

National Assembly for Wales
Public Accounts Committee

Interim Report on Maternity Services

February 2010



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Public Accounts Committee

The Public Accounts Committee ensures that proper and thorough scrutiny is given to Welsh Government expenditure, and that all public bodies in Wales operate to the highest possible standards in the management of their financial affairs. It does this so that the people of Wales can be confident that their money is being spent wisely and well.

Powers

The Committee was established on 26 June 2007 as one of the Assembly's Committees. Its powers are set out in the National Assembly for Wales' Standing Orders, particularly SO 13. These are available at www.assemblywales.org.

Committee membership

<i>Committee Member</i>	<i>Party</i>	<i>Constituency or Region</i>
Jonathan Morgan (Chair)	Welsh Conservative	Cardiff North
Lorraine Barrett	Labour	Cardiff South and Penarth
Jeff Cuthbert	Labour	Caerphilly
Alun Davies	Labour	Mid and West Wales
Michael German	Welsh Liberal Democrats	South Wales East
Irene James	Labour	Islwyn
Bethan Jenkins	Plaid Cymru	South Wales West
Sandy Mewies	Labour	Delyn
Nick Ramsay	Welsh Conservative	Monmouth
Janet Ryder	Plaid Cymru	North Wales

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Chair's foreword

The Auditor General for Wales has reported on Maternity Services in Wales and, overall, he found that most women are satisfied with the services they receive. However, he also found that there were areas in which this vital service could be improved.

We, as the Public Account Committee, called the Welsh Government to appear before us to account for the areas that needed improving and to seek its assurance that improvements are to be made.

This is an interim report, largely based on the evidence the Welsh Government provided. We intend to revisit maternity services later this year when we expect the Welsh Government to demonstrate its progress in addressing the areas that have been identified as needing improvement.

I hope that this report, in conjunction with the work of the Auditor General, will act as a catalyst for improvement of maternity services in Wales, and that when we return to this issue later in the year real progress towards making these improvements has been made.

The Committee's Recommendations

The Committee's recommendations to the Welsh Government are listed below, in the order that they appear in this Report. Please refer to the relevant pages of the report to see the supporting evidence and conclusions:

Recommendation 1. We recommend that, with immediate effect, the Welsh Government provides us with further details of how it intends to meet, or has already met, the recommendations made by the Auditor General in his report. (Page 24)

Recommendation 2. We recommend that, inline with the Auditor General's first recommendation; 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
(Page 24)

Recommendation 3. We recommend that, as a minimum, the Welsh Government ensures that the equipment specified in the standardised inventory referred to by the Chief Nursing Officer is available across all wards that require it within the next twelve months. (Page 24)

Recommendation 4. We recommend that the Welsh Government provides a copy of the neonatal framework to us as soon as possible. (Page 24)

Recommendation 5. We recommend that the Accounting Officer provides us with a more substantive written submission on the reasons behind the data on the take up of antenatal classes as soon as possible. (Page 24)

Recommendation 6. We recommend that the Welsh Government evaluates its new approach to postnatal care to determine whether it is

improving the experiences of service users, and whether increases in staffing lead to an improvement in breastfeeding rates. (Page 24)

Recommendation 7. We recommend that the Welsh Government ensures that levels of training for midwives, clinicians and other medical staff are maintained and that systems are put in place to prevent a shortfall developing in future. (Page 24)

1. Introduction

1. The Auditor General for Wales (the ‘Auditor General’) laid his report on Maternity Services before the National Assembly for Wales on 19 June 2009¹, following fieldwork that was conducted during 2007 and 2008.

2. The Auditor General reported that maternity services are mainly appropriate and that most women are satisfied with maternity care in Wales, albeit that a significant minority felt they were not treated with dignity and respect or kindness and understanding. However, he also identified some weaknesses in the provision of maternity services and an “unacceptable difference” in service across Wales².

