NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date of Meeting: 24 May 2016

For: PUBLIC session ☒ PRIVATE session ☐

For: Decision ☒ Discussion ☐ Noting ☐

Agenda Item and title:	**GOV/16/05/10 Update on Maternity Services**
Author:	Lucy Baker – Deputy Director of Acute Commissioning
Lead Director/GP from CCG:	Mark Harris – Director of Acute Commissioning Helen Osbourne – Medical Advisor
Executive summary:	Maternity services are facing increasing scrutiny following the publication of the Morecambe Bay Investigation report in March 2015 and the subsequent National Maternity Review, which was published in March 2016. NICE also issued a series of new guidance on maternity services in February 2015 particularly in relation to expectations around safer staffing levels. This paper provides a briefing of the key issues and actions to improve monitoring of maternity services.
Evidence in support of arguments:	The Morecombe Bay investigation was established by the Secretary of State for health in September 2013 following concerns over serious incidents in the maternity department at Furness General Hospital. The report made 44 recommendations for the Trust and the wider NHS. The "Better Births" National Maternity Review was published in March 2016. This includes a five year forward view for maternity services.
Who has been involved/contributed:	Medical Advisor, Acute providers

Cross Reference to Strategic Objectives:	B. Commission appropriate services to meet the needs of the local population and national priorities, delivered in the right place (ideally in a primary care setting but acute where necessary) and accessible at the right times identifying and addressing health inequalities. F. Enhance quality and safety of services by ensuring effective mechanisms are in place to set quality standards, assess performance, address concerns and drive continuous improvement.
Engagement and Involvement:	Public health, acute providers, BaNES CCG, Health Visitors, GPs and Service Users
Communications Issues:	
Financial Implications:	Impact of Maternity Pathway
Review arrangements:	Dedicated RUH Maternity Contract Performance meetings to monitor progress on improving services, including the environment for patients for next two quarters before mainstreaming into core contract performance. It is proposed that a new Wiltshire Maternity Forum is developed to increase performance monitoring of maternity services , provide a platform for discussing the National Maternity Review recommendations and review progress and to share best practice.
Risk Management:	Transition to new Maternity Pathway has financial risk in 16/17; The CCG has identified workforce issues which present a risk to midwife to birth ratio and consultant cover as well as an ageing workforce.
National Policy/ Legislation:	Morecambe Bay Investigation report, March 2015 "Better Births" National Maternity Review 2016 NICE guidance on Maternity Services, February 2015
Public Health Implications:	Public Health have been involved and chair Maternity Services Liaison Committee (MSLC)
Equality & Diversity:	N/A

Other External Assessment:	
What specific action re. the paper do you wish the Governing Body to take at the meeting?	To agree :- • the development of a new Maternity Specification for inclusion in 201718 contracts; • the transition of the community maternity services contract into the main RUH contract from 1/4/16; • the creation of a new Pan-Wiltshire Maternity forum to improve monitoring of performance, collaborative working in relation to the recommendations of both the Kirkup and National Maternity reviews and sharing of best practice.

Maternity Update to the Governing Body

24 May 2016

Introduction

This briefing provides an update on maternity services pan-Wiltshire. Maternity services are facing increasing scrutiny following the publication of the Morecambe Bay Investigation report in March 2015 and the subsequent National Maternity Review, which was published in March 2016. NICE also issued a series of new guidance on maternity services in February 2015 particularly in relation to expectations around safer staffing levels.

Current activity and Update

Wiltshire has seen a reducing trend in birth numbers over the last few years. The last two year's activity data is shown in the table below:

	No. of Births	
Provider	1516 (FOT)	1415
Community Contract (GWH/RUH)*	1,985	2,057
Acute - SFT	1,496	1,476
Acute - GWH	941	1,034
Total	**4,422**	**4,567**

Wiltshire CCG approved a proposal in June 2016 to transfer the Community Maternity Contract, which is currently held by Royal United Hospital NHS Foundation Trust (RUH), into the provider's main acute contract to support the development of the service and continuity of provision. This work stream has progressed and the transition occurred on 1 April 2016. The RUH has acknowledged that estate work is required to improve the environment for staff and patients. Following the transition, progress from the provider on improving services, including the environment for patients, will be monitored through the dedicated RUH maternity Contract Performance meetings, which will continue for the next two quarters to minimise risk.

A new Maternity Service Specification has been developed to clearly set out the CCG's expectations of providers. This has been included in the contracts of all three acute providers for the first time in 16/17.

