

# **NHS Ayrshire & Arran**

# **Maternity Strategy**

## **2010 - 2015**



**Delivering  
excellence in  
maternity care in  
Ayrshire and Arran**

Volume 1



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## 1. Executive summary

- 1.1. This is the second maternity strategy for Ayrshire and Arran and builds on the success of the programme of work implemented through the first maternity strategy.
- 1.2. This strategy aims to consolidate these successes as well as addressing the new challenges facing the service, including:
- New policy and best practice drivers and enhancement of existing drivers such as the Maternity Services Quality Framework;
  - New challenges such as: the need to reverse the decline in exclusive breastfeeding; address maternal obesity and increasing substance misuse;
  - Addressing the increased expectation and involving families in deciding the care that they require;
  - Identify the need to improve access with tailored support to those in greatest need in partnership with other health services; local authority and other partners (including third sector providers) the mothers and their families and supports.
  - Addressing the real challenges faced to improved efficiency and productivity in a climate of financial challenge.
- 1.3. This strategy aims to address all the issues with a specific focus on the following priority areas.

▪ <b>Maternal and infant attachment</b>	▪ <b>Maternal obesity</b>
▪ <b>Addiction – Drugs, alcohol and smoking</b>	▪ <b>Mental health of pregnant women</b>
▪ <b>Natural and dynamic childbirth</b>	▪ <b>Pregnancy and newborn screening</b>
▪ <b>Optimal length of stay</b>	▪ <b>Neonatal services</b>
▪ <b>Breastfeeding</b>	▪ <b>Patients experience and involvement</b>
▪ <b>Domestic violence / child protection</b>	▪ <b>Workforce development</b>

- 1.4. The actions in this plan will address the priorities identified in the Maternity Services Action Group (MSAG) report 'Refreshed Quality Framework for Maternity services in Scotland' as well as current clinical evidence. Outcomes from the strategy will be measured against the dimensions of the NHS Quality strategy in order to ensure that NHS Ayrshire & Arran is delivering its maternity service vision of :

**'Delivering excellence in maternity care in Ayrshire and Arran'**

## 2. Introduction

- 2.1. The Ayrshire and Arran maternity strategy was published in 2002 and detailed a number of commitments which have been implemented. These included the development of pre-conception advice services; development of targeted services towards mothers with specific needs; development of enhanced neonatal services and most dramatically, the development of a new inpatient maternity unit based at Crosshouse Hospital, allowing immediate access to the full range of district general hospital services for those requiring further medical and surgical intervention.
- 2.2. Since the strategy was published, there have been a number of significant changes and refinements to the provision of maternity services across Scotland. There are also a number of additional challenges and opportunities that will affect the service, including changing population and health needs, policy changes and the longer term effects of the changing economy.
- 2.3. It was agreed to formally review this strategy and update it based on successes, shortfalls and new priorities that have occurred since the initial strategy was published in 2002. The 2010-2015 strategy aims to fulfil that role.
- 2.4. Service planning has been taking place at three levels:
- 2.5. **Nationally** - with the development of the Ministerial Action Group on Maternity Services which became the Maternity Services Action Group (MSAG), this provided leadership on the implementation of the Expert Group on Acute Maternity Services (EGAMS) report – ‘Implementing a Framework for Maternity Services in Scotland’; refreshed this in 2010 and made recommendations on neonatal service provision.
- 2.6. **Regionally** - a West of Scotland Regional Planning Group for maternity services was established in 2005 with a focus on practice development, workforce planning and enabling consistency in service developments.
- 2.7. **Locally** – the planning focus has been on implementing the 2002 strategy. In developing local services including the move to the Ayrshire Maternity Unit, local workforce planning and addressing key issues in relation to improved lifestyle, including breastfeeding and teenage pregnancy.
- 2.8. This strategy will focus on the local, regional and national work and aims to identify the key issues for maternity services in Ayrshire and Arran and outline the high level actions that will be taken to achieve the stated outcomes. Addressing identified challenges and using opportunities will enable us to provide a high care service efficiently and equally across Ayrshire.
- 2.9. The strategy is outlined in two volumes, each of which will be stand alone. Volume one will highlight the vision for the service, priorities for action, outcomes and detail high level actions to deliver outcomes. Volume two will outline in more detail the policy framework, demography of Ayrshire and Arran, detail the epidemiology, and performance information along with providing information on the current service provision.

### **3. Vision for NHS Ayrshire & Arran**

3.1. The vision for maternity services in Ayrshire and Arran has been developed by identifying a number of options and consulting service users and staff in community and the Ayrshire Maternity Unit on these and the final vision developed. People had the chance to vote on proposed options or to provide an alternative vision for this strategy.

3.2. The most popular option was supported by just over a third of the 90 people who replied. This was joined together with the second most popular (supported by a quarter) to give:

#### **'Delivering Excellence in Maternity Care in Ayrshire and Arran'**

3.3. Service users and members of the public were consulted further during later drafts of this strategy (process and results outlined in full in volume 2). One question that was asked was

"Do you agree that our vision (what we want to achieve) should be ....."

100 per cent of the 51 respondents agreed with the vision.

3.4. The detail of NHS Ayrshire & Arran's strategic objectives; the key principles and outcomes of the service are outlined in volume 2, but are summarised in the outcomes model outlined later in this volume.

## 4. Strategic context

- 4.1. There are a number of key national policy drivers for the development of maternity services including:
- 'Implementing A Framework for Maternity Services in Scotland - Overview Report of the Expert Group on Acute Maternity Services' (2003). (EGAMS) (Draft refresh 2010)
  - Getting It Right for Every Child (GIRFEC) (2005)
  - 'Building A Health Service Fit For The Future - A National Framework for Service Change in the NHS in Scotland' (2005) (Kerr report)
  - 'Keeping Childbirth Natural and Dynamic' (KCND) (2006)
  - 'Better Health Better Care' (2007) (BHBC)
  - 'Equally Well - Report Of The Ministerial Task Force On Health Inequalities' (2008) (Equally Well)
- 4.2. In addition, a number of other policy and other drivers inform the development of the service including:
- 'Scottish Government response to the report of the Maternity Services Action Group on neonatal services; (May 2009).
  - The 'National standards for maternity services in Scotland' (QIS 2005)
  - Workforce management issues such as 'Modernising Medical Careers'; implementation of European Working Time Directives and training opportunities for midwives and other maternity care staff.
- 4.3. The strategy also reflected local policy and planning priorities including:
- Your Health: We're In It Together (Primary Care Strategy);
  - The Review of Community Nursing;
  - Infant Feeding Strategy;
  - Sexual Health Strategy;
  - NHS Ayrshire and Arran Workforce Plan; and
  - Community Planning Partnerships Single Outcome Agreements.
- 4.4. Close to the end of the process of developing this strategy the Scottish Government published the 'Healthcare Quality Strategy for Scotland' (10 May 2010).
- 4.5. This outlined the six quality strands to be addressed in NHS Board Planning Management

- Safe
- Effective
- Patient-centred
- Timely
- Equitable
- Efficient

4.6. A key focus will be on improving the health care outcomes for the most vulnerable. This focus is reflected in the strategy's actions plans and the performance management of the strategy will be measured against the six quality dimensions outlined above.

4.7. In addition, the Maternity Services Action Group was also in the middle of developing a 'refreshed' Maternity Services Quality Framework. The draft of this document was published for wider consultation at a late stage in the development of the strategy. The content of the draft has been taken into consideration in the development of the strategy.

