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Temporary Changes to  
**Women's and Maternity  
Services**

# Temporary Changes to Women's and Maternity Services in North Wales Have Your Say

August 2015



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A summary version of this document can be obtained by calling us on FREEPHONE 0800 169 3142 or e-mail [NWalesHaveYourSay@wales.nhs.uk](mailto:NWalesHaveYourSay@wales.nhs.uk)





## Foreword

The quality and safety of our maternity services is a hugely important issue for the people of North Wales.

We face significant challenges in maintaining services in their current form and we are having to consider temporary changes. This document sets out the problems we face, the risks we are currently managing and the options we are considering.

We can only give these matters due consideration if we have a full debate with the public, our staff and stakeholders. We need to hear your views to inform our decision making and would urge you to have your say by responding to our consultation.

A handwritten signature in black ink that reads "Peter Higson". The signature is written in a cursive style.

Dr Peter Higson  
Chairman

A handwritten signature in black ink that reads "Simon Dean". The signature is written in a cursive style.

Simon Dean  
Interim Chief Executive



Pregnancy and childbirth should be a positive and happy experience with a healthy mother and baby as a result.

In order to ensure this it is important that services are stable and delivered by expert teams. These teams need to work effectively together to provide compassionate care of the highest standards.

As clinical leaders our primary aim is to provide safe and high quality maternity services across North Wales. The majority of care before and after birth happens in the community or as an outpatient, but we are concerned that some of our services, particularly doctor led services in hospital, are becoming unstable and unsustainable, primarily due to shortages in trained medical staff. Our professional view is that if we don't address this it could lead to avoidable harm to mothers and babies.

We know from recent reports in other areas that harm occurs when the focus on quality and safety is lost. The recent report of the Morecambe Bay investigation highlights what can go wrong if early opportunities to address warning signs are not taken (you can find a copy of the report on our website at [www.wales.nhs.uk/nwmaternity](http://www.wales.nhs.uk/nwmaternity)).

We must now decide, with your input, how best we can do this. This document will give you some information on the possible ways we can stabilise services in the short term. Please read through this and let us know your views.

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Clinical Director Obstetrics and Gynaecology (Central)



## This Document

This document tells you why we are considering temporary changes to women's and maternity services. It includes details of the services we are considering and the concerns we currently have about these. It also tells you how you can tell us your views on the proposals for temporary change.

You will find further information on the web pages at [www.wales.nhs.uk/nwmaternity](http://www.wales.nhs.uk/nwmaternity)

This consultation relates to possible temporary changes which we believe are needed because of current levels of risk. This is not a consultation about longer term strategic service changes. Because of this, some of the information is developing as we understand the position more. We will continue to post updated information when available on the website.

Here is an explanation of some of the technical terms used in the booklet.

**Antenatal care:** Care given to a pregnant woman before the birth of her baby

**Breast services:** Health care for breast problems; mainly for women but some men also experience breast problems

**Caesarean section:** A Caesarean section is when a baby is delivered using a surgical operation to cut through the mother's abdomen and uterus

**The Deanery:** The Wales Deanery is responsible for training doctors (and dentists) after they have graduated with a medical degree

**Epidural:** This is the term used for an anaesthetic given into the lower back area of the spine to reduce pain during childbirth

**General Medical Council (GMC):** The GMC is an independent organisation that helps to protect and improve medical education and practice across the UK

**Gynaecology:** Treatment for women's diseases and conditions

**Locum and agency staff:** A locum doctor is any doctor who is given a temporary post. An agency locum is a temporary doctor who is paid at a higher rate through an agency. Agency midwives are temporary midwives also paid through an agency

**Maternity services:** Care for pregnant women until shortly after their baby is born

**Midwife:** The responsible health care professional who gives support, care and advice during pregnancy, labour and after childbirth

**Midwifery:** Midwifery is the health profession that deals with pregnancy, childbirth and care during the period after childbirth including care for the newborn baby

**Midwifery-led Unit :** An NHS Unit offering care during labour and birth to women with straightforward pregnancies, in which midwives have primary professional responsibility for care

**Neonatal care:** Neonatal care means care given to newborn babies, usually for up to the first 28 days of a baby's life

**Neonatal intensive care:** Neonatal intensive care is given to babies who have serious problems, sometimes because they are born very early or because they are very low weight at birth.

**National Institute for Health and Care Excellence (NICE):** NICE provides national guidance and advice to improve health and social care

**Nursing and Midwifery Council (NMC):** The NMC is the nursing and midwifery regulating body in the UK

**Obstetrics:** Maternity services provided by consultant (senior) doctors

**Oncoplastic surgery:** This is plastic surgery which follows cancer treatment, for example, following breast surgery

**Perinatal mortality rates:** These show the number of still born babies and deaths of babies within the first week of life. These rates are monitored nationally and in North Wales are slightly below the national average

**Postnatal care:** Postnatal care is care given to a mother after her baby is born

**Royal College of Midwives (RCM):** The RCM is a trade union and professional association that supports midwives

**Royal College of Obstetricians and Gynaecologists (RCOG):** The RCOG is a professional medical body which works to set standards for health care for women, provides training and lifelong learning for doctors and speaks out on women's health care matters



## Introduction

Giving birth should be a positive experience for all women, in an environment that meets their needs, with the right number of skilled staff to provide support including a prompt response in an emergency.

It is vitally important that we ensure there are consistently safe and high quality maternity services which offer choices for women in North Wales. Obstetric (consultant-led) services are currently delivered at three hospitals across North Wales. We have recognised for some time that our obstetric services are becoming increasingly unstable. The problems include shortages in numbers of doctors, difficulty recruiting sufficient qualified staff, training for junior doctors and meeting national standards for quality of care. Some of these are not unique to North Wales; many maternity services across the UK have similar challenges. We have been considering these issues and talking to clinicians, mothers and representatives of community groups about risks to mothers and babies arising from the current situation.

In September 2014, concerns were raised within the Health Board about whether we could continue to provide maternity services in the same way. Earlier this year the Health Board discussed whether there was a need to change services temporarily to reduce risks to patient safety. There were many strong views expressed about the proposals and following legal proceedings, the Health Board has agreed to consult with the public before reaching a decision on whether a temporary change is needed during this difficult time.

The risks are monitored closely on a daily basis and short term actions are taken when needed to keep the service safe. These have included freeing up staff time by cancellation of some planned gynaecology surgery and temporary suspension of training. On some occasions we have transferred mothers to other hospitals.

We believe it is important to stabilise services that are currently unstable. In our view, the risks to mothers and babies from trying to keep the services running in the same way are greater than the risks there might be from a temporary change to services.

