

Maternity Services Clinical Indicators

The King's Fund in their report 'Safe Births' highlight the importance of timely and appropriate information in assuring the quality and safety of maternity services. This is true for services that are working in a stable, unchanging environment, but applies to an even greater extent in East Sussex where significant change to maternity services is planned, and where there is therefore a need to closely monitor the impact of those changes to service provision to ensure that they have the desired effects and that quality and safety are enhanced as a result.

The purpose of data collection is both to provide maternity teams with manageable amounts of information about their own performance with national benchmarks for comparison, and to inform future planning and commissioning. Boards have a fundamental duty to safeguard the patients for whom they commission or provide care. To discharge this duty, they require rigorous routine information on safety from maternity units which the Kings Fund recommends should form part of the 'balanced scorecard' of key performance indicators that should be the first agenda item at every board meeting.

Three sets of clinical indicators are in development in East Sussex. Refinement of these datasets continues to ensure that data quality and presentation issues are resolved, overlaps removed and the usefulness of the data presented tested with users.

Fit for Future indicators agreed with South East Coast Strategic Health Authority. These relate to collecting baseline data so that the impact of service reconfiguration can be monitored over time. The indicators include those relating to service delivery and capacity, adverse events, deprivation, and outcomes. Evaluation will include a focus on user evaluation that will be developed through the Maternity Services Liaison Committee (MSLC) and labour ward forum. At present this is restricted to reporting of complaints. Annex 1 summarises information from the last two financial years along with any relevant comments on each indicator.

ESHT Maternity Dashboard: a set of indicators based on an approach developed by the Royal College of Obstetrics and Gynaecology. East Sussex Hospitals Trust (ESHT) have started to use the dashboard and are providing the PCTs with regular information. The dashboard will support maternity services staff to monitor performance on a monthly basis. Pre-agreed upper and lower limits will alert staff when action needs to be taken. The indicators include areas relating to activity, workforce, and clinical indicators.

Maternity Strategy Indicators: an additional indicator set encompassing other quality standards for maternity care including the national guidance set out in Maternity Matters, adopting the dashboard format with clear action levels. These

include fertility rates and numbers of women with mental health and substance misuse problems. An example of this work is included in Annex 2 showing monthly data for three of the indicators. The dashboard development work is being reviewed by the two PCT Professional Executive Committees (PECs).

Information on clinical incident reporting relating to the maternity units at ESHT have been received by the PCT and a system for monitoring the number and nature of incidents is being developed by the clinical governance team at the PCT.

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Annex 1

Clinical indicators to monitor the impact of any service reconfiguration and assure patient safety and improved clinical quality 2007/08 data (with 2006/07 data in brackets)

Measure	Indicator detail	Data source	Conquest Hospital	Eastbourne DGH	Crowborough Birthing Centre	Comments on indicator
Service Delivery and Capacity						
1) Number of unplanned obstetric unit closures	Total	ESHT	49 (29)	24 (25)	1 (0)	In both years there were two incidents when both consultant led units were on divert resulting in full closure
2) Achievement of 60 hours consultant presence in labour ward		ESHT	15 hours (15 hours)	15 hours (15 hours)	-	Average weekly presence
3) Maintenance of Clinical Negligence Standards for Trusts (CNST) level 3		ESHT				CNST is due for reassessment in March 2009, however the trust has been successful in becoming a pilot site in 2008 and therefore will be assessed in November 2008
4) Development of standardised clinical protocols with clarity of roles and responsibilities for midwife led unit and consultant obstetric unit(s)		ESHT				Part of implementation plan for FFF. ESHT doesn't have separate Birthing centre guidelines as they are included in the dept guidelines e.g. 'this woman should be managed in an acute unit'
5) Staffing at Birthrate Plus level		ESHT	(ESHT was 11.5 midwives short across all units for 2006/07)			The maternity unit is due to be reassessed using birthrate plus and updated workload.
6) Paramedic training to agreed minimum levels		SEC Ambulance Trust				It has been agreed that POET training will be rolled out. Plans are being agreed and this will be monitored as part of this set of indicators
Adverse events						
1) Case reviews of any adverse events and 'near misses'		ESHT	Incidents and near misses are reviewed via the risk system and action points taken forward. This is undertaken in line with the Maternity Unit, Trust Risk Management strategy and Serious Untoward Incident policy.			
2) Monitoring of outcomes of transfers between services (midwife led units and consultant led unit(s))		ESHT				An audit was undertaken of transfers out of Crowborough Birthing Centre last year, and it will be undertaken again next year.
Deprivation						
1) Monitoring of reduction in late booking	% booked after 12 completed weeks of pregnancy	ESHT	28% (26%)	23% (21%)	40% (36%)	Women booking late at Crowborough usually access care/book with their local provider. They are then "rebooked" in terms of completing "ESHT" paperwork and accessing care at CBC once they have been appropriately risk assessed as low risk and decided on CBC as an appropriate place to give birth. i.e. these are not "late bookings" in the true sense of accessing care late.
2) Development of outreach 1:1 support for antenatal and postnatal care in deprived communities		ESHT & PCTs				Being developed as part of the Maternity Strategy
3) Reduction in risk factors - % smoking cessation in pregnancy	% ever smoked	Euroking system, 2007/08	61.8% (63.6%)	54.6% (56.4%)	25.2% (22.3%)	
	% smoking at conception	Euroking system, 2007/08	35.2% (39.0%)	29.8% (28.4)	10.7% (7.0%)	
	% smoking at booking	Euroking system, 2007/08	24.8% (28.3%)	18.1% (18.8%)	7.3% (5.1%)	
	% smoking at delivery	Euroking system, 2007/08	21.2% (26.8%)	13.4% (17.0%)	7.9% (5.4%)	
4) Obesity	Number and percentage of mothers with BMI > 30	Euroking system, 2007/08	311 (332) 17.6% (17.3%)	238 (249) 12.1% (14.7%)	8 (25) 2.3% (12.0%)	
5) Breastfeeding	Breastfeeding initiation	Euroking system, 2007/08	69.7% (70.3%)	74.8% (75.9%)	93.7% (95.9%)	
	Breastfeeding at 6-8 weeks					To be obtained from Child Health System
Outcomes						
1) Perinatal and maternal mortality	Maternal Mortality	ONS Death registrations - 1995 to 2006	-	1 in 1996, 1 in 2006 & 1 in 2007	-	
	Perinatal Mortality	Deaths per 1,000 births	9/1000 (8/1000)	6/1000 (5/1000)		
2) Intervention rate - C-section	Number and % deliveries that were 'normal'	Euroking system, 2007/08	1145 (1129) 63.6% (64.4%)	1279 (1240) 63.8% (63.5%)	297 (314) 100% (100%)	
	Number and % deliveries that were caesarean	Euroking system, 2007/08	438 (404) 24.3% (23.3%)	550 (543) 27.4% (28.3%)	- -	
	Number and % of caesarean deliveries that were elective	Euroking system, 2007/08	214 (156) 48.9% (38.6%)	227 (242) 41.3% (44.6%)	- -	
3) Feedback from mothers about birth experiences		ESHT / Healthcare Commission				To be developed

