



Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

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David J Rowlands AC/AM  
Chair Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

Dear Mr Rowlands

**Re: Petition P-05-768 - A call for the return of 24 hour Consultant led Obstetrics, Paediatrics and SCBU to Withybush DGH.**

Thank you for your letter of 24 October 2017. Please accept my sincere apologies for the delay in responding to you.

The Health Board has been requested to provide further information on specific areas which have been addressed in the reports enclosed.

I trust that this has provided you with a full and comprehensive response to the specific areas identified in your letter. If there is any further detail you require please do not hesitate to contact me.

Yours sincerely

**Steve Moore**  
**Chief Executive**

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Prif Weithredwr/Chief Executive  
**Mr Steve Moore**

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda  
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

## Hywel Dda University Health Board Comments in response to Welsh Government Petitions Committee Request for Further Information

### The All Wales Perinatal Survey

The All Wales Perinatal Survey (AWPS) report presented data on stillbirths, infant deaths by the seven Health Boards in Wales by residency of the mother, and by individual hospitals. The majority of the mortality rates were presented unadjusted for variables, such as social deprivation and case mix, which are known to influence mortality rates, therefore, caution was required when interpreting the data. It was advised that any increase noted in mortality rates, either at Health Board level or at individual hospital level should be further explored locally.

From 2015 onwards MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) and Each Baby Counts superseded AWPS report and recommended, local reviews should be facilitated. It was also agreed and recommends that Wales required a robust system to assess both stillbirth and neonatal death. Therefore Hywel Dda University Health Board (HDUHB) no longer refers to AWPS data set.

HDUHB routinely collects and monitors data (including rates of perinatal mortality and intrapartum stillbirth) for both local review and for submission to a number of national surveys inclusive of MBRRACE and Each Baby Counts programme. The latest available data from both MBRRACE and Each Baby Counts demonstrated that the perinatal mortality and intrapartum stillbirth rates in HDUHB compare favourably with other UK Maternity units of comparable birth numbers.

The data below in table 1 (included in our previous Health Board response), addresses the stillbirth rate  $\geq$  to 24 weeks gestation. MBRRACE data advocates stillbirth rates  $\geq$  to 22 weeks. This differentiates from the historical data set of AWPS which reported data in triennia, and differs to the Annual reports published by MBRRACE and Each Baby Count which was highlighted as a concern by Mr Overton.

**STILLBIRTH SUMMARY REPORT FOR HYWEL DDA HEALTH BOARD  
PEMBROKESHIRE DATA: 2015-2017**

| <b>Period</b>                            | <b>Stillbirth<br/>≥ 24/40</b> | <b>Therapeutic<br/>Terminations<br/>≥24/40</b> | <b>Gestation(=n)</b>                            |  |   |
|--|-------------------------------|--|---|--|---|
| <b>2015</b>                              | <b>13</b>                     | <b>3</b>                                       | <b>24-30: 11</b>                                | <b>31-36: 1</b>                                  | <b>37-42: 4</b>                                   |
| <b>County of Residence</b>               |                               |  | <b>CERED: 1<br/>CARMS: 6<br/>PEMBS: 4 (25%)</b> | <b>CERED: 1<br/>CARMS: 0<br/>PEMBS: 0</b>        | <b>CERED: 1<br/>CARMS: 1<br/>PEMBS: 3 (18.7%)</b> |
| <b>2016</b>                              | <b>19</b>                     | <b>2</b>                                       | <b>24-30: 9</b>                                 | <b>31-36: 6</b>                                  | <b>37 – 42: 6</b>                                 |
| <b>County of Residence</b>               |                               |  | <b>CERED: 0<br/>CARMS: 5<br/>PEMBS: 4 (19%)</b> | <b>CERED: 0<br/>CARMS: 4<br/>PEMBS: 2 (9.5%)</b> | <b>CERED: 1<br/>CARMS: 2<br/>PEMBS: 3 (14.2%)</b> |
| <b>2017 (1<sup>st</sup><br/>Quarter)</b> | <b>2</b>                      |  | <b>24-30: 1</b>                                 | <b>31-36:1</b>                                   | <b>37-42:</b>                                     |
| <b>County of Residence</b>               |                               |  | <b>CERED: 0<br/>CARMS: 1</b>                    | <b>CERED: 0<br/>CARMS:1</b>                      | <b>CERED: 0<br/>CARMS:0</b>                       |

