National Assembly for Wales
Public Accounts Committee

Maternity Services in Wales

February 2013

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

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Public Accounts Committee
Powers
The Public Accounts Committee was established on 22 June 2011.

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Plaid Cymru
South Wales East

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The Committee's Recommendations

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Recommendation 1. We recommend that the Welsh Government makes publicly available the Terms of Reference of the Maternity Services National Delivery Board, including details of how the Board is fulfilling these Terms and its programme of work. We also recommend that the output and recommendations of the Maternity Services Implementation Group and its sub-groups should also be made publicly available. (Page 14)

Recommendation 2. We recommend that the Welsh Government ensure that there is greater clarity on the implementation of Local Delivery Plans and that a clear timetable for the production of these plans is published. (Page 17)

Recommendation 3. We recommend that the Welsh Government, in collaboration with the Informatics Sub-Group, develops and implements a consistent and robust electronic data collection process for maternity services in each Welsh health board in order to remove the need for inefficient manual data collection. (Page 20)

Recommendation 4. We recommend that the Welsh Government clarifies and publishes its definition of 'confident and knowledgeable parents' and ensures that:

- this definition is communicated to all health boards to ensure that the data collection against this performance measure is consistent across Wales; and that

- good practice is shared amongst health boards to assist in measuring against the definition. (Page 22)

Recommendation 5. We recommend that the Welsh Government provides clarification on its expectations of the minimum staffing requirements to ensure safe and sustainable midwifery and obstetrics services and that it provides an explanation as to how data collected from health bodies on their midwifery staffing levels provides

sufficient detail to determine whether these expectations are being met. (Page 25)

Recommendation 6. We recommend that the Welsh Government work closely with health boards to ensure that the use of locums and agency staff is managed efficiently in order that the reliance on using temporary staff to fill long-term gaps in staffing provision is minimised. We also recommend that the Welsh Government work with health boards to disaggregate the medical staffing costs associated with maternity services from costs associated with Gynaecology. (Page 28)

Recommendation 7. We recommend that the Welsh Government works closely with health boards to monitor and regularly review the training needs and competency of all maternity unit staff to ensure that more staff are able to interpret Electronic Foetal Heart Rate Monitoring data. (Page 30)

Recommendation 8. The Committee endorses the recommendation of the Children and Young People Committee to address the shortage of staff in neonatal units and recommends that the Welsh Government takes action to ensure that health boards throughout Wales improve their workforce-planning arrangements for neonatal care. In particular we recommend that it addresses the delivery of neonatal services in north Wales when developing work-force plans. (Page 32)

Recommendation 9. We recommend that the Welsh Government clarifies and publishes its definition of a 'significant reduction' in caesarean section rates along with a timetable by which it expects such a reduction to be achieved. (Page 36)

Recommendation 10. We recommend that the Welsh Government establishes a more rigorous system for collecting and reviewing information from health boards on their caesarean section rate performance. We also recommend that more regular and meaningful feedback be provided to assist health boards to manage progress in reducing rates where possible. This feedback should reflect challenges posed by NICE guidance on caesarean sections. (Page 37)

Recommendation 11. We recommend that the Welsh Government clarifies that the data reported by health boards on initial antenatal assessments carried out within the first ten weeks of pregnancy is consitent and robust, and specifically that the data should:

- include assessments by GPs as well as midwives; and

- not include assessments which have been scheduled but which may not have been undertaken. (Page 39)

Recommendation 12. We recommend that the Welsh Government provide an update to the Public Accounts Committee by July 2013 on each health board's progress in improving maternity services. (Page 41)

Chair's foreword

This is not the first time a Committee of the National Assembly for Wales has looked into the issue of maternity services in Wales. In its 2010 report on maternity services, the Public Accounts Committee of the third Assembly recognised that the health service was generally delivering appropriate maternity services which resulted in positive experiences and outcomes for most women and their babies. However, it also found that there was significant scope for improving this vital service in a number of key areas, in particular the need to publish a clear strategy.

In producing this latest report, it was clear to us that whilst the Welsh Government has taken action to address some of the recommendations made by our predecessor committee and those of the Auditor General for Wales, concerns remain regarding the pace of improvement and lack of urgency in making the necessary changes to service provision.

More recently the Children and Young People Committee of the fourth Assembly also found that more needs to be done to improve the provision of neonatal services. This report builds on the information gathered in these previous investigations.

A large part of the report points to concerns with staffing of maternity services throughout Wales. We believe that the NHS in Wales has a significant challenge in meeting demands to provide a high quality maternity service with the existing pressures on resources. It is our view that clear and robust data collection is critical to informing the Welsh Government of areas where performance needs to be enhanced.

On the basis of evidence received the Wales Audit Office; the Welsh Government; the Co-Chairs of the All Wales Maternity Services Implementation Group; Cwm Taf Health Board; and Abertawe Bro Morgannwg University Health Board, we have detailed 12 recommendations which we believe will improve maternity services in Wales. We look forward to the Welsh Government's consideration of these recommendations and look forward to receiving a further update on progress by the summer.

Introduction

Background

1. The Wales Audit Office published its report on Maternity Services on 19 June 2009.[1]

2. The report found that, overall, most women were satisfied with the maternity services they received. However, it also identified concerns about the consistency of maternity service provision across Wales and found that performance and financial information was not generally well-collected or well-used.

3. In February 2010, following its consideration of the Wales Audit office report, the Public Accounts Committee of the third Assembly published an interim report on Maternity Services.[2] The Committee's report highlighted a number of areas where further action was needed to improve the provision of maternity services. The Committee agreed to revisit maternity services to assess the progress made by the Welsh Government and the NHS in Wales in tacking these issues.

4. In February 2011, the Committee took further evidence from the Welsh Government on its progress in implementing the recommendations of the Committee and the Wales Audit Office.

5. The Committee wrote to the Accounting Officer requesting further information, however owing to time constraints at the end of the third Assembly, the Committee did not have the opportunity to consider the response from the Accounting Officer and report on its findings.

