

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **16th September 2010**

By: **Director of Governance and Community Services**

Title of report: **East Sussex Maternity Services Strategy**

Purpose of report: **To update HOSC on progress with implementing the East Sussex Maternity Services Strategy.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Consider and comment on progress in implementing the strategy.**
 - 2. Request a further monitoring report in March 2011.**
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1. Background

1.1 In January 2009 the Maternity Services Clinicians' Forum and Maternity Services Development Panel were set up to oversee development of a new maternity strategy for East Sussex, to include a model for maintaining consultant-led services in both Eastbourne and Hastings as recommended by the Independent Reconfiguration Panel. Significant work was undertaken throughout 2009 to develop a comprehensive strategy with the engagement of key interested parties.

1.2 At its meeting in November 2009, HOSC endorsed the final version of the East Sussex Maternity Strategy 2009-12 which had already been supported by the Maternity Services Development Panel. The Boards of NHS East Sussex Downs and Weald and NHS Hastings and Rother formally adopted the strategy at their meetings later in November 2009.

1.3 Following the adoption of the strategy in November 2009, the focus moved to its implementation and delivering the anticipated benefits for women and babies. In January 2010, HOSC held a maternity seminar to explore aspects of the strategy in more detail and to understand how it was being implemented. The detailed implementation plan was subsequently circulated to HOSC Members for information.

1.4 The Maternity Services Development Panel concluded its work in March 2010 and the implementation of the strategy has now been integrated into the normal commissioning and performance management processes of NHS East Sussex Downs and Weald and NHS Hastings and Rother, with implementation of specific aspects of the strategy overseen by relevant clinical groups, particularly the Women and Children's Directorate at East Sussex Hospitals NHS Trust.

2. HOSC monitoring

2.1 At its meeting in March 2010, HOSC agreed to focus ongoing monitoring on the key outcomes and quality indicators contained in the maternity 'dashboard'. The dashboard draws together a range of indicators and information about the quality and safety of maternity services and the outcomes for women and babies.

2.2 This approach enables the committee to track progress at a high level and focus challenge on any areas of concern, whilst leaving detailed implementation of the agreed strategy to the professionals with operational responsibility.

2.3 HOSC requested a six monthly monitoring report comprising:

- the latest maternity dashboard; accompanied by

- a concise narrative report containing commentary on any areas of concern (e.g. 'red' indicators) highlighted in the dashboard and any other key developments HOSC should be aware of in relation to maternity services.

3. Update on implementation

3.1 A monitoring report has been supplied by NHS East Sussex Downs and Weald/NHS Hastings and Rother (attached at appendix 1). The report incorporates the East Sussex Hospitals Trust maternity dashboard (appendix 2) which presents performance against a series of key indicators. The South East Coast dashboard, which presents performance on the same indicators for all trusts in the area, is available on request (due to its size and format) from Claire Lee on 01273 481327 or Claire.lee@eastsussex.gov.uk.

3.2 The accompanying narrative report highlights local developments and also provides commentary on 'red' and 'amber' rated indicators in the dashboard and other challenges.

3.4 Jamal Zaidi, Consultant Obstetrician and Divisional Director for Women and Children, Jane Hentley, Chief Nurse and Debra Young, Head of Midwifery from East Sussex Hospitals NHS Trust will be in attendance to take questions from the East Sussex Hospitals perspective. Ali Parsons, Strategy and Projects Manager from NHS East Sussex Downs and Weald/Hastings and Rother will also be available to take questions from the commissioners' perspective on the East Sussex-wide strategy.

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East Sussex Maternity Services Monitoring Report

1. Introduction

At the March 2010 East Sussex Health Overview and Scrutiny Committee (HOSC) it was agreed that the future role of HOSC would hold the NHS to account for performance against the Maternity strategy's objectives. The monitoring of progress reported within this paper focuses on key outcomes and quality indicators utilising the South East Coast Strategic Health Authority (SEC SHA) maternity 'dashboard'.