|                            |           |          | PEMBS: 0 | PEMBS: 0 | PEMBS:0 |
|----------------------------|-----------|----------|----------|----------|---------|
| <b>All Reported Deaths</b> | <b>34</b> | <b>5</b> |          |          |         |

Contrary to the concerns highlighted by Mr Overton, the above data is accurate as there were no stillbirths for Pembrokeshire residents during January 2017 and no early Neonatal deaths. This has been confirmed and verified by cross reference with data via the Child Health Records Department. The reference made by Mr Overton to a neonatal death in Ceredigion on the 13<sup>th</sup> March is correct however the data in the table above (and reflected in our previous response) referred specifically to stillbirths and not neonatal deaths and was clearly referenced as such.

Although the report/ data included in our previous response clearly referenced the first quarter of 2017, Mr Overton's subsequent comments referred to the period April 2017 onwards quotes a further three cases without defining whether they were stillbirths or neonatal deaths. We can confirm that during the second quarter of 2017 (April to June 2017) there were a total of 4 stillbirths inclusive of:

- 1 medical termination of pregnancy (Carmarthenshire),
- 1 x Road Traffic Accident (Carmarthenshire ) and
- 2 x Antepartum Stillbirths (Carmarthenshire).

Mr Overton's referred to Datix HD32358. The clinical review has revealed that this was an antepartum stillbirth where clinical advice was not followed resulting in an unexpected admission to A&E at Withybush general Hospital. It is imperative that conclusions regarding individual cases are based on reviewed evidence.

Mr Overton referred to a further six stillbirths in August 2017. During the third quarter of 2017 (July to September) there were 6 stillbirths within the Health Board. Five cases occurred in August and all have been individually reviewed in line with national guidance and graded accordingly. Detailed review of all cases highlighted relevant maternal clinical factors in the antenatal period and they were not associated with the place of birth. Antenatal care provision in HDUHB has not changed since reconfiguration of maternity services in 2014. Withybush General Hospital continues to provide Consultant Led antenatal care with additional satellite Consultant Led clinics in Pembroke Dock, Tenby and Cardigan. In addition there has been no change of service to the established Day Assessment Unit at Withybush General Hospital.

In total during 2017, there were 17 recorded stillbirths across the HDUHB area compared to 21 stillbirths in 2016. This number is not excessive and below the total number of stillbirths in 2016 for the same period.

Mr Overton referenced a 50% reduction in midwives employed within Pembrokeshire following reconfiguration of services in 2014. The Midwifery Led Unit at Withybush General Hospital and community midwifery services and staffing levels within Pembrokeshire were reviewed during the reconfiguration to accommodate the required level of service provision. We can confirm that all clinical areas are staffed according to Birth Rate plus a National workforce tool.

HDUHB actively supports national and local initiatives and have embraced the Welsh Assembly Government (WAG) Flying Start initiative whose remit is to support vulnerable families within the community. Furthermore HDUHB has embraced and is at the forefront for driving perinatal mental health initiatives in Wales, supporting these vulnerable groups.