3. We considered the Auditor General’s report for the first time on 2 July 2009 and agreed to write to the Minister for Health and Social Services (the ‘Minister’) to ask for details of how she intended to respond to the recommendations made by the Auditor General in his report and the timescale to which she is working. The Minister replied and reported that she had asked her officials to establish a working group to consider and recommend improvements to maternity services in Wales, including consideration of the recommendations made by the Auditor General. The Minister expected the group to report in December 2009.

4. On 15 October 2009 we considered the Minister’s reply and agreed to call the Accounting Officer to further elaborate the Welsh Government’s response to the Auditor General’s report.

5. The Accounting Officer, Mr. Paul Williams, appeared before us on 19 November 2009. He was supported by the Chief Nursing Officer, Ms Rosemary Kennedy, and the Director of Strategy and Planning, Simon Dean. This interim report is largely based on the evidence that the Accounting Officer and his colleagues presented at that meeting.

6. This interim report points to a number of areas where further action is needed to improve the provision of maternity services across Wales. We intend to return to the subject of maternity services in late

¹ Auditor General for Wales, Maternity Services, 19 June 2009

² Ibid p.7

2010, when we will assess the progress made by the Welsh Government and the NHS in Wales in tackling the issues set out in this report.

2. The Accounting Officer's evidence

Introduction

7. Whilst our work on maternity services is founded on the platform of the Auditor General's report on maternity services, this interim report does not seek to reiterate that report. The subheadings used in this chapter reflect the chapter headings used by the Auditor General in his original report on maternity services. This approach has been taken to assist in linking the evidence presented to us with the issues raised by the Auditor General in his report. This interim report is largely based on the evidence that the Accounting Officer and his colleagues presented at that meeting.

The planning of maternity services is undermined by the lack of coherent strategic vision and poor information about the cost and quality of service

8. In part one of his report³ on maternity services, the Auditor General reported that:

- Whilst there is a considerable amount of extant guidance available for the planning of maternity services, there is no overarching strategy for maternity services in Wales.
- The lack of national targets for maternity services may have inadvertently contributed to this service being given a relatively low priority by NHS bodies.
- Planning of maternity services is being hampered by the lack of accurate information about the cost and quality of services.
- The availability of equipment to support labour is "extremely limited" in some areas.
- There is a "mismatch" between neonatal capacity and demand.
- There are worrying low staffing and training levels in a number of areas.

³ Auditor General for Wales, Maternity Services, 19 June 2009 pp.17-25

Strategy, targets and relative priority

9. The Accounting Officer, in his oral evidence given on 19 November 2009, stated that he does not believe maternity services are afforded a low priority within the NHS in Wales⁴. However, he recognised that there is more to do to prioritise this service. His explanation for the areas of concern identified by the Auditor General was largely based on the “frailties” of the market-based system that previously prevailed in the organisation of the NHS in Wales⁵.

10. To address these perceived frailties, the Accounting Officer told us that he is developing a planning system, backed up with a performance management system, to ensure that there is a more coherent approach in future. In terms of national targets, the Accounting Officer informed us that they are being revised and that:

“We need to choose targets that are not necessarily number driven. We need to choose targets that are much more aligned to quality and outcomes.”⁶

11. This is an approach that we agree with in principle. However, it does not demonstrate what is being done to ensure that maternity services are afforded a higher priority. The Accounting Officer’s commitment to develop a planning system did not extend to details of how the Auditor General’s recommendations in terms of communicating the Welsh Government’s strategy for maternity services are to be taken forward.

12. The Auditor General has identified the need for a “comprehensive strategy document”⁷. We believe that this should be produced as a priority. In meeting the Auditor General’s recommendation in terms of developing a “clear accountability framework”⁸ we would welcome clarity on the targets that are set and how they align with quality and outcomes.

