Agenda Item 5

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**10th March 2011**
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 September 2011.**

1. Background

1.1 In November 2009 HOSC endorsed the final version of the East Sussex Maternity Strategy 2009-12, the development of which had been overseen by a Maternity Services Development Panel bringing together a range of stakeholders. The Boards of NHS East Sussex Downs and Weald (ESDW) and NHS Hastings and Rother (H&R) also formally adopted the strategy at their meetings in November 2009.

1.2 The implementation of the strategy has now been integrated into the normal commissioning and performance management processes of NHS ESDW and NHS H&R, 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 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 ESDW/NHS H&R and East Sussex Hospitals NHS Trust (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 monitoring report highlights local developments and also provides commentary on 'red' and 'amber' rated indicators in the dashboard and other challenges.

3.3 Jamal Zaidi, Consultant Obstetrician and Divisional Director for Women and Children and Debra Young, Head of Midwifery, from East Sussex Hospitals NHS Trust will be in attendance to take questions from the East Sussex Hospitals Trust perspective. Alison Smith, Strategic Lead for Children and Maternity from NHS ESDW/H&R 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: August – November 2010

1. Introduction

The focus of this paper will be to provide members of East Sussex Health Overview and Scrutiny Committee (HOSC) with updated information in respect to progress that has been made against the implementation of the Maternity Strategy for East Sussex. Once again the South East Coast (SEC) Strategic Health Authority (SHA) maternity dashboard has been used to demonstrate indicators relating to the quality and safety of maternity services and the associated outcomes for women and babies. The latest SEC wide dashboard is attached as appendix 2.

2. Background

The implementation of the Maternity Strategy has been fully integrated into the normal commissioning and performance management processes of NHS East Sussex Downs and Weald and NHS Hastings and Rother. The Maternity and Newborn Services Clinical Implementation Group has been responsible for overseeing the implementation of specific aspects of the Strategy and has monitored performance via the maternity dashboard.

3. Maternity Dashboard Report

To recap, the maternity dashboard 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 serves as a way in which patient safety issues can be identified to facilitate appropriate action to ensure women receive high quality, safe maternity care.

Upper and lower thresholds are identified as ‘Red’ (requires immediate action), ‘Amber’ (requires review) and ‘Green’ (goals are met).

The following table provides an overall picture of the East Sussex Hospitals Trust (ESHT) maternity dashboard and the indicators used to monitor performance. Those indicators highlighted as ‘Red’ are supported with an additional narrative that summarises the current position and describes action being taken. This table should be reviewed alongside appendix 1

SEC Maternity Dashboard – East Sussex (ESHT) Report (November 2010)

		Criteria	Goal	Red Flag	Performance	Narrative
Activity	Scheduled Bookings	Women booked before 12(+6) complete Weeks	90%	<80%	91%	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). SEC SHA Key Performance Indicator measurement by 2012 is 90% of women booked by the 12th week of pregnancy. The National Institute for Health and Clinical Excellence (NICE) guideline for antenatal care suggests booking should ideally take place before 10 weeks of pregnancy. **Current Performance,** The number of women booked before 12+6 completed weeks of pregnancy has been maintained at around 85% throughout the year. However, this increased to 91% in November (6% increase since October). A full review of referral pathways and processes has been completed and the revised documents (referral flow chart and supporting information) have been circulated to local GPs, Midwives and Obstetricians.
	Normal Deliveries without intervention	EHST	60%	<45%	48%	Making Normal Birth A Reality (Royal College of Obstetrics and Gynaecology 2007) suggests a national standard of 60% by 2010. SEC target has been set at 60% (green flag) and <45% (red flag) **Current Performance** Normalising Birth is a 'High Impact Action' quality improvement indicator within the Trust's Nursing and Midwifery Clinical Strategy and has been a SEC wide project since April 2010. The focus of the project is to increase the proportion of normal births whilst reducing unnecessary interventions. In spite of a dip in October, there has been a sustained 3% increase in the normal birth rate since July 2010. However, the gap that remains against the actual and target figures is indicative of the very narrow definition of 'normal birth' that was highlighted in the last report.
	VBAC (Vaginal birth after caesarean)	Successful VBAC (Opting women)	75%	<50%	75%	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. References: Royal College of Obstetricians & Gynaecologists (RCOG). 2007. Birth after previous caesarean birth. Guideline 45. London. RCOG **Current Performance** Current maternity database figures suggest the average number of women opting for VBAC is around 50% of the total number of women who are eligible, i.e. those who have only had one previous caesarean section. Performance against this indicator, as per SEC definition, is positive with an average success rate of around 60% (April-October 2010) with an increase to 75% in November.
Workforce		Cons availability	40hrs/wk		52 hours	ESHT is made up of two small acute units (each with less than 2500 births per year) and therefore the Obstetric Consultant on call is immediately available, rather than being continually present on the labour ward. Given the current complement of Obstetric Consultants and Associate Specialists that hold the