For information, the table below summarises the key learning actions and recommendations progressed and implemented by the Health Board following routine review of all stillbirth cases during 2017.

| <b>HDUHB Maternity Review of Stillbirths Recommendations &amp; Learning Actions 2017</b> |   |   |                    |  |
|--|---|---|--------------------|--|
| <b>RECOMMENDATION</b>  | <b>ADDITIONAL CONTROL MEASURES</b>                                    | <b>RESPONSIBILITY</b>   | <b>TARGET DATE</b> | <b>ACHIEVED</b>  |
| <b>Review of Antenatal Referral Criteria for High Risk Women</b>                         | Review of antenatal service provision in WGH, Pembrokeshire on-going. | HoM, DHoM, Obstetric Lead, Operational Lead for Community, Antenatal and MLU Services | December 2017      | Completed Referral criteria implemented In WGH ANC and disseminated to Pembrokeshire Community Midwifery Team Leaders –audit commenced 31.8.2017 |

|  |  |   |                                |                            |
|--|--|---|--------------------------------|----------------------------|
|  | Update training of GAP/GROW for all Obstetric and Midwives. Initial completion October 2016  | HoM, DHoM, Obstetric Lead, Operational Lead for Community, Antenatal and MLU Services.                                  | November 30 <sup>th</sup> 2017 | Completed                  |
| <b>Review of Antenatal Record</b>                                | Organisation of antenatal notes to include repeat admissions to DAU and inpatient admissions   | HoM, DHoM, Obstetric Lead, Operational Lead for Community, Antenatal and MLU Services, Operational Lead for GGH and BGH | 30 <sup>th</sup> November 2017 | Completed                  |
| <b>Training Needs Analysis (TNA) for all community midwife</b>   | CPD leads to disseminate TNA to all community midwifery teams.   |   | 31 <sup>st</sup> August 2017   | Completed                  |
| <b>Review process for admission for elective caesarean</b>       | Elective Caesarean Section/ Peri-operative Proforma to be amended  | HoM, DHoM, GGH/ BGH Operational Leads, Clinical Risk Midwife; Obstetric Lead Consultant; Labour Ward Lead Consultant.   | 5 <sup>th</sup> October 2017   | Completed                  |
| <b>Review process for postponement of elective CS, ECV, IOLs</b> | Maternity Trigger list to be circulated throughout the HB in line with All Wales Maternity Trigger List.<br><br>Dissemination of updated Trigger | HoM, DHoM, Obstetric Lead for Clinical Risk, Clinical risk Midwife, Operational Leads.                                  | July 2017<br><br>July 2017     | Completed<br><br>Completed |

|  |  |   |  |                  |
|--|--|---|--|------------------|
|  | <p>list in Labour Ward Forum; monthly Band 7/ Team-leader's Meetings; HB Maternity Unit Meetings; quarterly Maternity Risk Newsletter</p>  |   |  |                  |
|  | <p>Monthly review of Datix to ensure compliance with reporting and robust investigatory process using IR3 proforma; pathway for Datix investigatory responsibility to be finalised</p> <p>MDT Learning event following Maternity Clinical risk Committee Review.</p> | <p>HoM, DHoM, Obstetric Lead for Clinical Risk, Clinical risk Midwife, Clinical Midwifery Leads</p> | <p>Scheduled to take place in HB Labour Ward Forum 4<sup>th</sup> October 2017</p> | <p>Completed</p> |

**Year Three Review  
of the  
Dedicated Ambulance Vehicle  
(for emergencies)  
D.A.Ve**

**Women & Children's Services WGH / GGH**



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## 1.0 Situation & Background

Hywel Dda University Health Board (HDUHB) launched the consultation on future service configuration on 6th August 2012. The consultation; *Your Health –Your Future: Consulting our Communities*, ran for 12 weeks until 29 October 2012. A number of mechanisms were put in place to ensure that staff, patients, the public and key stakeholders were given a range of opportunities to feed their views back to the Health Board<sup>1</sup>.

The Health Minister subsequently released a statement of 21<sup>st</sup> January 2014 confirming that the provision of specific services (Neonatal, Paediatric & Obstetric) currently provided at Withybush General Hospital (WGH) in Pembrokeshire would be consolidated at Glangwili General Hospital (GGH) in Carmarthenshire.

Recent research supported a model of care in which the most critically ill children would be transferred to a tertiary Paediatric Intensive Care Unit (PICU). The 2003 Welsh Government report on care of the critically ill child states that “*the hazards of transport do not appear to confer added risk in terms of mortality outcome*”<sup>2</sup>, and so a Dedicated Ambulance Vehicle for EMS (DAVe) was proposed by the Welsh Ambulance Services NHS Trust (WAST) as the safest way to ensure timely and safe access to services in Carmarthen.