4.8. Details of the content of the strategic influences are outlined in volume 2 of this strategy.

## 5. About Ayrshire and Arran<sup>1</sup>

- 5.1. NHS Ayrshire & Arran is in the mid south west of Scotland and covers an area of 750,464 square hectares, from Skelmorlie in the north; Ballantrae in the south and Muirkirk in the east. The area covers a mix of rural and urban development with an overall population density of 0.56 people per square hectare, slightly below the national average. Out of the total population of 367,510 people<sup>2</sup>, around 80 per cent live in community settlements of over 500 people.
- 5.2. Using SIMD data as the indicator, 13 per cent of the population of North Ayrshire, 13 per cent of the population of East Ayrshire and seven per cent of the population of South Ayrshire live in the 10 per cent most deprived areas of Scotland. All three local authority areas however, have data zones in both the five per cent most deprived and five per cent most affluent in Scotland.
- 5.3. The data also measures the level of deprivation based on health factors alone. The most deprived small area in Ayrshire and Arran in terms of health is 43<sup>rd</sup> poorest (in Irvine) and least deprived is 6388<sup>th</sup> (in Troon).
- 5.4. Population projections until 2031 indicate that the female population aged between 16 - 29 is set to fall by 17 per cent and that of women aged 30 - 49 by 24 per cent. This fall is smaller in South Ayrshire but still significant. Therefore, despite recent short term increases in birth-rate in Ayrshire and Arran, the projected number of births in Ayrshire and Arran from 2007 to 2031 is estimated to continue a long term decline by around 20 per cent across the three local authority areas from a 2007 figure of 3,808.
- 5.5. Total births by deprivation status shows that around 60 per cent of births are to mothers in deprivation quintiles four and five (perhaps reflecting the overall deprivation status of Ayrshire and Arran). 79 per cent of mothers aged under 20 are in deprivation quintiles four and five.
- 5.6. In 2001, seven per cent of total households in Ayrshire and Arran were lone parent, around the national average. This ranges from six per cent in South Ayrshire to nine per cent in North Ayrshire.
- 5.7. Teenage pregnancy remains a significant issue in Ayrshire and Arran and as outlined above, is related to deprivation status. Since 1998 / 2000, the rates of teenage pregnancy has increased to above the Scottish average in all the Community Planning Partnership areas with the most dramatic increases being in the under 16 rates in South Ayrshire (50 per cent increase in nine years) and 16 - 17 rate in North Ayrshire (21 per cent increase).
- 5.8. Generally there has been a shift to women having their first child later in life. This is a national trend that is reflected in Ayrshire and Arran. This brings its own issues for service provision.

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<sup>1</sup> Details outlined in volume 2

<sup>2</sup> 2008 VPS survey

- 5.9. There are clear indications of success in reducing the levels of smoking in pregnancy across Ayrshire and Arran, most significantly in East Ayrshire, which has had a 26 per cent reduction in 10 years. This drop is equivalent to the national average which means that the reduction in South (10 per cent) and North Ayrshire (13 per cent) are both significantly below the national average.
- 5.10. Self reported figures on alcohol consumption during pregnancy, implies that most mothers in Ayrshire and Arran follow a regime of total abstinence (76 per cent). The figures also suggest that the proportion of women drinking any alcohol is higher in Ayrshire and Arran than other studies, which indicates that between 15 – 20 per cent of pregnant women continue to drink alcohol at any level with three to four per cent reporting binge drinking (four or more units on one occasion)<sup>3</sup>.
- 5.11. Drug misuse during pregnancy is identified as a small but significant issue requiring significant resource input and expertise.
- 5.12. The rates of breastfeeding in Ayrshire and Arran are extremely low compared to the Scottish average, and in 2009 the percentage of women exclusively breastfeed in Ayrshire and Arran rate for first visit was 30.0 per cent, the second lowest in Scotland (Lanarkshire being the lowest). At the six to eight week review 19.2 per cent of babies were still exclusively breastfed, also the second lowest in Scotland. Of the 36 Community Health Partnerships in Scotland in 2009 – at the 6-8 week review, East Ayrshire has the 5th lowest exclusive breastfeeding rate (17.5%), North Ayrshire the 6th lowest (18.7%), and South Ayrshire the 13th lowest (21.9%).
- 5.13. There appears to be a consistently higher rate of very low birth weight babies (under 1,500g) born in Ayrshire and Arran compared to the national average. The average between 2000 - 2008 was 1.4 per cent compared to a national average of 1.1 per cent and 2008 figures of 2.1 was the highest in Scotland. There is no difference between Ayrshire and Arran and nationally for low birth weight babies (1,500-2,499g).
- 5.14. Death rates including still birth and neonatal deaths are around the national average despite a small rate rise in 2007 (which fell again in 2008) and for still births, slightly below the average.
- 5.15. Nationally the issue of maternal obesity has been raised and has been an issue raised by local stakeholders. There is a lack of national data on this issue and local calculations do not indicate a particular increase. This is an issue that requires further investigation.
- 5.16. Increasing clinical and other research has indicated that issues of maternal stress and maternal and infant attachment in-utero has potentially significant effects for the long term physical and mental health and well being into adult hood and beyond. The evidence is outlined in volume 2 but although the extent of issues is currently unclear, it is potentially a major priority for maternity services in the longer term.

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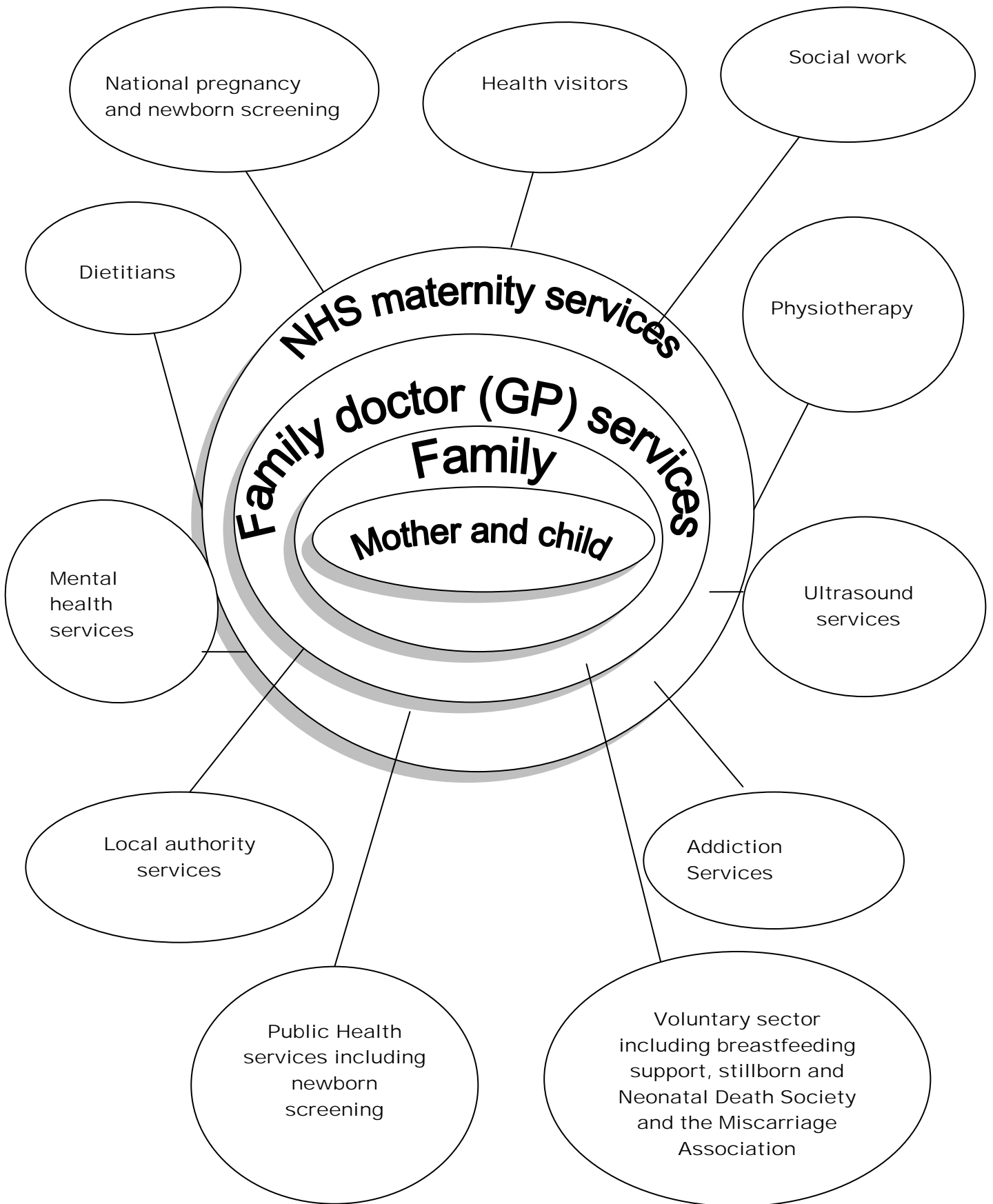
<sup>3</sup> "Alcohol use during pregnancy: Prevalence and Impact" Chaya G Bhuvaneshwar et al Prim Care Companion J Clin Psychiatry 2007; 9(6)