Despite numerous and repeated efforts to recruit more doctors, we do not have enough medical staff to run three stable hospital rotas. This is particularly difficult at the “middle grade” of medical staff who provide most of the direct medical care to mothers and babies. This was made worse in

2014 when the Wales Deanery (responsible for medical training in Wales) raised concerns about the experience of trainees in North Wales. This led to trainees being withdrawn from Glan Clwyd Hospital. The gaps left by these trainees needed to be filled with additional middle grade doctors.

Like many hospitals we do use temporary (agency and locum) medical staff and they can play a vital role in covering short term absences due to sickness or annual leave. But if there is a longer term, persistent or increasing need to employ temporary medical staff, particularly at short notice, this is a warning sign that the service is unstable and unsustainable, both clinically and financially.

Even temporary (agency and locum) posts can be difficult to recruit in rural areas like North Wales.

The RCOG recognises that the NHS has a national problem with middle grade rota gaps in obstetrics and gynaecology of approximately 25-30% at any one time. The rate across North Wales this year has frequently been between 45-65%. It is not always possible to fill these gaps with temporary staff and as a result, consultants are often asked to take on the roles of a middle grade doctor.

Outside of the normal 9.00am to 5.00pm weekday working, the consultants take it in turns to be available from home for emergency work in the hospitals. We call this non-resident work and they are available the next morning to continue working. If there is a gap in the middle grade rota and the consultant has to remain in the hospital overnight to maintain a safe service, we call this resident cover and the consultant cannot work the next day. This can result in an over-stressed and tired medical workforce, which can present risks to mothers and babies.

There is good evidence that effective teamwork is directly linked to outcomes for patients. Also, excessive use of temporary staff, who may not be familiar with the unit or clinical colleagues, can have a destabilising effect on teams. The GMC is also clear that temporary medical staff should be closely supervised by senior medical staff. This is necessary but time consuming and can further reduce the time available for direct patient care by consultant medical staff.

It is also important that teams are stable if they are to build a culture that focuses on quality, safety and continuous improvement. Medical staff should have time available to take part in the collection of outcome data, audit, research and education. When teams are unstable it is far more difficult to develop and to commit to sustain this culture.

These are issues that affect the whole North Wales service. Because of these substantial safety concerns, we believe that we must take action to protect mothers and babies. We are considering whether we need to concentrate the consultant-led services at only two of our three main hospitals – Ysbyty Gwynedd, Glan Clwyd Hospital and Wrexham Maelor Hospital – on a temporary basis. There will still be a midwifery-led service at all hospitals, so that mothers who are experiencing a straightforward pregnancy can have their baby at any of the hospitals.

There are close links with neonatal services and gynaecology services which mean that there would also need to be temporary changes to these services. These are also described. We would need to move part of the breast services temporarily to make space for the changes in the other services. Presently the inpatients for breast surgery and gynaecological surgery use the same women's ward in each hospital. The ward staff will be able to provide appropriate care to women during any temporary changes and we will be able to keep a dedicated women's ward. Moving inpatient breast surgery would create about the right amount of ward and theatre space to accommodate gynaecology.

This document explains what we think would be the best ways to manage the current concerns. There are risks and benefits to all the options. We want to know what you think.



Any temporary changes would be in place while we continue to make every effort to strengthen the services by recruiting more doctors, enhancing midwifery services and working with the teams to improve relationships. This will take some time to achieve, but we want it to be as short a time as possible. We are already actively trying to recruit more doctors. We have recently recruited 27 new midwives and have restarted essential training.

The development of the Sub-Regional Neonatal Intensive Care Centre (the SuRNICC) at Glan Clwyd Hospital as the centre of excellence for babies with more complex needs will be a significant asset in attracting staff into North Wales. We are working on the business case for the capital investment needed to build the new centre and expect to complete the business case for the next stage of the process in November 2015. Welsh Government will need to approve this and the final business case during next year and we anticipate starting to build in Autumn 2016. Whilst we do this, we are recruiting more specialist staff to add to the skills within the neonatal team. We are recruiting two additional Neonatologists and have recruited additional Advanced Neonatal Nurse Practitioners already.

During this time we will develop plans for how services will work across North Wales in the longer term, in a network supporting all our hospitals. We will take into account what you tell us about what is important to you, and discuss the plans with you before they are finalised.

In the meantime we are making every effort to keep the services running safely and seeking to reduce the risks to patients. This is proving very challenging, with action needing to be taken on a daily basis to manage the risks. This is a difficult situation and we are concerned that we cannot be as confident as we would wish about the quality of care provided to mothers and babies.

We believe that temporary changes are needed quickly. Our over-riding concerns are for the safety of mothers and babies, and the quality of the service they receive.

## About The Health Board

Betsi Cadwaladr University Health Board is responsible for promoting good health and providing health care services for the population of North Wales. The population of the six counties - Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham - is just under 700,000. In holiday periods there are many visitors who come to North Wales who also need health care.

We are responsible for health care in local communities as well as hospital services. This includes primary care services for people registered with GPs (family doctors), and from community pharmacists, dentists and optometrists (eye care).

Some of our residents who live in South Gwynedd use services at Bronglais Hospital, Aberystwyth. Some of our residents in Flintshire use the Countess of Chester Hospital as their main hospital. Some residents of North and West Powys, Cheshire and Shropshire use our services in North Wales and may be interested in this consultation.

# What Services Are Being Considered For Temporary Change

We are considering the need for temporary change to **consultant-led maternity services** (obstetrics). Consultant-led services are provided by doctors (obstetricians) and midwives in a major hospital. They provide care to women who need more specialist support to give birth – those seen as higher risk deliveries, because of medical conditions or pregnancy related problems.

There is good evidence that other women, who are expected to have straightforward pregnancies, can be safely cared for by midwives. Clinical evidence and NICE guidance advises women to make more use of midwifery-led care because the outcomes are better. This guidance suggests at least 40% of women could safely have their babies in a midwifery-led unit or at home.

If we make changes to maternity services we will also need to make some other temporary changes:

- Inpatient and emergency gynaecology services because most obstetricians also provide gynaecology services
- Neonatal services – services for babies who need additional support after birth – because consultant-led maternity services and more complex neonatal care services need to work together
- Some breast services – inpatient surgery for people with breast problems – because ward space and theatre sessions would need to be created for a temporary service change. Currently there is a women's ward at each of the hospitals. Moving breast surgery inpatient care to balance gynaecology surgery inpatient care would enable the continuation of the dedicated women's ward supported by ward staff with experience and skills in both breast and gynaecology care.