Consistency and clarity of information

13. Part one of the Auditor General’s report also raised concerns over the consistency and clarity of information available on the cost of

⁴ RoP 19 November 2009 Col 121

⁵ RoP 19 November 2009 Col 121-125

⁶ Ibid Col 128

⁷ Auditor General for Wales, Maternity Services, 19 June 2009 p.10

⁸ Ibid

maternity services. The Accounting Officer again considered the previous NHS structure as the cause of these concerns:

“The system really did not promote the need to collect much of this information nationally [...]”⁹

14. However, he did acknowledge that “[...] with the new system we will obviously have to attend to that” and:

“We now need to improve the definition of data so that when we are talking about a cost for a particular activity we make sure that everything is attributed properly.”¹⁰

15. We are disappointed that the proper attribution of costs has been lacking in the provision of this vital health service, and that appropriate data has not been collected previously. The Accounting Officer did not explain why the previous structure of the NHS prevented the collection of data and the proper attribution of costs. We are left to conclude that the collection of this information was not given sufficient priority at that time.

16. It is too early to judge whether the new structure will address our concerns regarding the attribution of costs for maternity services, due to the work that is needed to introduce some commonality of approach in terms of data definitions and the way information is recorded. However, we are reassured that the Accounting Officer hopes to have achieved a standardisation of costs for services across Wales within a year¹¹. We look forward to receiving confirmation of this from the Accounting Officer in late 2010 when we return to maternity services.

Availability of equipment

17. The Auditor General reported that whilst there appears to be sufficient bed capacity in Welsh maternity services and there are few problems with theatre availability, the availability of equipment to support labour is extremely limited in some areas, and that he has some concerns about the age of equipment that does exist.¹²

⁹ Ibid Col 132

¹⁰ Ibid Col 133

¹¹ Ibid Col 136-7

¹² Auditor General for Wales, Maternity Services, 19 June 2009 p.18-19

18. The Accounting Officer confirmed that the availability of equipment is not centrally monitored and is the responsibility of the local health boards¹³.

19. The Chief Nursing Officer informed us that each ward that is to be used to manage labour will have a standardised inventory of equipment in place¹⁴. She also informed us of that this is a professional issue as well as a capital issue and that there is a need to consider how equipment is being used.

20. Given the fact that the Auditor General has found that the provision of equipment has been limited in some areas, we recommend that as a minimum, the Welsh Government ensures that the equipment specified in the standardised inventory referred to by the Chief Nursing Officer is available across all wards that require it within the next twelve months.

Neonatal services

21. The Auditor General reported that, during the six month period to March 2007, ten of the thirteen trusts with neonatal units reported that these units had closed to all admissions for one or more days¹⁵. As a consequence, some vulnerable babies will have had to be cared for some distance from their home and separated from their mother. The Auditor General also reported that arrangements for neonatal transport were unsatisfactory and that limited progress had been made on agreeing a strategic framework for the operation of neonatal services.

22. The Accounting Officer provided us with details of a three-centre transfer model for South Wales, and a single centre in North Wales, that will assist in reducing the number of closures. He acknowledged that this will require investment in “[...] additional consultants, specialist nurses and the ambulance service [...]” and that there is “[...] a lot of work to do here”¹⁶.

23. The Government has announced an investment of £4 million over two years that includes proposals for a dedicated transport system, a clinical information system, development of clinical networks and the

¹³ RoP 19 November 2009 Col 143 and 145

¹⁴ Ibid Col 146

¹⁵ Auditor General for Wales, Maternity Services, 19 June 2009 p.19

¹⁶ RoP 19 November 2009 Col 150-51

launch of neonatal services¹⁷. The Accounting Officer informed us that the Minister was considering proposals for a managed clinical network and a dedicated transport service and a decision was expected shortly.

24. The Director of Strategy and Planning confirmed that a strategic framework for neonatal services has been formulated and that he could provide a copy of this, should it be requested¹⁸.

25. We welcome the investment of £4 million in neonatal services, and the confirmation that a strategic framework for neonatal services has been formulated. We ask that a copy of this strategy is provided to us so that we can assess progress against this framework when we return to maternity services later in 2010.