6. On 7 June 2012, the Auditor General updated the fourth Assembly's Public Accounts Committee on Maternity Services in Wales. The Auditor general's letter summarised follow-up audit work by the Wales Audit Office in 2011 and information and data provided by the Welsh Government and the findings of the Welsh Risk Pool's annual assessment of maternity services.[3] This local follow-up audit work assessed whether local health boards had taken appropriate action to address shortcomings previously identified by the Wales Audit Office

[1] Wales Audit Office report – Maternity Services – June 2009
[2] Public Accounts Committee interim report on Maternity Services – February 2010
[3] Correspondence from Auditor General for Wales – 7 June 2012

and the previous Committee and could demonstrate improvements in the planning and delivery of maternity services.[4]

7. The Auditor General's overall conclusion was that, since June 2009:

> "There has been some progress in all areas covered by my and the Committee's previous recommendations. However, this progress needs to be accelerated, particularly to address the challenges that still exist in relation to reducing caesarean section rates, enhancing the capacity of neonatal services, and to implement a robust performance monitoring and management framework supported by efficient IT systems."[5]

8. The Committee called key officials from the Welsh Government, including the Chief Nursing Officer and the Director General / Chief Executive of the NHS in Wales, to appear before us to account for the areas where improvement is needed and to assure us that improvements would be made. We also took evidence from the Chief Medical Officer in her capacity as a Co-Chair of the All Wales Maternity Services Implementation Group alongside another Co-Chair who represented the service user. We also took evidence from Cwm Taf Health Board; and Abertawe Bro Morgannwg University Health Board. This report identifies a number of areas where we believe further action is needed to improve maternity services across Wales.

[4] PAC(4) 12-12 (p1) – Briefing from the Auditor General for Wales – 12 June 2012, Annex, page 2.
[5] PAC(4) 12-12 (p1) - Briefing from the Auditor General for Wales – 12 June 2012

1. The strategic framework for maternity services in Wales

Recommendations of the previous Committee

9. In its interim report on Maternity Services, the third Assembly's Public Accounts Committee reinforced the Wales Audit office's view that the Welsh Government needed to develop a national strategy for maternity services. One of the Committee's recommendations was that:

> "[…] the Welsh Government publishes a clear strategy for delivering maternity services in Wales by the end of 2010. This strategy should include details of:
>
> - How the Welsh Government will complete the improvements outlined by the Accounting Officer to us;
>
> - The targets the Welsh Government has set and how these align with quality and outcomes;
>
> - How the Welsh Government will monitor performance."[6]

The strategic vision for maternity services

10. The strategic vision for maternity services, which was launched by the Welsh Government in September 2011, is currently being used to guide maternity service reconfiguration work. The Welsh Government's strategic vision expects the NHS to take action on the following principles for maternity services:

> "i. 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;
>
> ii. Promote lifestyles for pregnant women which have a positive impact on them and their family's health;
>
> iii. 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;

[6] Public Accounts Committee – Interim report on Maternity Services – February 2010

iv. Employ a highly trained workforce able to deliver high quality, safe and effective services; and are consistently reviewed and improved"[7]

11. In its evidence to the Committee, Cwm Taf Health Board stated that the national strategy was 'incredibly powerful' and that the infrastructure put in place to implement the strategy had a particular focus on user involvement in driving improvements through health boards.[8]

12. We were pleased to note that significant progress had been made with some practical issues, such as compliance with Birthrate plus and that the identification of a core set of indicators for the quality of service provision.

13. We also heard evidence that was supportive of the impact the creation of the new health boards had in encouraging joint working and greater consistency in services provision. Cwm Taf Health Board stated that:

> "What we have found since the new health boards came into place, and particularly in the last 18 months, is the high degree of co-operation between and across health boards, which is particularly relevant to us in south Wales in terms of medical manpower and planning, consistency of quality and standards of delivery, and around the reconfiguration plans that will ultimately deliver the safe, sustainable services for our populations."[9]

14. Abertawe Bro Morgannwg University Health Board concurred with the views of Cwm Taf Health Board and added that since the period of organisation they had:

> "[…] different models of managing and running services, and we focused a lot on trying to get some of that consistency.
>
> "[…] Also, some of it has been focusing on the governance arrangements that a new board can bring."[10]

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[7] PAC(4) 25-12 (p1) written evidence provided by the Welsh Government – 12 November 2012
[8] RoP, Public Accounts Committee, 12 November 2012, para 197
[9] RoP, Public Accounts Committee, 12 November 2012, para 198
[10] RoP, Public Accounts Committee, 12 November 2012, para 200

15. In order to align targets with quality outcomes and monitor performance, the Welsh Government established an All Wales Maternity Services Implementation Group (often referred to as 'The implementation group').

16. The All Wales Maternity Services Implementation Group was set up in late 2011 in order to take forward the Welsh Government's strategic vision for maternity services. The implementation group established sub-groups to take forward key principles and deliver the programme of work in the following areas:

- Setting outcomes, indicators and performance measures;
- Workforce;
- Informatics;
- Direct access to a midwife; and
- Reporting for quality and safety[11]

17. Written evidence from the Welsh Government stated that the work of the Implementation Group and its sub-groups is progressing well and will be completed by March 2013.[12] The Welsh Government stated that:

> "Our role currently is to make sure that the recommendations within the strategy are driven forward, and we are enabling the service to act quickly."[13]

18. We noted that stakeholders of the Implementation Group would remain on the new National Delivery Board. This includes professional groups such as heads of midwifery, the national service advisory group, which includes obstetrician gynaecologists, and representation from a service-user group.[14]

19. Given the public significance of their work, we believe that it would be valuable for the National Delivery Board to be as open and transparent as possible.

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[11] PAC(4) 25-12 (p1) written evidence provided by the Welsh Government – 12 November 2012
[12] PAC(4) 25-12 (p1) written evidence provided by the Welsh Government – 12 November 2012
[13] RoP, Public Accounts Committee, 12 November 2012, para 13
[14] RoP, Public Accounts Committee, 12 November 2012, para 13

We recommend that the Welsh Government makes publicly available the Terms of Reference of the Maternity Services National Delivery Board, including details of how the Board is fulfilling these Terms and its programme of work. We also recommend that the output and recommendations of the Maternity Services Implementation Group and its sub-groups should also be made publicly available.

Delay in publishing the strategy

20. We were pleased to note that the Welsh Government had now implemented a clear strategic framework for maternity services and used better information on which to plan services, however we were concerned that there was a delay in publishing the strategy. The Auditor General's update to the Committee stated that:

> "[…] in March 2010, the Welsh Government committed itself to publishing a maternity services strategy by December 2010. However, it was not until February 2011 that the Welsh Government launched a three month consultation on its strategy, and *A Strategic Vision for Maternity Services in Wales* was not published until September 2011."[15]

21. When questioned on the delay in publishing the strategy, the Welsh Government stated that the NHS was in a state of continuous development and that quality of maternity services were monitored through a maternity dashboard, which is set against the standards of the Royal College of Obstetricians and Gynaecologists and is used by every health board. In its evidence to us, the Welsh Government stated that:

> "We have always monitored maternity services and have known numbers in maternity services in terms of births and caesarean section rates [...] organisations monitor quality measures through the dashboard and these are reported to the boards.
>
> "There may have been a delay in shifting the emphasis away from process-related markers of the service to more public-facing patient outcomes.

