity and paediatric services;
- addressed the absence of maternity information. It has implemented the maternity module of the Myrddin system on all sites to capture statistics which are used to electronically populate the maternity dashboard. The dashboard is published on a monthly basis;
- ensured that the Women & Children's Services Directorate Quality, Safety and Patient Experience Committee receives the maternity dashboards, along with current Tier 1 target updates. The information is used to monitor service performance and to guide planning;
- has developed a performance management framework and accountability arrangements which include Chief Executive and executive director reviews with directorate teams on all aspects of performance, including quality & safety, improving patient experience, workforce, efficiency, Tier 1 performance and financial performance;
- has taken a number of steps to address user enagagement issues;
- commissioned a Royal College of Paediatrics and Child Health evaluation of the service changes in 2015. It has developed a comprehensive work plan to support further development and improvement of maternity services across the Health Board area; and
- placed a renewed focus on promoting normality of care with the reconfiguration of its maternity services in 2014. However, Caesarean Section rates remain high and consultant practices vary in this respect.

Areas for improvement

9 In undertaking this progress update we have not identified any new significant risks in relation to maternity services, and we have therefore not suggested any new areas for improvement. The Health Board needs to continue to make progress in addressing the one outstanding area for improvement. This is set out in Exhibit 2.

Exhibit 2: area for improvement

2011	Area for improvement that is still outstanding
7.	We acknowledge that the drive to achieve normality of care against a backdrop of increasing complexity will be challenging. However, this report clearly identifies areas of practice that have not improved since our previous review. Inconsistent care management, high levels of ultrasound scanning and high Caesarean Section rates remain an issue.

Source: Wales Audit Office

Appendix 1

Progress that the Health Board has made against our 2011 areas for improvement

Exhibit 3: Assessment of progress

2011 Area for improvement	Status	Summary of progress
1. Following the detailed maternity service planning discussions, the Health Board needs to quickly agree and widely consult on its future proposals.	**Implemented**	The Health Board implemented a major reconfigutation of maternity, neonatal and paediatric services in August 2014. This followed a period of planning and consultation work. The Health Board: • consulted widely with lead clinicians to consider the options and vision for maternity services; • accounted for decisions taken by the National Maternity Services Strategy Board. • established the Women & Children's Services programme group to strengthen strategic vision and delivery. As a result of this work, the Women & Children's Services directorate was established on a health-board wide basis. A number of new services were established: • a stand alone midwifery-led unit based in Withybush hospital. • a midwife led unit based in Glangwili General Hospital. • an obstetric unit at Glangwili Hospital and Bronglais General Hospital – high risk patients requiring neonatal services have their delivery at Glangwili General Hospital; • centralisation of all neonatal services at Glangwili General Hospital. Each of the midwifery led units have been developed in accordance with the All Wales Midwifery Led Guidelines.

2011 Area for improvement	Status	Summary of progress
2. The absence of an overall Health Board-wide lead consultant obstetrician makes it more difficult to unify services, influence practice and drive better engagement within and across counties.	**Implemented**	A Health Board-wide lead consultant obstetrician was appointed in 2014 as part of the reconfiguration of neonatal, maternity and paediatric services.
3. The absence of a maternity information system means that senior midwifery staff are using their valuable time to input and generate maternity statistics which is grossly inefficient. The Health Board now needs to quickly secure an effective information system that enables efficient collection and reporting of maternity information to support improved planning and performance management.	**Implemented**	The Health Board has addressed the absence of maternity information. It has implemented the maternity module of the Myrddin system on all sites to capture statistics which are used to electronically populate the maternity dashboard. The dashboard is published on a monthly basis. The Health board has also developed and implemented a neonatal dashboard. The Women & Children's Services Directorate Quality, Safety and Patient Experience Committee receives these dashboards, along with current Tier 1 target updates. The information is used to monitor service performance and to guide planning.
4. The current performance management framework and accountability arrangements are not supporting improved performance and are particularly weak in terms of influencing and changing consultant obstetrician practice.	**Implemented**	The Health Board has developed a performance management framework and accountability arrangements which include: • Chief Executive reviews with directorate teams; and • executive director reviews with directorate teams on all aspects of performance, including quality and safety, improving patient experience, workforce, efficiency, Tier 1 performance and financial performance. A Health Board-wide lead consultant obstetrician was appointed in 2014. Board sub-committees including Quality, Safety, Experience & Assurance Committee (QSEAC) and Business Planning & Performance Committee (BPPAC) consider reports on service specific issues.

