

Paper 19

Recommendation <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE	Trust Board is asked to note the contents of this report
Reporting to:	Trust Board
Date	29 November 2018
Paper Title	Maternity Clinical Dashboard
Brief Description	<p>The purpose of this report is to provide the committee with the analysis of data within the maternity clinical dashboard for October 2018 with the following key points for information:-</p> <ul style="list-style-type: none"> • The key risks <ol style="list-style-type: none"> 1.Reduced number of MLU births due to suspensions, service awaiting the outcome of the CCG Led MLU review – delayed until June 2019 2.Increased media scrutiny having an impact on staffing sickness and morale – sickness rate now 5.98% - may impact on outcomes 3.Increased numbers of women reporting to PRH due to section 31 notice (CQC) – monitoring risks via incident reporting – modifications in place • The key strengths <ol style="list-style-type: none"> 1.Number of babies with HIE = 0 2.Admissions of term babies to neonatal unit – 2.7% - way below the national target of 6% 3.Caesarean section rate 19% - way below the national 25% • Any changes or learning to ensure safety and quality <ol style="list-style-type: none"> 1.Implementation of ‘red hats’ to reduce admission of term babies to the neonatal unit 2.Implementation of routine twice daily safety huddles to all areas of maternity 3.Learning from Maternity and Neonatal Health Safety Collaborative (MatNeo) to reduce smoking in pregnancy – to work towards national target <p>The report highlights any elements by exception and indicates a description for the indicators that are not aligned with local or national targets. More details in the report below.</p>
Sponsoring Director	Nigel Lee - Chief Operating Officer
Author(s)	Anthea Gregory-Page – Deputy Head of Midwifery
Recommended / escalated by	N/A

Previously considered by	N/A
Link to strategic objectives	SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach
Link to Board Assurance Framework	If we are unable to implement our clinical service vision in a timely way then we will not deliver the best services to patients (RR 668)
Equality Impact Assessment	<ul style="list-style-type: none"> <input checked="" type="radio"/> Stage 1 only (no negative impacts identified) <input type="radio"/> Stage 2 recommended (negative impacts identified) <ul style="list-style-type: none"> <input type="radio"/> negative impacts have been mitigated <input type="radio"/> negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> <input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA

Maternity Clinical Dashboard

The purpose of this report is to provide the Trust Board with an analysis of data within the maternity clinical dashboard for October 2018. The report highlights the key risks, key strengths and any changes or learning being taken forward:

Key Risks

- 1. Midwife led unit Births** – The expected locally set range for this descriptor is 2-50 births per month depending on the MLU. The overall numbers of births in the five Midwife-Led units and home were 32 births in 2018 (7.9 %). The National MLU birth figure is 11.8%. Bridgnorth, Ludlow and Oswestry MLU were all suspended to births and postnatal inpatient stays during October 2018 and Shrewsbury MLU has moved to ward 18 following refurbishing works on Sunday 21st October 2018. Births in these units for October 2018 were:-
 - Wrekin had 25 births
 - Shrewsbury 3 births
- 2. The Home births** for October 2018 were 4 births (1.0%) this is a slight increase on the Previous month but is below the national rate set by the NMPA data of 1.4%.
- 3. Rate of Vaginal Birth after Caesarean Section (VBAC).** The rate of successful vaginal birth after a single previous caesarean section is a Clinical Quality Improvement metric. The expected NMPA rate for this descriptor is 57.7%. The Maternity rate in October 2018 for VBAC is 30.8 %. This rate will be observed going forward.
- 4. Smoking at Time of Delivery-** The expected National figure is 11.7%. The Maternity SaTH rate for October 2018 is 16.0%. A Public Health Midwife has been seconded for 4 years (financed by Telford and Wrekin Council and CCG), who continues to concentrate on the Telford and Wrekin pregnant smoking population to change habits and drive down this figure.
- 5. Percentage of Babies born at less than 2500gms.** This is a National Maternity Indicator. The expected GIRFT rate for this descriptor is 2.3%. The Local SaTH data for October 2018 was 10.1%. Moving forward we will be monitoring this closely. These are small numbers.
- 6. Babies Breast Feeding at Discharge from Midwife to Health Visitor.** This is an additional maternity metric not measured prior to 2018 by SaTH. Although initiation rates are excellent there appears to be a drop off around discharge from the unit. The NMPA rate is 68.1% SaTH rates have been measured at 44.2% for October 2018. This has been brought to the attention of the Infant feeding coordinator and a plan to bring this back in line will be made.
- 7. Induction of Labour Rate.** This is a maternity metric. The NMPA expected rate is 28.5% The SaTH Maternity rate is reported as 42.4% in October 2018. The education of women around reduced fetal movements has played a part in this increase. This rate will be observed going forward to identify any further increases and trends.
- 8. Access to screening services** % of bookings with a gestation of less than 10 +0 weeks. This descriptor forms part of the antenatal screening submission data collected to inform PHE England and the Regional Screening Board of the offer of screening for trisomy 13 and the screening Midwife Specialist then compares the booking data (based on the LMP) with the confirmed scan data and submits this data quarterly to the national screening body. The National and regional target for this screening is 50% as the acceptable standard with an aim of 75%. This target is a QA standard set by NHS