## What Services Are Currently Provided

**Maternity and Gynaecology Services** in North Wales are provided at the three main hospitals – Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital. At present, each hospital provides similar services. These include:

### Maternity Services

- Antenatal outpatient clinics, for care and support for pregnant women before the birth of their baby
- Antenatal screening, to help identify any health problems for babies before they are born
- Antenatal parent education services
- Fetal medicine
- Postnatal support in clinics and at home
- Support for home births
- Alongside Midwifery-led Units
- Consultant-led Maternity Services

There are also Home-from-Home Birth Units at Denbigh Infirmary, Bryn Beryl Hospital (Pwllheli), Dolgellau Hospital (and facilities available at Tywyn Hospital)



Each year there are around 2,700 deliveries at Wrexham Maelor Hospital; 2,400 at Glan Clwyd Hospital and 2,100 at Ysbyty Gwynedd: a total of 7,200 in the main hospitals in North Wales. The number has remained fairly constant during the last few years. Home births and deliveries in Home-from-Home Units account for around 2% of all births. There are around 500 births at the Countess of Chester Hospital as well.

## Midwifery-led Units

A midwifery-led unit is a maternity unit where care is provided by midwives. They support women who have an uncomplicated pregnancy and are seen as at low risk of developing problems.

Midwifery-led units can be “Alongside” - provided at a hospital where there is also a consultant-led service. In North Wales there are Alongside Midwifery-led Units at Ysbyty Gwynedd (opened in 2015), Glan Clwyd and Wrexham Maelor Hospitals.

Midwifery-led units can also be “Freestanding” – in the community or in a hospital with no consultant-led service.

There is no difference in the care provided at these units. If a woman needs consultant care during labour she will be transferred to the nearest consultant-led service.

NICE guidance was published in December 2014 which confirms the safety of Midwifery-led Units for straightforward pregnancies

# Gynaecology Services

- Gynaecology outpatient clinics
- Gynaecology outpatient procedures (minor procedures which do not need admission to hospital)
- Gynaecology day case surgery, where a woman can go home on the same day as surgery
- Gynaecology inpatient surgery
- Complex gynaecological cancer surgery, which is currently concentrated at Ysbyty Gwynedd where there are specialist consultants

**In a year there are about 1,700 planned and emergency gynaecology inpatient admissions at Wrexham Maelor Hospital; 1,200 at Glan Clwyd Hospital and 1,100 at Ysbyty Gwynedd.**

# Neonatal Services

All three hospitals provide some neonatal care, although there are differences:

- Ysbyty Gwynedd has a Special Care Baby Unit and provides some short-term intensive care when needed
- Glan Clwyd Hospital has a Special Care Baby Unit and a Local Neonatal Unit (which supports babies who need a higher level of care)
- Wrexham Maelor Hospital has a Special Care Baby Unit and a Local Neonatal Unit.
- Since 2013, babies with the highest level of complex and longer term intensive care needs have been cared for in Arrowe Park Hospital on the Wirral.
- We are developing plans to bring some of this more specialised intensive care back to North Wales, in a development known as the Sub-Regional Neonatal Intensive Care Centre (SuRNICC). This centre will be at Glan Clwyd Hospital. We are already recruiting additional staff to the neonatal services team at the hospital. We are also developing a business case for the development costs of the Centre. The Centre should be opened by 2018.
- Wrexham Maelor Hospital has a pre-birth fetal medicine service

**Around 10% of babies born in North Wales will need some level of neonatal care after they are born; a proportion of these will need high dependency care or intensive care in a local neonatal unit. Very small numbers - around 36 babies a year – need complex and longer term intensive care, currently provided at Arrowe Park.**

# Breast Services

- Routine breast screening is provided by Breast Test Wales at community sites across North Wales
- Screening for women with possible disease symptoms is provided in Wrexham and Llandudno
- Rapid access breast outpatient clinics at Llandudno Hospital and the three main hospitals
- Breast surgery and diagnostic tests at the three main hospitals
- Oncoplastics – surgery which includes breast reconstruction – is provided at Glan Clwyd Hospital although some women are also treated at Whiston Hospital in Merseyside.

**Every year about 400 people have inpatient breast surgery at Wrexham Maelor Hospital, 500 at Glan Clwyd Hospital and 300 at Ysbyty Gwynedd.**



## Why We Think Services Need To Change

There have been discussions about whether we can continue to provide maternity services in the same way for some time. In 2012, the National Clinical Forum – an independent group of clinical professionals from across Wales – expressed “serious concern about the deliverability and sustainability” of maternity services at the three hospitals. The Forum said that the situation with trainees providing a large part of the on call rota required “major reconsideration” and that North Wales does not have enough births to justify more than two centres for training. At the time, the Health Board asked the local doctors and midwives to try and find a way to continue consultant-led services at all three hospitals.

The National Clinical Forum drew attention to this advice again in 2013 when a further discussion was held on the future of services.

Further risks to maternity services in North Wales were highlighted in the Board’s Risk Register in October 2013. The risks have been discussed at Public Board meetings.

The main problems are as follows.

### Staffing

In the introduction to this document, we described a number of issues and concerns relating to temporary staffing and the risks these present to the stability of services.

We set our own trigger that a temporary medical staff rate of more than 25% should act as an alert. We accept this can only be a guide to help inform a wider discussion about the impact of high levels of temporary staff on services.

By February 2015, the problems with staffing of doctors' rotas had become significant. The position was as follows – the figures refer to the equivalent of full time posts

Hospital	Vacancies – February 2015					
	Consultants		Middle grade		"First on call"	
	% vacant	WTE posts vacant	% vacant	WTE posts vacant	% vacant	WTE posts vacant
Wrexham Maelor Hospital	0	0	42.2	3.8	0	0
Glan Clwyd Hospital	0	0	56.25	4.5	33.3	3
Ysbyty Gwynedd	0	0	33.3	3	22.2	2

We have continued to try to recruit permanent medical staff and have recently recruited two new consultant doctors. However, the two new doctors were the only two out of 21 applying for the job who met the standards needed for successful appointment.

During the year April 2014 to April 2015 there were 14 different advertisements and recruitment processes for various grades of medical staff vacancies. Despite this we have not filled all vacancies.

There are still too many temporary staff - locum and agency doctors. By July 2015, across North Wales, there were 13 middle grade vacancies (43%) and 10 "first on call" doctor vacancies (33%). This is significantly higher than national averages. The most recent attempts to appoint more middle grade doctors have been unsuccessful. The position as at 5 August is as follows:

Hospital	Vacancies – August 2015					
	Consultants		Middle grade		"First on call"	
	% vacant	WTE posts vacant	% vacant	WTE posts vacant	% vacant	WTE posts vacant
Wrexham Maelor Hospital	0	0	49	5.4	0	0
Glan Clwyd Hospital	0	0	43.75	3.5	43.75	3.5
Ysbyty Gwynedd	0	0	54.5	6	36.4	4

**Note:** Glan Clwyd Hospital needs 8 middle grade doctors and 8 first on call doctors, whereas Ysbyty Gwynedd and Wrexham Maelor Hospital need 11 doctors on each of these rotas to meet Deanery requirements for doctors in training. This is why percentages may look similar but numbers of vacancies are different.