The DAVe service became fully operational on 4<sup>th</sup> August 2014, based within the Midwifery Led Unit (MLU) at WGH with the remit to provide safe, appropriate and timely ambulance transfers for Women and Children<sup>3</sup> who require on-going care which, due to the necessary re-configuration of services, was no longer sustainable at WGH.

This review provides a summary of the DAVe activity over the first three years of the service.

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<sup>1</sup> Your Health, Your Future, Consulting our Communities (2013) Hywel Dda Health Board

<sup>2</sup> Improving Health in Wales: Caring for Critically Ill Children (2003) Welsh Government

<sup>3</sup> Gynaecology, Maternity, Obstetric & Paediatric Services

## 2.0 Purpose of Review

The intention of this review is to present the activity data of the DAVE in a variety of formats to demonstrate the range and number of transfers (and other activity) being undertaken by the DAVE crews.

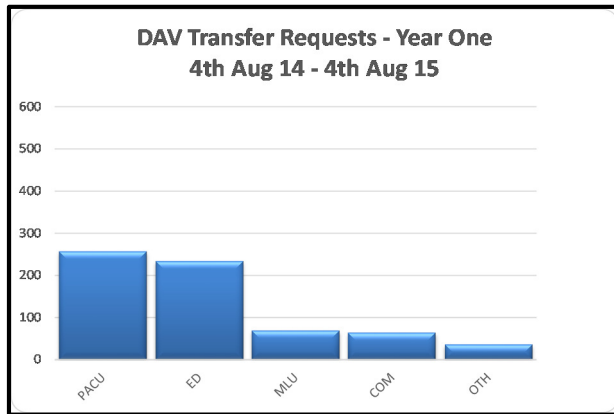
Please note:

1. Additional data has been included to evidence where the DAVE crew have responded as part of the hospitals' Medical Emergency Team (MET). This data also includes significant activity where DAVE crews have responded as Hospital Ambulance Liaison Officer (HALO) to support activity in the Emergency Department (ED)
2. Some examples of where the category '*Other*' has been used in the 'Departments' section are; GP Out-of-Hours, Theatres, Ante Natal, Hospital car park.
3. Examples of where the category '*Other*' has been used in the patient group section are; male patient treated, and patient was a woman but also a child (<18yrs)
4. The category '*Community*' refers to situations where the DAVE has been requested to respond to Women or Children in the community (Midwife call, GP or 999 where DAVE is closest appropriate resource), or where the DAVE has come upon an incident when returning to WGH and had stopped to assist.
5. The numbers shown are numbers of requests and do not reflect the number of hours spent engaged in that request.

## 3.0 Key to Tables

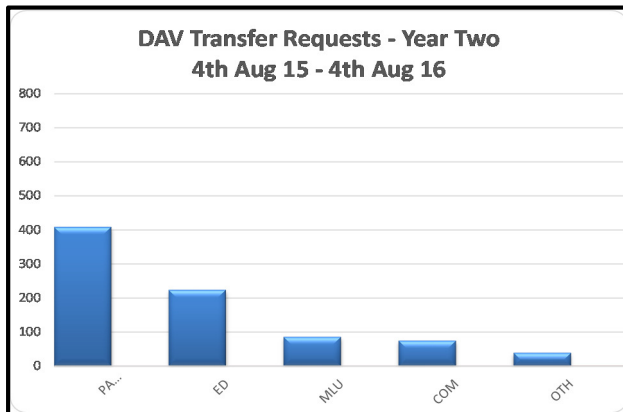
| Abbreviation | Meaning                             |
|--------------|-------------------------------------|
| PACU         | Paediatric Ambulatory Care Unit     |
| MLU          | Midwifery Led Unit                  |
| COM          | Community                           |
| ED           | Emergency Department                |
| OTH          | Other service areas / Other patient |
| MET          | Medical Emergency Team              |
| HALO         | Hospital Ambulance Liaison Officer  |