England. The Booking figure for October 2018 figure was 66.2%. However the validated figure can be as much as 10% below. The previous poor rate during 2017/18 was raised by the national screening programme board and has been added to the Women and Children's risk register (current score 16). We are currently piloting an early bird scheme in Sutton hill to offer screening at an earlier date November 1st -31st January 2019).

9. **Access to maternity services** - % of bookings with a gestation of less than 12 weeks and 6 days. The expected National set range for this descriptor is 90-100%. The rate for October 2018 was 87.8% 2018. Regular booking meetings are taking place to look at ways of improving these figures. We are awaiting an IT fix for this issue.

Key Strengths

1. **Telford Consultant Unit Births.** The expected locally set range for this descriptor is between 300-350 births per month. October 2018 has seen a live delivery figure of 373 (92.1 %). This is above the national target of 86.6%.
2. **Maternal Outcomes –Caesarean section rate.** This overall rate set by the NMPA is 25%. The rate of 19% for October 2018 is below this rate.
3. **Stillbirth** – The MBBRACE expected rate was 0.38% (2015). The local rate for October 2018 was 1.5% (3 cases). There have been a total of 17 stillbirths (0.4% YTD) in the 2018 Calander year which is a reduction on the previous 2017 year.
4. **Antenatal Bookings-** The local expected rates for antenatal bookings are 400-450 per month. During October 2018 there were 411 bookings.
5. **Hypoxic Ischemic Encephalopathy – (HIE).** There was one reported HIE's during October 2018 demonstrating 0.2% rate.

Changes and Learning being taken forward:-

Midwife led unit Births – The Local maternity System (LMS) is working hard on improving the Midwife led unit birth. .They have appointed a Transformation Midwife who is working along-side the Midwifery team to look at ways of improving the Midwife led unit births.

Home births – This is also part of the LMS work to increase the birth options to women.

Rate of Vaginal Birth after Caesarean Section (VBAC) A VBAC clinic has been set up by one of our Consultants to improve the numbers for successful VBAC. We are also reviewing the clinical dashboard to ensure it is capturing the correct data.

Smoking at Time of Delivery- A Public Health Midwife has been seconded for 4 years (financed by Telford and Wrekin Council and CCG), who continues to concentrate on the Telford and Wrekin pregnant smoking population to change habits and drive down this figure. The CCG has just increased their funding to support an additional band 3 support worker and increase the Midwife's hour to full time.

Percentage of Babies born at less than 2500gms. The care group has introduced centile outcomes rather than weight as centiles are a far more accurate tool in recognising small for gestational age babies. We have also increased scanning patterns once a growth restricted baby has been identified.

Babies Breast Feeding at Discharge from Midwife to Health Visitor. The Maternity department are looking at ways of increasing breast feeding support both in the hospital in the community by employing band 3 maternity support workers. We are also due to have a baby friendly re-accreditation assessment on 13th and 14th December 2018.



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Induction of Labour Rate. We have been looking at ways of using different types of induction methods including drugs and non-medical interventions.

Access to screening services and Access to maternity services – We have flagged this risk on the risk register at Operational risk level scoring a 16. We are currently piloting an area where we are offering an early bird session; this ensures women can be screened prior to the full antenatal booking. This pilot runs from 1st November 2018 – 31st January 2019. If successful we will be looking to roll this out across the service.