Daily risk assessments are being carried out and these have found that, on some days, there have been locum doctors on two of the levels of doctors' rotas - so that two thirds of the medical staff on duty are temporary.

We continue to advertise for and recruit medical staff. In August we will be interviewing for additional consultant medical staff to work as resident on call, replacing middle grade posts. If we are successful this will reduce the current level of risk but we will still have significant gaps in the medical rotas.



## Training

The Wales Deanery is the body responsible for the training of doctors in Wales.

Concerns had been raised by the Deanery about training in Glan Clwyd Hospital as far back as 2011. The existing trainees in Glan Clwyd Hospital at that time wrote to the Deanery to express concern about the quality of training they were receiving. Following a six month period to try and improve the situation, in April 2014 the Deanery took the decision that no trainees would be allocated to Glan Clwyd Hospital from August 2014.

Losing training status, because the Deanery thinks the experience being given to trainees at the unit is poor, is a major concern to the Health Board. Not being a unit that provides training can be a disadvantage when trying to recruit staff.

## Quality Measures

A number of quality measures are monitored on a regular basis for all three hospitals as part of maternity services performance reports. These include measures such as Caesarean section rates, infection rates and perinatal mortality rates (stillborn babies and deaths of babies within one week of birth). Some of the key measures show that we need to improve the outcomes for mothers and babies from our services. For example, in some areas more Caesarean sections are carried out than the national target, and there are differences in other areas in infection rates and stillbirth rates.

We need to consider why the measures vary across North Wales. There can be many reasons for difference in performance and the differences are not always statistically significant.

There are regular benchmarking reports which show the current performance and trends over time. Whichever way we address the problems being experienced, the data will be monitored on an ongoing basis and continuous improvement sought. You can find quality and outcome reports on the website at [www.wales.nhs.uk/nwmaternity](http://www.wales.nhs.uk/nwmaternity).

# What Clinical Experts Think About The Need For Change

We know that there are different views amongst clinicians about the options being considered and that some do not agree with the proposals for temporary service changes. We understand that there are concerns about potential risks arising from short term changes and the Health Board will need to weigh these potential risks against the risks associated with not making changes.

The senior clinical leadership team within the Health Board is clear in recognising the concerns about current services and the need to consider temporary change.

A number of reports by independent clinical experts from outside the Health Board have raised concerns specifically about the service at Glan Clwyd Hospital. Two reports were produced by the Royal College of Obstetricians and Gynaecologists (RCOG) – the professional body for these services. The reports are:

- An investigation about concerns raised about the consultant medical team within Obstetrics and Gynaecology at Glan Clwyd Hospital (Steele, C, 2013)
- Review of Glan Clwyd Hospital (Griffiths, M; Ockenden, D and McDermott, R, November 2013)

Copies of the reports are available on the website at [www.wales.nhs.uk/nwmaternity](http://www.wales.nhs.uk/nwmaternity).

These reports highlighted a number of problems which we have been working with the team to address. These included, amongst other things:

- Communication problems between consultants and lack of team working
- Not being clear enough about responsibility for patients
- Undermining the clinical lead and management team
- Delayed responses to complaints
- Not being clear enough about supervising doctors who are having difficulty
- Lack of ownership of problems in the team

We have also referred to the view of the National Clinical Forum earlier in this document.

In May 2015 the President of the RCOG wrote to the Health Board expressing concerns “about the delay in implementing the service change of maternity services at Glan Clwyd Hospital”. The letter recognised the need to follow due process but urged the Health Board to progress the proposals outlined.

The Royal College of Midwives also wrote to the Health Board expressing concerns in May 2015. The letter referred amongst other things to professional concerns about staff continuing to work in a potentially unsafe service and that the measures put in place to keep services going on three sites were unsustainable.

The Nursing and Midwifery Council has recently carried out an extraordinary review. They will share the outcome of their work with us within the next few weeks. We will publish this feedback as soon as it is available.

We believe that the views of the professional bodies and of the clinical leaders both within and outside the Health Board cannot be ignored – there is too much at stake.



# The Options We Are Considering

We have considered a number of different ways of tackling the problems. We have been talking to representatives of different groups for some time about the future of services. We have used the discussions we have had previously to help inform the options we have considered.

There are a few options we have discounted. Firstly, we have discounted the idea of concentrating all the consultant-led services at one hospital. There would not be enough capacity to cope with all the activity without major building work which is not possible in the short term.

There are arrangements in some other areas that have consultants supporting smaller midwifery-led units by an on-call rota that gives cover when needed. However, we believe this would not help the problems with staffing.

The temporary change options that we could consider are set out below. Each of the different options is shown in a table format. Below this, there is a summary of some key issues about the options.

## Description Of The Options

Key:

- ✓ service available as now or increased
- ✓ service available but levels reduced temporarily
- ✗ service temporarily not available

All numbers quoted refer to numbers per year.

## Option 1 - services stay as now and we continue to manage current risks and issues with medical staffing and team working

We consider that option 1 is unstable and will not allow us to manage the current risks to mothers and babies in the short term.

Under this option, services are delivered as set out in the table below:

Service	Ysbyty Gwynedd	Glan Clwyd Hospital	Wrexham Maelor Hospital
Midwifery-led Unit	✓	✓	✓
Consultant-led Service	✓	✓	✓
Emergency and Inpatient Gynaecology	✓	✓	✓
Day Case and Outpatient Gynaecology	✓	✓	✓
Neonatal Care	✓	✓	✓
Inpatient Breast Surgery	✓	✓	✓
Breast Outpatients and Day Cases	✓	✓	✓



The size of the circles indicates the approximate number of babies born at each location.