Maternity Governance

Wiltshire CCG hosts a quarterly Maternity Services Liaison Committee (MSLC), which is chaired by Public health and attended by all acute and health visitor providers. Monthly contract performance information is received by RUH in relation to the historic Wiltshire community maternity contract supported by quarterly contract performance meetings. Maternity issues with the other acute providers are filtered through the relevant Contract Performance Meeting. However, there is concern that maternity is not receiving the required level of scrutiny.

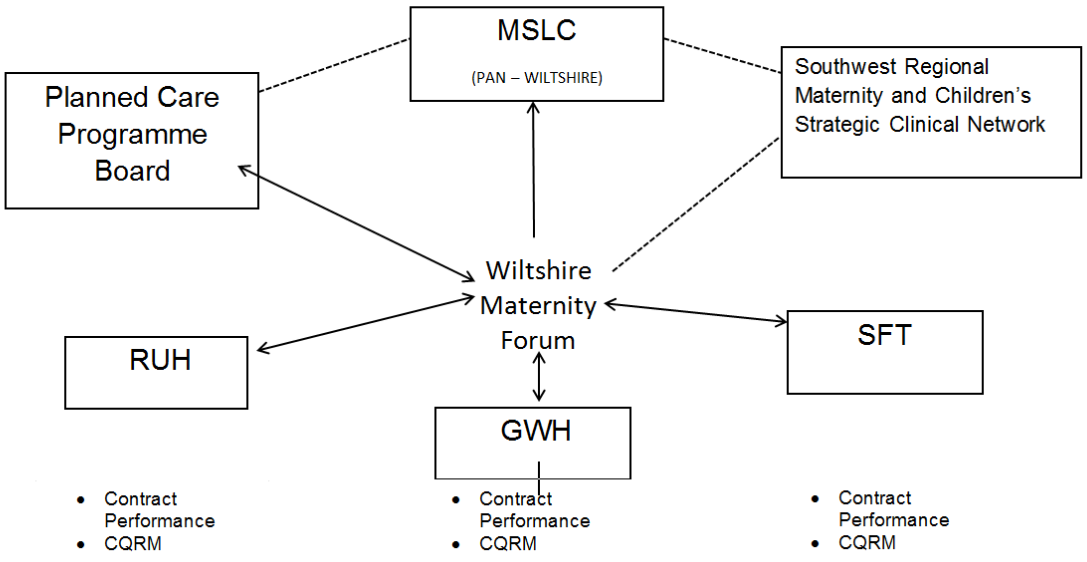
An example of the RUH dashboard reviewed monthly features below:

RUH Bath Maternity Dashboard 2015-16

	No.	No.	NI	Indicator	Goal	Red Flag	Source	2014/15	2015/16 Jul	Aug	Sep	Oct	Nov	Dec	YTD 2015/16
Public Health	1	1	-	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	National - SWSCN	91.1%	91.9%	91.8%	91.4%	90.8%	91.3%	91.9%	91.5%
	2	2	-	Percentage of mothers recorded as smoking at time of booking	13.9%	>=17.7%	Mean + 2stdev	13.9%	16.2%	12.4%	14.9%	14.0%	13.1%	13.2%	14.2%
	3	3	A30	Percentage of mothers recorded as smoking at time of delivery	10%	>=12%	NSSG Target - SWSC	10.8%	9.4%	8.6%	7.0%	8.0%	9.0%	10.9%	8.7%
	-	4	-	Percentage of women aged <18 at booking	0.9%	>=1.9%	Mean + 2stdev	0.9%	0.8%	0.7%	0.2%	1.6%	0.4%	1.0%	0.6%
	-	5	-	Percentage of women aged >35 at booking	17%	>=22.1%	Mean + 2stdev	17.4%	18.6%	14.7%	18.1%	19.6%	18.3%	13.2%	19.7%
	-	6	-	Percentage of women with BMI >30 at booking	17.8%	>=20.5%	Mean + 2stdev	17.8%	19.2%	16.4%	21.9%	18.2%	22.7%	20.9%	20.3%
	4	7	-	Percentage of Relevant Mothers initiating Breast Feeding	83%		CQUIN	76.0%	83.1%	86.1%	82.5%	83.4%	86.4%	80.1%	84.6%
		8	A1	Total no. of deliveries [1]	391	<= 349	Mean +/- 2stdev	3,911	455	423	405	444	370	410	3744
	1	9		No. of women delivered (inc homebirths)	385	<= 344	Mean +/- 2stdev	3,849	446	419	401	436	365	405	3695
Place of birth (maternity)		10	-	Bath Teams	11	<=3	Mean +/- 2stdev	106	12	16	13	8	7	10	106
		11	-	Chippenham Birth	17	<=8	Mean +/- 2stdev	166	13	22	18	18	17	18	154
		12	-	Frome	16	<=6	Mean +/- 2stdev	159	26	17	19	23	22	20	184
		13	-	Paulton/Shepton	12	<=6	Mean +/- 2stdev	118	15	22	20	10	14	16	132
		14	-	Central Delivery Suite, PAW	311	<=264	Mean +/- 2stdev	3,110	349	315	310	357	290	315	2895
		15	-	Trowbridge	19	<=7	Mean +/- 2stdev	190	31	27	21	20	15	26	224
		16	-	**Percentage community births**	**19.2%**	**<=12.7%**	**Mean +/- 2stdev**	**19.2%**	**21.7%**	**24.8%**	**22.7%**	**18.1%**	**20.5%**	**22.2%**	**21.7%**
Mode of birth	5	17	-	Normal birth rate	63.7%	<=57.9%	Mean - 2stdev	63.7%	61.1%	68.1%	62.2%	61.9%	62.2%	65.6%	64.1%
	-	18	A7	Induction of labour rate	23.3%		SWSCN	21.6%	22.6%	22.7%	22.7%	24.3%	23.9%	23.0%	22.4%
	-	19	A8	Spontaneous birth rate (>= 24 Weeks all outcomes)	61.7%		SWSCN	64.2%	61.9%	68.5%	62.6%	62.6%	62.9%	65.7%	64.5%
		20	A9	No. of Instrumental births	53	>=70	Mean + 2stdev	532	73	55	49	61	49	59	499
	-	21	A9	Instrumental birth rate	13.7%	>=17.7%	Mean + 2stdev	13.7%	16.4%	13.1%	12.2%	14.0%	13.5%	14.6%	13.5%
		22	A12	No. of Elective c-sections (women)	35	>=48	Mean + 2stdev	352	41	35	29	45	30	30	322
		23	A13	No. of Emergency c-sections (women)	52	>=78	Mean + 2stdev	516	56	42	72	57	56	50	490
	6	24	A12	Elective c-sections as a percentage of total labours	8.9%	>=12.6%	Mean + 2stdev	8.9%	9.2%	8.4%	7.2%	10.3%	8.2%	7.4%	8.7%
	7	25	A13	Emergency c-sections as a percentage of total labours	13.1%	>=19.6%	Mean + 2stdev	13.1%	12.6%	10.0%	18.0%	13.1%	15.4%	12.3%	13.3%
	8	26	A10	Total c-sections as a percentage of total labours	25.5%		SWSCN	22.0%	21.7%	18.4%	25.2%	23.4%	23.6%	19.8%	22.0%
	9	27	-	Emergency transfer rate	21.2%	>=49.3%	Mean + 2stdev	24.8%	18.5%	21.2%	19.5%	23.3%	21.1%	15.9%	19.6%

A new Wiltshire Maternity Forum has been developed following sign off at the CCG's Planned Care Programme Board to increase performance monitoring of maternity services , provide a platform for discussing the National Maternity Review recommendations and review progress and to share best practice. The first meeting of this forum is planned for June 2016. The proposed meeting governance structure features below:

Proposed Maternity Governance Structure



Maternity Risks

- **Maternity Pathway**

The nationally mandated Maternity Pathway was introduced in 2010 to provide a universal framework for a pathway payment system following the principle of 'money following the patient' whilst providing an incentive for prevention and care closer to home.
The Maternity Pathway has not been introduced pan-Wiltshire and as such the CCG has had a complex scenario where some providers are implementing the pathways and others are not. This led to a whole system risk around provider to provider recharging, which has now been mitigated in terms of historic funding challenges but remains a financial 16/17.

All providers will now be transitioning to the new pathway from 1 April 2016 and the CCG has made it clear that provider to provider recharging remains the responsibility of providers to resolve. The Maternity Pathway impact will be monitored on a monthly basis – it is currently projected that the transfer from a block contract with RUH to the Maternity Pathway will deliver a cost reduction of £170k if birth numbers remain within current levels.