						CCT (certificate of completion of training) qualification, is has been possible to maintain a steady and sustained increase in availability to around 52 hours/week per site.
	Midwifery	1:1 Care in Labour	100%	<100%	Not yet measured	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 implementation of the National Patient Safety Agency (NPSA) labour ward scorecard as a way in which to monitor the provision of 1:1 care in labour was not introduced in October as planned. Given the challenges, not only with an agreed definition of 1:1 care but also those experienced by other units (in that it did not prove to be easy to implement and subsequently was not providing useful data) that have implemented the NPSA Scorecard, it was decided to postpone its implementation within ESHT. Therefore, the % provision of 1:1 care in labour is not currently collected. Continued work against those contingency plans to release optimum midwifery resource from existing establishment is ongoing and includes rotation of staff into the community, releasing midwifery hours from maternity theatre and a review of maternity skill mix. Birthrate plus workforce planning for 2010 recommends an additional 8 whole time equivalent (WTE) midwives (based on current workforce practice) are required to undertake Midwifery tasks related to current activity and case mix. However, an overall review and investment in skill mix (additional band 2 housekeeping roles and skilling up of band 3 roles clinically) could release sufficient Midwifery resource (in combination with existing contingency actions as previously mentioned.
Clinical Indicators	Neonatal Morbidity	Number unexpected admissions to Special Care Baby Unit (SCBU)/Neonatal Intensive Care Unit (NICU)	0	1 or more	9	Local indicators for the number of term babies admitted to SCBU/NICU per month has been set at 0 which is much more challenging that the SEC target. SEC suggests indictors 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% Current performance suggests the percentage of term babies unexpectedly admitted to SBCU/NICU is around 2.5% (9 babies / 357births) and so within acceptable limits.
		Intrapartum still births	0	>0	0	
		Number of cases of hypoxic encephalopathy (Grades 2&3)	0	>0	0	There were two cases of hypoxic encephalopathy in October. There have been none since. Information is collected via the Perinatal Network Data and Information Clerk at South East Coast Perinatal Network.
	Risk Management	Number of serious untoward incidents (SUI)	0	1 or more	1	SEC suggested measurement is against incidence of root cause analysis (RCA) investigations and have set indicators at 0 (green) and >1 (red) Since the last report there have been 6 SUIs (5 in October and 1 in November). RCAs were completed in all cases and have been sent to the PCT for closure.
	Diverts within same organisation	ESHT	0	>1	7 women affected in August. 0 in Sept, 10 in Oct and 5 in Nov.	Diverts between the ESHT sites have been monitored internally since November 2009. This has brought ESHT into line with the way in which other Trusts in the Region report diverts. SEC indicators have been set at 0 and >1. Since the last report 22 women have been diverted within ESHT. There was one maternity unit closure in October.

	Breastfeeding	Breastfeeding initiation	85%	70%	79%	ESHT has seen a steady and sustained increase in breastfeeding initiation since the last report. The implementation visit has taken place by Baby Friendly as part of the process for becoming accredited. The second stage visit is planned for the summer and stage three by Easter 2012. Alongside staff training and support for mothers with infant feeding, it is envisaged that this trend will continue.

4.0 Improvements to quality of care

4.1 Clinical Activity

The trend in the number of births between August and November did increase, with a record 405 births in October. Based on 2009 figures, this represents an approximate increase of 5% in the number of births during the same period in 2009.
Year to date there has been a 3% increase in births compared to the same 9 months last year.

Diversions within ESHT continue to be monitored internally through Risk Management and the Maternity Dashboard. Between August and November, 22 women were diverted and there was one unit closure in October. However, this corresponds with increased clinical activity.

In utero transfers occur when the baby is likely to need a level 3 special care baby unit. Transfers occur outside the network when there is no capacity in the units within the network.