Annex 2

Example of three indicators being further developed for 'in-year' monitoring

Indicator	Threshold*	Site	n	2006/07	07/08 Q1			07/08 Q2			07/08 Q3			07/08 Q4			2007/08	08/09 Q1			2008/09	Comments
				total	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	total	Apr-08	May-08	Jun-08	cumulative	
Number of unplanned obstetric unit closures	Zero	Conquest hospital	n	29	2	2	7	2	5	5	4	1	10	4	3	4	49				There were two incidents in 2006/07 and two in 2007/08 when both units were on divert resulting in full closure	
	Above monthly average for previous year	Hours	237.9	23.5	19.3	77.5	21.3	50.6	48.4	50.1	10.7	138.5	52.8	22.4	32.9	548.0						
	Time on divert unavailable for at least one event	n	24	2	2	3	3	4	6	2	0	0	1	2	0	25						
	Hours	202.3	18.3	17.9	22.4	17.3	44.2	65.4	16.3	0.0	0.0	8.7	18.2	0.0	228.6							
% smoking at delivery	Less than or equal to 15%	Conquest hospital		26.8%	25.4%	21.1%	27.9%	24.2%	21.7%	17.7%	23.5%	23.1%	23.7%	27.6%	20.0%	24.6%	21.2%	27.0%	22.4%	24.8%		
	Less than 1% reduction on previous year	Eastbourne DGH		17.0%	16.5%	15.7%	10.8%	14.5%	16.0%	11.6%	14.2%	12.9%	17.1%	11.8%	19.2%	20.2%	13.4%	17.7%	17.7%	17.7%		
		Crowborough BC		5.4%	11.5%	25.8%	0.0%	11.5%	11.1%	8.3%	10.0%	4.2%	0.0%	13.0%	3.4%	17.1%	7.9%	11.8%	8.7%	10.0%		
% initiating breastfeeding	80%+	Conquest hospital		70.3%	73.1%	78.3%	76.6%	72.0%	72.3%	71.5%	63.1%	75.5%	71.9%	67.5%	79.3%	70.0%	69.7%	74.7%	73.7%	74.2%		
	Less than 2% points above previous year	Eastbourne DGH		75.9%	74.4%	80.5%	77.1%	79.7%	77.5%	76.2%	77.3%	77.7%	85.7%	75.3%	70.9%	80.4%	74.8%	76.2%	76.2%	76.2%		
		Crowborough BC		95.9%	92.3%	90.3%	91.7%	80.8%	92.6%	100.0%	100.0%	91.7%	92.3%	95.7%	100.0%	100.0%	93.7%	94.1%	100.0%	97.5%		

*Draft thresholds that are to be confirmed