Table One: Activity by Department 4<sup>th</sup> August 2014 to 4<sup>th</sup> August 2015



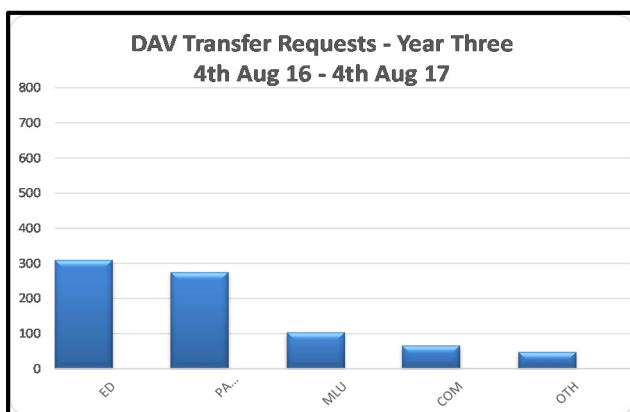
| Data  | Count | Percentage |
|-------|-------|------------|
| PACU  | 257   | 39%        |
| ED    | 234   | 35%        |
| MLU   | 69    | 10%        |
| COM   | 64    | 10%        |
| OTH   | 36    | 5%         |
| Total | 660   |            |

Table Two: Activity by Department 4<sup>th</sup> August 2015 to 4<sup>th</sup> August 2016



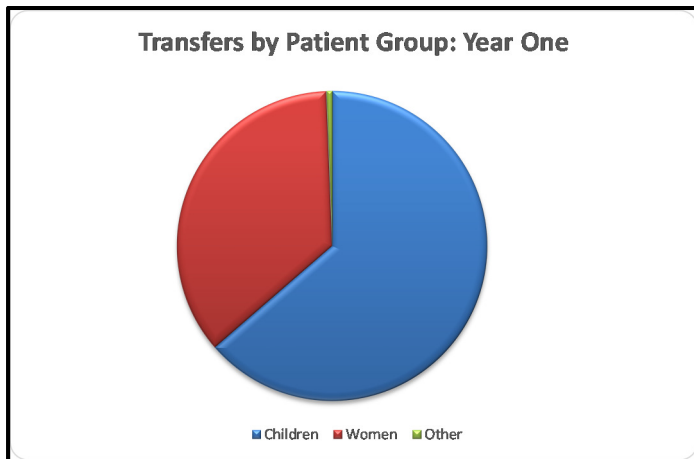
| Data  | Count | Percentage |
|-------|-------|------------|
| PACU  | 409   | 48%        |
| ED    | 244   | 29%        |
| MLU   | 86    | 10%        |
| COM   | 75    | 9%         |
| OTH   | 39    | 5%         |
| Total | 853   |            |

Table Three: Activity by Department 4<sup>th</sup> August 2016 to 4<sup>th</sup> August 2017



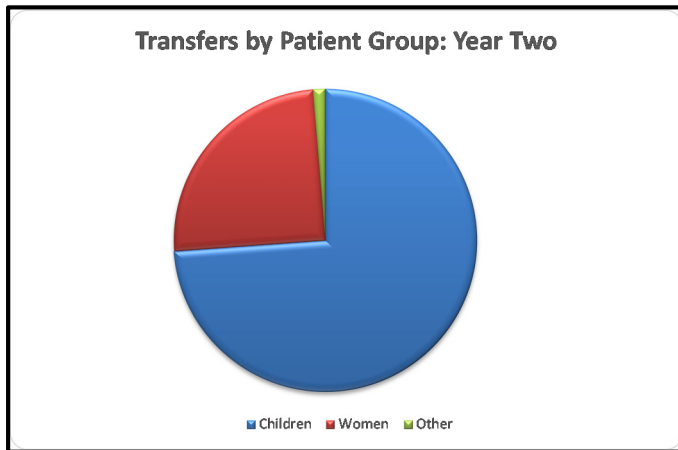
| Data  | Count | Percentage |
|-------|-------|------------|
| ED    | 310   | 39%        |
| PACU  | 275   | 34%        |
| MLU   | 104   | 13%        |
| COM   | 66    | 8%         |
| OTH   | 48    | 6%         |
| Total | 803   |            |