## **6. Current Facilities**

- 6.1. NHS Ayrshire & Arran has a full range of services based in the new Ayrshire Maternity Unit which opened in 2006.
- 6.2. The unit itself includes a day care unit, labour suite, seven delivery rooms, a high dependency unit, a theatre complex, a neonatal unit with five intensive care cots, nine special care cots and two isolation rooms. There are also two family rooms, an inpatient facility of 46 antenatal and postnatal beds, five hostel beds and an Early Pregnancy Assessment Suite (EPAS).
- 6.3. The unit is attached internally to Crosshouse Hospital and the expertise of other speciality services can be called on immediately when required.
  - 6.3.1. In the community a full antenatal, intrapartum and post natal care service is available including a home birth service (accounting for about one per cent of all births in Ayrshire and Arran).
- 6.4. Most people will receive a midwife-led service in the community through their pregnancy, although there are opportunities to move to a consultant-led service if there are significant medical or obstetric factors identified.
- 6.5. A specialist midwife role is in place to co-ordinate the implementation of advanced screening initiatives.
- 6.6. Although supporting the process of pregnancy will be for the most part midwife-led, the role of the family doctor (GP) remains a central one in the holistic health care of the mother and family. Communication and information sharing between family doctors (GPs) and midwives will remain a key feature and family doctors (GPs) will continue to be supported to play their part in the partnership of care.
- 6.7. A number of service-based issues have been identified for further action.
- 6.8. Changes to pregnancy and newborn screening programmes have been introduced requiring local and regional action.
- 6.9. There has been a shift from spontaneous delivery to increased levels of elective caesarean sections nationally. Although the shift in Ayrshire and Arran is not as pronounced as across Scotland, it remains an area to address as part of KCND. The number of home births also remains low.
- 6.10. The average length of stay in NHS Ayrshire and Arran is slightly higher than the Scottish average. A number of factors can affect the length of stay including mother's diabetes; the method of delivery; mother's drug misuse and mother's age and obesity. Improvement of discharge planning will address unnecessary long stays.
- 6.11. Another factor in higher lengths of stay is where there is suspected domestic abuse or concerns about the child's safety and well being. Actions have been identified to implement and put into everyday practice the Getting It Right for Every Child (GIRFEC) practice model within Ayrshire and Arran to ensure an appropriate multi-agency response to vulnerable babies and their families. This will be informed by the QIS Vulnerable Families Pathway Framework when completed.
- 6.12. The NHS maternity service operates as a fundamental part of a mother's care pathway through pregnancy and early maternal care. Key partners within the NHS

include; GP care; work with health promotion (particularly around the breastfeeding initiative); psychiatric services (including around the perinatal mental health service); addiction services; dietetics and other NHS services (including emergency services).

- 6.13. Key partners outside the NHS include; social work and social care providers; child protection networks; community education; the voluntary sector and community based organisations.
- 6.14. The map on the following page gives a general outline of the support network available to mothers to be in Ayrshire and Arran.



## 7. Pathways for maternity care and pregnancy

- 7.1. The model of care for women in NHS Ayrshire & Arran is based on the Keeping Childbirth Natural and Dynamic (KCND) '**Pathway for normal maternity care**'.
- 7.2. One of the key principles of the pathway for normal maternity care is the right of pregnant women to be provided with current evidence-based information and to be involved with decisions regarding their care and that of their baby. Women are supported to take a central, active role in their own care during pregnancy, labour and the postnatal period.
- 7.3. Good communication between the multi-professional team and women is essential. Women and their families should be treated with respect, dignity and kindness with their views and beliefs being sought and respected at all times.
- 7.4. In Ayrshire and Arran the Maternity Care Team is made up of a consultant obstetrician as the lead professional sharing care with midwives, family doctors (GPs) and others as appropriate.
- 7.5. The midwife is the lead professional for healthy women with uncomplicated pregnancies (green pathway). For those at higher risk the pathway is as follows.

### Green pathway

Healthy women with uncomplicated pregnancies. Care given in the community setting usually by midwives

### Amber pathway

Women with potential medical / obstetric / social risks identified requiring further assessment or support. These women may be streamed onto the green or red pathways and may be asked to attend consultant clinic, day care monitoring or assessment unit.

### Red pathway

Women with significant medical / obstetric risks identified (will require consultant clinic attendance, likely to require day care monitoring, assessment unit or in-patient care).

- 7.6. The pathway requires women to have continuous risk assessments throughout their pregnancy, labour and the postnatal period taking into account that risk status is dynamic and may change over time. It is anticipated that women may move between different care packages, in both directions, as a result of clinical recommendation or maternal choice.

- 7.7. There is recognised that inequality and social exclusion has a significant impact on health and it is ensured that appropriate information, support and referral are provided to all women based on need. The action plans indicate how this will be taken further based on the pathway proposed in the 'Vulnerable families pathway project draft framework for consultation'<sup>4</sup>
- 7.8. Details of the pathway are outlined in volume 2.

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<sup>4</sup> Vulnerable Families Pathway Project - Draft Framework for Consultation QIS march 2010

## **8. NHS Ayrshire & Arran maternity services outcome model**

- 8.1. A high level outcomes model was developed to make the link between the actions and priorities of this plan and the national and local priorities and outcomes. It also enables the development of an effective performance management process.
- 8.2. The completed outcomes model is outlined on the following page.

