

HEALTH AND WELLBEING BOARD

16 JULY 2013

Title:	Health & Wellbeing Strategy Priority - Maternity Services		
Report of the Children and Maternity Sub-group			
Open	For Information		
Wards Affected: ALL	Key Decision: YES		
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Summary: This report provides an update for the Health and Wellbeing Board on the changes to maternity services in north east London, including the redistribution of births. It outlines the improvements made by Barking, Havering, Redbridge University Hospitals NHS Trust to maternity services and provides details of the governance and assurance processes in place to monitor quality.			
Recommendation(s) The Health & Wellbeing Board is asked to note the report.			
Reason(s) This report responds to a request to provide an update to the Board on maternity services.			

1. Introduction

This report is being made by the Children and Maternity Group, which reports jointly to the Children's Trust and the Health and Wellbeing Board. The report has been produced to respond to concerns raised at the meeting of the NHS Barking and Dagenham Clinical Commissioning Group (CCG) Governing Body on 29 January 2013 in relation to maternity services at Barking, Havering, Redbridge University Hospitals NHS Trust (BHRUT). The report provides an overview of recent changes to maternity services across north east London, an overview of current performance and safeguarding issues.

2. Background

At the time of writing, approximately 90% of residents of Barking and Dagenham access maternity care at Queen's Hospital, provided by BHRUT. From May 2013 around 1,000 bookings (800 births) per annum from the borough moved from BHRUT (Queens Maternity Unit) to Barts Health NHS Trust at Newham Maternity Unit and at the Barking Birthing Centre at Barking Community Hospital. This follows the closure of the intra-partum maternity service at King George's Hospital in March 2013. The background to the changes in services and to the concerns about quality of maternity services at BHRUT is set out in brief below.

2.1 Quality concerns

Around April 2011 concerns were raised about the standard of maternity care provided by BHRUT were providing, which ranged from very poor staffing levels, serious incidents reporting and delayed interventions leading to poor outcomes for women and babies. At this time BHRUT provided maternity services at both Queen's and King George's Hospitals. This appeared to be a long standing problem that was getting worse. CQC carried out inspections in April and September and informed BHRUT and the PCT commissioners that immediate actions were required. The commissioners and provider worked closely together to implement actions including a cap on the daily number of births at both sites and stringent monitoring.

BHRUT with support from the PCT and NHS London, carried out intensive work to improve the quality and safety of maternity services. The most recent report from the CQC (published 26 January 2013)¹ following an unannounced inspection in December 2012 showed that a range of improvements had been made and that the care of women had improved. The women spoken to during the inspection were unanimous in saying that the care they were receiving was of a high standard.

2.2 Redistribution of maternity care across north east London

To support the necessary improvements in the quality of maternity services at BHRUT and to improve choice and sustainability of maternity services across north

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http://www.cqc.org.uk/sites/default/files/media/reports/RF4_Barking_Havering_and_Redbridge_University_Hospital_s_NHS_Trust_RF4QH_Queens_Hospital_20130126.pdf

east London, maternity care has been redistributed through a phased approach. The main changes that have been made are summarised below:

- Overall the BHRUT catchment area decreased to enable a reduction in births. BHRUT are on trajectory to deliver around 8000 babies in 2013/14. (circa 2,560 deliveries for Barking and Dagenham CCG)
- A reduction in births at BHRUT from c.9500 pa to c.8000 pa (7500 BHR CCGs / 500 Essex).
- The transfer of births to one site (King George Hospital labour ward and theatres closed in March 2013)
- The opening of a midwifery led birthing unit at the Queen's site. This opened in January 2013 and is providing an average of 80 births a month. Positive feedback from women and families has been received about this service.
- An expansion of the Newham Hospital (Barts Health) catchment area for maternity services to cover a part of Barking and Dagenham.
- Newham Hospital (Barts Health) now provide services (including births) at the Barking birthing centre at Barking Community Hospital. Barking birthing centre opened to antenatal care in May 2012, postnatal care in July 2012 and to births in December 2012. There have been approx 65 births to date. Under the Health for north east London planning assumptions, the plan is for there to be 287 births in 2013/14 at the Barking Birthing Centre (a run rate of 29 per month by March) and 360 (30 per month) in 2014/15.
- An expansion of the Whipps Cross Hospital catchment area to cover a part of Redbridge, but also to withdraw from some areas of Waltham Forest, therefore no increase in total births at this site.
- An expansion of the Homerton Hospital catchment area into a part Waltham Forest, thus increase in births from that area.