## Key Issues For This Option

### Quality and safety

- Mothers in 'Alongside' Midwifery-led Units have access on-site to consultant doctors if needed
- Risks to stability of services from shortages in doctors and reliance on temporary staff are not addressed in the short term
- Risk of ad hoc closures of units and urgent transfers of mothers
- Risk of not having sufficient doctors for labour ward cover
- Risk of adverse impact on planned gynaecological surgery to release cover for labour wards

### Impact on patients

- No change to location for current services, therefore no additional travel for mothers in labour
- No additional travel for partners, families or carers of users of any of the services potentially affected
- Potential risks to safety of mothers and babies as identified earlier

### Workforce

- Birthrate Plus achieved (the national tool used to calculate midwife staffing levels)
- Retaining current maternity services at Glan Clwyd Hospital would fit with the longer term commitment to developing the SuRNICC and avoid any risks to recruitment
- Continued reliance on temporary staff (locum and agency)
- Only Wrexham Maelor Hospital would have more than 2,500 births per year
  - this is the Wales Deanery requirement for training – there is a risk to the ability to keep trainees at Ysbyty Gwynedd
  - RCOG guidelines recommend obstetric units have 2,500 births per year, although smaller units can work together as a network

### Access

Drive time for the population to the nearest consultant-led maternity service:

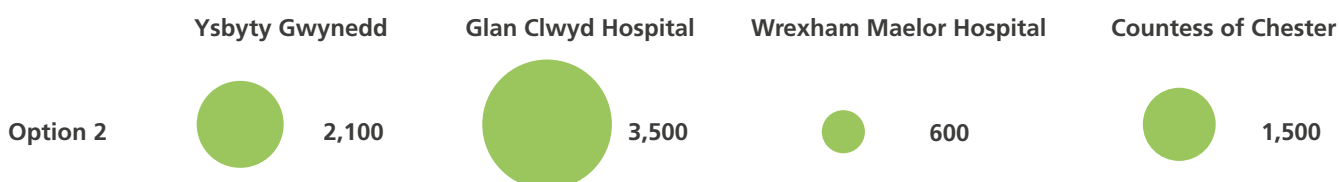
Within 30 minutes	80.4%
Within 60 minutes	98.7%
Within 60 – 90 minutes	1.3%
Over 90 minutes	0.0%

Access to service maintained as now.

## Option 2 – temporary change to maternity services at Wrexham Maelor Hospital

Under this option, services are delivered as set out in the table below:

Service	Ysbyty Gwynedd	Glan Clwyd Hospital	Wrexham Maelor Hospital
Midwifery-led Unit	✓	✓	✓
Consultant-led Service	✓	✓	✗
Emergency and Inpatient Gynaecology	✓	✓	✗
Day Case and Outpatient Gynaecology	✓	✓	✓
Neonatal Care	✓	✓	✓
Inpatient Breast Surgery,	✗	✗	✓
Breast Outpatients and Day Cases	✓	✓	✓



The size of the circles indicates the approximate number of babies born at each location.

In this scenario, mothers who would normally deliver at the Wrexham Maelor Hospital could transfer to Glan Clwyd Hospital; however around 1,000 of these mothers would be closer to the Countess of Chester and therefore would be likely to deliver their babies there. Antenatal and postnatal care would continue to be delivered by midwives in North Wales as currently happens.

In addition, around 1,700 emergency and inpatient gynaecology patients would transfer from Wrexham. All inpatient gynaecology services under this option will be delivered from Ysbyty Gwynedd and Glan Clwyd Hospital.

Around 800 breast surgery inpatients would move to Wrexham Maelor Hospital from Glan Clwyd Hospital and Ysbyty Gwynedd.

### Quality and safety

- Sufficient doctors to meet labour ward cover standards without affecting capacity for planned gynaecology surgery
- Choice of birthplace for women with straightforward pregnancies
- Risks to stability of services from shortages in doctors and reliance on temporary staff are addressed in the short term
- Risk of ad hoc closures of units and urgent transfers of mothers reduces
- Transfer by ambulance would be needed in an emergency situation for maternity and gynaecology

National evidence suggests that a small number of women attending a freestanding Midwifery-led Unit would need transfer to a Consultant-led Unit (fewer than 1% of births in an emergency – however, this is a risk that must be taken into account)

## Impact on patients

- Additional travel for mothers from the East area to reach the Consultant-led Unit in Glan Clwyd Hospital (although around 98% of the population would still be within 60 minutes' drive of a Consultant-led Unit – see below)
- Additional travel for partners and families
- Impact on mothers from Powys and Shropshire who use Wrexham Maelor Hospital
- There are areas of deprivation (high needs) in parts of Wrexham and Flintshire. Moving services may have a major impact on this population.
- There would be a reduction in the amount of neonatal care provided in Wrexham Maelor Hospital, with an increase in the number of babies receiving care in Ysbyty Glan Clwyd and the Countess of Chester
- In the event of a woman attending Wrexham Maelor Hospital needing emergency gynaecology treatment, transfer by 999 ambulance would take her straight to the emergency service at Glan Clwyd Hospital or the Countess of Chester
- Concentration of breast surgery at Wrexham Maelor Hospital would mean significant increased travel for breast surgery inpatients, particularly from the West area.

## Workforce

- Reduction in reliance on temporary staff (locum and agency)
- Birthrate Plus achieved (the national tool used to calculate midwife staffing levels)
- Only Glan Clwyd Hospital would have more than 2,500 births per year
  - This is the Wales Deanery requirement for training – however, Glan Clwyd Hospital is not currently allocated any trainees
  - RCOG guidelines recommend obstetric units have 2,500 births per year, although smaller units can work together as a network
- Increasing consultant-led maternity services at Glan Clwyd Hospital would fit with the longer term commitment to developing the first class obstetrics service and the SuRNICC

## Deliverability

- This option requires additional capacity of two delivery suites and 17 ante / postnatal beds at Glan Clwyd Hospital
- The existing unit at Glan Clwyd Hospital has capacity for one additional delivery suite and eight additional beds if existing non-clinical services can be re-located. Capital works will be required to make available the balance of capacity needed under this option
- Identifying appropriate clinical space and undertaking capital works to re-locate services on the Glan Clwyd Hospital site is challenging due to the re-development programme. The need for capital works would impact on the speed at which temporary changes can be implemented
- In discussions regarding capacity at the Countess of Chester Hospital the Trust have indicated that additional temporary capacity for 1,000 deliveries can be created. This requires some staff recruitment and minor works which would mean that it would take up to 8 weeks after any decision is made to implement this option

- Changes to inpatient gynaecology and breast surgery services could be accommodated within the existing bed and theatre capacity

## Access

- Transfer by dedicated ambulance transport would be commissioned to support women and babies in this situation. Discussions have already taken place to confirm that this service could be in place quickly

Drive time for the population to the nearest consultant-led obstetric service:

Within 30 minutes	70.2%
Within 60 minutes	98.2%
Within 60 – 90 minutes	1.8%
Over 90 minutes	(none)

## Option 3 – temporary change to maternity services at Ysbyty Gwynedd

Under this option, services are delivered as set out in the table below:

Service	Ysbyty Gwynedd	Glan Clwyd Hospital	Wrexham Maelor Hospital
Midwifery-led Unit	✓	✓	✓
Consultant-led Service	✗	✓	✓
Emergency and Inpatient Gynaecology	✗	✓	✓
Day Case and Outpatient Gynaecology	✓	✓	✓
Neonatal Care	✓	✓	✓
Inpatient Breast Surgery	✓	✗	✗
Breast Outpatients and Day Cases	✓	✓	✓



The size of the circles indicates the approximate number of babies born at each location.