**Our vision**

Delivering excellence in maternity care in Ayrshire and Arran

**National outcomes**

1. We live longer, healthier lives
2. We have tackled the significant inequalities in Scottish society
3. Our public services are high quality, continually improving, efficient and responsive to local people's needs
4. Our children have the best start in life and are ready to succeed
5. We have improved the life chances for children, young people and families at risk

**Long-term outcomes**

1. Mothers and babies will continue to be safe
2. Babies will be born into a nurturing environment
3. Mothers and babies will remain at the centre of care
4. Services will be delivered by caring, knowledgeable and compassionate staff
5. There will be effective communication between clinicians, mothers and other important individuals
6. Services will evidence clinical excellence at all times

**Intermediate outcomes**

1. Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs
2. Service planning and delivery will be underpinned by the principle that good health and wellbeing before, during and after pregnancy benefits the woman, her unborn baby and wider society
3. Maternity service information and communication will be clear, consistent, balanced, accurate, and based on the current evidence. It will enable women to make informed decisions about their care
4. Maternity services will be delivered as part of an integrated holistic support to mother and babies and their families
5. Continuous quality improvement processes will be integral to maternity services planning and service delivery processes

**Short-term outcomes**

1. All maternity and neonatal services staff will have a clear understanding of the concept of risk assessment and management to improve the quality of care and safety of mothers, while reducing preventable adverse incidents
2. Early intervention, prevention and promotion of health and wellbeing will be integrated within maternity services planning and provision
3. Effective and accessible services will be delivered by competent staff across a range of services
4. There will be increased access to maternity-related information and advice, particularly among vulnerable groups
5. Maternity services will work in partnership with mothers, their families and other agencies
6. Maternity care will be delivered using evidence based practice

**Output**

The maternity service will ensure patient safety remains the top priority for care

The maternity service will ensure that mothers, partners and babies are supported to adopt healthy lifestyles

The maternity service, while remaining universal, will ensure that resources will be tailored to those in greatest need

The maternity service will ensure the workforce is fit for purpose

The maternity service will ensure that its services are accessible and equitable.

## 9. Future priorities

9.1. From the evidence available including information outlined in volume 2 of this strategy and from stakeholder feedback a list of priority areas were identified. These are:

▪ <b>Maternal and infant attachment</b>	▪ <b>Maternal obesity</b>
▪ <b>Addiction – Drugs, alcohol and smoking</b>	▪ <b>Mental health of pregnant women</b>
▪ <b>Natural and dynamic childbirth</b>	▪ <b>Pregnancy and newborn screening</b>
▪ <b>Optimal length of stay</b>	▪ <b>Neonatal services</b>
▪ <b>Breastfeeding</b>	▪ <b>Patients experience and involvement</b>
▪ <b>Domestic violence / child protection</b>	▪ <b>Workforce development</b>

9.2. A high level action plan has been developed to address these priorities, acknowledging and identifying that the lead for delivering on these may be solely or in partnership with another agency or service or be the direct responsibility of maternity services. The action plan is detailed in the appendix to this volume.

## **10. Public involvement / engagement plan**

10.1. The key activities identified for the public involvement / engagement plan in regard to the development of the maternity strategy include:

- Refresh public reference group, involving a more diverse membership
- Produce a plain English information / consultation booklet with the input from public volunteers
- Use current patient contact to obtain feedback on the main priorities of the strategy (information / consultation booklet), for example pre-natal classes, community and acute midwifery consultations, ward-based contacts using methods such as focus group, group discussion, interview, video and digital stories

10.2. The key activities identified for public involvement / engagement within the strategy action plan for 2010 - 2015 include:

- Review current maternity liaison group structure and identify opportunities for further lay involvement in support of implementation of strategy
- Routinely collect and review patient satisfaction and experience using methods such as patient stories, feedback forms, interviews, complaints, satisfaction surveys, care measure
- Establish rapid improvement methods to facilitate clinical and service improvement in line with patient experience information, such as 'You said, we did', team patient story action planning. Establish a service improvement register to compile patient-led service improvements.
- Develop lay supported environmental review and mystery shopper programme for acute areas
- Develop routine feedback methods for patients, carers and families with the support of the maternity public reference group
- Actively promote the ethos of customer care in line with the new NHS Ayrshire & Arran customer care standards, by supporting staffs attendance at awareness sessions and undertaking the e-learning package and evaluating customer care competencies within appraisal and personal development planning opportunities

## **11. What did stakeholders say?**

11.1. Details of stakeholder involvement are outlined in volume 2.

11.2. The first consultation with stakeholders was to ballot patients and staff on a possible vision statement for the service. This resulted in the vision statement outlined in this document this strategy. A further consultation with patients and public indicated 100 per cent support for the final vision.

11.3. In response to comments from family doctors (GPs):

- further input was made into the document to reflect the continuing central role that family doctors (GPs) play in the care of mothers and babies;
- an additional action was added to further enhance the relationship between midwives and family doctors (GPs).

11.4. Also in response to the consultation with patients and public:

- Services to look at the belief that women feel pressurised into breastfeeding. More emphasis on the significant health benefits for mothers and babies to be made to enable understanding and informing choices
- To include an action that highlight the benefits of natural births with caesareans only to be provided for medical reasons
- To include an action on providing further information and support to parents when foetal disability has been identified
- To include an action on support to women who have had a miscarriage
- To make more explicit the actions around mental health and well being to show that this support will be available before during and after pregnancy

11.5. A number of respondents to consultation provided contact information. It is planned to continue involving these people throughout the process of completion and implementation of the strategy.

## **12. Performance Management Framework**

- 12.1. Partners to this plan view its implementation as part of the broader range of policies and programmes intended to modernise health service provision with an aim of making these services more equitable, safe effective and efficient. It is in particular intrinsically linked to the national NHS Scotland Efficiency and Productivity Programme A rigorous system of outcome monitoring and evaluation is therefore required.
- 12.2. For this plan the performance management will be strategically focused on how the outcomes of this plan are addressed and how these link to the wider strategic expectations of NHS Ayrshire & Arran. It will also link to existing performance measures such as the Refreshed Maternity Services Quality Framework; the Quality Strategy; Single Outcome Agreements; HEAT and Ayrshire and Arran Performs.
- 12.3. Individual actions will be project managed through implementation. Operation indicators will require to be developed through logic modelling processes. These will not be reported on in any detail as part of this strategy.

### **13. Financial framework**

- 13.1. This strategy has been completed within the framework agreed as part of NHS Ayrshire & Arran's Sustainable Future Plan. This assumes the development of sustainable care pathways advanced through a transformational delivery programme to ensure maximum efficiency and quality of care.
- 13.2. Overall costs will be expected to decrease through efficiency savings and therefore any investment stated or implied within this document will be met through rigorous reprioritisation of existing resources.

## **14. Equality and diversity framework**

- 14.1. This document has been written within the parameters of the Ayrshire and Arran equality and diversity framework, which ensures that non-discriminatory practices are being followed and NHS Ayrshire & Arran remains compliant with legislation. The key issues within the framework include:
- 14.2. Employees are reminded that they may have patients who require communication in an alternative format, for example other languages or signing. Additionally, some patients may have difficulties with written material. At all times, communication and material will be in the patient's preferred format. This also applies to patients with learning difficulties.
- 14.3. In some circumstances there may be religious and / or cultural issues which may impact on clinical guidelines, for example choice of gender of health care professional. Consideration will be given to these issues when treating / examining patients.
- 14.4. Some patients may have a physical disability or impairment that makes it difficult for them to be treated / examined as set out for a particular procedure requiring adaptations to be made.
- 14.5. Patients' sexual orientation may or may not be relevant to the implementation of a particular procedure. However, non-sexuality specific language should be used when asking patients about their sexual history.
- 14.6. This strategy has been fully impact assessed in accordance with NHS Ayrshire & Arran's Equality and Diversity Impact Assessment toolkit. The outcomes of this are:
  - Most of the actions outlined in this strategy will have a positive impact, particularly the focus on health inequalities, teenage pregnancy and mental health and well being.
  - Initial reference to fathers has been widened out to mothers' partner / child's father to reflect that the two identities are not synonymous.
  - We will continue to ensure that interpretation services or Sign Language Interactions services are provided where required; and will continue to produce literature in other languages.