[15] PAC(4) 12-12 (p1) Briefing from the Auditor General for Wales – 12 June 2012

> "There may have been a delay of a few months, as you described, but this is quite a profound and long-term change. So, overall, I would not say that that interrupted the process of continuous improvement in all organisations."[16]

22. In their evidence to the Committee, Cwm Taf Health Board stated that that the delay in the implementation of the strategy had no implication on the development of their maternity services.[17] The Chief Executive stated that the strategy:

> "[…] brought together a number of strands that helped us to focus on the consistent delivery of that, because in the absence of a strategy, you are focusing very much locally on the local issues that are relevant to you.
>
> "The strategy itself is not the key. The key is how we then consistently implement that strategy."[18]

23. Throughout our meeting on 12 November 2012, the Accounting Officer regularly informed the Committee that he could only comment from being in post in May 2011 and that it would be 'difficult' to quantify the impact of the delay in implementing the strategy.

24. We welcome that the Accounting Officer's main intention when he entered his post was to focus on a strategy and then its implementation to turn ambitions and aspirations into actions. However, we are disappointed that the Welsh Government could not clearly explain this delay.

25. This is not the first time that Accounting Officers have advised us that it is difficult for them to comment on particular events which occurred before their own time in post. We noted that senior officials, including the Director General, providing evidence to the Committee were in post during all or some of the period of delay. Such occurrences are concerning, because they unfortunately suggest either limited collective memory or limited collective accountability. We recognise that staff will inevitably move between posts, but believe that a change in Accounting Officer should not be seen as a way for the Welsh Government to avoid accountability for previous actions. We

[16] RoP, Public Accounts Committee, 12 November 2012, Para 41
[17] RoP, Public Accounts Committee, 12 November 2012, para 202
[18] RoP, Public Accounts Committee, 12 November 2012, para 202

believe thorough and robust handover procedures should enable consistency through transition periods.

Preparation of delivery plans

26. Briefing provided by the Auditor General stated that:

> "The Welsh Government's maternity strategy required health boards to produce, by March 2012, local delivery plans that outline how health boards intend to improve access to, and the quality of, maternity services. The Welsh Government requires these plans to be based on a review of current services and to respond to each element of its strategic vision."[19]

27. In reference to evidence provided to the Committee by the Welsh Government in February 2011, the Auditor General's paper also stated that the Welsh Government would:

> "[…] review these plans to ensure they complied with the requirements of the strategy. However, we now understand that the Welsh Government has since decided not to ask health boards to submit their delivery plans for assessment. It believes that a more outcome-focused approach it is developing through the All Wales Maternity Services Implementation Group is a more appropriate way to hold the NHS to account on the effectiveness of its services."[20]

28. However, the Chief Nursing Officer suggested that the National Delivery Board would be responsible for assessing local delivery plans. She stated that:

> "We will be requiring delivery plans to be submitted next year, once the implementation work has completed its progress. We will have a board that will look at the plans, working with the services to drive forward the implementation of what they anticipate will need to be done."[21]

29. When questioned on whether there would be opportunity for proper scrutiny of the principles of the implementation at a national level and whether there would be interface between the principles

[19] PAC(4) 12-12, Briefing from Auditor General, 12 June 2012, Para 12
[20] PAC(4) 12-12 (p1) Briefing from the Auditor General for Wales – 12 June 2012 – Page 5
[21] RoP, Public Accounts Committee, 12 November 2012, para 23

from different health boards, the Welsh Government stated that the National Delivery Board would be responsible for ensuring that delivery plans are driven forward. They stated that delivery plans would be:

> "[…] taken to boards in their public meetings and therefore will be matters of public discussion.
>
> "There may well be some value in our bringing them together nationally to make sure that there is consistency, alignment and cohesion and that we are sharing good practice.
>
> "In some cases the health boards will need to take account of cross-border issues and will need to work together to make sure that their plans are aligned and are mutually supportive."[22]

30. When questioned on the Hub and Spoke model for delivery, the Welsh Government also stated that:

> "In February, we will have workforce guidelines setting out the critical requirements for the development of a workforce capable of delivering improved services."[23]

31. We were pleased to note that Local Delivery Plans would be brought together and that there were assurances that good practice would be shared. However, we were concerned to note that the Local Delivery Plans would be submitted in January 2013, whilst the workforce guidelines would be set out in February 2013. The Committee were also disappointed to note that the Welsh Government's initial deadline for health boards to develop local delivery plans by March 2012 had not been met.

32. We believe that there should be a clear alignment between Local Delivery Plans and workforce guidelines. We also believe that there should be clear alignment between health boards implementing their Local Delivery Plans and between some health boards and NHS bodies in England to address cross-border issues.

We recommend that the Welsh Government ensure that there is greater clarity on the implementation of Local Delivery Plans and that a clear timetable for the production of these plans is published.

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[22] RoP, Public Accounts Committee, 12 November 2012, para 24
[23] RoP, Public Accounts Committee, 12 November 2012, para 7

Datasets

Collection of data

33. The Wales Audit Offices 2009[24] report found that poor-quality information about the cost and quality of services was undermining planning and performance management of local maternity services; a conclusion reiterated by the third Assembly's Public Accounts Committee in its Interim report on Maternity Services.[25]

34. In the absence of common data sets, we were told that health boards, with the exception of Powys, have used a maternity dashboard to inform and strengthen their performance management and monitoring. We also heard that the dashboard has assisted with the review of important service level information such as staff sickness rates, staffing levels, maternal and neonatal morbidity, and numbers of complaints.[26]

35. In his update to the Committee, the Auditor General stated that:

> "While all health boards are using electronic information systems [...] the limitations of these systems mean that the majority of health boards continue to use resource-intensive (and costly) manual data collection processes to support the generation of management information."[27]

36. In its evidence to the Committee, the Welsh Government stated that:

> "Up until now, data have been collected through the statistical department within the Welsh Government on the things that are quantifiable, such as the number of births, where births took place, whether they were induced or whether they were caesarean sections."[28]

37. Written evidence provided by the Welsh Government stated that, in order to measure success, five outcome indicators were issued to the NHS in July 2012 with the focus on improving health. We heard

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[24] Wales Audit Office, Maternity Services, 2009
[25] Public Accounts Committee, Interim report on Maternity Services, 2009
[26] PAC(4) 12-12 (p1) Briefing from the Auditor General for Wales – 12 June 2012 – Page 5
[27] PAC(4) 12-12 (p1) Briefing from the Auditor General for Wales – 12 June 2012 – Page 6
[28] RoP, Public Accounts Committee, 12 November 2012, para 43

that the outcome indicators would be used to measure and track how well over time the services are doing, as well as using them for comparing demographic data from across Wales and for benchmarking performance against other countries. All health boards are required to provide baseline data on the indicators by July 2013 so that performance measures can be set for future years. The Welsh Government's written evidence highlighted the following outcome indicators:

> "i. Percentage of women who;
>
> a. Smoke during pregnancy
> b. Drink 5 units of alcohol or more a week, during pregnancy
> c. Have a BMI of 30 or more at the initial assessment
> d. Misuse substances during pregnancy
>
> ii. Proportion of babies with a birth weight below 2.5 kgs (live births)
>
> iii. Proportion of babies exclusively receiving breast milk at 10 days following birth
>
> iv. Proportion of women and their partners who felt confident to care for their baby
>
> v. Proportion of normal births."[29]

38. Although the Welsh Government had originally required baseline data by July 2013, the Committee heard that plans had been accelerated by the Welsh Government and that the baseline data would be required from health boards by December 2012.[30]

39. When questioned on the output of the Informatics Sub-Group, Cwm Taf Health Board stated that:

> "[…] Where there are clear objective measures that have been cascaded and recommended, the next step is being sure about the reliability of the data capture and the informatics systems to enable us to do that.