3. Governance

During 2012/13 the governance for the changes summarised above was held by the North East London Cluster Board on behalf of north east London PCTs. The maternity system readiness board (MSRB) chaired by Dr T C Mohan, Barking and Dagenham Clinical Director, provided clinical commissioning oversight of readiness for change on behalf of Barking and Dagenham shadow CCG. A provider forum was established as a sub-committee of the MSRB to coordinate changes required. An external clinical assurance process ("Gateway Reviews") was put in place to support safe and effective implementation of the changes and to provide assurance to NHS North East London and the City (NELC) PCTs and NHS London in making the final decision regarding system readiness to proceed.

Discussions are now underway as to how commissioners and providers can continue to work together to ensure oversight of maternity services across north east London moving forward.

Performance monitoring of maternity services takes place through established contracting processes. Of particular relevance to this paper is the Barking Havering and Redbridge CCGs monthly maternity Clinical Quality Review Meeting (CQRM) with BHRUT, which is a sub group of the main Clinical Quality Review Meeting (CQRM). This is chaired by Dr Mohan in his capacity as Barking and Dagenham Clinical Director maternity lead, with representation from Havering, Redbridge and Essex CCGs. This meeting provides the formal opportunity to review the maternity dashboard, audits and patient experience feedback. There is a route to escalate issues to the main CQRM.

There is also a Newham site specific maternity quality meeting which has Barking and Dagenham CCG representation. The first meeting was held in June, and is planned to be held monthly. Barking and Dagenham CCG will also be represented at the Barts Health maternity board which met in April and scheduled to meet again in June, and bi-monthly thereafter.

4. Current performance

BHRUT:

Following the Gateway Reviews two sets of recommendations were made in relation to BHRUT, those for final action and assurance prior to final closure of the King George Hospital intra-partum service (all 6 have now been completed) and recommendations relating to ongoing assurance and system engagement (7 recommendations), which relate to:

- Close monitoring of the quality of maternity and neonatal services;
- Close monitoring of activity levels and increasing the proportion of women receiving care through the Queen's Birthing Centre (QBC);
- Monitor and audit outcomes of unexpected maternity attendances at KGH site for a minimum of 12 months following service change;
- The progression of the business case to centralise the Special Care Baby Unit (SCBU) onto the Queen's site to the agreed timelines;
- Review strategy to increase the proportion of out of hospital births by both the Trust and Commissioners;
- Review of Serious Incidents (SIs) relating to Obstetric Theatres through CQRM.

There is a well established monthly Maternity Clinical Quality Review Meeting (CQRM), chaired by Dr Chandra Mohan (Barking and Dagenham CCG), which is attended by a range of CCG representatives, including Diane Jones, Deputy Nurse Director of BHR CCGs who was previously a PCT Maternity Commissioner.

The Trust produces on a monthly basis a "Maternity Performance Dashboard" which is presented at the Maternity CQRM meeting and any issues requiring escalation are then fed into the overall BHRUT CQRM. As an example, the last two matters to have been escalated to the CQRM related to a safeguarding audit (which was escalated positively for feedback) and unfunded High Dependency Unit (HDU) beds which is currently being progressed via the Technical Sub Group (TSG).