## **Appendix 1 - Action plans**

The details of what is addressed in the schedules are as follows;

<b>Action</b>	These are the key high level actions to be taken.
<b>Outcomes</b>	These are what would be the result or consequence of the implementation of the action. For the purposes of this plan, these will be defined as one of the short and intermediate outcomes outlined in the outcomes model above.
<b>Performance indicators</b>	These should be both specific and measurable and directly link to the outcome.
<b>Timescales</b>	These outline the period by which targets should be achieved and initial outcomes can begin to be measured.

The actions outlined are those for maternity services directly to implement either solely or in partnerships as lead. There will be reference to work being undertaken outside the Maternity Services Department, which are outlined in other publically available plans. Where this is the case the relevant documentation is quoted and an electronic link is made to it.

## 1. Securing maternal and infant attachment

- 1.1. This has been identified as a key priority area for public health and increasing for other services, particularly in maternity.
- 1.2. NHS Ayrshire & Arran's mental health promotion strategy – '[Towards a mentally flourishing Ayrshire and Arran](#)' includes a number of elements in relation to infant mental health, focussing on initial bonding and parenting and will also be reflected in early years parenting programmes (provided by any of the statutory agencies) and training and staff development will be key in this.
- 1.3. A key priority for maternity services will be to provide targeted and focused support on those most vulnerable to stresses that could affect their child's well being during and immediately after their pregnancy. Examples include teenage mothers.
- 1.4. The rate of teenage pregnancy across Ayrshire and Arran remains higher than the Scottish average (although terminations below the national average). While reducing these are a priority for all agencies and reducing these are included in the Single Outcome Agreements for North and East Ayrshire Community Planning Partnerships. The role of maternity services is supporting those already pregnant and education to prevent further early unplanned pregnancies.
- 1.5. The role of fathers has also been identified as a key issue requiring further recognition from services. Research shows that the positive involvement of fathers, right from the start, is crucial; and that when professionals engage with fathers, particularly young or otherwise vulnerable dads, this can make a positive difference to mother and baby. Educating fathers as well as mothers on how to achieve a healthy pregnancy is likely to achieve the greatest positive impact on family health.



Action	Outcomes	Performance indicators	Timescale
1. Targeted support will be provided to teenagers during pregnancy and through the birth, through a personalised approach.	<p>Effective and accessible services will be delivered by competent staff across a range of services</p> <p>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs</p>	<p>Proportion of teenage mothers who state that they had had suitable advice and signposting to services available to support them post birth including continued education and social care.</p> <p>Care plans / GIRFEC assessment completed post-natally for transfer to HV.</p>	2012
2. Maternity services will support other services and agencies to prevent unplanned teenage pregnancy.	<p>Early intervention, prevention and promotion of health and well being will be integrated within maternity services planning and provision</p> <p>Maternity services will be delivered as part of an integrated holistic support to mother and babies and their families.</p>	<p>Numbers of:</p> <ul style="list-style-type: none"> <li>▪ Terminations</li> <li>▪ Babies looked after and accommodated</li> <li>▪ Subsequent births to teenage mothers.</li> <li>▪ Subsequent births to alcohol and drug using mothers.</li> <li>▪ Number of teenage mothers offered implants prior to discharge from the P/N ward</li> </ul>	2014
3. Women with chaotic lifestyles will be given individualised contraceptive advice post-natally	<p>Early intervention, prevention and promotion of health and well being will be integrated within maternity services planning and provision</p> <p>Maternity service information and communication will be clear, consistent, balanced, accurate, and based on the current evidence. It will enable women to make informed decisions about their care.</p>	<p>Numbers of:</p> <ul style="list-style-type: none"> <li>▪ Terminations</li> <li>▪ Babies looked after and accommodated</li> <li>▪ Subsequent births to teenage mothers.</li> <li>▪ Subsequent births to alcohol and drug using mothers.</li> <li>▪ Number of teenage mothers offered implants prior to discharge from the P/N ward</li> </ul>	2014

Action	Outcomes	Performance indicators	Timescale
<p>4. To target mothers' partners currently not involved to be fully involved in antenatal education</p>	<p>Maternity services will work in partnership with mothers, their families and other agencies</p> <p>Maternity services will be delivered as part of an integrated holistic support to mother and babies and their families.</p>	<ul style="list-style-type: none"> <li>▪ Numbers / proportion of teenage partners involved in antenatal classes</li> <li>▪ Numbers / proportion of partners from the most deprived 20 per cent areas in Ayrshire and Arran involved in antenatal classes</li> </ul>	<p>2013</p>
<p>5. More mothers' partners / children's fathers will be encouraged to be actively involved during and after pregnancy</p>	<p>Maternity services will work in partnership with mothers, their families and other agencies</p> <p>Maternity services will be delivered as part of an integrated holistic support to mother and babies and their families.</p>	<ul style="list-style-type: none"> <li>▪ Numbers / proportion of partners present at birth</li> <li>▪ Fathers report that they were engaged and listened to through pregnancy and birth.</li> </ul>	<p>2013</p>

## 2. Addiction – Drugs, alcohol and smoking

- 2.1. It is recognised that the effects of smoking, alcohol and drug misuse all have significant effects on the health of unborn babies. As volume 2 of the strategy outlines there has been a significant issue of drug misuse recorded within NHS Ayrshire & Arran compared to the national picture.

Action	Outcomes	Performance indicators	Timescale
6. Midwives designated, in collaboration with Addiction Services, to develop alcohol cessation will develop sustainable programmes for the service	<p>Effective and accessible services will be delivered by competent staff across a range of services</p> <p>Service planning and delivery will be underpinned by the principle that good health and wellbeing before, during and after pregnancy benefits the woman, her unborn baby and wider society.</p>	<p>All relevant staff have had training including Number of Midwives trained in Alcohol Brief Interventions (ABI)</p> <p>Number of patients offered relevant support</p> <p>Evidence of activity in both hospital and community settings.</p> <p>Evidence of referral to smoking cessation provision</p>	2011
7. Further develop the process of Alcohol Brief Intervention (ABI) activity within the maternity service	<p>Early intervention, prevention and promotion of health and well being will be integrated within maternity services planning and provision</p> <p>Service planning and delivery will be underpinned by the principle that good health and wellbeing before, during and after pregnancy benefits the woman, her unborn baby and wider society.</p>	<p>Achievement of agreed number of ABIs using the setting appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines (HEAT target H4)</p> <p>Number of Midwives trained in ABI</p>	2011
8. The needs of alcohol and drug using patients are targeted and specific support	All maternity and neonatal services staff will have a clear understanding of the concept of risk assessment and management to improve the quality of care and safety of	Reasons for the high levels of drug users recorded within maternity services compared to other NHS Boards are	2011

Action	Outcomes	Performance indicators	Timescale
provided.	<p>mothers, while reducing preventable adverse incidents</p> <p>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs</p>	<p>understood and communicated</p> <p>Agreement of appropriate pathways</p> <p>Regular meetings to be undertaken to look at numbers linked with Alcohol Brief Interventions screening and signposting, identified by new midwives now in post.</p>	