[29] PAC(4) 25-12 (p1) – Welsh Government written evidence
[30] RoP, Public Accounts Committee, 12 November 2012, paras 7 and 51

> "[…] we (Cwm Taf Health Board) have spent many years developing a local solution, which gives us quite a lot of very high quality, robust data."[31]

40. When questioned on whether GP data information could be added into the informatics system, Cwm Taf Health Boards stated that it would be possible and that:

> "[…]the advantage of now having a national implementation vehicle is that we can share that across Wales, so that we are not reinventing the wheel and, where necessary, we can make local systems that work in one place available to others."[32]

41. We heard that the Welsh Government had recently issued an impact assessment tool asking organisations how much of their current systems were electronic and how much was recorded on paper, including what step changes would be required to make the system consistent within the health board. The Chief Nursing Officer stated that:

> "At present, we do not know how much the health boards can collect consistently, and which bits they are going to need some help on.
>
> "[…] You are right to say that some of this information is only available in a written form, and we need to have a step change in processes to make it consistent."[33]

42. We were concerned that there is no consistency in data collection methods across and within health boards and that there was evidence that it was still regular practice for midwives to manually record this data.

We recommend that the Welsh Government, in collaboration with the Informatics Sub-Group, develops and implements a consistent and robust electronic data collection process for maternity services in each Welsh health board in order to remove the need for inefficient manual data collection.

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[31] RoP, Public Accounts Committee, 12 November 2012, para 261
[32] RoP, Public Accounts Committee, 12 November 2012, Para 261
[33] RoP, Public Accounts Committee, 12 November 2012, Para 44

Assessing confident and knowledgeable parents

43. When questioned on how the health boards would assess the confidence and competence of parenting skills, we heard that the Co-Chairs of the All Wales Maternity Services Group would work with the maternity services liaison committees to address how best to measure success and to develop their vision of what a confident and knowledgeable parent would be.

44. Claire Foster from the Co-Chairs of the All Wales Maternity Services Implementation Group stated that:

> "We need to engage with users to find out how we capture that; just because it is hard to collect does not mean that it should not be on our radar. We need to work out a sensible way of capturing what 'good' looks like, and how improvement is shown."[34]

45. Additional evidence provided by the Welsh Government stated that a meeting with lead midwives and the seven Maternity Services Liaison Committee Chairs in late January would take place to finalise and standardise how to measure 'confident and knowledgeable parents'. Once agreed, this would be implemented from April 2013 and would be monitored twice a year by the Maternity Board.[35]

46. The Committee noted that there might be some confusion over how to measure the confidence of a parent. Cwm Taf Health Board stated that:

> "Some outcome measures were on the confidence and competence of parents-how do we measure that? Some health boards might capture that through a community midwife providing a questionnaire to women, but would they have a different response if they did an online questionnaire? When there is a health professional there, it can be very different."[36]

47. We look forward to the Welsh Government clearly defining outcome measures around 'confident and knowledgeable parents,' as this appears to be open to subjectivity.

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[34] RoP, Public Accounts Committee, 12 November 2012, Para 56
[35] Additional evidence - Welsh Government, doc 1, para 1
[36] RoP, Public Accounts Committee, 12 November 2012, Para 260

We recommend that the Welsh Government clarifies and publishes its definition of 'confident and knowledgeable parents' and ensures that:

- **this definition is communicated to all health boards to ensure that the data collection against this performance measure is consistent across Wales; and that**
- **good practice is shared amongst health boards to assist in measuring against the definition.**

2. Staffing and service provision

Staffing levels

48. The Welsh Government's written evidence stated that the Workforce Subgroup will be proposing a 'hub and spoke' model - a hub of specialist practice (consultant delivered obstetric and neonatal services supported by anaesthetics and diagnostic services), with spokes of midwife-led birth centres supporting the hub.[37]

49. The Auditor General concluded that, although there has been significant progress, not all health boards are meeting recommended staffing levels for nursing and medical staff. In his briefing paper to the Committee, he stated that:

> "[…] the Heads of Midwifery Advisory Group informed the Wales Audit Office of its concern that sustaining recommended midwife numbers is becoming increasingly challenging in the current financial climate."[38]

50. While we recognise that there has been significant progress on this issue, we were concerned that not all health boards are meeting recommended staffing levels for nursing and medical staff. The Auditor General's briefing paper also informed us that:

> "More recent data (January 2012) demonstrates that four health boards (Betsi Cadwaldr, Hywel Dda, Cardiff and Vale UHB, and Cwm Taf) had small deficits in the number of midwives required to meet standards."[39]

51. The Welsh Government's written evidence stated that:

> "Whilst vacancy levels are relatively low, the medical rotas for Obstetrics and Gynaecology are spread across multiple sites. They are therefore vulnerable to risk in terms of service continuity. Discussions between the Wales Deanery and Health Boards are focusing on the opportunities that reconfiguration

[37] PAC(4) 25-12 (p1) Written evidence – Welsh Government – 12 November 2012 – Page 6
[38] PAC(4) 12-12 (p1) Briefing from the Auditor General for Wales – 12 June 2012 – Page 7
[39] PAC(4) 12-12 (p1) Briefing from Auditor General for Wales – 12 July 2012, page 7

of services will bring to develop more robust rotas which will deliver high quality and appropriate training."[40]

52. When questioned on these concerns and whether there was a sufficient number of well-trained medical and nursing staff working in maternity services, the Welsh Government stated that:

> "I think we can, as a result of our quality monitoring of maternity services, give you an assurance that there are adequate numbers of doctors to support the maternity services that we have.
>
> "[…] Our quality measures do not indicate any reason not to provide you with that assurance."[41]

53. The briefing paper provided by the Auditor General for Wales stated that, in order to address the deficit, the four health boards (Betsi Cadwaldr, Hywel Dda, Cardiff and Vale, and Cwm Taf) were planning to either train midwife support workers or change service models.[42]

54. The Welsh Government informed us that, up to 2011, there had been a fluctuation in the number of midwives. However, a review by the Welsh Government in August 2012 had found that there were 65 more midwives in Wales at that point than the same time last year. We were told that all health boards are to comply with Birthrate Plus guidance, which is periodically reviewed.

