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6th April 2010

To: Walsall PCT
Walsall Manor Hospital
NHS West Midlands

Dear Colleague,

This is the **third interim report of the IfH data collection programme**. We present results from Q3 as well as a totals for the first 3 quarters. KPI3, the indicator concerning detection of IUGR, is also included.

For **Walsall**, the key points are

- Excellent ascertainment of cases;
- however record keeping is often substandard, with frequent omissions of essential information;
- following clarification in the manner in which booking is recorded, the unit has made very good progress in Q3;
- FGR / IUGR detection rates are low and reflect the regional average. However IUGR rates are high in the Walsall population, and suggest a need for a renewed focus on this indicator;
- smoking-in-pregnancy targets are met and cessation rates are better than the WM average;
- breastfeeding initiation rates are below the regional average.

Also included are a preliminary set of indicators from the WM dataset, with demographics and characteristics of pregnancies for Walsall. A detailed analysis will follow in the 12 month report, due June 2010.

With sincere regards

Professor Jason O. Gardosi
Director, Perinatal Institute

West Midlands Investing for Health - Perinatal Data Collection Project

Q3 Report (September – December 2009)

This is the third quarterly report on the regional perinatal data collection established under the WM Investing for Health Perinatal & Infant Mortality Programme (2c). In this interim report we present also totals for the first 3 quarters.

- 1. Data quality:** Over the last few months, a team from the Perinatal Institute have been undertaking a case note audit in each unit to assess the accuracy of the process and validity of the data entered on the Institute's Perinatal Episode Electronic Record (PEER) . **The audit has demonstrated good overall accuracy.** Individual detailed reports are being sent to each maternity unit during April 2010.
- 2.** However the same audit has shown **deficiencies in the quality of record keeping** in the maternity record. This can affect each of the indicators presented in this report. The importance of accurate recording is also being highlighted in each of the Confidential Enquiries into perinatal deaths we are currently reporting on. The SHA's IfH programme has commissioned PI to develop a quality assurance toolkit for maternity records.
- 3.** Submission rates have improved significantly, but ascertainment is still only around 70% for the region. There are still staffing issues in relation to data clerks which we feed back on regularly, together with a fortnightly activity report on whether the submission targets are being achieved. **It is essential that data clerks are fully supported locally and their posts maintained through contract negotiations.**
- 4.** The information collected is allowing us to develop a baseline for KPIs as well as demographics, characteristics of pregnancies and factors affecting outcome. At the end of this report, we are providing preliminary rates for the main data items being collected through the WM maternity dataset. **PEER has rapidly established itself as the largest uniform maternity data collection system in England,** and will be an important source of information about the quality of care, equity and causes of adverse outcome.
- 5.** Since early this year, we have been running a series of workshops for representatives from PCTs and maternity units, and provided them with 'data wizards' which **facilitate direct access to their respective organisations' data collected on PEER.**
- 6.** In the coming weeks, we are commencing **pilots for Digital Pens,** which will allow real time data collection and reporting. This will be particularly important for data items such as Early Booking rates, which we can currently only provide after delivery, i.e. 6 or more months in arrears. It will also provide snapshots of current caseloads and levels of maternal medical and social risk, to facilitate effective workforce planning.

The next report will be in June 2010 and will include 12 months of data together with a comprehensive subgroup analysis. In the meantime, the PI team will continue to respond to individual queries as best possible (for details on submitting data requests, see www.pi.nhs.uk/data)

PEER Team
Perinatal Institute

March 2010



Table 1: Data submitted from WM maternity units

Unit	WTE funded	WTE employed (Feb 2010)	Recruitment details	Q1			Q2			Q3			Comments
				Est. Births Q1	Submissions		Est. Births Q2	Submissions		Est. Births Q3	Submissions		
					(n)	(%)		(n)	(%)		(n)	(%)	
West Midlands	23.7	23.2		17973	7385	41%	18154	12769	70%	18229	12985	71%	
Walsall Manor	1.2	1	1.0WTE commenced late June 09	937	937	100%	913	895	98%	936	925	99%	Excellent progress

Interim (Q1) submission target

<60%	60-79%	≥80%
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Project submission target

<80%	80-89%	≥90%
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Submission rates are calculated as the number of cases submitted from each quarter, as a proportion of all births in that quarter (estimated on the basis of last available data from 2008). Data received is dependant upon the completeness of notes recorded by care providers, and sustained capacity of data clerks ensured by Units and respective PCTs. The PI are about to commence pilots of Digital Pens for community midwives to facilitate ascertainment of real-time data.