4.1 Intervention Rates

Despite the significant increase in clinical activity, indicators contained within both the SEC and internal Maternity Dashboard suggests that there has been good progress being made in some areas and sustained progress in others. For example:

1. There has been a steady increase in the proportion of women booked before 12+6 weeks gestation, reaching 91% in November
2. The average, weekly availability of a Consultant Obstetrician has increased to approximately 52 hours per week
3. The number of women opting for VBAC, who go on to have a normal birth, per month has increased to a rate of 75% in November. The yearly average is around 60%.
4. The number spontaneous vaginal births has been maintained at around 65-70%
5. ESHT has sustained lower than average caesarean section rate when compared with other Trusts in the Region.

This highlights the continued progress that has been made in both reducing and maintaining intervention rates overall and the knock on effect this has on caesarean section rates. Despite the challenges of maintaining two small maternity units, the SEC Dashboard implies that overall, ESHT compares favourably with other Trusts in the Region.

4.2 Perinatal Mental Health

The provision of specialist Perinatal mental health services continues to be an area of concern throughout the SEC and as a result has been made a priority within East Sussex.

Subsequent to the last report there has been a successful joint commissioning bid to secure funding for the development of a specialist Perinatal mental health service in East Sussex. A service specification and care pathway has been developed and it is envisaged that this service will commence in April 2011. Linked with the Afterthoughts and Perinatal support groups, this new service will be supported by 4 consultant psychiatric clinics across both acute hospital sites each month and will provide women with access to specialist psychiatric support during pregnancy and in the first 12 months after birth.

4.3 Community Midwifery Working together With Primary Care

Work that has been undertaken as part of the communications sub-group has included a review of the referral process and ongoing communications between maternity and primary care. This has included a re-launch of the referral pathway and standardised referral form as an initial risk assessment for pregnancy care. There has also been a change to written communications that are shared with GP colleagues and new practice is to forward copies of information obtained at booking, following birth. on discharge from hospital and then finally on transfer to the health visitor. In addition, GP colleagues are asked to share with midwifery staff, any social or domestic circumstances that may affect a woman's ongoing pregnancy care and also to seek information from hand held maternity notes when a woman is seen during pregnancy. All changes have been communicated with GP colleagues in written format and again verbally at cluster meetings. The referral pathway and standardised referral form are available in electronic format on the HARMLESS and GRACE primary care websites.

It has been agreed by members of the communications group that this forum is a positive way in which to maintain links with primary care colleagues in order to discuss and drive forward future service developments and address ongoing challenges.

4.4 Clinical and Midwifery staffing levels

Sustaining clinical staffing levels, more specifically middle grade rotas, remains a significant challenge. Deanery trainee post vacancies have resulted in a lack of trainees since October 2010 and ultimately have lead to vacancies across ESHT. It is anticipated that this situation will continue and given the competition with larger teaching hospitals for pooled applicants, ESHT will face greater recruitment challenges this year and for the

future. Therefore to maintain middle grade staffing levels, agency locum Doctors are required on a regular basis on both Hospital sites.

Since the initial redeployment of specialist midwifery staff in February 2010 all specialists have been able to return to their posts and the use of agency midwives has not been necessary. However, whilst ESHT is experiencing lower levels of sickness and vacancy factor, the recalculation of Birthrate + in September 2010 suggests there is a continued deficit of whole time equivalent (WTE) midwifery posts against activity and case mix. Skill mix is being reviewed to address and expand the workforce. Despite a reduction in senior posts following retirement to create more junior posts, challenges remain in recruiting into community midwifery posts.

As part of the contingency plan to release optimum midwifery resource from existing establishment, the early pregnancy unit at EDGH has become nurse led in alignment with the Conquest site. It is further anticipated that from summer 2011 the maternity theatre at Conquest will be staffed by theatre practitioners, midwives will rotate throughout all clinical areas (including the community) and a full review of the role of Maternity Support Workers (MSW) will take place.

4.5 Breastfeeding Services

Since the last report to HOSC, the first stage assessment for Baby Friendly accreditation has taken place and a Certificate of Commitment received. It is anticipated that the Stage 2 assessment will be undertaken in the summer with Stage 3 around Easter 2012.

The infant feeding specialist provides training and specialist support to Midwives and families.