55. The Welsh Government also stated that:

> "When we did a review in May, there were two health boards that were not fully compliant – Betsi Cadwaldr University Health Board and Hywel Dda Local Health Board."[43]

56. When asked for clarification on whether the data collected by health boards on their staffing levels included staff who were suspended or on long-term absence, the Welsh Government provided additional evidence which stated that:

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[40] PAC(4) 25-12 (p1) Written evidence from Welsh Government – 12 November 2012, page 7
[41] RoP, Public Accounts Committee, 12 November 2012, para 82
[42] PAC(4) 12-12 (p1) Briefing from th Auditor General for Wales, para 24
[43] RoP, Public Accounts Committee, 12 November 2012, para 84

> "'NHS Wales has informed us that it would not be normal practice to exclude staff who are absent long-term or suspended from 'staff in post' records."[44]

57. We were concerned by this evidence, as it suggests that the Welsh Government is not necessarily receiving accurate or consistent data from health boards on the number of well-trained medical and nursing staff who are actually working in maternity services on a day-to-day basis. Therefore, we cannot be confident that health boards are necessarily meeting standards set by Birthrate Plus. Until methods of data collection are improved, health bodies could potentially continue to fall short of the recommended midwifery staffing levels set out by Birthrate Plus. For example, the Welsh Government could indicate that it wishes to be provided with indicative figures for the numbers of staff who are absent long-term, or suspended, alongside information on staff-in-post.

We recommend that the Welsh Government provides clarification on its expectations of the minimum staffing requirements to ensure safe and sustainable midwifery and obstetrics services and that it provides an explanation as to how data collected from health bodies on their midwifery staffing levels provides sufficient detail to determine whether these expectations are being met.

58. In his briefing to the Committee, the Auditor General for Wales referred to the Workforce Subgroup which is tasked with setting minimum levels of skills and training; assessing organisational compliance with agreed staffing levels; and developing workforce plans to deliver the appropriate numbers of suitably skills and trained staff.[45]

59. The Welsh Government stated that:

> "In February, we will have workforce guidelines setting out the critical requirements for the development of a workforce capable of delivering improved services."[46]

60. When questioned on the continuity of services and the potential impact of trainee doctors, and sickness and maternity leave on staffing rotas, the Welsh Government assured us that Birthrate Plus includes

[44] Additional information – Welsh Government – 8 Jan 2013
[45] PAC(4) 12-12 (p1) Briefing from Auditor General for Wales, page 3
[46] RoP, Public Accounts Committee, 12 November 2012, Para 7

calculations to highlight mandatory training. However, we were concerned with how data received on staffing levels would be interpreted. The Chief Nursing Officer stated that :

> "[…] Our conversations tend to be whether or not they are meeting the standard of Birthrate Plus compliance. […] that is the level of confirmation that I have had back and they tell me whether there are so many midwives or not."[47]

61. She continued:

> "The workforce activity that we are doing through the implementation group is looking around skill mix and how the teams can be better configured. We have introduced maternity support workers, so there is quite a lot of work to do with the workforce in support of how Birthrate Pus is actually used within health boards."[48]

62. Owing to our concerns about the standards of data collection on staffing levels in maternity services, we are also unconvinced that configuration plans accurately reflect the impact of training on staffing rotas.

Reliance on locum and agency staff

63. The third Assembly's Public Accounts Committee reviewed progress in improving maternity services approximately one year after it published its interim report. The Committee were particularly concerned about the extent, costs and safety of using locum medical staff to help boards meet their required staffing levels.[49]

64. We heard that, In January 2012, the Chief Executive of the NHS in Wales highlighted the need to reduce reliance on locum and agency staff in health boards in order to make savings. The Welsh Government wrote to all health boards requesting their expenditure on locum medical staff in obstetrics, and to provide information on the processes they have in place to assure locum competence in maternity services. Briefing from the Auditor General stated that responses to

[47] RoP, Public Accounts Committee, 12 November 2012, Para 101
[48] RoP, Public Accounts Committee, 12 November 2012, Para 102
[49] RoP, Public Accounts Committee, Third Assembly, 2 February 2011

the consultation confirmed that health boards have appropriate measures in place to assess locum competence.[50]

65. Additional evidence provided by the Welsh Government stated that of all of the health boards in Wales, Hywel Dda was the only board who had used midwifery agency staff over the last five years (Bronglais General Hospital in Ceredigion). It also stated that between April 2007 and May 2008 a total of 468.10 hours were worked by agency midwives on the Prince Charles Hospital site in Merthyr Tydfil. We noted that this occurred before the formation of Cwm Taf LHB in October 2009.[51]

66. However, we were concerned to note from the Auditor General's briefing that it had not been possible for the Welsh Government to assess locum expenditure on maternity services as health boards were unable to disaggregate the medical staffing costs associated with maternity services from the costs associated with Gynaecology.[52]

67. We recognise that use of locum staff to sustain staffing rotas is inevitable. However, if there are regular changes in locum staff covering the same vacancy or absence with little or no continuity, this can be concerning in terms of the consistency of services provided.

68. The Welsh Government stated in their evidence that:

> "From a midwifery point of view, agency staff are not used very often.
>
> "[…] We are seeing a better skill mix being introduced as we have maternity support workers and first-level nurses."[53]

69. We were concerned that a number of obstetric services in Wales may be being maintained through the long-term use of locums.[54] The Welsh Government stated that this was most likely the case where:

> "[...] you have relatively small rotas, so if someone is missing, the gap is very noticeable; you do not necessarily have people

[50] PAC(4) 12-12 (p1) Briefing from Auditor General for Wales, page 8
[51] Additional evidence – Welsh Government, doc 1, para 5
[52] PAC(4) 12-12 (p1), Briefing from the Auditor General for Wales, page 8
[53] RoP, Public Accounts Committee, 12 November 2012, para 114
[54] RoP, Public Accounts Committee, 12 November 2012, para 117

within that rota to cover, which means that you may have to employ a locum"[55]

"[…] A locum clearly has to have the same level of skill and competence and the health boards have a responsibility to ensure that that is the case."[56]

We recommend that the Welsh Government work closely with health boards to ensure that the use of locums and agency staff is managed efficiently in order that the reliance on using temporary staff to fill long-term gaps in staffing provision is minimised. We also recommend that the Welsh Government work with health boards to disaggregate the medical staffing costs associated with maternity services from costs associated with Gynaecology.

Skill mix

70. We heard that 'Birthrate plus' sets down guidelines for a skill mix in maternity services, indicating that the ratio of qualified to unqualified staff should be 90:10. In his briefing update letter, the Auditor General stated that he had found that assessing the progress of health boards in meeting this ratio had not been possible as they had not all provided the appropriate data.