### 3. Promoting natural and dynamic childbirth

- 3.1. The 'Framework for maternity services in Scotland<sup>5</sup>' and 'Report of the expert group on maternity services<sup>6</sup>', endorsed the promotion of pregnancy and childbirth as normal life events, advocating woman centred care, with services and care tailored to their needs. They recommend community focused, midwife-led care for healthy women experiencing uncomplicated pregnancies and multidisciplinary maternity team care for women with more complex needs.
- 3.2. KCND aims to maximise opportunities for women to have as natural a birth experience as possible, through: providing evidence-based care; reducing unnecessary intervention; ensuring informed choice; and developing multi-professional care pathways. Key objectives are to support the following at NHS Board level.
- 3.3. The multi-professional Keeping Childbirth Natural and Dynamic (KCND) programme, was established to support implementation of this at NHS Board level. The key actions from this programme for local implementation are:

Action	Outcome	Performance indicator	Timescale
9. Implement midwife as first point of contact on confirmation of pregnancy and to undertake initial risk assessment and onward referral	Maternity care will be delivered using evidence based practice  Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.	Midwife workload analysis – 74 per cent of women saw a midwife as first point of contact in September 2009	<b>2011</b>

<sup>5</sup> Scottish Executive (2001) A framework for maternity services in Scotland. <http://www.scotland.gov.uk/library3/health/ffms-00.asp>

<sup>6</sup> Scottish Executive (2003). *Implementing a Framework for Maternity Services in Scotland. - Overview Report of the Expert Group on Acute Maternity Services.* <http://www.scotland.gov.uk/Resource/Doc/47021/0013919.pdf>

Action	Outcome	Performance indicator	Timescale
10. Identify training needs and deliver training related to draft national referral criteria and care pathways	<p>Effective and accessible services will be delivered by competent staff across a range of services</p> <p>Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.</p>	<p>Staff aware of KCND pathways</p> <p>Midwives and consultant obstetricians have an individual copy of KCND pathways</p> <p>Staff feel supported in using pathways as evidenced by audit</p>	<b>2011</b>
11. Women who have undergone a previous caesarean section will be offered the opportunity to attend a Vaginal Birth After Caesarean (VBAC) clinic	<p>There will be increased access to maternity related information and advice, particularly amongst vulnerable groups.</p> <p>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs.</p>	Decrease in caesarean section activity.	<b>2014</b>
Health professionals in maternity care will promote vaginal birth as the norm utilising the KCND Pathways	<p>Maternity care will be delivered using evidence- based practice.</p> <p>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs.</p>	<p>Increase in vaginal birth rates</p> <p>Decrease in elective Caesarean section numbers</p> <p>Increased uptake of midwifery led births</p> <p>Increased uptake of complementary therapies within the maternity unit, which may enhance the normal vaginal birth rate e.g., hypnobirthing, aromatherapy</p>	<b>2014</b>

Action	Outcome	Performance indicator	Timescale
Increase antenatal education regarding indications for induction of labour and elective Caesarean section	<p>Maternity care will be delivered using evidence-based practice.</p> <p>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs.</p>	<p>Reduced maternal requests for induction of labour</p> <p>Reduced induction of labour rates</p> <p>Reduced emergency caesarean section rates</p> <p>Reduced maternal requests for elective caesarean sections</p> <p>Reduced elective caesarean section rates</p>	<b>2015</b>
12. Implement nationally agreed referral criteria and care pathways	<p>Maternity care will be delivered using evidence-based practice.</p> <p>Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.</p>	<p>Staff aware of KCND pathways</p> <p>Midwives and consultant obstetricians have an individual copy of KCND pathways</p> <p>Staff using pathways as evidenced by audit</p>	<b>2011</b>
13. Implement midwife as named caseload holder for healthy women antenatal, intrapartum, postnatal	<p>Maternity care will be delivered using evidence based practice</p> <p>Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.</p>	<p>Number of healthy pregnant women who have midwife as named caseholder.</p>	<b>2015</b>

Action	Outcome	Performance indicator	Timescale
14. Enhance communication and information sharing between midwives and GPs to promote integrated holistic care of mothers and babies.	<p>Maternity services will work in partnership with mothers, their families and other agencies</p> <p>Maternity services will be delivered as part of an integrated holistic support to mother and babies and their families.</p>	GPs and midwives report improved communication.	<b>2012</b>
<b>15. Contribute to national evaluation of KCND</b>	<p><b>Maternity care will be delivered using evidence based practice</b></p> <p><b>Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.</b></p>	<b>Improvement in standards compared to audit undertaken in March 2009</b>	<b>2011</b>

#### 4. Ensuring optimal length of stay

- 4.1. The length of stay within the maternity unit has significantly reduced in the last ten years and currently stands at an average of 2.5 days per patient in NHS Ayrshire and Arran. This is higher than the Scottish average of 1.8 days.
- 4.2. Length of stay however, varies significantly depending on a number of factors. For example, the length of stay for people who have had caesarean deliveries stands at 3.6 days compared to 1.7 for normal vaginal delivery.
- 4.3. In addition to the means of delivery, there is some indication that other factors affect the length of stay post natal including mothers drug use, other conditions such diabetes; and age of mother. Conditions such as level of deprivation of home location, maternal smoking during pregnancy or alcohol use, showed no difference in length of stay.

Action	Outcome	Performance indicator	Timescale
15 To improve triage of patients presenting at the maternity unit	Maternity care will be delivered using evidence based practice.  Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.	Improved triage system  Reduction in pre-natal stay	<b>2011</b>
16 Optimise normality pathways	Maternity care will be delivered using evidence based practice  Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.	Decrease in caesarean section activity  Evidence that maternity services adheres to appropriate national pathways, guidelines and models of care.	<b>2014</b>
17 Extension of day / assessment unit	Effective and accessible services will be delivered by competent staff across a range of services  Mothers will feel that they have had their babies in a safe, supportive and caring	Number of admissions from day / assessment unit to inpatient  Reduced length of stay as inpatient	<b>2011</b>

Action	Outcome	Performance indicator	Timescale
	environment that has addressed their particular needs		
<b>18 Introduction of hostel accommodation within AMU for patients living in remote and rural settings (included islands) for those at late stage of pregnancy but not yet requiring medical or midwifery care</b>	<p><b>All maternity and neonatal services staff will have a clear understanding of the concept of risk assessment and management to improve the quality of care and safety of mothers, while reducing preventable adverse incidents</b></p> <p><b>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs</b></p>	<p><b>Use of hostel accommodation</b></p> <p><b>Feedback from patients on quality of stay</b></p> <p><b>Reduction in length of stay in inpatient accommodation</b></p>	<p><b>2011</b></p>

## 5 Breastfeeding

- 5.1 The breastfeeding rates in Ayrshire and Arran are low compared to the national average and the percentage of those exclusively breastfeed at six to eight weeks is the lowest in Scotland.
- 5.2 In response, NHS Ayrshire & Arran launched, with partner organisations, the '[Infant Feeding Strategy](#)' 2008-2013. Maternity services play a key part in supporting mothers to breastfeed and are therefore an integral part of the strategy. The actions specifically required of the service are:

Action	Outcomes	Performance indicators	Timescale
19. All staff will be equipped to provide support in promoting breastfeeding within maternity services.	<p>Early intervention, prevention and promotion of health and well being will be integrated within maternity services planning and provision</p> <p>Service planning and delivery will be underpinned by the principle that good health and wellbeing before, during and after pregnancy benefits the woman, her unborn baby and wider society.</p>	<p>All maternity services staff have breast feeding objectives in their PDP and access appropriate support to achieve the objectives</p> <p>An increase in the proportion of patients who report an understanding of the significant health benefits of breastfeeding.</p>	2011
20. Maintenance of 'Baby Friendly' status within the maternity hospital and attainment of 'Baby Friendly' status within community	<p>Early intervention, prevention and promotion of health and wellbeing will be integrated within maternity services planning and provision</p> <p>Service planning and delivery will be underpinned by the principle that good health and wellbeing before, during and after pregnancy benefits the woman, her unborn baby and wider society.</p>	<p>Retention of 'Baby Friendly' accreditation</p> <p>Improvements in exclusive breastfeeding rates at first visit by health visitor.</p>	2015