Type	Section	Metric Name	Measure	Goal	Red Flag	SUGGESTED AMBER	Unit comments	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
Organisation	Closing unit	Unit Not accepting Admissions	No. of occasions when both main Trust units are closed simultaneously	nil	>1	ONE		0	1	0	0	0	0	1	0
	Diverting to units within same organisation	Unit requires support form unit within same organisation	No. Of Women affected	nil	>1	ONE		0	2	10	4	7	0	10	5
	Maternal Transfers	In-utero transfers (outside network)	No. of transfers	nil	>1	ONE		0	2	1	0	3	4	2	0
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		302	360	370	330	355	395	395	354
	Scheduled Bookings	Women booked before 12(+6) complete weeks	Bookings (1st visit)	90%	<80%	81%-89%		82%	79%	85%	87%	87%	84%	85%	91%
	Spontaneous Vaginal Deliveries	Maintain spontaneous Vaginal Delivery rate as per criteria	No. of women (see definition)	>70%	<60%	61-69%		60%	69%	66%	67%	68%	70%	63%	70%
	Normal Deliveries	Maintain Normal delivery rate as per stated criteria	No. of women (see definition)	60%	<45%	46-59%		35%	46%	44%	45%	48%	48%	41%	48%
	Operative Vaginal Delivery	Ventouse & Forceps	Operative vaginal delivery rate	15%	<10%	11-14%		11%	12%	12%	11%	11%	10%	14%	11%
		Failed Operative Vaginal Delivery	Failed Operative vaginal delivery rate	TBC	TBC	TBC									
	Induction	Induction of labour (not augmentation)	Induction rate	20%	>25%	21-24%		20%	23%	19%	19%	17%	19%	20%	22%
	C- Section	Total rate (planned & unscheduled)	C/S rate overall	23% or less	>25%	24-25%		19%	18%	21%	23%	21%	20%	24%	18%
		Elective caesarean section	Elective	10%	>11%	11%		11%	7%	12%	8%	8%	12%	8%	6%
		Emergency caesarean section	Emergency	13%	>14%	14%		8%	11%	9%	14%	13%	8%	16%	12%
	VBAC (vaginal birth after caesarean)	Successful VBAC (opting women)	VBAC rate	75%	<50%	51-74%		83%	67%	47%	50%	68%	62%	59%	75%
Workforce	Staffing Levels	Weekly hours of dedicated consultant presence on labour ward	Hours present	60	<60	NONE		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Weekly hours of dedicated consultant presence on labour ward	Hours present	40	<40	NONE		56.5	56.62	55.9	48.4	45.4	46	47.25	47.75
		Woman/Midwife ratio	Births/ whole time equivalent (WTE) midwives	30:1 clients	>35:1	31-34:1		34:1	40:1	43:1	37:1	39:1	46:1	44:1	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									

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		1:1 Care in Labour	midwife:woman	100%			report (appendix 1)								
Clinical Indicators		Number of cases of meconium aspiration	No. of babies	0	1 or more	NONE		1	1	0	0	1	1	2	0
	Neonatal morbidity	Number of term babies admitted to Special Care Baby Unit (SCBU)/Neonatal Intensive Care Unit (NICU) unexpected	No of babies as a percentage of all babies delivered.	0	1 or more	NONE		2	1	3	1	6	4	10	9
		Intrapartum stillbirths	No. of babies	0	1 or more	NONE		0	0	0	0	0	0	0	0
		Term neonatal deaths < 7 days	No. of babies	0	1 or more	NONE		0	0	0	0	0	0	1	0
		Number of cases of hypoxic encephalopathy (Grades 2&3)	No. of babies	0	1 or more	NONE		0	0	0	1	0	1	2	0
	Risk Management	Number of serious untoward incidents (SUIs)	Incidence	0	1 or more	NONE		1	0	2	0	0	0	5	1
		Massive post-partum haemorrhage (PPH) >2500mls	No. of women	1%	>1%	NONE		0	0	0	1	0	0.2%	0.2%	0.3%
		Shoulder dystocia	No. of women	0.5%	> 1.5%	1%		0.8%	0.7%	0.2%	0.6%	1%	0.3%	0.7%	1.1%
		3rd/4th degree tear	No. of women	5%	>5%	NONE		1.6%	1.4%	1%	1.5%	1.4%	1.3%	2.5%	1.9%
	Breast feeding	Breastfeeding at Initiation	No of babies fed	85%	70%	71-84%		81%	79%	75%	75%	75%	81%	77%	79%

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