KPI 1a: Completed health & social assessment before 13 weeks

Target: 80%

< 60%	60-79%	≥ 80%
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www.pi.nhs.uk/rpnm/lfh_KPI_Evidence_Targets.pdf

	KPI 1a - Completed Assessment < 13 Weeks											
	Q1			Q2			Q3			Total		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
West Midlands	6774	5052	74.6%	10875	8545	78.6%	11697	9592	82.0%	29346	23189	79.0%
PCTs												
Walsall Teaching*	746	431	57.8%	763	461	60.4%	823	671	81.5%	2332	1563	67.0%
Units												
Walsall Manor Hospital*	819	488	59.6%	797	470	59.0%	864	705	81.6%	2480	1663	67.1%

Data quality

The gestation at booking is validated by dating scans. However, standards of record keeping, and in particular the record of completion of medical and social risk assessment, vary in quality, as demonstrated by our recent regional audit. *Data quality issue identified in Q1 & Q2

Performance & Progress

Unit has made excellent progress and has achieved the target in Q3.

Additional comments

Further improvement needs to be maintained as the DH's aim is to increase the national target to 90% by end 2010/11.

Units offering a home booking service tend to have a higher attainment rate and a more comprehensive assessment of social needs.

A locality based community midwifery service model offers economies of scale and increased capacity in achieving this target.

The forthcoming annual report will contain analyses according to subgroups such as parity, maternal age and ethnic origin.

We will also be able to provide rates according to midwifery caseloads and how they relate to medical and social risk.

KPI 1b: Two antenatal contacts before 13 weeks

Target: 60%

< 40%	40-59%	≥ 60%
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www.pi.nhs.uk/rpnm/lfh_KPI_Evidence_Targets.pdf

	KPI 1b - Two antenatal contacts before 13 weeks								
	Q2			Q3			Total / average over period Q2-Q3		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
West Midlands	11065	4548	41.1%	11843	5785	48.8%	22908	10333	45.1%
PCTs									
Walsall Teaching	791	561	70.9%	838	604	72.1%	1629	1165	71.5%
Units									
Walsall Manor Hospital	872	599	68.7%	905	611	67.5%	1777	1210	68.1%

Comment:

KPI 1b is added as a secondary indicator based on recommendation within NSF Standard 11 (collected since Q2).

It reflects practice in some units, however many do not have the capacity currently to fulfil this target.

Walsall has the best results in the region for this indicator.

KPI 2: Antenatal continuity of carer

Target: 75% of visits by the same midwife

< 40%	40-74%	≥ 75%
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www.pi.nhs.uk/rpnm/lfh_KPI_Evidence_Targets.pdf

	KPI 2 - Continuity of Carer (75% of visits by the same midwife)											
	Q1			Q2			Q3			Total / average over period Q1-Q3		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
West Midlands	7037	3020	42.9%	11317	4335	38.3%	11911	4425	37.2%	30265	11780	38.9%
PCTs												
Walsall Teaching	790	248	31.4%	808	251	31.1%	844	330	39.1%	2442	829	33.9%
Units												
Walsall Manor Hospital	897	258	28.8%	886	266	30.0%	908	330	36.3%	2691	854	31.7%

Data quality

Ascertainment of this data item is sometimes difficult because of illegible signatures or care providers' names not being recorded.

Performance & Progress

Results show variation between units; commentary from midwives suggest that this target is particularly challenging due to limited capacity.

Additional comments

IfH Project Board have agreed to review this indicator upon completion of 12 months of data collection.

Dispersed service models of community maternity impact upon continuity. Commissioners and providers should consider a locality based service to increase economies of scale, reduce travel and permit greater cohesion of maternity care within the community.

KPI 3: Antenatal detection of fetal growth restriction

(FGR = fetal growth restriction; IUGR = intrauterine growth restriction; SGA = small for gestational age)