- **Workforce risk**

The CCG has acknowledged work force as a key risk. There is an aging midwifery workforce across providers and not all local Acute Trusts are meeting the recommended mid-wife to birth ratio of 1:29.5. There is a further risk in relation to the level of consultant supervision in delivery units based on birthing volumes. Provider performance will be monitored via the Maternity Forum and current areas of concern are raised via CQRM meetings.

- **Data quality and information**

There have been data quality concerns in relation to maternity services across all providers. These have ranged to lack of information following the implementation of a new IT system at the RUH to incorrect coding of obstetric activity at SFT. The need for robust and reliable data has been including in this year's contractual process. Concern regarding communication between midwives and health visitors and subsequent communication with GPS has been raised and is being addressed through the MSLC.

- **Elective Caesarean Section Rates**

Elective section rates remain higher than expected levels at all providers. Providers state this is the impact of patient choice. The CCG does not fund elective c-sections for non-clinical reasons and additional monitoring of this will be commenced in 16/17 as part of the revised service specification and our clinical policies. We are also monitoring the number of emergency sections and instrumental deliveries, which have seen an increasing trend at some providers.

- **Increased maternal age and obesity**

All providers have raised concerns regarding the increasing age of women and the number of obese women delivering. This trend mirrors the national picture. This has led to an increasing number of complex deliveries. Both of these elements are key work streams for the MSLC in 17/18.

National work streams

The Morecombe Bay investigation was established by the Secretary of State for Health in September 2013 following concerns over serious incidents in the maternity department at Furness General Hospital. The report made 44 recommendations for the Trust and the wider NHS. All providers have presented updates on their internal response and actions to the MSLC.

The "Better Births" National Maternity Review was published in March 2016. This includes a five year forward view for maternity services. The key findings and subsequent recommendations feature on the table below:

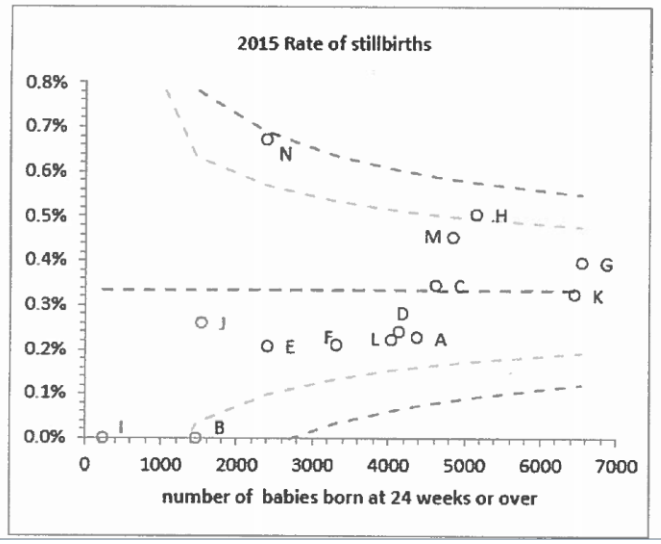
Aspect	Recommendation	Comment
1. Personalised Care	• Every woman should have a personalised care plan • Unbiased information should be made available to woman. This should be through their own digital maternity tool • Women should be able to choose provider and exercise their choice via their own personal maternity care budget	• To be discussed at MSLC • To be discussed at Maternity Forum • Wilts only commencing MP this year (1/04/16) Impact of maternity care budget to be assessed
2. Continuity of Carer	• Everywoman should have a midwife who is part of a small team of 4-6 based in the community • Each team of midwives should have an identified obstetrician	• To be discussed with providers re how this could be operationally delivered • As above
3. Safer Care	• Provider Boards should have a board level champion of maternity services • There should be rapid referral protocals in place between professionals and across organisations • Teams should routinely collect data on the quality and outcomes of their services and compare against areas	• Trusts to be asked to confirm board level leads • To be discussed with providers re how this could be operationally delivered • All providers already submit to south west regional dashboard. This will be become standard item on Maternity Forum agenda

Aspect	Recommendation	Comment
4. Better Postnatal and perinatal mental health	• There should be significant investment in perinatal mental health services in the community and in specialist care	• The CCG already hosts a Wiltshire perinatal mental health working group and has developed a community model with AWP. A Wiltshire wide network has also been developed jointly chaired by the CCG and public health. First meeting 20/04
	• Postnatal care must be resourced appropriately – those requiring longer care should have appropriate provision and follow up in designated clinics	• To be discussed with providers re how this could be operationally delivered
	• Maternity services should have smooth transition between midwife, obstetric and neonatal care. And ongoing care in the community from GP and health visitor	• The Wiltshire MSLC has been focused on improving communication between health visitors and midwives with a new process developed and audits undertaken for assurance. The need to improve communications with GPS has been flagged as a key work stream for 16/17
5. Multi-professional working	• Those who work together should train together • To support sharing of data and information – the use of an electronic maternity record should be rolled out	• Awaiting national update to be discussed at MSLC