The SEC SHA maternity dashboard draws together a range of indicators and information about the quality and safety of maternity services and the outcomes for women and babies. It enables progress to be tracked at a high level, and any key areas of concern to be highlighted so that action can be taken in response to problems. The dashboard enables key quality indicators for all maternity units across SEC to be monitored and compared. The East Sussex Hospitals Trust (ESHT) SEC dashboard is attached at appendix 2. The latest SEC wide dashboard, which shows the same indicators for each hospital trust in the SEC area, is available on request (due to its size) from Claire Lee on 01273 481327 or Claire.lee@eastsussex.gov.uk.

2. Background

Following the approval of the East Sussex Maternity Services Strategy 2009-2012 East Sussex Primary Care Trusts (PCTs), ESHT and HOSC jointly agreed the focus would move to its implementation and delivering the anticipated benefits for women and babies. The final meeting of the Maternity Services Development Panel was held in March 2010 where it concluded its work. The implementation of the strategy has now fully integrated into the normal commissioning and performance management processes of NHS East Sussex Downs and Weald and NHS Hastings and Rother. The implementation of specific aspects of the Strategy, including performance reported through the dashboard is overseen by relevant clinical groups.

3. Maternity Dashboard Report

The maternity dashboard is used in many maternity departments across the country to assist in the planning and improvement of services. Whilst it is used to benchmark activity and monitor performance against national (where available) and locally agreed standards (if national standards are unavailable) on a regular basis, it also has the ability to serve as a way in which patient safety issues can be identified in advance to facilitate appropriate action to ensure women receive

high quality, safe maternity care. The dashboard is monitored as part of the ESHT Maternity and Newborn Implementation Group.

A 'traffic light' system is used as a method of monitoring the upper and lower thresholds. For example:-

- **Green:** when the goals are met (that is, within the lower threshold)
- **Amber:** when the goals are not met (that is, above the lower threshold but still within the upper threshold). If a parameter is in amber, it indicates that action is needed if one is to avoid entering the red zone
- **Red:** when the upper threshold is breached. If a parameter enters the red zone then immediate action is needed from the highest level to maintain safety and to restore quality.

The maternity dashboard collects information about **activity, workforce and clinical indicators, including fundamental elements of risk management** within the department.

The current maternity dashboard shows good progress made in some areas for example; ESHT has achieved sustained reductions in caesarean section rates.

A revised policy on the recording of "diverts" externally has been agreed with ESHT, linked to the Commissioning for Quality and Innovation (CQUIN) scheme. The policy means that a "divert" is recorded only when women in labour cannot be admitted to either of the Trust's main maternity units. This change in reporting has brought ESHT in line with other Trusts' policies. However, for its own internal monitoring, ESHT is still recording internal diverts between its own units. A "closure" is recorded when none of the three units are able to admit women.

The following table provides an overall picture of the ESHT maternity dashboard and the indicators used to monitor performance. An additional narrative supports those indicators currently categorised as red flags. This narrative summarises the current position and describes mitigating actions currently being undertaken.

This table should be reviewed alongside appendix 2.

SEC Maternity Dashboard – East Sussex (ESHT) Red Flag Report (July 2010)

