



Meeting Date	24 October 2019	Agenda Item	4.4
Report Title	Publication of the 'National Maternity and Perinatal Audit Clinical Report 2019. Based on births in NHS maternity services between 1 April 2016 and 31 March 2017.		
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Report Sponsor	Gareth Howells, Director of Nursing and Patient Experience; Richard Evans, Medical Director		
Presented by	Gareth Howells, Director of Nursing and Patient Experience; Richard Evans, Medical Director		
Freedom of Information	Open		
Purpose of the Report	This report will set out the position of maternity services within Swansea Bay University Health Board as published in the National Maternal and Perinatal Report 2019.		
Key Issues	<p>The data for the National Maternal and Perinatal Report 2019 are based on births recorded for Abertawe Bro Morgannwg University Health Board (ABMUHB), between 1 April 2016 and 31 March 2017.</p> <p>The information provided to Swansea Bay UHB prior to the report publication was specific to ABMUHB data.</p> <p>For the births recorded for ABMUHB between 1 April 2016 and 31 March 2017, outlier status was applied for 3rd and 4th degree perineal tears and post-partum haemorrhage greater than 1500mls.</p> <p>On publication the report provided maternity unit specific data. Singleton Hospital data is relevant to Swansea Bay UHB as Princess of Wales Hospital is now located in Cwm Taf Morgannwg UHB.</p> <p>Singleton Hospital maternity unit within Swansea Bay UHB is shown to have outlier status for their elective caesarean section rate, 3rd, and 4th degree perineal damage. Singleton Hospital is not an outlier for post-partum haemorrhage greater than 1500mls</p>		

	An action plan will be developed in response to the findings of the report.			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE AND RECEIVE <p><u>Items for information will not be allocated time for consideration within the Board/Committee meeting.</u></p>			

TITLE OF REPORT

1. INTRODUCTION

The National Maternity and Perinatal Audit (NMPA) is led by the Royal College of Obstetricians and Gynaecologists (RCOG) in partnership with the Royal College of Midwives (RCM), the Royal College of Paediatrics and Child Health (RCPCH) and the London School of Hygiene and Tropical Medicine (LSHTM).

The NMPA is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) on behalf of NHS England, the Welsh Government and the Health Department of the Scottish Government.

This report will present the findings of the NMPA report as they relate to Swansea Bay University Health board. An action plan will be developed in response to the report.

2. BACKGROUND

A letter was received by the maternity Clinic Leads of Singleton Hospital and Princess of Wales Hospital (who formed the ABMUHB) from the NMPA team on the 28th June 2019. The NMPA advised three measures were selected as performance indicators subject to 'outlier reporting'. The three indicators were:

- Proportion of women who sustained a 3rd or 4th degree perineal tear
- Proportion of women with an obstetric haemorrhage of 1500 ml or more
- Proportion of singleton, term, "liveborn" infants with a 5-minute Apgar score of less than 7

The letter informed the clinical leads Abertawe Bro Morgannwg University Health Board was detected as a potential outlier for 3rd and 4th degree perineal tears and obstetric haemorrhage of more than 1500mls.

The ABMUHB data provided by the NMPA was subject to internal scrutiny by the health board and a response was returned to the NMPA on 23rd July 2019 accepting the outlier status as following;

The ABMUHB 3rd/4th degree tear rate of 4.6% adjusted to 5.0% compared to national mean of 3.5%

ABMUHB obstetric haemorrhage of 1500mls or greater rate of 3.8% adjusted to 3.9% compared to national mean of 2.9%

The NMPA was informed in the response letter of the change in health board boundaries from April 2019, and the new Cwm Taf Morgannwg University Health Board now managed the Princess of Wales Hospital and Swansea Bay University Health Board manages both Singleton Hospital and Neath Port Talbot Hospital.

On publication of the 'National Maternity and Perinatal Audit Clinical Report 2019, individual maternity unit data was provided for birth between 1 April 2016 and

31 March 2017.

The maternity unit data for Singleton Hospital provided by the NMPA identified amended outlier status as following;

- Outlier for elective caesarean section. The elective caesarean section rate for Singleton Hospital is 14.6% compared to the mean of 11.7%. Further work is required to look at indications to determine appropriateness and criteria of elective caesarean section, to identify any themes, and trends. The maternity service will re-invigorate the working group working to reduce the elective caesarean section rate.