In addition, around 1,100 emergency and inpatient gynaecology patients would move from Ysbyty Gwynedd including specialist surgery for gynaecological cancer. All inpatient gynaecology services under this option will be delivered from Glan Clwyd and Wrexham Maelor Hospitals.

Around 900 breast surgery inpatients would move to Ysbyty Gwynedd from Glan Clwyd and Wrexham Maelor Hospitals.

## Quality and safety

- Sufficient doctors to meet labour ward cover standards without affecting capacity for planned gynaecology surgery
- Choice of birthplace for women with straightforward pregnancies
- Risks to stability of services from shortages in doctors and reliance on temporary staff are addressed in the short term
- Risk of ad hoc closures of units and urgent transfers of mothers reduces
- Transfer by ambulance would be needed in an emergency situation for maternity and gynaecology
  - National evidence suggests that a small number of women attending a freestanding Midwifery-led Unit would need transfer to a Consultant-led Unit (fewer than 1% of births in an emergency – however, this is a risk that must be taken into account)

## Impact on Patients

- Additional travel for mothers from the West area to reach the Consultant-led Unit in Glan Clwyd Hospital – and only 79.4% of the population would still be within 60 minutes drive of a Consultant-led Unit – see below
- Additional travel for partners and families from an area with relatively poor access to public transport
- There are areas of deprivation (high needs) in parts of Gwynedd and Anglesey and moving services may have a major impact on this population
- There would be a reduction in the amount of neonatal care provided in Ysbyty Gwynedd, with an increase in the number of babies receiving care in Glan Clwyd Hospital

## Workforce

- Reduction in reliance on temporary staff (locum and agency)
- Birthrate Plus achieved (the national tool used to calculate midwife staffing levels)
- Glan Clwyd and Wrexham Maelor Hospitals would have more than 2,500 births per year
  - This is the Wales Deanery requirement for training – however, Glan Clwyd Hospital is not currently allocated any trainees: there is also a risk that Ysbyty Gwynedd will not be able to keep trainees
  - RCOG guidelines recommend obstetric units have 2,500 births per year, although smaller units can work together as a network
- Concentration of breast surgery at Ysbyty Gwynedd would mean significantly increased travel for breast services patients
- Increasing consultant-led maternity services at Glan Clwyd Hospital would fit with the longer term commitment to developing the first class obstetric service and the SuRNICC

## Deliverability

- This option requires additional capacity of four delivery suites and 19 ante / postnatal beds at Glan Clwyd Hospital

- The existing unit at Glan Clwyd Hospital has capacity for one additional delivery suite and eight additional beds if existing non-clinical services can be re-located. Capital works will be required to make available the balance of capacity needed under this option
- Identifying appropriate clinical space and undertaking capital works to re-locate services on the Glan Clwyd Hospital site is challenging due to the re-development programme. The need for capital works would impact on the speed at which temporary changes can be implemented
- Changes to inpatient gynaecology and breast surgery services can be accommodated within the existing bed and theatre capacity.

## Access

- Transfer by dedicated ambulance transport would be commissioned to support women and babies in this situation. Discussions have already taken place to confirm that this service could be in place quickly
- Significant increases in drive times to the nearest consultant-led service from within this rural area. This option is the only scenario in which drive times of over 60 minutes increase significantly

Drive time for the population to the nearest consultant-led obstetric service:

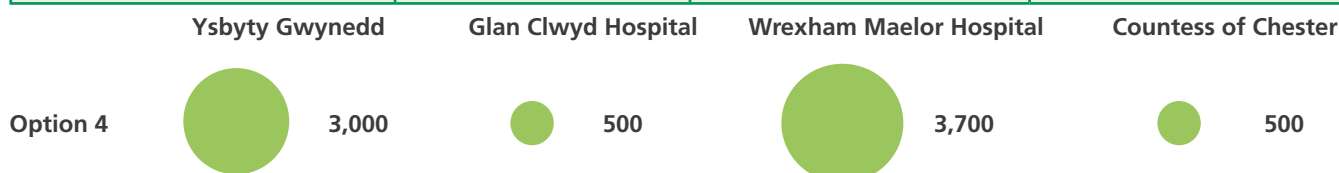
Within 30 minutes	63.8%
Within 60 minutes	79.4%
Within 60 – 90 minutes	15.6%
Over 90 minutes	5.0%

## Option 4 – temporary change to maternity services at Glan Clwyd Hospital

The Health Board believes that this option has the least significant overall impact on travel, has the least impact on other services and can be put in place more quickly. Option 4 is therefore the Health Board's preferred option.

Under this option, services are delivered as set out in the table below:

Service	Ysbyty Gwynedd	Glan Clwyd Hospital	Wrexham Maelor Hospital
Midwifery-led Unit	✓	✓	✓
Consultant-led Service	✓	✗	✓
Emergency and Inpatient Gynaecology	✓	✗	✓
Day Case and Outpatient Gynaecology	✓	✓	✓
Neonatal Care	✓	✓	✓
Inpatient Breast Surgery	✗	✓	✗
Breast Outpatients and Day Cases	✓	✓	✓



The size of the circles indicates the approximate number of babies born at each location.

Around 300 emergency and inpatient gynaecology patients would move to Ysbyty Gwynedd and 900 to Wrexham Maelor Hospital.

Around 700 breast surgery inpatients would move to Glan Clwyd Hospital from Ysbyty Gwynedd and Wrexham Maelor Hospital.

## Quality and safety

- Sufficient doctors to meet labour ward cover standards without affecting capacity for planned gynaecology surgery
- Choice of birthplace for women with straightforward pregnancies
- Risks to stability of services from shortages in doctors and reliance on temporary staff are addressed in the short term
- Risk of ad hoc closures of units and urgent transfers of mothers reduces
- Transfer by ambulance would be needed in an emergency situation for maternity and gynaecology
  - National evidence suggests that a small number of women attending a freestanding Midwifery-led Unit would need transfer to a Consultant-led Unit (fewer than 1% of births in an emergency – however, this is a risk that must be taken into account when assessing the balance of risk)

## Impact on patients

- Additional travel for mothers from the Central area to reach the Consultant-led Units in Ysbyty Gwynedd and Wrexham Maelor Hospital (although 98.7% of the population would still be within 60 minutes' drive of a Consultant-led Unit – see below)
- There will be a reduction of neonatal care provided in Glan Clwyd Hospital, with an increase in the number of babies receiving care in Ysbyty Gwynedd and Wrexham Maelor Hospital
- Additional travel for partners and families
- There are areas of deprivation (high needs) in parts of Conwy and Denbighshire and moving services may have a major impact on this population. There are low levels of car ownership, particularly in Rhyl. There are a high number of low birth weight babies in Rhyl West