Aspect	Recommendation	Comment
6. Working across boundaries	• Community hubs should be established • Provider and commissioners should work together in local maternity systems covering populations of 500k to 1.5m • Providers and commissioners should come together on a large scale for a clinical network • Commissioners need to take clear responsibility for improving outcomes and reducing health inequalities by commissioning against clear outcome measures	• To be discussed with providers re how this could be operationally delivered • CCG works closely with BaNES. It has bene agreed that we will not look at developing a more formal arrangement in 16/17 due to resources and priorities • A network is already in place and the CCG attends • Revised maternity Spec for 16/17 designed to provider clarity on expectations
7. Payment system	• The payment system should be reformed so that it is fair, incentives efficiency and pays providers appropriately. • It should include the challenges of providing sustainable services in certain remote rural areas	• Awaiting further national information

The other key national work stream is the development of a care bundle to reduce still birth rates. Currently GWH are below the nationally expected rate, RUH at around the national rate with SFT above the national rate. The data for the South West for 2015 features in the graph below:

Stillbirth Rate 2015 – Data from monthly submissions to the South West Maternity Dashboard compared to the South West average



Weston Area Health NHS Trust	I
North Devon Healthcare NHS Trust	B
Yeovil District Hospital NHS Foundation Trust	J
Salisbury NHS Foundation Trust	N
South Devon Healthcare NHS Foundation Trust	E
Musgrove Park NHS Trust	F
Royal Devon & Exeter NHS Foundation Trust	D
Royal Cornwall Hospitals NHS Trust	A
Great Western Hospitals NHS Foundation Trust	L
Plymouth Hospitals NHS Trust	C
Royal United Hospital Bath NHS Trust	M
University Hospitals Bristol NHS Foundation Trust	H
Gloucestershire Hospitals NHS Foundation Trust	K
North Bristol NHS Trust	G

The care bundle is due to be introduced in 17/18 and, to support action and deliver change, Wiltshire CCG has introduced a still birth CQUIN for 16/17. This will focus on the key four elements of the national care bundle:

- **Element 1**: Reducing smoking in pregnancy by carrying out Carbon Monoxide (CO) test at booking to identify smokers (or those exposed to tobacco smoke) and referring to stop smoking service/specialist as appropriate
- **Element 2**: Identification and surveillance of pregnancies with fetal growth restriction
- **Element 3**: Raising awareness amongst pregnant women of the importance of detecting and reporting reduced fetal movement (RFM), and ensuring providers have protocols in place, based on best available evidence, to manage care for women who report RFM
- **Element 4**: Effective fetal monitoring during labour

Salisbury Foundation Trust has undertaken a dedicated work stream around the key elements of the stillbirth care bundle. The team has already trained midwife sonographers and introduced fetal growth monitoring.

NHS Wiltshire Clinical Commissioning Group

Equality Impact Analysis – the EIA form

Title of the paper or Scheme:

For the record	
Name of person leading this EIA: **Lucy Baker**	Date completed **28/04/2016**
Names of people involved in consideration of impact: **Acute Commissioning Team**	
Name of director signing EIA: **Mark Harris**	Date signed **28/04/2016**

What is the proposal? What outcomes/benefits are you hoping to achieve?

Update on Maternity services

Who's it for?

Wilshire population

How will this proposal meet the equality duties?

Providing equitable access to maternity services pan-Wiltshire

What are the barriers to meeting this potential?
None

2 Who's using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?
Activity and demographic data

How can you involve your customers in developing the proposal?
Service user on Maternity Strategy and Liaison Group (MSLC)

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)
None identified

3 Impact

Refer to dimensions of equality and equality groups
Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation
and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?
None

What can be done to change this impact?

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?
None

Does further consultation need to be done? How will assumptions made in this Analysis be tested?
No

4 So what?	Link to business planning process

What changes have you made in the course of this EIA?
None

What will you do now and what will be included in future planning?
Service user role to continue

When will this be reviewed?
Via MSLC – annual review of Terms of Reference

How will success be measured?
Delivery of key performance indicators including user experience