Action	Outcomes	Performance indicators	Timescale
21. Development of peer support for breastfeeding in hospital	<p>Early intervention, prevention and promotion of health and wellbeing will be integrated within maternity services planning and provision</p> <p>Maternity services will be delivered as part of an integrated holistic support to mother and babies and their families.</p>	Improvements in exclusive breastfeeding rates at first visit by health visitor.	2015
22. Breastfeeding support will be targeted to women with low levels of breastfeeding, for example young people, people living in deprived circumstances; vulnerable mothers and so on.	<p>There will be increased access to maternity related information and advice, particularly amongst vulnerable groups</p> <p>Service planning and delivery will be underpinned by the principle that good health and wellbeing before, during and after pregnancy benefits the woman, her unborn baby and wider society.</p>	<p>Evidence that culturally sensitive approaches are used to promote breastfeeding</p> <p>Improvements in exclusive breastfeeding rates at first visit by health visitor among targeted groups.</p>	2011

## **6 Domestic violence / child protection**

- 6.1 NHS Ayrshire & Arran is focused on the local implementation of '[CEL 41 \(2008\) - Gender-Based Violence Action Plan](#)'. The local implementation plan is available from the Public Health Department, Afton House, Ailsa Campus, Ayr;
- 6.2 Completed implementation is expected by the end of 2011, with an expectation that the following objectives will be met within NHS Ayrshire & Arran;
- Improved health care identification and assessment of gender-based violence within priority areas (including maternity);
  - Increased institutional capacity of NHS Ayrshire & Arran to respond to abuse;
  - Indicators and healthcare outcome measures established on the detection and management of abuse related health problems;
  - Comprehensive standards of care developed in relation to the different forms of gender-based violence within priority areas;
  - Gender-based violence is integrated into the relevant strategic and planning frameworks;
  - The development of a clear policy within NHS Ayrshire & Arran for employees who have experienced, or are experiencing abuse, or are perpetrators of abuse;
  - NHS Ayrshire & Arran is contributing effectively to multi-agency efforts to address abuse; and
  - Identification of potential child abuse and neglect during antenatal period;
- 6.2.1 The management lead for this priority is Senior Manager, Health Promotion Team.

## Domestic violence

The specific actions with maternity services are:

Action	Outcomes	Performance indicators	Timescale
23. Ensure that all women receiving maternity services are asked appropriate questions (in private) about their home circumstances	<p>All maternity and neonatal services staff will have a clear understanding of the concept of risk assessment and management to improve the quality of care and safety of mothers, while reducing preventable adverse incidents</p> <p>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs</p>	Audit of case records to ensure questions asked and outcomes recorded	2011
24. Enable appropriate responses to reporting of domestic violence including provision of information and advice with signposting to appropriate supports.	<p>There will be increased access to maternity related information and advice, particularly among vulnerable groups</p> <p>Maternity service information and communication will be clear, consistent, balanced, accurate, and based on the current evidence. It will enable women to make informed decisions about their care.</p>	Documented evidence of support given	2015

## Child protection

The specific actions with maternity services are:

Action	Outcomes	Performance indicators	Timescale
25. Ensure timely and appropriate action is taken to identify babies who may at risk of harm from parental mental illness or lifestyle.	<p>All maternity and neonatal services staff will have a clear understanding of the concept of risk assessment and management to improve the quality of care and safety of mothers, while reducing preventable adverse incidents</p> <p>Service planning and delivery will be underpinned by the principle that good health and wellbeing before, during and after pregnancy benefits the woman, her unborn baby and wider society.</p>	Documented evidence of integrated assessment.	2011

## 7 Maternal obesity

7.1 The growing obesity levels have been recognised across Scotland as a key issue, although data for maternity services is limited.

7.2 Actions on this area are based on:

- Ensuring that overweight women receive a quality service that meets their needs including recognition of the higher risks being faced during late pregnancy and the birth process.
- Supporting women who are overweight to lead a healthy lifestyle during pregnancy and beyond.

Action	Outcomes	Performance indicators	Timescale
26. Produce clear guidance for health professionals in caring for pregnant women with a high BMI	<p>Effective and accessible services will be delivered by competent staff across a range of services</p> <p>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs</p>	<p>Education programmes and material.</p> <p>Documentation of care pathway, for example glucose tolerance test</p>	2012
27. Develop 'best practice' processes to support lifestyle changes in pregnant women with a high BMI from the first visit	<p>Maternity care will be delivered using evidence based practice</p> <p>Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.</p>	<p>Development of nutrition programmes</p> <p>Access to primary care and community support services</p>	2013

## 8 Mental health of pregnant women

- 8.1 It is recognised that the mental wellbeing of pregnant women can play a key factor on the future physical and mental health of their child. It is estimated that between 10 - 15 per cent of pregnant women suffer from anxiety or depression and that a range of stresses faced during pregnancy can exacerbate depression and anxiety. Depression during pregnancy is also the biggest factor in the development of post natal depression.
- 8.2 Action is focused on identifying women at risk of developing mental ill health in pregnancy, supporting women with mental health problems before, during and after the pregnancy and providing as stress free environment for women as possible in partnership with them, their families and other service providers.

Action	Outcomes	Performance indicators	Timescale
28. Implement patient pathways for pregnant women with current mental health problems	<p>Effective and accessible services will be delivered by competent staff across a range of services</p> <p>Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.</p>	Documentation of mental health referral	2011
29. Mothers who have had a miscarriage are offered information, and support.	<p>There will be increased access to maternity related information and advice, particularly amongst vulnerable groups</p> <p>Maternity service information and communication will be clear, consistent, balanced, accurate, and based on the current evidence. It will enable women to make informed decisions about their care.</p>	<p>Availability of information</p> <p>Referrals to other agencies</p> <p>Mothers report that they were supported through the process of miscarriage and beyond.</p>	2011

## 9 Pregnancy and newborn screening

- 9.1 The aims of pregnancy screening programmes are; the detection of serious infections in the mother and prevention of transmission to the fetus and; the early detection of abnormalities in the fetus, such as Down's syndrome and neural tube defects. In order that women and their partners can make an informed choice on the future management of the pregnancy. A Chief Executive's Letter [CEL (2008) 31] issued in July 2008 outlined improvements and expansion to pregnancy and newborn screening programmes to be implemented in full in Scotland by 31st March 2011 (see volume 2). The action plan is informed by this initiative.