Table Four: Transfers by Patient Group: Year One



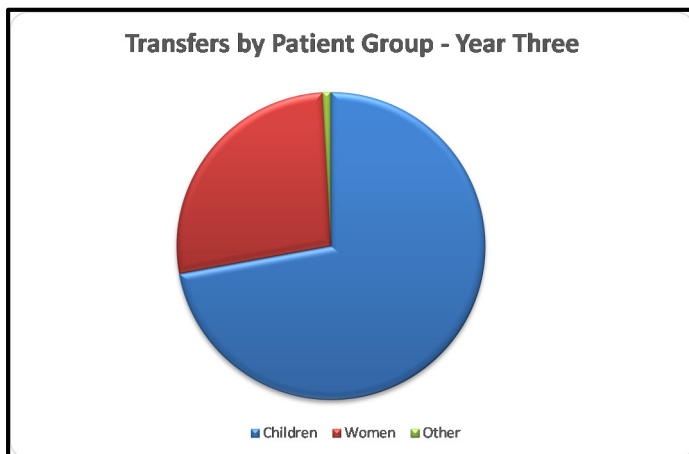
| Data     | Count | Percentage |
|----------|-------|------------|
| Children | 420   | 64%        |
| Women    | 236   | 36%        |
| Other    | 4     | 1%         |

Table Five: Transfers by Patient Group: Year Two



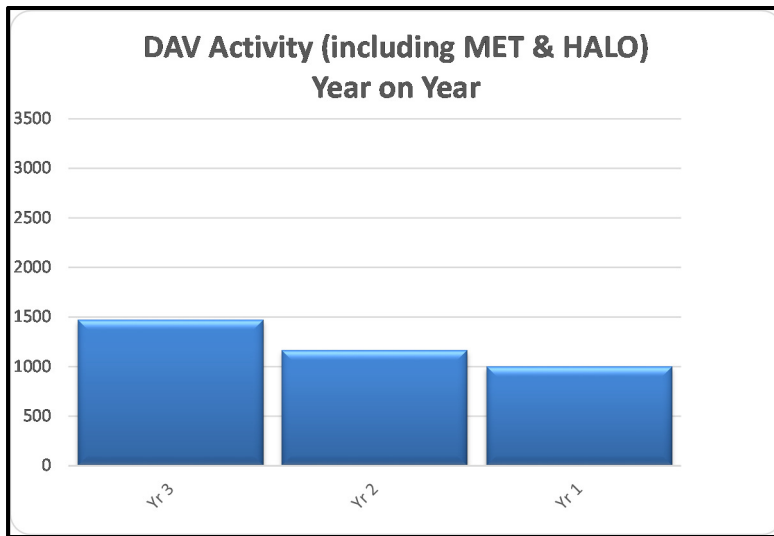
| Data     | Count | Percentage |
|----------|-------|------------|
| Children | 630   | 74%        |
| Women    | 212   | 25%        |
| Other    | 11    | 1%         |