In addition further work is required to ensure maternity information system can correctly calculate Robson Groups for all caesarean sections. The overall caesarean section rate is showing as an outlier but it is the elective caesarean section rate that is high not the emergency caesarean section rate.

- Outlier of low rates for instrumental births. The instrumental birth rate is 11.1% at Singleton Hospital slightly lower than the mean of 13%.
- Outlier for 3rd and 4th degree tears. The 3rd and fourth degree perineal tear rate in Singleton Hospital is 5.4% compared to national mean of 3.5%. Further work is required in ensuring midwives compete maternity information correctly so accurate rates are highlighted on our dashboard.

In addition, an action plan is in development through Labour ward forum to review clinical practice, identify and minimise the variation in practice and outcomes and identify areas for potential quality improvement. Perineal care will be included on the annual mandatory training programme for midwives 2020/21. Swansea University have been contacted to advise them of the outlier status for 3rd and 4th degree perineal tears to further support the education and training of the student midwife body.

Swansea Bay UHB maternity service (Singleton Hospital and Neath Port Talbot Hospitals) are not an outlier for post-partum haemorrhage over 1500mls.

3. GOVERNANCE AND RISK ISSUES

The issues in the report do not carry a significant increase in risk for the health board. The information provided should be used to inform and develop practice toward improvement. A response to the NMPA is currently in development for submission as requested by the NMPA by 13th November 2019

The action plan is currently in development to improve the Swansea Bay UHB position. The report will be shared widely within the maternity team for learning and development.

Actions will include

- Care of the perineum will be included in the mandatory training programme for all midwives
- The working group to focus on elective caesarean section rates will be reconvened led by a Consultant obstetrician
- Develop and submit an action plan to NMPA by 13th November 2019

4. FINANCIAL IMPLICATIONS

A reduction in the 3rd degree tear rate will reduce morbidity and reduce the need for extensive follow up through the gynaecology service.

The elective caesarean section working group will require time to organise and plan their programme for reducing the elective caesarean section rates. A Vaginal birth after caesarean section clinic will need to be convened and all women must receive debrief following primary caesarean section.

Setting up a programme for elective caesarean section to the mean rate when compared with comparable units will self-limit the number of caesarean sections that can be performed.

5. RECOMMENDATION

Members are asked to:

- **NOTE AND RECEIVE**

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>A reduction in the 3rd degree tear rate will improve Women's experience through reduced morbidity and reduce the need for extensive follow up through the gynaecology service.</p> <p>A reduction in the elective caesarean section rate (particularly for primigravida women) will ensure women have improved outcomes for second and subsequent birth.</p> <p>Vaginal Birth after caesarean section (VBAC) must be discussed with women in the immediate postnatal period to ensure women can plan for future births. Elective caesarean lists should be made available based on the mean rate for the size of Singleton Hospital maternity unit to maintain Swansea Bay elective caesarean rate in line with comparable units</p>		
Financial Implications		
<p>A reduction in the 3rd degree tear rate will reduce morbidity and reduce the need for extensive follow up through the gynaecology service.</p> <p>The elective caesarean section working group will require time to organise and plan their programme for reducing the elective caesarean section rates.</p> <p>A Vaginal birth after caesarean section clinic will need to be convened and all women must receive debrief following primary caesarean section. Setting up a programme for elective caesarean section to the mean rate when compared with comparable units will self-limit the number of caesarean sections that can be performed.</p>		

Legal Implications (including equality and diversity assessment)	
Clinicians will cite Montgomery ruling as it impacts on women being able to have choice on their mode of birth	
Staffing Implications	
<p>The development of a team to manage the elective caesarean sections is being prepared through a theatre working group in Singleton hospital.</p> <p>This will require a separate team from the urgent care team available on labour ward</p> <p>If gynaecology referrals are reduced for 3rd and 4th degree perineal tears there may be staffing implications</p>	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
<p>Briefly identify how the paper will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.</p> <ul style="list-style-type: none"> ○ Long Term - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs. ○ Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives. ○ Integration - Considering how the public body’s well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies. ○ Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives. ○ Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves. 	
Report History	N/A
Appendices	Appendix 1, 2 and 3.