		Criteria	Goal	Red Flag	Performance	Narrative
Activity	Scheduled Bookings	Women booked before 12(+6) complete Weeks	90%	<80%	87% (Amber)	<p>This indicator relates to the number of women booked (assessment of medical and social needs) for pregnancy care before 12 completed weeks of pregnancy (12+6).</p> <p>SEC SHA Key Performance Indicator measurement by 2012 is 90% of women booked by the 12th week of pregnancy.</p> <p>The NICE guideline for antenatal care suggests booking should ideally take place before 10 weeks of pregnancy.</p> <p>Current Performance, Whilst the performance is currently flagged as amber this remains a key target. Referral pathways and processes have been reviewed and a launch is planned in October with supporting flowcharts and information for Midwives, GPs and Obstetricians. This should facilitate early booking and risk assessment.</p>
	Normal Deliveries without intervention	EHST	60%	<45%	45% (Red)	<p>Making Normal Birth A Reality (Royal College of Obstetricians and Gynaecologists (RCOG), 2007) suggests a national standard of 60% by 2010.</p> <p>SEC target has been set at 60% (green flag) and <45% (red flag)</p> <p>Current Performance Whilst progress is being made against this target, there remains a considerable gap between actual and target performance. The SEC definition of “normal birth” is very narrow/challenging as it excludes cases of induction of labour and episiotomy. Whilst ESHT acknowledges the definition standard applies to all Trusts, our rates would be closer to 60% if this definition were slightly broader.</p> <p>Notwithstanding the above ESHT has just embarked upon a SEC wide “improving normal birth” project and this is also on the Trust Nursing and Midwifery Clinical Strategy as a “High Impact Action”</p>
	VBAC (Vaginal Birth After Caesarean)	Successful VBAC (Opting women)	75%	<50%	53% (Amber)	<p>SEC suggest indicator targets for successful VBAC of 75% (green flag) and <50% (red flag). This includes all women choosing VBAC; but excludes women who change their mind; request VBAC go into labour and then request lower segment caesarean section (LSCS) and have LSCS.</p> <p>References: Royal College of Obstetricians & Gynaecologists (RCOG). 2007. Birth after previous caesarean birth. Guideline 45. London. RCOG</p> <p>Current Performance Because numbers are small it is questionable that these monthly statistics are representative, reliable or indeed cause for concern. Certainly VBAC is one of the areas that are under scrutiny, both in terms of the way we collate data and care pathways involved, as part of the normalising birth project. It may be that statistics look worse as data collection becomes more accurate (for example VBAC data historically only reflects those women opting for VBAC, whereas total potential VBAC population could/should include all women with previous section including those having repeat caesarean section). We are optimistic that this will be an area in which significant improvements can be made.</p>

	Cons availability	40hrs/wk		48.4 (Green)	The importance of clinical leadership on labour wards has been identified within key national documents including, Centre for Maternal and Child Enquiries (CMACE) Maternal Death Reports, National Service Framework, Maternity Matters and Safer Childbirth. However, smaller maternity units pose a particular challenge with continual consultant presence on the labour ward in units of less than 2500 births per year not being justifiable (RCOG 2008a). For this reason, it was agreed as part of the Maternity Services Development Panel that an Obstetric Consultant will be immediately available, rather than present, on the labour ward for 40 hours per week. Within Safer childbirth (2007) it states that holders of the CCT (Certificate of Completion of Training) qualification may contribute to the cover provided.
Midwifery	1;1 Care in labour	100%	<100%	46% (Red)	The midwife to birth ratio indicator is a national target highlighted in the RCOG, Safer Childbirth Report (2007) & Maternity Matters (2007). The range for this has been set at 1:28-1:30. SEC has set a goal of 1:30 with a red flag at 1:35 The data to support this indicator is based on the number of available whole time equivalent midwives/month, divided by the total number of births each month. The National Patient Safety Agency labour scorecard (a tool which will facilitate prospective data collection including levels of 1:1 care in labour will be introduced in October 2010) Contingency plans to release optimum midwifery resource from existing establishment is in place * see narrative
Neonatal Morbidity	Number unexpected admissions to SCBU/NICU	<10%	>10%	<10% (1) (Green)	Local indicators for the number of term babies admitted to SCBU/NICU per month has been set at 0 - >3. SEC suggests indicators are based on the number of babies as a percentage of all babies delivered and have set a green flag of <10% and red flag of >10%
	Intrapartum still births	0	<0	2 (Red)	
	Number of cases of hypoxic encephalopathy (Grades 2&3)	0	<0	0	We have been unable to collate this data and are currently exploring how we can do so (it is outside of the scope of maternity data systems)
Risk Management	Number of Serious Untoward Incidents (SUI)	0	>1	0 (Green)	SEC suggested measurement is against incidence of root cause analysis (RCA) investigations and have set indicators at 0 (green) and >1 (red) RCAs were completed and both cases closed by the PCT
Breastfeeding	Breastfeeding initiation	85%	70%	75% (Amber)	ESHT has registered intention to become Baby Friendly Initiative Trust. We are awaiting implementation visit
Diverts within same organisation	ESHT	0	1	June: 10 women affected (Red) July: 3 women affected (red)	From November 2009 it was agreed that ESHT would internally monitor all diverts. However, it was also agreed that any unplanned diversions, i.e. when a woman is transferred during labour, would be reported to the PCT/SHA. This was to bring ESHT into alignment with the way in which diverts/closures are reported by other Trusts in the region. SEC indicators have been set at 0 and >1 Performance: Whilst there were women diverted within ESHT there was only one closure of ESHT in the 4 month period. Narrative There was only one closure over the 4 month period. During April no women were diverted within ESHT, in May and July there were 2 and 3 women, respectively, diverted within the Trust. In June whilst there were 10 women diverted within ESHT this was on 5 different occasions.