71. However, the Auditor General's update letter notes that there were indications that health boards were working to achieve the 90:10 ratio.

72. When questioned on the lack of data on the ratio of qualified and unqualified staff, Cwm Taf Health Board stated that:

"Our primary focus, over the past couple of years, has been on securing the achievement of the Birthrate Plus rates.

"[…] We have trained a number of maternity care assistants. However, we need to train some more. Obviously, it is a matter of train and test and then move forward. We are looking to train another three individuals this year, in order to get our skill mix right.

[55] RoP, Public Accounts Committee, 12 November 2012, para 117
[56] RoP, Public Accounts Committee, 12 November 2012, para 119

> "At present, we have a heavy skill mix towards midwifery rather than maternity care assistants.
>
> "[…] It is about developing their confidence in delegating some duties to other individuals."[57]

73. We are pleased to note that health boards are taking measures to ensure that the clinical safety of their patients is not being compromised.

Electronic foetal monitoring and training

74. In its written evidence, the Welsh Government acknowledged that:

> "The challenge of interpreting Cardiotocography (CTG) recordings in labour can result in failure to act appropriately when a foetus is in distress. Current guidance sets out the need to be competent in the use and interpretation of CTG and whilst regular training is provided to medical and midwifery staff this could be improved with the inclusion of an assessment of competence."[58]

75. We were pleased to note that a multidisciplinary group chaired by the Chief Nursing Officer has been established to ensure that a competence-based training package on electronic foetal heart rate monitoring is provided by 2013.[59]

76. Electronic foetal heart rate monitoring training would be based on the Royal College of Obstetricians and Gynaecologists/Royal College of Midwives guidance, which would become the gold standard of training across Wales.

77. Cwm Taf Health Board stated that:

> "[..] all-Wales piece of work has been done with regard to what is the most effective process for training on cardiotocography interpretation. Lots of the health boards have had K2 training in place for some considerable time. That can provide a roll-off and an update on all midwives and staff of all grades trained in that. However, there was no significant change in the incidence

[57] RoP, Public Accounts Committee, 12 November, para 300
[58] PAC(4) 25-12 (p1) Written evidence from the Welsh Government – 12 November 2012 – Page 4
[59] PAC(4) 25-12 (p1) Written evidence provided by the Welsh Government -

associated with interpretation of CTGs. So, the all-Wales group has reviewed that and is now looking to implement the Royal College of Obstetricians and Gynaecologists CTG interpretation module."[60]However, we also noted from their evidence that:

"Our concern was that, even when you have evidence of robust training, there still seem to be incidences with regard to CTG interpretation."[61]

78. We heard that this training would be provided for all midwives and registrar level medical practitioners. Additional evidence provided by the Welsh Government stated that all health boards have agreed to implement the new training and assessment process and that they will be asked by the All Wales Maternity Services Action Group to provide a timescale for implementing the new system in February 2013. It stated that all health boards will be expected to have implemented this by September 2013.[62]

79. However, a decision on what training to provide to lower grade staff who work in maternity units was yet to be made.

We recommend that the Welsh Government works closely with health boards to monitor and regularly review the training needs and competency of all maternity unit staff to ensure that more staff are able to interpret Electronic Foetal Heart Rate Monitoring data.

Neonatal Services

80. In his briefing to the Committee, the Auditor General concluded that neonatal services in Wales are still failing to meet relevant standards and called upon the Welsh Government to develop a strategic all-Wales approach to neonatal care.[63]

81. In its report on Neonatal Care, the Children and Young People Committee expressed 'extreme concern' about the shortage of medical and nursing staff in neonatal units, particularly in North Wales. In a recent report, the National Assembly for Wales' Children and Young People Committee recommended that:

[60] RoP, Public Accounts Committee, 12 November 2012, Para 325
[61] RoP, Public Accounts Committee, 12 November 2012, Para 325
[62] Additional evidence – Welsh Government, doc 1, para 6
[63] PAC(4) 12-12 (p1) Briefing from the Auditor General for Wales – 12 June 2012

> "By December 2012, the Welsh Government receive from local health boards a detailed plan, with timescales, on how they will address the shortfall in nursing staff within their board, for each level of neonatal care."[64]

82. In response to the Children and Young People Committee's recommendation, the Minister for Health and Social Services made clear that any 'additional costs' associated with developing neonatal services which comply with the All-Wales neonatal standards 'will be drawn from existing programme budgets'.[65]

83. We were concerned that when questioned on these additional costs, the Accounting Officer did not provide detail but explained that costs would be met from existing budgets.[66] We were also concerned that the additional costs for developing neonatal services will need to be paid for by Health Boards who are also required to make savings. He commented that:

> "The requirement will be on health boards to ensure that they build this into their plans. We sometimes hear health boards talk about what are called 'savings figures', of 5 per cent or 4 per cent. Part of the reason that they reach quite significant levels is that the boards undertake an assessment before the year begins of those areas where they need to invest in resources and whether it is an appropriate investment."[67]

84. When questioned on the concerns raised about the delivery of neonatal services, the Welsh Government stated that:

> "We have been working very closely this year with health boards and the neonatal network on overseeing and driving forward improvements in neonatal services.
>
> "The neonatal network is now working to support the health boards as they get closer to reaching services standards.

[64] Children and Young People Committee – Inquiry into Neonatal Care – September 2012, page 14
[65] Welsh Government response – Children and Young People Committee – Inquiry into Neonatal Care – September 2012
[66] RoP, Public Accounts Committee, 12 November 2012, para 136
[67] RoP, Public Accounts Committee, 12 November 2012, para 136

> "[…] the problem is greater in some parts of Wales than others. We are nowhere near reaching adequate numbers of neonatologists in some areas.
>
> "[…] I do not think that we have a significant number of vacant posts on a long-term basis. The issue is that gaps in rotas often arise for a day or two, or a week." [68]

85. In her evidence to the Children and Young People Committee, the Minister for Health and Social Services acknowledged that there were problems in north Wales with the recruitment of neonatologists and highlighted the need to consider this in the wider context of service reconfiguration. The Minister for Health and Social Services stated that:

> "[…] it is a huge part of reconfiguration, and I will not support unsafe services. I know that the service is stretched in north Wales, but a great deal of work is going on there."[69]

86. Additional evidence provided by the Welsh Government stated that health boards are undertaking workforce planning to ensure that maternity units are staffed to comply with British Association of Perinatal Medicine (BAPM) standards. It stated that much progress was being made in implementing the recommendations of the neonatal capacity review. The next report, representing progress one year on, will be considered by the Neonatal Network in February 2013.[70]

87. We note that staffing and capacity levels in neonatal services, in particular neonatologists, will need careful planning to ensure that improvements are driven forward and that the staff shortfall in north Wales is addressed.