Action	Outcomes	Performance indicators	Timescale
30. A system for haemoglobinopathy screening testing will be developed	<p>Effective and accessible services will be delivered by competent staff across a range of services</p> <p>Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.</p>	<p>Accreditation of Ayrshire and Arran laboratory <b>or</b></p> <p>Commissioning of quality service from neighbouring NHS Board.</p>	2012
31. When a foetal anomaly is identified, the parents are offered information and support.	<p>There will be increased access to maternity related information and advice, particularly amongst vulnerable groups</p> <p>Maternity service information and communication will be clear, consistent, balanced, accurate, and based on the current evidence. It will enable women to make informed decisions about their care.</p>	<p>Availability of information</p> <p>Referrals to other agencies / specialist services</p> <p>Parents report that they were supported after identification of foetal anomaly.</p>	2011

## 10 Neonatal services

- 10.1 The Scottish Government Maternity Services Action Group established a Neonatal Services review sub-group in December 2006. Its aims were to describe the current provision of neonatal services in Scotland, identify any requirements for change and make recommendations to MSAG to ensure a sustainable, safe and high quality Scottish neonatal service. Their report was published and available from mid 2009. A number of recommendations were made relating to future service development including some requiring more clarification.
- 10.2 Three Neonatal Managed Clinical Networks (MCNs) are to be set up to co-ordinate neonatal care in Scotland; Ayrshire will belong to the West of Scotland MCN.

Action	Outcomes	Performance indicators	Timescale
32. Work towards increased trained staff establishment, for example specialist doctors, advanced neonatal nurse practitioners (ANNPs)	<p>Maternity care will be delivered using evidence based practice</p> <p>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs</p>	<p>Appropriate WTE nurses / midwives with neonatal qualification</p> <p>Number of specialist doctors</p> <p>WTE ANNPs</p> <p>Compliant neonatology rotas.</p>	2015
33. Participate in West of Scotland MCN for neonatology	<p>Maternity services will work in partnership with mothers, their families and other agencies</p> <p>Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.</p>	Implementation of West of Scotland protocols and pathways	2015

## 11 Patients experience and involvement

- 11.1 NHS Ayrshire & Arran maternity services have a good reputation for being patient-centred and focused on women's needs. Further work however is required to enhance the feeling of mutuality in the delivery of services and enable women to feel that they are full partners and in control of their own care.
- 11.2 To develop this further nationally 'Better Health, Better Care' identified the following priorities for NHS Boards in developing a stronger 'mutual NHS'
- Strengthen public ownership of the NHS by improving rights to participate
  - Embed patient experience information in the performance management of the NHS
  - Further strengthen the collaborative and integrated approach to service improvement that is the hallmark of Scotland's NHS
- 11.3 A series of actions were undertaken to enhance patient and public forums, with additional actions outlined in the draft NHS Quality Strategy due for publication late in 2010, which will emphasis the mutual NHS ideas and person-centred care such as reporting patient outcomes and shared decision making.
- 11.4 The actions relating to patient experience in this strategy reflect the aims of 'Better Health, Better Care' and anticipated aims of the NHS Quality Strategy

Action	Outcomes	Performance indicators	Timescale
34. Improve service user experience	<p>Maternity services will work in partnership with mothers, their families and other agencies</p> <p>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs</p>	<p>Establish a baseline of satisfaction for all services and measure annually</p> <p>Develop a monitored approach for collecting patient experience of Maternity Services service users</p> <p>Support staff to access awareness sessions or e-learning package on the new NHS Ayrshire</p>	95 per cent patient satisfaction by 2015

Action	Outcomes	Performance indicators	Timescale
		& Arran customer care standards Customer care competencies reviewed at staff appraisal and personal development planning opportunities	
35. Staff will be supported to access awareness sessions or e-learning package on the new NHS Ayrshire & Arran customer care standards	Maternity services will work in partnership with mothers, their families and other agencies  Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.	100 per cent of staff received a session  Customer care competencies reviewed at staff appraisal and personal development planning opportunities – 100 per cent by 2014	2015
36. Actively involve patients and the public in the development and improvement of services	Maternity services will work in partnership with mothers, their families and other agencies  Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.	the terms of reference and membership of the maternity public reference group refreshed and work plan in place  Review of the current committee structure within maternity services identifying opportunities for meaningful lay involvement by service users or public identified  Establishment of a programme of environmental and customer care lay review  Lay member participation in the annual Local Supervising Authority Midwifery Officers (LSAMO) Forum	2013
37. Establish robust communication routes for feeding back improvements, opportunities and	Maternity services will work in partnership with mothers, their families and other agencies	Methods of feeding back to service users and the wider public developed, in collaboration with the maternity public reference group and	2011

Action	Outcomes	Performance indicators	Timescale
developments within maternity services to service users and the Ayrshire and Arran public	Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.	its impact evaluated positively	
38. Establish accessible methods for services users and their families to communicate with maternity services	<p>Maternity services will work in partnership with mothers, their families and other agencies</p> <p>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs</p>	A range of methods developed for service users to provide suggestions and comments in a variety of formats.	2011

## 12 Workforce development

12.1 In order to implement this strategy and be able to provide a high quality service in the long term, there needs to be a strong workforce that is caring, compassionate, experienced, skilled, focussed, flexible and responsive to need. This workforce needs to have access to appropriate training; be targeted on service delivery and feel supported and safe.

12.2 The following actions are aimed at delivering these aims.

Action	Outcomes	Performance indicators	Timescale
39. Use nursing and midwifery workforce and workload planning tools for midwifery and neonatology on an annual basis.	<p>Maternity care will be delivered using evidence based practice</p> <p>Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.</p>	<p>National benchmark and professional standards</p> <p>Nursing and midwifery workforce and workload information available annually</p>	2015
40. Increase the number of staff who are supervisors of midwives	<p>Effective and accessible services will be delivered by competent staff across a range of services</p> <p>Continuous quality improvement processes will be integral to maternity services planning and service delivery processes.</p>	<p>NMC standard monitored annually.</p> <p>Midwifery supervisory levels 1:15 ratio as defined by the NMC</p>	2011
41. Continue to implement the maternity care assistant role in both community and acute settings	<p>Effective and accessible services will be delivered by competent staff across a range of services</p> <p>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs</p>	<p>Five year workforce plan. Review progress annually.</p>	2011

Action	Outcomes	Performance indicators	Timescale
42. Continue to implement the advanced nurse practitioner role	<p>Effective and accessible services will be delivered by competent staff across a range of services</p> <p>Mothers will feel that they have had their babies in a safe, supportive and caring environment that has addressed their particular needs</p>	Monitor staffing levels and succession planning.	2011
43. Develop workforce solutions, across staff groups, to address the reductions of doctors in training numbers.	<p>Effective and accessible services will be delivered by competent staff across a range of services</p> <p>Maternity services will be delivered as part of an integrated holistic support to mother and babies and their families.</p>	<p>Medical staffing rotas compliant.</p> <p>Numbers staff completing training for non-medical prescribing increase.</p> <p>Numbers of staff completing training for routine examination of the newborn by midwives increase.</p>	2011

## Appendix 2 - Members of NHS Ayrshire & Arran Maternity Strategy Group

- Joanne Sharp, Health Care Manager Children's, Women's and Sexual Health Services (co-chair)
- Wendy Smith, Staff Side Representative Royal College of Midwives, (co-chair)
- Helen Bradford, Planning and Performance Officer
- Aileen Brown, Manager of Children's, Women's & Sexual Health Services
- Angela Cunningham; Head of Midwifery and Children's Nursing
- Carol Fisher, Health Care Manager Mental Health Services
- Ann Gow, Associate Nurse Director Primary Care Development
- Diane Graham, Patient Focus & Public Involvement Manager
- Isobel Laird, representing Directorate of Allied Health professionals
- Craig Lean, Workforce Modernisation Manager
- Dr Elaine Melrose, Clinical Director for Obstetrics, Gynaecology and Sexual Health Services
- Diane Murray, Assistant Director Medical Workforce Development
- Dr Louise Pollock, representative from GP community
- Stephen Sheach, Planning Manager
- Elaine Young, Senior Manager Health Promotion.