## Workforce

- Reduction in reliance on temporary staff (locum and agency)
- Birthrate Plus achieved (the national tool used to calculate midwife staffing levels)
- The two training hospitals would have more than 2,500 births per year
  - This is the Wales Deanery requirement for training
  - RCOG guidelines recommend obstetric units have 2,500 births per year, although smaller units can work together as a network
- Concentration of breast surgery at Glan Clwyd Hospital would mean additional general surgeon capacity is needed at Wrexham Maelor Hospital, as the two breast surgeons are currently on the general surgical rota
- There are concerns about a potential risk to recruitment for the SuRNICC if there was a temporary move of consultant-led obstetric services away from Glan Clwyd Hospital



## Deliverability

- Capacity exists in Ysbyty Gwynedd and Wrexham Maelor Hospital to provide the additional activity required under this option without undertaking additional capital works. Delivery suites are in place and additional ward space for 13 beds in Ysbyty Gwynedd and 12 beds in Wrexham Maelor Hospital is available
- Changes to inpatient gynaecology and breast surgery services can be accommodated within the existing bed and theatre capacity.

## Access

- Significant levels of concern have been expressed by local people and clinicians that there would be a disproportionate impact on those communities with higher levels of socio-economic need in the Denbighshire area in particular
- Transfer by dedicated ambulance transport would be commissioned to support women and babies under this option. Discussions have already taken place to confirm that this service could be in place quickly

Drive time for the population to the nearest consultant-led maternity service:

Within 30 minutes	56.3%
Within 60 minutes	98.7%
Within 60 – 90 minutes	1.3%
Over 90 minutes	(none)





## What You Have Told us Already About Possible Temporary Changes

You told us...	Our response...
<p><b>Transport and Travel</b> The distance to travel to a consultant-led service if changes are made has been raised as a concern in relation to safety.</p> <p>The difficulty for families to get transport to visit has also been raised. Some areas of North Wales have low levels of car ownership and public transport is not always easily available. Some people find it more difficult to use private or public transport – such as those with a mobility difficulty.</p>	<p>We continue to review the evidence concerning travel and distance to ensure that we take account of the implications fully in our decision making. There are a very small number of births where transfer from a Midwifery-led Unit to a Consultant-led Unit would be needed in potentially life-threatening circumstances – around 5 or 6 births a year. The risk is serious however and we would put safeguards in place through specialist transfer services to help address this. We have already confirmed with the Welsh Ambulances Services NHS Trust and other providers that specialist emergency transport can be provided.</p> <p>We have already looked at possible help through discussion with Community Transport Association in North Wales and other third sector providers and will carry out further work during the consultation. This will include more detailed mapping of travel and transport implications before decisions are made</p>
<p><b>Family support</b> Some of the areas that might be affected by possible temporary changes are recognised as having high levels of needs (social deprivation), including families on low incomes. This could make additional travel costs difficult</p>	<p>As above, we have looked and identified ways of improving transport, information, availability and financial support.</p>

<p><b>Accommodation for partners and families</b> Partners and families may need accommodation near the hospital if there are changes made and there are significantly longer journeys involved.</p>	<p>We understand that partners and their families may want to stay close to mother and baby and we have identified ways of helping with this, such as making arrangements with local hotels and increased on-site family accommodation.</p>
<p><b>Specific needs of vulnerable groups</b> Some groups within our communities may require additional support to understand any temporary changes and be able to get proper access to services</p>	<p>We will be building on Equality Impact Assessment work in relation to specific protected characteristics and will consider how best we can offer support and address any negative impacts identified. We will also work through specialist staff, such as the specialist substance misuse midwife service</p>

## Further Analysis Of The Options

These proposals are a short term measure to meet the current risks in the services. An initial identification of some of the key impacts of the options is given above. We consider that the option that has the least significant overall impact on travel, has the least impact on other services and can be put in place more quickly is **Option 4**.

Each of the options will be evaluated more fully as we receive evidence and information from public and stakeholders during the consultation and as we develop more detail on finance and potential implementation plans. We will make information available during the consultation as it is identified.

## How We Will Assess The Options

For the last couple of years we have been talking to clinical staff, partner organisations and representatives of community groups about what factors we should consider in assessing proposals for change. It is important that we have a clear understanding of what is important in developing services, to the people who use them, their families and the people we work with.

The measures we have discussed and developed are:

**Quality and safety** - services meet standards, minimise risks to patients and patients have a good experience

**Sustainability** - that there is significant improvement in our ability to manage risk during the period of temporary service provision

**Delivery** - that we can actually deliver what we say we will

**Accessibility** - services are equally available for everyone, are able to be reached, and at the time that they are needed.

We need to consider how affordable proposals are as well, but it is most important that we have the best services we can provide with the resources that we have.

# Financial Impact

The temporary changes we are considering are not because of finance – they are a response to our concerns about quality and safety. The safety and well-being of mothers and babies must come first.

The total budget for women’s services (obstetrics and gynaecology) across North Wales is in the region of £30 million.

Because of the lower number of trainees being allocated to the service over recent years, the Health Board has already invested around £2.6 million in additional doctor posts to sustain the service with many posts being filled by locum doctors on a temporary basis.

Work we have undertaken on possible future service models indicates that in the longer term, we may need to maintain a level of investment of around this order to meet all quality standards.

The additional cost of potential changes to breast surgery is likely to be much less significant, less than £0.5 million.

Some additional capital costs would be needed to develop the extra space required to accommodate changes to women’s services. The scale of this is likely to be different for each option.

During the consultation the Health Board will provide costings for both revenue and capital to enable us and the public to assess the level of resources needed for each option. We will make this information available publicly during the consultation.

# Impact On Workforce

We recognise that any change will affect some of our staff – doctors, midwives, nursing staff in other services affected such as breast services and support staff. We have carried out an assessment of current staffing, and the impact on staff of possible service changes as part of work we have been doing to look at the longer term future of the service. These have helped inform our consideration of the implications of possible short term change as well.

Any changes to service which might have an impact on our workforce will be managed through the national framework for change. This is called the Organisational Change Policy. Within the Health Board we have developed guidance for managers on how to support staff through the change process.

# Equality And Human Rights

We have a legal duty to give proper attention (due regard) to matters which relate to equality and human rights under the Equality Act 2010. We need to take into account the needs of people from different groups in society who might be affected.

The groups include:

- ✓ Age
- ✓ Disability
- ✓ Gender reassignment
- ✓ Marriage and civil partnership
- ✓ Pregnancy and maternity
- ✓ Race
- ✓ Religion and belief
- ✓ Sex
- ✓ Sexual orientation

We are also concerned about other groups who might be particularly affected - for example, carers, homeless people and other vulnerable groups.