Staffing levels and training

26. The Auditor General found that staffing levels in Wales are generally higher than those in England, but that some NHS bodies had lower than recommended ratios. The Royal College of Midwives stated in March 2009 that an eight percent increase in midwifery posts is also required¹⁹.

27. The Chief Nursing Officer informed us that since the Auditor General's fieldwork was conducted:

“Every new LHB has either recruited completely to meet the shortfall identified or is in the process of doing so with the next outturn of midwifery students, with the exception of Hywel Dda Local Health Board”²⁰

28. The Accounting Officer provided further information in terms of the progress some specific local health boards have made. He has identified the reason for any remaining shortfall as being a recruitment issue and has assured us that “the money is locked into the system” for these posts.

29. The issue of providers distinguishing between consultant time spent on obstetrics and gynaecology was also raised by the Auditor General in his report, with some NHS bodies failing to meet

¹⁷ Welsh Assembly Government Press Release, *Expert report outlines improvements to neonatal care*, 8 December 2009

¹⁸ Ibid Col 156

¹⁹ Auditor General for Wales, *Maternity Services*, June 2009 pp.20-21

²⁰ RoP 19 November 2009 Col 176

recommended levels of consultant presence on delivery suites²¹. The Accounting Officer recognised that the picture in Wales is “patchy” and that “there is more work to be done” to ensure that providers distinguish between these clinical areas. He also stated that providers should be making this distinction.

30. The Accounting Officer further stated that he can now monitor the balance of time spent by consultants to ensure that there are appropriate levels of cover.

31. A low level of staff training at some NHS bodies was reported by the Auditor General. The Chief Nursing Officer confirmed that “As far as midwives are concerned, all local health boards now have a mandatory in-house cold-call training programme”. She also confirmed that training records are maintained and these records are available for scrutiny. They are held by Healthcare Inspectorate Wales. The Accounting Officer stated that training levels can be monitored nationally.

32. We welcome the progress that has been made towards ensuring staffing levels across Wales are at an acceptable standard; that the balance of consultant time spent on obstetrics and gynaecology is being monitored; and that all local health boards have training arrangements in place. However, in the Accounting Officer’s words, there is more work to be done. It is also evident that much of what has already been done was needed simply to make up the significant shortfall in provision that existed previously. We look forward to receiving an update on further progress when we revisit this issue later in 2010.

Services are mainly of an appropriate standard and many women are satisfied with their experience but there is unacceptable variation in practice

33. The extent to which Welsh maternity services are delivering safe and efficient care was considered by the Auditor General in part two of his report²². A survey of new mothers found that most women are satisfied with the services they receive and that antenatal care generally meets good practice guidelines²³.

²¹ Auditor General for Wales, Maternity Services, 19 June 2009 pp.22-23

²² Ibid pp.26-47

²³ Ibid

34. However, the survey also revealed that:

- A significant minority of women felt they were not treated with respect and dignity or kindness and understanding
- Aspects of antenatal services could be improved
- A significant minority of women felt that they were left alone and worried shortly after labour
- Postnatal care is the least satisfactory phase of care for women

Service satisfaction

35. Levels of mothers' satisfaction are higher and more consistent in Wales than in England. However, a significant minority of women felt they were not treated with respect and dignity or kindness and understanding.²⁴

36. The Accounting Officer stated that this is "[...] not excusable under any circumstances" whilst also acknowledging that "We have lots more to do to improve attitudes [...]" and that there are training issues²⁵.

37. The Chief Nursing Officer provided details of the dignity and respect campaign that has been rolled out across Wales. In relation to the annual training programme, she said:

"[...] there will be a specific module on dignity and respect when treating women, on interpreting women's needs and treating them with an acceptable level of respect and kindness all the time"²⁶

38. We support the Accounting Officer's stance and the approach taken by the Chief Nursing Officer in terms of ensuring staff are properly trained. We look forward to reviewing this in late 2010 when we return to look at maternity services.