3.1 Consistency between maternity units

Ensuring consistent practices across Sussex, both within the same Trust, and for East Sussex women accessing services out with of ESHT is particularly important. The SEC wide dashboard provides an opportunity to review relative performance between all maternity units within SEC. Some progress has been made over the past 12-18 months, particularly through the development of the SEC wide Maternity Network. The Network is currently focusing on “normalising birth” priorities, specifically looking at first pregnancy and labour normalisation and the “lay out” of birth environments in each of the units.

4.0 Improvements to quality of care

4.1 Intervention Rates

Significant progress has been made in both reducing and sustaining intervention rates overall, but specifically the reduction of caesarean section rates. The SEC wide dashboard demonstrates that this compares very favourably with other Trusts in SEC. ESHT currently have the lowest C section rates across SEC.

4.2 Perinatal Mental Health

Provision of perinatal mental health Services is a high priority within East Sussex, and remains an area of concern for the whole of the South East Coast

The Afterthoughts service has been funded until at least the end of March 2011, with the commissioning group looking at alternative models for the continuation of this service into 2011/12. Recommencement of group work on both sites will be provided by a psychotherapist. Opportunities to develop a network model to increase access to women’s mental health services are being explored.

4.3 Community Midwifery Working together With Primary Care

A communication group (a sub group of the Implementation panel) consisting of Primary and Secondary Care members has met several times to review referral processes into Maternity Services and communication between Health Care Professionals once that referral has been made. A launch day is planned for the autumn and it is anticipated that this will ensure early referral into services and early risk assessment. It is also anticipated that this will aid ongoing communication.

The group will continue to meet to build upon the successes achieved thus far.

4.4 Clinical and Midwifery staffing levels

Acute Providers face on going challenges in sustaining clinical staffing levels, specifically middle grade rotas. Appointing to all middle grade posts has not been achieved. Currently there are middle grade vacancies across ESHT. This position has been further exacerbated through vacancies in current Deanery trainee posts from October. ESHT is working hard to appoint to these vacancies.

Within Midwifery services, workforce planning using an accredited tool for Midwifery Birth Rate Plus (BR+) was carried out in July 2009 this demonstrated a deficit of 13.03 WTE Midwifery posts against activity and case mix at that time. ESHT compares relatively favourably with neighbouring Trusts in this respect. BR + is due to be recalculated in September 2010.

This seemingly large increase in deficit can be attributed to a combination of increasing birth numbers (and therefore midwifery activity) and the modification of the Birthrate Plus® formula to reflect the pledges of key policy documents which demand additional midwifery resource.

It is acknowledged that meeting Birthrate Plus® calculations is very challenging for many areas nationally. Locally a range of measures to ensure the most effective, innovative and productive use of resource is being considered.

Given an acknowledged deficit, managing a Midwifery service becomes a particular challenge during times where high levels of absence or activity occur.

ESHT experienced particular challenges in February where emergency business continuity measures were required. Measures taken included redeploying specialist midwives back to core clinical work and using agency midwives for the first time.

Although, the majority of measures have been reversed, not all specialist midwives have returned to their specialist roles fully. ESHT continue to use agency midwives to staff both hospital sites where necessary in order to ensure safe and effective service provision.

A contingency plan to release optimum midwifery resource from existing establishment is in progress and includes completed measures such as outsourcing parent education classes, training Midwifery Care Assistants to assist in Theatre and rotating staff between clinical areas. Other measures will be completed soon and include the Early Pregnancy unit becoming a nurse led rather than midwife led service on the Eastbourne site (in alignment with the Conquest site). Other more long term projects are also underway including skill mix review

4.5 Breastfeeding Services

An infant feeding specialist has been in post at ESHT since April 09. The post holder provides specialist support to Midwives and families. A specialist tongue tie service is facilitated by the infant feeding specialist. The baby friendly accredited education package is delivered to midwives and support workers. ESHT have applied for "Baby Friendly accreditation". Similar services are provided SEC Wide.