Target: increase by >10% per year

lfH 3-year project target: 60% detection

www.pi.nhs.uk/rpnm/lfH_KPI_Evidence_Targets.pdf

KPI 3: Antenatal detection of fetal growth restriction													
Q1-Q3													
	Cases with required data (Q1-Q3)	Births with FGR (birthweight <10th cust.centile)		Of all births with FGR, cases where SGA, FGR or IUGR was recorded in antenatal notes		Of births with FGR, cases with one or more EFW <10 cust. centile		Record of <i>either</i> SGA/FGR/IUGR in the notes, <i>or</i> : EFW <10th customised centile		Subgroup: of births with FGR, cases scanned following fundal height assessment		Of cases scanned following fundal height assessment, cases diagnosed as FGR	
		Total	n	%	n	%	n	%	n	%	n	%	n
West Midlands	28617	4048	14.1%	885	21.9%	1021	25.2%	1191	29.4%	1153	28.5%	714	61.9%
PCTs													
Walsall Teaching	2275	418	18.4%	100	23.9%	112	26.8%	132	31.6%	177	42.3%	108	61.0%
Units													
Walsall Manor Hospital	2485	444	17.9%	111	25.0%	121	27.3%	145	32.7%	190	42.8%	119	62.6%

Data quality

Because this indicator describes a subgroup (antenatal detection) of a subgroup (cases with FGR), we present combined data for Q1-3.

'Antenatal detection' is based on close scrutiny of case notes and growth charts. Case note audit of FGR cases has shown that ascertainment by data clerks is reliable.

However, clinicians' recording of detection of SGA / FGR / IUGR is often poor; therefore an EFW <10th centile was used as an additional indicator.

Performance & Progress

FGR rates are higher in Walsall than in the West Midlands as a whole (18.4 and 14.1%). Rates vary with factors such as deprivation and smoking.

Antenatal detection based on the actual record in the notes is low, in keeping with the WM overall.

To give a further assessment, we also report on the number of cases where at least one EFW below the 10th centile line was recorded.

This shows mostly overlap, but also additional cases 'detected'. The column in bold lists the either / or detection rate.

We also present the referrals for scan on the basis of fundal height measurement plotted on customised charts; this shows that, **for those referred, the detection rate is substantially higher.**

Additional comments

More detailed analysis will be presented within the 12 month report.

Confidential enquiries into perinatal deaths have highlighted importance of GROW training for all staff (provided in twice-monthly workshops by PI)

KPI 4a: Smoking in pregnancy

Target: to reduce smoking at delivery to
< 15% by 2010 or 1% per year

> 18%	15-18%	< 15%
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www.pi.nhs.uk/rpnm/lfh_KPI_Evidence_Targets.pdf

	Smoking at Booking											
	Q1			Q2			Q3			Total / average over period Q1-Q3		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
West Midlands	6977	1438	20.6%	11231	2181	19.4%	12008	2302	19.2%	30216	5921	19.6%
PCTs												
Walsall Teaching	779	195	25.5%	805	175	21.7%	843	193	22.9%	2427	563	23.2%
Units												
Walsall Manor Hospital	832	223	25.5%	881	188	21.3%	906	215	23.7%	2619	626	23.9%

West Midlands

British Europeans	4826	1327	27.5%	8351	2130	25.5%	8533	2105	24.7%	21710	5562	25.6%
Teenagers (< 18 at delivery)	160	73	45.6%	248	248	44.4%	251	99	39.4%	659	282	42.8%
British Teenagers (<18)	136	66	48.5%	220	103	46.8%	216	93	43.1%	572	262	45.8%

	Smoking at Delivery											
	Q1			Q2			Q3			Total / average over period Q1-Q3		
	West Midlands	6490	966	14.9%	9944	1456	14.6%	10147	1425	14.0%	26581	3847
PCTs												
Walsall Teaching	735	124	16.9%	772	109	14.1%	781	92	11.8%	2288	325	14.2%
Units												
Walsall Manor Hospital	875	143	17.2%	854	121	14.2%	842	98	11.6%	2571	362	14.1%

West Midlands

British Europeans	4486	907	20.2%	7426	1419	19.1%	7237	1323	18.3%	19149	3649	19.1%
Teenagers (< 18)	139	50	36.0%	213	73	34.3%	213	68	31.9%	565	191	33.8%
British Teenagers (<18)	119	43	36.1%	192	70	36.5%	180	62	34.4%	491	175	35.6%

Smoking Cessation

	Cases where both booking and delivery information present			
	Smokers at booking	Smokers at delivery	Cessation rate	
	n	n	n	%
West Midlands	4904	3676	1228	25.0%
PCTs				
Walsall Teaching	448	320	128	28.6%
Units				
Walsall Manor Hospital	499	358	141	28.3%
British Europeans	4619	3511	1108	24.0%
Teenagers (< 18)	233	187	46	19.7%
British Teenagers (<18)	215	173	42	19.5%

Data quality

The information represents individual case-by case data and is therefore considered more accurate than unit estimates.