From the March 2013 Dashboard, out of the 57 KPIs there were 7 areas “red rated” (action required) in January, 4 in February and 6 in March 2013, with the vast majority of areas “green rated”. The latest information received for April 2013 highlights the following areas:

- Serious Incidents (SIs) and Governance issues - There are six SIs for the month of April, one has been de-escalated as it was a category 0 the remaining five have care and delivery problems that are being fully investigated. 83% of the reports have been submitted within the time frame.
- Home births - the homebirth rate remains low. There have been discussions about the possible implementation of a home birth team, however the priority has been to stabilise the Queens Birthing Centre.
- Queen’s Birth Centre - the birth centre did not reach its target for this month; there is a month on month increase in deliveries which will reach the proposed target by the end of the year. The birth centre midwives are going to work in triage to identify the low risk women and triage them to the birth centre.
- Triage - 90% of women were seen within 30 minutes of arriving in triage. There has been a marked improvement this month due to increased doctors presence.
- Midwife vacancies - the vacancy rate remained the same this month at 11%. There will not be notable change until the funded establishment is reviewed and reduced in the new financial year.
- Staff turnover - this is high due to the TUPE of staff at the end of 2012, it will take a year until this figure improves.
- Maternal morbidity - all cases are reviewed and investigated by the governance team. The NHS London audit tool is used to review cases and these have been exceedingly well managed with a large amount have established risks. The remaining incidents do not appear to have identified any re-occurring themes in relation to care and service delivery problems.

A range of key performance indicators (KPIs) have been agreed as part of the 2013/14 contract negotiations with the Trust and they will form part of the Maternity Performance Dashboard referred to above and as such will be focussed on as part of the monthly CQRM review.

Barts Health NHS Trust

Arrangements are still being finalised however the current proposed way forward is for a Barts Health wide Maternity Board, underpinned by local site specific maternity CQRMs. Initial meetings of all four meetings have now been held/scheduled and detailed scope and roles/responsibilities will be developing during Quarter 2 2013/14. The meetings relating to Newham Hospital will be chaired by Newham CCG on behalf of all CCGs with an interest in the services provided by Barts Health.

5. Safeguarding issues

There is a strong safeguarding framework across the provider organisations for both children and adults. Children's safeguarding is overseen by the Barking and Dagenham CCG designated nurse for safeguarding.

All the staff with a lead for safeguarding were made aware of the maternity services redistribution and the potential challenges with cross boundary working. A meeting was held 9th January 2013 with the safeguarding lead midwives from provider services (Barts Health, BHRUT and Homerton) to discuss safeguarding issues in relation to the redistribution changes. All parties confirmed that an effective named midwife network is in place for advice and support and that there is a mechanism for referral to the appropriate borough social care services. A report was presented to the Barking and Dagenham Local Safeguarding Childrens Board in February 2013 to provide assurance on the safeguarding arrangement in place.

Post redistribution, the safeguarding leads have not reported any serious incidents due to the changes that happened. However, this will continue to be monitored through the SI governance process in place.

5 Mandatory Implications

5.1 Joint Strategic Needs assessment

The Joint Strategic Needs Assessment (JSNA) has a strong overall maternity service analysis within it. Key recommendations to Commissioners are:

- Ensure all women have high quality local support and access to services during pregnancy, through a review of maternity pathways by the Clinical Commissioning Group.
- Ensure that commissioning plans for service provision across the partnership have taken into account the local growth in the population aged five years and under.

5.2 Health & Wellbeing Strategy

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, public health, and adult social care with the children and young people's plan. The strategy is based on eight priority themes that cover the breadth of the frameworks in which maternity services is picked up as a theme and mapped across the priority areas: Care and Support, Protection and Safeguarding, Improvement and Integration of Services, and Prevention. Actions, outcomes and outcome measures for maternity services are mapped against the four priority areas.

5.3 Integration

Women with known safeguarding issues and particularly with previous children in care, it was agreed that they should remain within borough for maternity care where there is knowledge of the family history.

Each maternity unit has a designated social worker who liaises closely with the named midwife and is a process that continues to work well. Any concerns identified by hospitals are discussed with the named midwife and social care team. A referral is made to the local borough social care team. Within B&D the referral is named midwife and social worker.

5.4 Financial Implications

There are no financial implications arising from this report.

5.5 Legal Implications

There are no legal implications arising from this report.

5.6 Non-Mandatory Implications

None.