We have undertaken an initial screening of issues that might affect certain groups. This has included considering the impact on people who wish to receive services in Welsh. We are continuing to build on the work done so far and considering the overall impact of these proposals. You can find the work we have done to date, together with population profiles, on our website at [www.wales.nhs.uk/nwmaternity](http://www.wales.nhs.uk/nwmaternity).

We will continue to update the assessment of impact during this consultation. We will also take into account feedback given to us during the consultation. To help, we are asking for feedback on any impact you think we should know about – whether negative or positive.

We will also involve people who share the protected characteristics described above in the consultation.

We have set up a group which includes independent people who have an interest in equality to help advise and challenge the work, to make sure it is as thorough as possible.

The Health Board will be fully informed of the outcome of the assessment before any decisions are made.

## Health Impact Assessment

An initial Health Impact Assessment has been undertaken on the preferred option. This is available on our website at [www.wales.nhs.uk/nwmaternity](http://www.wales.nhs.uk/nwmaternity). Many of the possible positive and negative impacts of the proposal on health and well-being are relevant to any of the temporary changes being considered.

While many of the issues will be similar for any of the possible options, we need to be sure we consider the impact for each, so that the Board can be fully informed when considering their decision. During the consultation we will carry out a Health Impact Assessment on all the options. The Welsh Health Impact Assessment Support Unit will help us carry this out. The Unit will lead the assessment so that we have an independent process. We would welcome any views on the possible positive and negative impacts on health and well-being of all of the options under consideration.

## What Will Happen Next?

During the consultation we will continue to manage the current quality and safety risks in the service on a daily basis to make sure that we are providing a satisfactory service for mothers and babies.

The Health Board will consider the outcome of the consultation in the Autumn. If the Health Board decides that services do need to change a project group will be set up to finalise the details of the option selected and confirm the steps for its implementation.

Any change agreed would be implemented as soon as possible after a decision is made.

# How We Will Decide

At the end of the consultation, the Health Board will consider all the consultation feedback alongside other important evidence. This will include:

- An independent report on the feedback received during the consultation, which we are commissioning from an independent social research company
- The views of the North Wales Community Health Council, who have an important role as the independent watchdog for health services
- Evidence from the Equality Impact Assessment
- Evidence from the Health Impact Assessment
- An assessment of the options against key factors
- Any further evidence about quality and safety that we may gather during this period

The Health Board will meet in public to make its decision and the information mentioned above will be published beforehand.

## Have Your Say

Now we would like you to have your say on the need for temporary changes to maternity services and the other related services we have described. What do you think? Is there anything else you think we should have considered?

We are keen to hear if there are other proposals you may have as to how we ensure safe services. You can tell us this on the consultation questionnaires or by writing to us (see below for details.) You can find further information about our services which will help you consider alternative proposals at [www.wales.nhs.uk/nwmaternity](http://www.wales.nhs.uk/nwmaternity).

We want as many people as possible to have the opportunity to respond and all the views we receive will be considered. We have asked an independent company to analyse the responses and we will publish the independent report.

There are a number of ways you can find out more and respond to the consultation which runs from Monday 24th August 2015 to Monday 5th October 2015.

**Online** – the Consultation website at [www.wales.nhs.uk/nwmaternity](http://www.wales.nhs.uk/nwmaternity) includes this document and also other evidence referred to. We will keep the web pages updated with news, frequently asked questions and details of events that are taking place to discuss the proposals. You can also complete an online questionnaire.

**Social media** – follow us on Facebook ([www.facebook.com/bcuhealthboard](http://www.facebook.com/bcuhealthboard)) and Twitter (@bcuhb) for news and updates

**Events** – we will be holding open meetings across North Wales which are open to everyone. This will give you the chance to hear from clinicians and senior Health Board officers and give your views.

Details of these events will be on the website and published in the local press. Posters advertising them will also be displayed in the local area.

**By email** – you can send your comments to [NWalesHaveYourSay@wales.nhs.uk](mailto:NWalesHaveYourSay@wales.nhs.uk)

**By post** – complete the questionnaire with this document and return it to Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL

If you prefer to write a letter you can use the Health Board's freepost address which is Women's and Maternity Services Consultation, FREEPOST RSZZ-SGXY-TSEZ, LL17 0JG.

**By phone** – you can call us on FREEPHONE 0800 169 3142  
(Monday – Friday 9.00am to 5.00pm; please leave a voicemail outside these hours)  
and give us your details for someone to call you back to discuss.

If you need further copies of this document, please call us on FREEPHONE 0800 169 3142 or email [NWalesHaveYourSay@wales.nhs.uk](mailto:NWalesHaveYourSay@wales.nhs.uk)

## Confidentiality statement

All completed questionnaires will be processed and reported by an independent, specialist social research company we are appointing to do this. Your views will be confidential: no one except the independent research team will see your questionnaire and no one will be identified in the general report.

## What will happen to other written responses (letters, emails and other documents) we receive?

Other written responses will be summarised by the independent research company. Sections of responses or complete documents may also be published in full on our website, with the name of the person or the organisation. Organisations will always be identified. If you are an individual respondent and do not want your name and address published, please tell us this clearly in writing when sending your response and we will blank out those details before publishing your response.

If we have any requests under the Freedom of Information Act to give the information which has been withheld, we would still not publish your personal information without very good reason, and we would contact you first.

# This information is available in other formats

- Translated into another language
- Large print
- Audio recording
- British Sign Language
- Easy Read

Se quiser uma cópia desta informação em português, ligue 0800 169 3142.

若您需要本信息的中文版，请致电 0800 169 3142 索取。

Jeśli chcielibyście Państwo uzyskać wersję tej informacji w języku polskim to prosimy o kontakt telefoniczny na numer tel. 0800 169 3142.

Dacă doriți o copie cu aceste informații în Românește, vă rugăm să sunați la tel: 0800 169 3142

Bu bilginin portekizce dilinde kopyasını istiyorsanız lütfen aşağıdaki numarayı arayınız 0800 169 3142.

**Responses should be received by no later than  
Monday 5th October 2015.**

## Would you like to give your views to an independent organisation?

The Community Health Council (CHC) is your independent NHS Watchdog.

If you prefer, you can make your views known by contacting the CHC in complete confidence in one of the following ways:

Telephone:

01248 679284 (ext 3)

E-mail: [yourvoice@waleschc.org.uk](mailto:yourvoice@waleschc.org.uk)

Website: [www.communityhealthcouncils.org.uk/betsicadwaladr](http://www.communityhealthcouncils.org.uk/betsicadwaladr)

Write to us at:

North Wales Community Health Council

11 Chestnut Court

Parc Menai

Bangor

Gwynedd LL57 4FH