Antenatal care

39. Of the women surveyed as part of the Auditor General's work, around 35 per cent felt that they were not always given adequate

²⁴ Ibid

²⁵ RoP 19 November 2009 Col 198-200

²⁶ Ibid Col 201

explanations or fully involved in the decisions about their antenatal care²⁷. The Auditor General also reported that there is yet to be an all-Wales agreement on the funding for the latest screening test for detecting Down's syndrome.

40. The Welsh Government has developed an all-Wales handheld maternity record that will provide women, and healthcare professionals that treat them, with more information throughout their time under maternity care. The Accounting Officer stated that this innovation will help "[...] improve the dialogue between the patient and the professionals [...]"²⁸. The Chief Nursing Officer said that the record ensures that "all the way through, the mother's consent and involvement is evident in all aspects of her care"²⁹.

41. In addition to the concerns outlined in paragraph 39 above, the Auditor General reported a disparity in the take up of antenatal classes. He found that, for example, take up in Gwent was 24 per cent compared to 75 per cent in Ceredigion and North West Wales³⁰.

42. The Accounting Officer again recognised that "There is plenty more to do"³¹ and he said that he is encouraging local health boards to make their services more accessible by e.g. putting on Saturday morning clinics.

43. We believe that the introduction of the all-Wales handheld maternity record could assist in ensuring mothers are better informed, though it is too early to evaluate the success of this approach.

44. The Accounting Officer was not in a position to provide an explanation for the disparity in the data relating to the take up of antenatal classes when he appeared before us as he "needed to know more about the data". We ask that he considers the data and provides us with a more substantive written submission explaining the disparity as soon as possible.

Support during labour

45. The Auditor General has found that, within Wales, between 10 and 24 per cent of Women reported that they were left alone and worried

²⁷ Auditor General for Wales, Maternity Services, 19 June 2009 p.27

²⁸ RoP 19 November 2009 Col 203

²⁹ Ibid Col 204

³⁰ Auditor General for Wales, Maternity Services, 19 June 2009 p.30

³¹ RoP 19 November 2009 Col 212

during labour. He also found that there is a low normal birth rate and relatively high levels of interventions in Wales³².

46. In responding to this, the Accounting Officer discounted poor staffing levels as the cause and instead pointed to acute pressures on midwifery units, the design of buildings, and the training of staff as possible contributory factors³³.

47. The need to improve training is an issue that recurred throughout the evidence session with the Accounting Officer. We make a recommendation in relation to training in the final section of this report.

Postnatal care

48. The survey of new mothers found that postnatal care is the least satisfactory phase of care for women and over a third of women were unhappy with the quality of support for infant feeding³⁴. The Chief Nursing Officer believes that this was due to low staff levels at the time of the audit:

“I will be honest: the audit was carried out a time when we did not have the right staffing numbers. We know that the first reinforcement of the number of midwives on the labour ward came from the postnatal wards, which meant that there was a reduction in that experience level and the number of staff on the postnatal wards who could talk through the anxieties that mothers had about going home, how they would cope with the baby and so on. We should be seeing a complete change now that the Birthrate Plus figures have gone up.”³⁵

49. Additional support is also being provided. The Chief Nursing Officer said:

“There have also been good moves to support this, because many of the units now employ nursery nurses to support mothers to get to grips with feeding, managing and bathing the baby and so on. Many also employ midwifery support care workers, who will take some of the non-direct patient care from

³² Auditor General for Wales, Maternity Services, 19 June 2009 pp.35-43

³³ RoP 19 November 2009 Col 218-9

³⁴ Auditor General for Wales, Maternity Services, 19 June 2009 p.43

³⁵ RoP 19 November 2009 Col 234

the midwives and allow them to spend more quality time with the mothers. That will be a major factor in their satisfaction.”³⁶

50. We are content that the increase in staffing levels, and the additional support outlined by the Chief Nursing Officer, should enhance patient satisfaction in the postnatal phase. We ask that the Welsh Government considers evaluating this new approach to see if it has improved patients’ experience of postnatal care in practice.