The Committee endorses the recommendation of the Children and Young People Committee to address the shortage of staff in neonatal units and recommends that the Welsh Government takes action to ensure that health boards throughout Wales improve their workforce-planning arrangements for neonatal care. In particular we recommend that it addresses the delivery of neonatal services in north Wales when developing work-force plans.

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[68] RoP, Public Accounts Committee, 12 November 2012, para 97
[69] Children and Young People Committee, Inquiry into Neonatal Care, September 2012
[70] Additional evidence – Welsh Government, doc 1, para 3.

Service provision

Caesarean section rates

88. The 2009 report by the Wales Audit Office drew attention to the fact that caesarean section rates at all Welsh maternity units exceeded 20 per cent, despite the World Health Organisation stating that there was no justification for rates exceeding 15 per cent.[71]

89. In his update to the Committee, the Auditor General stated that caesarean section rates remain high in comparison to the UK average and World Health Organisation guidance.[72] However, the Chief Nursing Officer indicated to us that the World Health Organisation had now withdrawn its 15 per cent target figure and that the focus now was more on appropriateness.[73]

90. In its written evidence to the Committee, the Welsh Government acknowledged that caesarean rates have been steadily rising over the last 15 years and that in 2011:

> "[…] around a quarter of all births in Wales were by Caesarean Section."[74]

91. We also heard that it was a challenge to reduce the caesarean rates particularly as repeat caesareans account for approximately a quarter of the total rate. We noted that this increase could be attributed to the rise in pregnant women with complex medical complications and those who smoke or are obese.

92. During 2009, the Welsh Government invested £50,000 to facilitate the implementation of the 'Pathways to Success Caesarean Toolkit' in every NHS trust.

93. In its written evidence, the Welsh Government described the toolkit as a "Practical approach to reducing Caesarean rates but also has relevance to all aspects of care." The toolkit encouraged health boards to:

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[71] PAC(4) 12-12 (p1) Briefing from the Auditor General for Wales – 12 June 2012, page 11
[72] PAC(4) 12-12 (p1) Briefing from the Auditor General for Wales – 12 June 2012, page 11
[73] RoP, Public Accounts Committee, 12 November 2012, Para 183
[74] PAC(4) 25-12 (p1) written evidence provided by the Welsh Government – 12 November 2012, page 4

- Share good practice across Wales;
- Facilitate reflection on the culture of an organisation or team;
- Stimulate discussion about the strengths and weaknesses of services;
- Show up any differences in perception between staff groups, managers and users;
- Help to understand how a service with a more progressive approach might look;
- Identify practices or behaviours a team would like to change;
- Provide the team with tools and case studies to share good practice and resources;
- Question current practices.

94. Each health board has been asked by the Welsh Government to develop a plan to reduce Caesarean Section rates and to provide an update on their progress. Additional evidence provided by the Welsh Government stated that all health boards reported their progress in implementing the Caesarean Section toolkit in September 2012.[75]

95. We are pleased to note that Health Boards are producing plans for the reduction of Caesarean Sections, although we were concerned that the planned review of the progress made by health boards had been deferred by the Welsh Government as it considered its approach to monitoring performance for the whole service.

96. We conclude that the Welsh Government would need to develop a clear strategy for monitoring, and providing feedback on, each health board's plans for reducing caesarean section rates throughout Wales.

The Auditor General's update stated that:

> "The Welsh Government has not set a target rate for caesarean sections. Instead it requires health boards to secure a 'significant reduction', and to demonstrate that they have processes in place to reduce rates."[76]

[75] Welsh Government - Additional evidence – Doc 2
[76] PAC(4) 12-12 (p1) Briefing from the Auditor General for Wales – 12 June 2012, page 13

97. We noted that the Welsh Government would be implementing a performance management framework, which would set out the level of performance expected of each health board to achieve against the performance measure for caesarean section rates.[77]

98. The Welsh Government explained that:

> "We have decided that the best way to look at caesarean section rates is to look at whether the treatment is appropriate. In some cases, it might be very appropriate that a person should have a caesarean section. That will be determined by things such as obesity, or other factors whereby we need to ensure that it is appropriate.
>
> "Our stance is that we expect the health boards to explain why their rates should be anything more than the expected number – which is a percentage in the low 20s. If the rate is 25 per cent or over, they have to explain what they are doing to look into how they might change their practices."[78]

99. The Welsh Government made reference to guidance provided by NICE which states that:

> "Pregnant women should be offered evidence-based information and support to enable them to make informed decisions about childbirth. Addressing women's views and concerns should be recognised as being integral to the decision-making process."[79]

100. The Welsh Government stated that health boards have to follow this guidance and that:

> "There is a rather complicated mix of factors around public health challenges, as well as the guidance that says that it is a woman's choice and that if she wants to have a caesarean section, she can have one."[80]

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[77] PAC(4) 12-12 (p1) Briefing from the Auditor General for Wales – 12 June 2012, page 13
[78] RoP, Public Accounts Committee, 12 November 2012, para 118
[79] National Institute for Health and Clinical Excellence – Caesarean Section – Nov 2011
[80] RoP, Public Accounts Committee, 12 November 2012, para 183

101. Additional evidence provided by the Welsh Government outlined the progress of each health board in implementing the caesarean section toolkit. When each health board was asked what was stopping them achieve more in reducing caesarean section rates, many highlighted the publication of the updated caesarean section guidelines by NICE 2011. Feedback from Cwm Taf Health Board stated that:

> "Although we expected things to change rapidly once our VBAC (Vaginal Birth After Caesarean) pathway was commenced, what we are finding is that women who have had previous Caesarean Sections (a few years ago) had the expectation that they would automatically have a Caesarean Section in their next pregnancy. Unfortunately, the new NICE guidance has also proved to be something of a hindrance to changing this, as women are now prepared to insist that they have a Caesarean Section on request, rather than take a chance on trying for VBAC"[81]

102. When questioned on whether the downward trend in caesarean sections in Singleton Hospital and Princess of Wales Hospital was down to deprivation or clinical attitudes, the Committee heard from Abertawe Bro Morgannwg UHB explained that it was multifactorial and that:

> "From the literature, we know that clinical culture and attitude are part of the reason why caesarean section rates are high."[82]

103. The Welsh Government acknowledged that it was important to get the right blend between performance management and ownership of improvement. We were pleased to note that, following the implementation of the toolkit, some health boards were committing to reducing their own caesarean rates by establishing clinics and other interventions and were taking more ownership of the problem. However, we feel that the Welsh Government could do more to reduce caesarean section rates[83]

We recommend that the Welsh Government clarifies and publishes its definition of a 'significant reduction' in caesarean section rates

[81] Additional evidence – Welsh Government, doc 2, Cwm Taf LHB, para iii
[82] RoP, Public Accounts Committee, 12 November 2012, para 290
[83] RoP, Public Accounts Committee, 12 November 2012, para 184

along with a timetable by which it expects such a reduction to be achieved.