Table Six: Transfers by Patient Group: Year Three



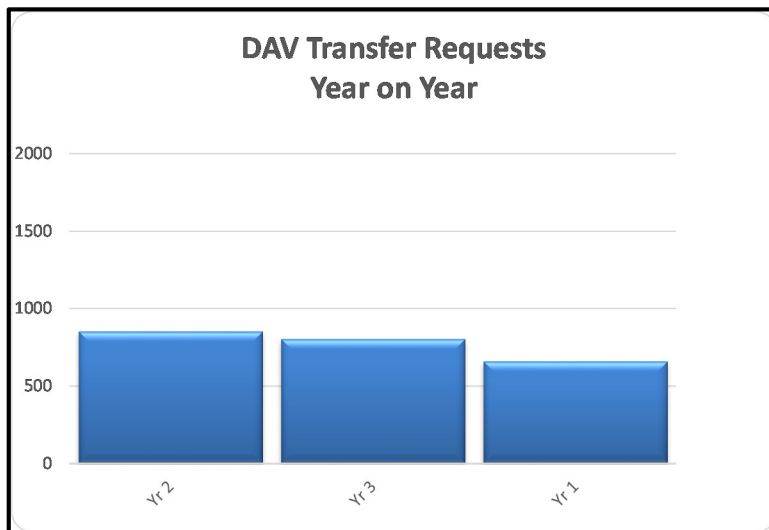
| Data     | Count | Percentage |
|----------|-------|------------|
| Children | 579   | 72%        |
| Women    | 217   | 27%        |
| Other    | 7     | 1%         |

Table Seven: DAVE Activity Including MET & HALO - Year on Year



| Data | Count | Percentage |
|------|-------|------------|
| Yr 3 | 1474  | 40%        |
| Yr 2 | 1168  | 32%        |
| Yr 1 | 1003  | 28%        |

Table Eight: DAVE Transfer Requests - Year on Year



| Data | Count | Percentage |
|------|-------|------------|
| Yr 3 | 803   | 35%        |
| Yr 2 | 853   | 37%        |
| Yr 1 | 660   | 28%        |

## 4.0 Key Findings

Table Nine: Year-on-Year Activity Comparison

| Activity                | Three Year Data | Year One | Year Two | Year Three |
|-------------------------|-----------------|----------|----------|------------|
| Average Daily Responses | 3.3             | 2.7      | 3.2      | 4          |
| Average Daily Transfers | 2.1             | 1.8      | 2.3      | 2.2        |
| Premium Service User    | PACU            | PACU     | PACU     | ED         |
| Premium Patient Group   | Paeds           | Paeds    | Paeds    | Paeds      |

Table Ten: Combined Three Year Data<sup>4</sup>

| PACU      | MLU       | Com      | ED        | Other    | Transfers Only Total | MET HALO   | Women     | Child      | Other     | Combined Total (with MET/HALO) |
|-----------|-----------|----------|-----------|----------|----------------------|------------|-----------|------------|-----------|--------------------------------|
| 941 (41%) | 259 (11%) | 205 (9%) | 788 (34%) | 123 (5%) | 2316                 | 1329 (36%) | 665 (18%) | 1629 (45%) | 22 (0.6%) | 3645                           |

## 5.0 Summary of Three Year Activity Data

- 70% of transfer requests are to convey children
- 11% of transfer activity is generated through the MLU
- 41% of overall 3 year activity was undertaken on behalf of the PACU, with ED being the second biggest user at 34%
- 36% of all DAVE combined 3 year activity was for MET and HALO support during times of increased demand

## 6.0 Notable Practice

- MDT working within WGH
- No DATIX or SAI (specifically relating to the DAVE service) have been recorded over the three year duration of the service
- Positive year one RCPCH<sup>5</sup> review findings in relation to DAVE service
- Details of the DAVE service are being shared in both England and Wales as an example of current 'best practice'<sup>6</sup> for other HB undergoing service reconfiguration.

<sup>4</sup> For explanation of categories, please refer to 'caveat' on page 2

<sup>5</sup> Royal College of Paediatric and Child Health HDUHB Invited Review (2015)

<sup>6</sup> Cumbria, North of England and Aneurin Bevan HB in Wales.

## 7.0 **Recommendations**

1. There is significant data to evidence that the DAVe service is fulfilling its key objective which was: '*To provide a safe and timely ambulance transfer service for Women and Children between WGH and GGH*', and it is recommended that this vital service be maintained.
2. Due to the volume of data now being stored, an on-line electronic recording spreadsheet is recommended. This would improve accuracy and simplify analysis.
3. Please note that following clarification of some activity detail in year one, this necessitated some minor amendment to previously submitted data.