

Maternity

Shropshire CCG is working with SaTH on a commissioned review of the Midwife Led Units across the County and is a work stream of the newly established Local Maternity System Programme Board. The relevant recommendations of 'Better Births' are included in the terms of reference. The CCG is also in the process of securing the expertise of an external expert midwife to support the review

2016/17 performance against quality indicators for maternity.

This was within the expected range and in line with national performance. However, there are a number of indicators, for which performance is worse than the expected range. Indicators that were not within the expected range are given in the table below:

Descriptor	Lower Limit	Expected Figure: N = National Target, S = Birth Rate Plus Target, A = LSA Target, L = Locally agreed expected figure, B = Nationally Benchmarked	Upper Limit	2016/17	2015/16
% of births in Consultant Unit	70%	75-85% (L)	90%	85.1%	82.3%
% of births in any MLU	10%	15-25% (L)	30%	14.4%	17.4%
% of births in a MLU or at home	10%	15-25% (L)	30%	13.1%	16.1%
Overall Assisted Births rate %		<10% (L)	25%	10.2%	9.8%
Caesarean Section rate %		<20% (L)	25%	20.5%	19.4%
Induction Rate %	15%	25-30% (L)	40%	31.7%	30.7%
% of bookings with a	85%	>90% (N)		88.7%	91.7%

gestation of less than 12 weeks 6 days					
% patients delivered who received 1:1 care during established labour	95%	100%		97.5%	97.7%

2017/18 current performance maternity dashboard reported by SaTH is detailed at Appendix 1.

The analysis of this data is as follows:

- 1. Telford Consultant Unit Births.** The expected locally set range for this descriptor is between 300-350 births per month. June 2017 has seen a live delivery figure of 369, a decrease of 76 births on May 2017 figure. The first Quarter indicating the end of year figure may be around 4736 births. However the fluctuations in birth numbers are a common theme. The increasing number of births and activity within the consultant unit (87%) will be observed going forward to identify any further increases and trends.
- 2. Midwife led unit Births** – The expected locally set range for this descriptor is 2-50 births per month depending on which MLU. The overall number of births in our five Midwife led units was 42 (11.4%) for June 2017. The suspension of services (births and postnatal inpatient stays) at the three smaller Midwife led Units in Bridgnorth, Ludlow and Oswestry are now impacting the Amber and Red rating on the clinical dashboard. Ludlow demonstrated no deliveries, Bridgnorth 2 and Oswestry 2 in June 2017.
- 3. Normal and assisted deliveries** – Vaginal breech rate. The expected locally set range for this descriptor is 0-1% with an upper limit of 1.5% per month. The lower limit is 2; therefore the rate of 1.4% reported as Amber during June 2017 does not indicate a compelling trend.
- 4. Operative deliveries** - % of Deliveries - Category 4 C/Section. The expected locally set range for this descriptor is 0-8% with an upper limit of 10% per month. Therefore the rate of 8.4% reported as Amber during June 2017 does not indicate a compelling trend.
- 5. Maternal outcomes – Induction rate.** The expected locally set range for this descriptor is 20-30% with an upper limit of 35% per month. Therefore the rate of 36.8% reported as Red during June 2017 shows an increase of 3.6% compared to May 2017. This does not indicate a compelling trend, but will be closely monitored.
- 6. Maternal outcomes - 3/4 degree tear** of NVD (Primip). The expected locally set range for this descriptor is 0-5% with an upper limit of 7% per month. Therefore the rate of 7.5% reported as Red during May 2017 shows an increase of 0.6% compared to April 2017. This does not indicate a compelling trend.
- 7. Maternal outcomes - 3/4 degree tear** of Assisted (Primip). The expected range for this descriptor is 0-8% with an upper limit of 10% per month. Therefore the rate of 13.6% reported as Red during June 2017; however this is a decrease of 2% on the May 2017 figure.

Although these are small numbers, it is in synergy with the increasing complexity and acuity of women attending the consultant unit.

8. **Access to maternity services** - % of bookings with a gestation of less than 10 weeks. The expected locally set range for this descriptor is 50-100% with a lower limit of 40% per month. The rate of 37.4% reported as Red during June 2017 shows a decrease of 9.2% compared to May 2017. It is of note that achieving this target is dependent on women identifying that they're pregnant and accessing services.
9. **Access to maternity services** - % of bookings with a gestation of less than 12 weeks and 6 days. The expected locally set range for this descriptor is 90-100% with a lower limit of 85% per month. The rate of 90.5% reported as Green during June 2017 shows an increase of 1.9% compared to May 2017. It is of note that achieving this target is dependent on women identifying that they're pregnant and accessing services.

The Trust has presented a proposed Interim Transitional Midwifery Model for the MLU approved by their Board to the CCG and they have provided the following information to the CQRM:

- The Model will mitigate risks, provide safe care to our mothers-to-be and support staff during this time; the inpatient and overnight provision is suspended in three of our smaller MLU's (Ludlow, Bridgnorth and Oswestry) for a minimum period of 3 months (beginning 1st July 2017).
- The MLU buildings will function as a day community based service rather than an overnight inpatient service. This will mean that all community antenatal and postnatal care will continue to be provided either within the unit during the day or in the community, however, women will not (during this period) be able to give birth in these units or be transferred to them for their postnatal care. For care in labour (intrapartum) all women will be offered birth in either RSH or PRH MLU's or the Consultant Unit. Additionally women can still choose to have a home birth and this will continue to be facilitated in line with their current choices.
- Workforce- This will release 3 midwives and 3 Support workers per night to be redistributed in a planned (rather than reactive) way. The Care Group will prioritise the work required to develop a plan over the next 24 weeks.
- Support to develop a recruitment and retention initiative for midwives.
- The Care Group will continue on-going work to develop the current workforce plan in line with Birthrate Plus ® recommendations. By taking this action the Trust will introduce certainty for mothers-to-be and Midwifery Services in the coming 6 months.
- The Trust will use this time with our commissioners and the LMS to develop a new model of care, fully staffed.
- SaTH will be working with service users and stakeholders to ensure they are fully engaged in the process to shape the service.
- Regular meetings are planned to consider options and future models but this work will not pre-empt the outcome of the Midwife-Led Unit review that our clinical commissioners

are carrying out.

CCG position

The CCG has approved this model based on patient safety.