104. When questioned on the publication of data on caesarean section rates, Cwm Taf Health Board stated that they already held baseline data on a monthly basis and that figures varied on a month-by-month basis.

105. We heard that Cwm Taf Health Board were infrequently asked to provide data on caesarean sections to the Welsh Government. When questioned on whether it was suitable for the Welsh Government to receive this data so infrequently, Cwm Taf Health Board stated that as an outcome of the implementation board:

> "[…] the regular reporting of a suite of indicators will form part of dashboard that we would be expected to put in the public domain as part of our performance management. We would expect that to be made available to the Welsh Government to scrutinise as part of our on-going performance measures."[84]

106. They continued:

> "What we are not clear about at this point is the frequency of that, but I am sure that it will be part of the next phase of the work of the implementation board."[85]

107. We were pleased to note that health boards were collecting data on unnecessary caesarean sections on a monthly basis and that regular comparisons of that data are being made by the health boards. However, we were concerned that, although this data is regularly made available by health boards, the Welsh Government only expect it on an 'as-and-when basis.'

We recommend that the Welsh Government establishes a more rigorous system for collecting and reviewing information from health boards on their caesarean section rate performance. We also recommend that more regular and meaningful feedback be provided to assist health boards to manage progress in reducing rates where possible. This feedback should reflect challenges posed by NICE guidance on caesarean sections.

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[84] RoP, Public Accounts Committee, 12 November 2012, para 282
[85] RoP, Public Accounts Committee, 12 November 2012, para 282

Antenatal assessments

108. When questioned on the percentage of women who have their first antenatal assessment in the first 10 weeks of pregnancy and having appropriate support early in the pregnancy to reduce stillbirth rate, the Welsh Government stated that it was their aim for all willing pregnant women to have their first antenatal assessment within the first 10 to 12 weeks of pregnancy.[86]

109. When questioned on the Welsh Governments expectation on delivery of baseline data from health boards on initial assessment of patients within 10 weeks, Cwm Taf Health Board referred to the importance of including GP data information and stated that:

> "The advantage of now having a national implementation vehicle is that we can share that across Wales, so that we are not reinventing the wheel and, where necessary, we can make local systems that work in one place available to others."[87]

At the time of preparing this report, Cwm Taf Health Board were planning to produce the baseline data by the end of the financial year.

110. Cwm Taf Health Board also stated that there was a multi-professional approach to collecting data on antenatal assessments. We heard that:

> "We measure midwives' point of contact at their booking visit. In a lot of areas in our locality, general practitioners are still the first point of contact because they still want to be involved in maternity services."[88]

111. We were pleased to note that such collaborative work was taking place. However, when questioned on capturing data from the first point of contact, Cwm Taf Health Board stated that they captured data from the midwives' first point of contact, rather than necessarily a woman's first appointment with a medical professional. They stated that:

> "People can still go directly through primary care to their midwife as the first point of contact. We still have parts of our community where the GP is used as that first point of contact.

[86] RoP, Public Accounts Committee, 12 November 2012, para 166
[87] RoP, Public Accounts Committee, 12 November 2012, para 261
[88] RoP, Public Accounts Committee, 12 November 2012, para 216

That would not be captured within those data, so it could be that a significant proportion of those women not included in that had already had that first point of contact"[89]

112. We were concerned with the current method of collecting data on initial antenatal assessments within the first 10 weeks of a woman's pregnancy. As a key performance measure in the Welsh Government's maternity strategy outcomes and indicators, we believe that this data would need to be robust and collected more effectively to capture how well the service is doing.

We recommend that the Welsh Government clarifies that the data reported by health boards on initial antenatal assessments carried out within the first ten weeks of pregnancy is consitent and robust, and specifically that the data should:

- **include assessments by GPs as well as midwives; and**
- **not include assessments which have been scheduled but which may not have been undertaken.**

[89] RoP, Public Accounts Committee, 12 November 2012, para 219

3. Conclusion

113. We consider that there has been some good progress in addressing concerns raised previously by the third Assembly's Public Accounts Committee and the Wales Audit Office.

114. However, we concur with the Auditor General's assessment that there needs to be more urgency in addressing the challenges, in particular staffing issues, performance monitoring and management, and the collection of data. We are also concerned whether the Welsh Government recognise the urgency in improving these issues.

115. Significant hurdles still remain which need to be addressed within a short time scale. During the course of our inquiry, the Welsh Government and the Co-Chairs of the All Wales Implementation Group gave commitments to complete a number of key tasks by specific times. We noted that, in 2016, the performance of each health board will be measured against each of the performance measures. However, the Welsh Government provided the Committee with assurances that the following commitments would be delivered in the first few months of 2013:

January 2013

- Local Delivery Plans to be submitted by the health boards

February 2013

- Workforce sub group to conclude its work and set out clear guidelines

March 2013

- The All-Wales Maternity Services Implementation Group to complete its work
- CTG Interpretation Task and Finish group to develop training package for Interpretation of Electronic Foetal Heart Rate Monitoring (CTG)

July 2013

- Each Health Board to provide a plan to reduce caesarean section rates

We recommend that the Welsh Government provide an update to the Public Accounts Committee by July 2013 on each health board's progress in improving maternity services.

Witnesses

The following witnesses provided oral evidence to the Committee on the dates noted below. Transcripts of all oral evidence sessions can be viewed in full at http://www.senedd.assemblywales.org/ieListDocuments.aspx?CId=230&MId=1224&Ver=4

12 November 2012

David Sissling	Director General, Health, Social Services and Children, Welsh Government
Professor Jean White	Chief Nursing Officer and Co-Chair of the All Wales Maternity Services Implementation Group
Dr Chris Jones	Deputy Chief Medical Officer (Health Services), Welsh Government
Claire Foster	Co-chair, All Wales Maternity Services Implementation Group
Paul Roberts	Chief Executive, Abertawe Bro Morgannwg University Health Board
Allison Williams	Chief Executive, Cwm Taf Local Health Board
Kath McGrath	Assistant Director of Operations, Cwm Taf Local Health Board

List of written evidence

The following people and organisations provided written evidence to the Committee. All written evidence can be viewed in full at http://www.senedd.assemblywales.org/ieListDocuments.aspx?CId=230&MId=1103&Ver=4

Organisation	*Reference*
Wales Audit Office	PAC(4) 12-12 – Paper 1
Welsh Government	PAC(4) 25-12 – Paper 1
Cwm Taf Health Board	Additional evidence
Abertawe Bro Morgannwg	Additional evidence
Welsh Government	Additional evidence