

**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD  
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	14 August 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Obstetric Ultrasound Service (Risk 797)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Sarah Quarrie Service Director, Planned and Specialist Service Care Group Dana Scott, Director of Midwifery Professional Governance Lead

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

The Quality, Safety and Experience Committee requested a report on the impact on clinical outcomes for patients due to the staffing short falls in Obstetrics Ultrasound Services (Risk 787) during the meeting on 10 June 2025 following the Chair's recent visit to maternity services whereby staff were forthcoming to highlight the ongoing challenges within Sonography Services and the clinical impact on patients.

**Cefndir / Background**

**Impact on Patient Experience**

The current pressures within the obstetric ultrasound service are having a noticeable effect on women's experiences of care. Feedback from patients has highlighted:

- Delays and changes to scan appointments, which in some cases has led to uncertainty or distress, particularly where communication around location or timing could have been clearer.
- Travel between sites has occasionally been necessary to ensure timely scanning, which, while clinically necessary, can create additional logistical and emotional challenges for some families.
- Informal concerns and feedback received via QR code mechanisms reflect that, while several women receive safe and compassionate care, timeliness and consistency of information are areas for improvement.

**Impact on Clinical Outcomes**

Clinical outcomes have also been influenced by workforce capacity and service fragility:

- Detection rates of babies with growth restriction (<3rd centile) improved from 53% (2023) to 58% (2024) following realignment with national Royal College of Obstetricians and Gynaecologists (RCOG) guidance. While this demonstrates progress, there remains further opportunity to close the gap to the national average (61%).
- The Terms of Reference for an internal deep dive into fetal detection rates, quality of adhered to standards of Ultra Sound Services (USS) practice and governance have been developed and is now progressing, This review is due to be completed by end of September 2025. The outcome of the review will determine the governance pathways to support midwife/ sonographers with robust oversight, audit and learning.
- Sadly, there have been cases of still birth where retrospective reviews found that growth monitoring did not fully align with national guidance. These events are deeply distressing for all involved and have prompted proportionate internal and national reporting, with learning used to shape improvement actions.
- In Quarter 4, 2024, of the 43 term admissions to the neonatal unit, approximately 24% were babies with growth restriction, suggesting earlier detection may have supported more tailored intrapartum care and potentially reduced neonatal admissions.

### **Impact on ways of working**

Workforce outcomes and career progression:

- Midwives undertaking sonography training are currently required to relinquish their maternity roles and transition to working solely within the radiology department.
- Midwives are unable to provide midwifery care or advice as part of their sonography role; this increases the women's footfall through the services as women are referred to antenatal clinic to discuss scan results.
- Repetitive strain injury (RSI) is generally more prevalent among sonographers working in obstetric than in general medical sonography, (at the 2010 International Society of Ultrasound in Obstetrics and Gynecology congress, 65% reported RSI injury, with female operators, reporting rates of 70%. A systemic review found a pooled prevalence of 75.8% for musculoskeletal among nearly 14,000 sonographers worldwide, with high rates in neck (63.7%) shoulder (60.1%) and wrist (44.4%) (Zangiabadi et al 2024), The comparative figures indicating elevated risk to obstetric scanning techniques involved increased workforce pressure and longer scan duration.
- The difference is due to a combination of biomechanical, ergonomic and workload-specific factors associated with obstetric factors.
- Key reasons why RSI is higher in Obstetric sonography.
  1. Increased scan duration and frequency
  2. Challenging ergonomics
  3. Static muscle loading
  4. Repetitive hand and wrist movements
  5. Emotional and cognitive load

### **Impact on Workforce and Service Resilience**

The ultrasound workforce continues to operate under considerable pressure:

- The service currently includes one part-time midwife sonographer, with a second trainee in post whose completion is expected in early 2026, a second midwife sonographer not currently on clinical duties, with a retire and return midwife operating as a sonographer. In the main, sonographers are registered radiographers with an additional qualification in medical ultrasound.

- It takes 1 year to complete Obstetrics and Gynaecology USS training. With a new service model more staff could be trained to support the maternity and women's health, over a short period of time. There are two elements to this proposed service change; firstly, recommendations on workforce will be extrapolated from the deep dive which is currently in progress, and secondly, the Director of Midwifery is in the process of developing a 5-year strategy for maternity and midwifery services which will be underpinned by workforce. This strategy, if accepted by the Executive Team, will be launched by April 2026. The strategic plan will be underpinned by the pathway to excellence, the Marmot principles and perinatal workforce plan inclusive of Mat/Neo safety plan. This will form the basic framework for individualised maternity care.
- While commendable progress has been made in developing training pathways and governance structures, capacity remains limited, particularly for growth scans in high-risk pregnancies, which do not have a recognised alternative.
- Multidisciplinary prioritisation of scan appointments has become essential to ensure safe care within available resource, supported by close working between maternity and radiology colleagues.
- While current arrangements reflect significant staff commitment, a longer-term plan is needed to ensure resilience, sustainability, and equitable access across all Health Board sites, this forms part of the longer-term strategic plan as mentioned above.
- Decrease in job satisfaction with midwives not being able to practice holistically. Staff are being employed part time so they can maintain both professional skills until such times Maternity Services have a midwifery/ sonography model.
- Increase risk of repetitive strain injury.

### Asesiad / Assessment

While the USS service has made notable strides in aligning with national standards, capacity constraints continue to impact timely access, continuity of care, and equity of experience.

A few actions are already underway to strengthen the service, including:

- Ongoing investment in midwife sonographer training
- Enhanced collaborative governance between maternity and radiology
- Regular peer audit and learning
- Continued review of incidents to inform safe service improvement

Further strengthening the workforce model, with a clear plan for succession and expansion, would help support a more consistent service offer across the Health Board and ensure the best possible outcomes for women and babies.

- While birth numbers are on the decline globally; complexity related to pregnancy has increased demand for serial scans and surveillance which has created increase demand on third trimester scanning.
- Increased job satisfaction and career development

The current focus and review of obstetric ultrasound should provide assurance that every aspect of pregnancy and experience is being considered and taken seriously. Collaborative working across the teams and systems to develop cohesive working and learning is a priority.

Maternity is in the process of developing a 5-year strategy, and midwifery sonography services will form part of this strategy. The strategy should be completed for executive sign and implementation by March 2026.

### Argymhelliad / Recommendation

The Committee is asked to

- Take assurance from the review and progress to mitigate the challenges in the Obstetric Ultrasound Service (Risk 797).
- Support the internal review process within Radiology.
- Support the strategic workforce plan to train more midwife sonographers.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.2 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate level risks allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	797 12 Extreme
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	4. Learning, improvement and research Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	5. Offer a diverse range of employment opportunities which support people to fulfill their potential

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Risk 797 on the Datix Risk Register
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Steering Group, CCG,

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not Applicable
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Contained within the body of the report
<b>Gweithlu:</b> <b>Workforce:</b>	Contained within the body of the report
<b>Risg:</b> <b>Risk:</b>	Contained within the body of the report
<b>Cyfreithiol:</b> <b>Legal:</b>	Contained within the body of the report
<b>Enw Da:</b> <b>Reputational:</b>	Contained within the body of the report
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable

**Cydraddoldeb:  
Equality:**

Contained within the report