51. The Auditor General also found that there is a wide variation between trusts in the number of times maternity healthcare professionals have contact with new mothers. He found that, in some trusts, up to a quarter of women wanted more contact after giving birth³⁷. The Auditor General also reported that there are relatively poor levels of breastfeeding in Wales³⁸.

52. We had some concern that there may be a correlation between the amount of time maternity healthcare professionals spend with new mothers and breastfeeding rates. We note the improvement in staffing levels reported to us by the Welsh Government and will be looking to see if this has a knock-on effect on the take of breastfeeding when we return to maternity services later in 2010.

Information is not collected on a consistent basis or used effectively as the evidence base for improving services

53. Section three of the Auditor General’s report highlights the lack of consistent information available to inform the improvement of maternity services³⁹.

54. He reports that:

- There are significant deficiencies in the monitoring of performance
- Maternity services are not making best use of existing forums and committees, with some lacking user representation

³⁶ Ibid

³⁷ Auditor General for Wales, Maternity Services, 19 June 2009 p.45-46

³⁸ Ibid p.43

³⁹ Auditor General for Wales, Maternity Services, 19 June 2009 p.48

- Most trusts are experiencing a rising number of reported safety incidents

Data collection

55. The Auditor General reports that there are inconsistencies in performance data due to the absence of a common data set. He also reports that significant gaps in information are preventing meaningful analysis of maternal and neonatal outcomes⁴⁰.

56. In response to these findings, the Welsh Government is conducting a root and branch review of data collection. The Accounting Officer said:

“We are undertaking a root-and-branch review asking ourselves what information we need in order to be able to monitor and plan for the future; how we should collect it; and whether we have the right definitions and the right technology to collect the information”⁴¹

57. The Accounting Officer informed us that this work would be completed in the spring of 2010 and that a system will be in place within a year. He also emphasised that a clinician is conducting this review and that he wants the collection of data to be clinically driven and “not done from a manager’s perspective”⁴².

58. It is too early to assess whether this approach will address the concerns raised by the Auditor General. We await the findings of the review referred to by the Accounting Officer with interest, and intend to revisit this in late 2010.

Feedback from maternity service users

59. All trusts reported that they have established labour ward forums and that they had involvement with regional maternity services liaison committees. The Auditor General found that these forums and committees are “not being used optimally”⁴³. He also found that service users were not being successfully engaged and that some trusts reported that the maternity services liaison committee they were involved in had no user representation.

⁴⁰ Ibid p.49

⁴¹ RoP 19 November 2009 Col 248

⁴² Ibid Col 248

⁴³ Auditor General for Wales, Maternity Services, 19 June 2009 p.50

60. In response to questioning, the Accounting Officer stated that “We have more work to do here” and he conceded that in terms of user groups “the picture was pretty patchy in maternity services”⁴⁴. The Chief Nursing Officer expressed regret that the maternity services liaison committees had “not been as effective and useful as we had hoped”⁴⁵. She is working to develop a method of better engaging users and offered the following explanation for the difficulties that exist in engaging maternity service users:

“It is a really difficult issue because unless we get a really good satisfaction tool [...] mothers who have just given birth will not respond because they do not have the time or inclination to spend the time in groups. Representative groups often are not as representative as they think they are, so it is a real challenge for us.”⁴⁶

61. As part of the creation of the seven new local health boards, each board is establishing a local user forum as part of its set up. The Chief Nursing Officer anticipates this improving the receipt of user information and “providing listening opportunities”⁴⁷.

62. We believe that obtaining user views is an essential part of improving and developing maternity services in Wales. We are encouraged by the approach that is being taken by the Chief Nursing Officer and look forward to seeing a demonstrable improvement in the level of user engagement when we return to this issue in late 2010.

Increase in the number of reported safety incidents

63. The Auditor General reported that most trusts are experiencing a rising number of reported safety incidents. He acknowledges that this could be due in part to better reporting of incidents⁴⁸.