2011 Area for improvement	Status	Summary of progress
		The Women & Children's Services Directorate Quality, Safety and Patient Experience Committee meets monthly to consider a range of performance indicators including the maternity dashboard, concerns/complaints, incidents and service efficiency indicators. The Health Board established a multi-disciplinary obstetric and midwifery clinical group in 2016 which has prioritised review and innovation within clinical teams. For example: • implementation of reviews of Maternity Day Assessment and Ante Natal Clinic services; and • commencement of VBAC (Vaginal Birth After Caesarean) on all sites as part of a strategy to reduce Caesarean section rates.
5. Although a lot of progress has been made in securing user engagement, sustaining the momentum is key. Further, it will be important for the Health Board to realise the opportunities from this engagement by raising its importance amongst medical staff and ensuring that outputs and results are visibly used as key drivers for change.	**Implemented**	The Health Board has taken a number of steps to address user engagement issues. It revised its plan to re-establish a Maternity Services Liaison Committee (MSLC) due to logistical difficulties in securing membership. It established an alternative approach with Midwifery managers engaging with a number of service user groups including: • postnatal groups; • breast-feeding groups; • learning difficulties; and • the SANDS charity (Stillbirth and Neonatal Death) and other bereavement groups. The revised plan is in accordance with recently published Royal College of Gynaecologists standards requiring an 'MSLC or other structure which embeds service user involvement'. An alternative Women & Children's Communications and Engagement Group has been established. A communications strategy and plan was approved to support the 'Phase 2' capital re-development of maternity and neonatal facilities transformation project. The plan includes various mechanisms for engagement including • drop in events and bespoke events for key groups; • mother and toddler groups; • sensory impairment and disability groups; • virtual 'online' engagement events with the general public; • 'Graffiti Boards' for current service users; • poster briefings; and • feedback mechanisms. Feedback has been collected on the Phase 2 transformation scheme and a similar approach is proposed for the 'Phase 3' capital scheme.

2011 Area for improvement	Status	Summary of progress
		The Women & Children's Services Directorate is collecting Midwifery Led Unit user feedback of their experiences, and has set-up a pilot closed Facebook group for the Withybush Midwifery Led Unit to encourage expectant and new mothers to interact with the service. Medical staff are involved in supporting the above activities. In parallel, the Health Board has undertaken an Organisation Development review (Supporting Positive Staff Experience Project) within the service to engage the views of staff in support of further service development and improvement.
6. Although a number of mechanisms have been put in place to support safe and effective maternity services, some gaps remain and the Health Board needs to ensure that it uses the findings within this report and this year's Welsh Risk Pool assurance review to strengthen its current arrangements.	**Implemented**	See summary of progress comments for 1. above, regarding the major reconfiguration of services in August 2014. The Health Board commissioned a Royal College of Paediatrics and Child Health evaluation of the service changes in 2015. It has developed a comprehensive work plan to support further development and improvement of maternity services across the Health Board area. The Health Board indicated that all of the actions highlighted in its 2014 response to our 2011 report remain in place. In addition, midwifery and obstetric clinical risk leads have been appointed.
7. We acknowledge that the drive to achieve normality of care against a backdrop of increasing complexity will be challenging. However, this report clearly identifies areas of practice that have not improved since our previous review. Inconsistent care management, high levels of ultrasound scanning and high Caesarean Section rates remain an issue.	**In progress**	The Health Board placed a renewed focus on promoting normality of care with the reconfiguration of its maternity services in 2014: • two stand alone midwifery led units were established at Withybush and Glangwili general hospitals; • a Band 7 midwife was appointed to champion the midwifery led units; • a new consultant midwife took up post in November 2017 to provide clinical and academic leadership to the midwifery team. • a continuous education programme was established to promote normality of care • the utilisation of midwifery led units is routinely monitored through the directorate's Quality, Safety and Patient Experience Committee meetings. • a review of pathways and guidelines was completed and a single governance structure was put in place for the directorate. As mentioned above (see R4), reviews of the following services were conducted: • Maternity Day Assessment Service • Ante Natal Clinic Service

2011 Area for improvement	Status	Summary of progress
		VBAC (Vaginal Birth After Caesarean) clinics commenced all sites as part of strategy to reduce Caesarean Section rates. The Women and Children's Quality Safety and Patient Experience Committeee noted concerns about high Caesarean Section rates during the course of 2017. The Maternity Dashboard for January to November 2017 reported particularly high overall rates (elective and emergency) for four months: June – 33.2 per cent August – 34.6 per cent September – 30.0 per cent November – 30.5 per cent The Committee expressed the intention to establish a more in-depth view of Caesarean Section activity, with a view to taking action in relation to factors which lead to higher rates.

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