Type	Section	Metric Name	Measure	Goal	Red Flag	SUGGESTED AMBER	Unit comments	Apr-10	May-10	Jun-10	Jul-10
Organisation	Closing unit	Unit Not accepting Admissions	No. Of Women affected	nil	>1	NONE		0	1	0	0
	Diverting to units within same organisation	Unit requires support form unit within same organisation	No. Of Women affected	nil	>1	NONE		0	2	10	3
	Maternal Transfers	In-utero transfers (outside network)	No. of transfers	nil	>1	NONE		0	8	3	3
Activity	Women Delivered	Benchmarked to individual unit/trust number per annum divided by 12 months (Locally agreed forecast)	Women delivered	350	< or > 10%	<315 or >385		350	360	370	330
	Scheduled Bookings	Women booked before 12(+6) complete weeks	Bookings (1st visit)	90%	<80%	81%-89%		82%	79%	85%	87%
	Spontaneous Vaginal Deliveries	Maintain spontaneous Vaginal Delivery rate as per criteria	No. of women (see definition)	>70%	<60%	61-69%		60%	69%	66%	67%
	Normal Deliveries	Maintain Normal delivery rate as per stated criteria	No. of women (see definition)	60%	<45%	46-59%		35%	46%	44%	45%
	Operative Vaginal Delivery	Ventouse & Forceps	Operative vaginal delivery rate	15%	<10%	11-14%		11%	12%	12%	11%
		Failed Operative Vaginal Delivery	Failed Operative vaginal delivery rate	see comments	see comments	see comments		3%	2%	0%	2.6%
	Induction	Induction of labour (not augmentation)	Induction rate	20%	>25%	21-24%		20%	23%	19%	19%
	C- Section	Total rate (planned & unscheduled)	C/S rate overall	23% or less	>25%	24-25%		21%	18%	21%	24%
		Elective caesarean section	Elective	10%	>11%	11%		12%	7%	11%	9%
		Emergency caesarean section	Emergency	13%	>14%	14%		9%	11%	10%	15%
VBAC	Successful VBAC (opting women)	VBAC rate	75%	<50%	51-74%		85%	67%	47%	53%	
Workforce	Staffing Levels	Weekly hours of dedicated consultant presence on labour ward	Hours present	60	<60	NONE	N/A	56.5	N/A	N/A	N/A
		Weekly hours of dedicated consultant presence on labour ward	Hours present	40	<40	NONE		NA	56.62	55.9	48.4
		Woman/Midwife ratio	Births/ WTE midwives	30:1 clients	>35:1	31-34:1		34:1	40:1		
		Woman/Midwife ratio	Funded establishment as WTE	n/a	n/a	n/a					
		Woman/Midwife ratio	Actual WTE midwives in post	n/a	n/a	n/a					
Clinical Indicators	Neonatal morbidity	1:1 Care in Labour	midwife:woman	100%				38%			
		Number of cases of meconium aspiration	No. of babies	0	1 or more	NONE		1	1	0	0
		Number of term babies admitted to SCBU/NICU unexpected	No of babies as a percentage of all babies delivered.	0	>10%	NONE		2	1.0	3	1
		Intrapartum stillbirths	No. of babies	0	1 or more	NONE		1	0	2	2
		Term neonatal deaths < 7 days	No. of babies	0	1 or more	NONE		0	0	0	0
	Risk Management	Number of cases of hypoxic encephalopathy (Grades 2&3)	No. of babies	0	1 or more	NONE		?			
		Number of SUIs	Incidence	0	1 or more	NONE		1	0	2	0
		Massive PPH >2500mls	No. of women	1%	>1%	NONE		0	0	0	1
		Shoulder dystocia	No. of women	0.5%	> 1.5%	1%		0.8%	0.7%	0.2%	0.6%
		3rd/4th degree tear	No. of women	5%	>5%	NONE		1.6%	1.4%	1%	1.5%
Breast feeding	Breastfeeding at Initiation	No of babies fed	85%	70%	71-84%		81%	79%	75%	75%	