64. Some clarification was offered by the Accounting Officer, who explained that whilst the number of reported incidents had increased, the number of claims “does not seem to be increasing significantly”⁴⁹. He attributes the increase in reporting to work that is being

⁴⁴ RoP 19 November 2009 Col 253

⁴⁵ Ibid Col 254

⁴⁶ Ibid

⁴⁷ Ibid

⁴⁸ Auditor General for Wales, Maternity Services, 19 June 2009 p.51

⁴⁹ RoP 19 November 2009 Col 258

undertaken to encourage reporting and an increase in transparency. The Accounting Officer said:

“I think that it is a much healthier environment than we may have had in the past, when incidents were seen negatively or were not properly reported. Staff now have the confidence to know that they can report incidents and that a constructive approach will be taken because we need to improve patient safety.”⁵⁰

65. We are pleased to note the improvement in the reporting of incidents, and we look forward to seeing evidence of the cultural change outlined by the Accounting Officer when we revisit maternity services in late 2010.

⁵⁰ Ibid 259

3. Conclusions

66. We have recognised throughout the course of our work on maternity services that the former NHS trusts in Wales were generally delivering appropriate maternity services that resulted in positive experiences and outcomes for women and their babies.

67. Nonetheless, the Auditor General identified significant scope for improving this vital service in a range of areas and the Accounting Officer's tacit recognition that there is a lot more to do in many areas (Figure 1) confirms the Auditor General's findings.

Fig. 1 - Areas that the Accounting Officer identified as requiring more work

- Prioritisation of maternity services
- Definition and collection of national data
- Defining costs for particular activities and attributing costs properly
- Standardising costs across Wales
- Monitoring equipment levels
- Neonatal services
- Defining time spent on obstetrics and gynaecology
- Obtaining user feedback
- Caesarean section rates
- Breastfeeding take-up
- Treating patients with dignity and respect
- Staff training

68. The Accounting Officer has assured us that work is underway to address the concerns raised by the Auditor General. However, we are concerned about the number of areas where there is work needed to improve services. Delivering these improvements will not be straightforward and the Welsh Government will need to ensure that appropriate resources are allocated to support timely and sustainable progress.

69. In light of the evidence we have considered, both from the Auditor General's report and the evidence presented to us by the Accounting Officer, we have agreed the following recommendations:

We recommend that, with immediate effect, the Welsh Government provides us with further details of how it intends to meet, or has already met, the recommendations made by the Auditor General in his report.

We recommend that, inline with the Auditor General's first recommendation; 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**

We recommend that, as a minimum, the Welsh Government ensures that the equipment specified in the standardised inventory referred to by the Chief Nursing Officer is available across all wards that require it within the next twelve months.

We recommend that the Welsh Government provides a copy of the neonatal framework to us as soon as possible.

We recommend that the Accounting Officer provides us with a more substantive written submission on the reasons behind the data on the take up of antenatal classes as soon as possible.

We recommend that the Welsh Government evaluates its new approach to postnatal care to determine whether it is improving the experiences of service users, and whether increases in staffing lead to an improvement in breastfeeding rates.

We recommend that the Welsh Government ensures that levels of training for midwives, clinicians and other medical staff are maintained and that systems are put in place to prevent a shortfall developing in future.

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 [Public Accounts Committee - Meeting Transcripts](#)

2 July 2009

Jeremy Colman Auditor General For Wales

Gillian Body Wales Audit Office

19 November 2009

Paul Williams Head of Health and Social Services, Welsh Government

Simon Dean Director of Strategic Direction and Planning, Welsh Government

Rosemary Kennedy Chief Nursing Officer

List of written evidence

The following people and organisations provided written evidence to the Committee. All written evidence can be viewed in full at [Public Accounts Committee Inquiries](#)

<i>Name / Organisation</i>	<i>Document</i>	<i>Reference</i>
Wales Audit Office	<i>Maternity Services</i> , 19 June 2009	PAC(3) IMS1
Welsh Assembly Government	Press Release: <i>Expert report outlines improvements to neonatal care</i> , 8 December, 2009	PAC(3) IMS2