Wherever possible, the smoking-at-delivery information should be ascertained as part of the maternal history at the time of admission to delivery suite

Performance & Progress

The target has been achieved, with Walsall showing good cessation rates.

Teenagers have higher smoking rates and lower cessation rates than the general maternity population. Because of small numbers, WM figures only are given for this group.

Additional comments

Further analysis of the effect of smoking on perinatal outcome, and its association with prematurity and fetal growth restriction, will be presented in the 12 month report.

NB regionally, referral and cessation rates are higher in units where an OPT-OUT policy is in operation for referral to smoking cessation services

KPI 5: Initiation of breastfeeding within 48hrs

Target: increase by 2% per year

< 1%	1-2%	≥ 2%
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www.pi.nhs.uk/rpnm/lfh/KPI_Evidence_Targets.pdf

	KPI 5 - Breast Feeding Initiated within 48hrs											
	Q1			Q2			Q3			Total / average over period		
	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%	Cases with required data	n	%
West Midlands	5671	3279	57.8%	10340	6051	58.5%	10246	5895	57.5%	26257	15225	58.0%
PCTs												
Walsall Teaching	680	338	49.7%	777	391	50.3%	749	331	44.2%	2206	1060	48.1%
Units												
Walsall Manor Hospital	788	392	49.7%	844	421	49.9%	782	325	41.6%	2414	1138	47.1%
West Midlands												
Teenagers (< 18)	140	37	26.4%	228	77	33.8%	222	67	30.2%	590	181	30.7%
British-Europeans	4245	2299	54.2%	7747	4319	55.8%	7501	4036	53.8%	19493	10654	54.7%

Data quality

Collection of this indicator is difficult because:

1. Reliance on the labour record is insufficient as breastfeeding may not have commenced yet before discharge;
2. The postnatal notes are taken home by the mother and there is often a delay before they are available to the data clerks; or
3. The time of commencement is not recorded. Improved documentation around time of first breastfeed is vitally important.

Performance & Progress

Breastfeeding initiation in Walsall is below the regional average

Additional comments

Target in terms of yearly increase will be able to be reported on next year, with current year used as a baseline

WALSALL cases submitted in Q2 & Q3, 2009/10: n=1,714

Multiple pregnancies		1.2%	Maternal age			Place of birth				
Ethnic origin (main groups)										
	British-European	69.8%		<18	3.1%		Hospital			98.1%
	Eastern Europe	1.8%		<20	9.9%		Midwife led unit			1.3%
	African	1.7%		35+	9.6%		Home			0.4%
	African Caribbean	2.0%		40+	1.5%		Born before arrival			0.2%
	Bangladeshi	2.1%	Obesity: BMI			Labour induced				26.7%
	Indian	7.7%		>30	21.4%	Mode of birth		All parities		Primips
	Pakistani	10.6%		>35	9.0%		Normal		63.2%	55.3%
	Other	4.3%		>40	2.5%		Ventouse		6.8%	11.7%
Country of birth (main groups)			Smoker				Forceps		4.9%	8.6%
	UK	82.4%		at booking	22.5%		Breech		0.1%	0.1%
	Poland	0.8%		of these, referred to advisor	66.8%		C Section		25.0%	24.3%
	Bangladesh	1.6%		at delivery	13.1%	Caesarean Section				
	India	3.3%		other smokers in household	36.5%		Emergency		14.1%	18.3%
	Pakistan	6.2%	Drug misuse				Urgent		1.2%	1.4%
	Yemen & Horn of Africa	0.2%		of these, referred	50.0%		Scheduled		0.1%	0.0%
	Other	5.5%	Asked about domestic abuse				Elective		9.4%	4.3%
Interpreter required		5.3%		of these, DA disclosed	20.6%		Undocumented		0.7%	0.3%
Father is blood relation			Mental health problems			Episiotomy				14.2%
	Average	8.8%			5.9%	Perineum (excl episiotomy)				
	British-European	1.9%	Diabetes				Intact			61.3%
	Pakistani	52.8%			0.8%		Tear - degree: 1st			13.6%
	Bangladeshi	24.1%	Heart disease				2nd			22.7%
	Middle East	25.0%	Pre-existing hypertension				3rd			1.5%
Employed							4th			0.0%
	full time	31.9%	Folic acid taken antenatally				Undocumented			0.9%
Smoking (Pregnancy dated by ultrasound			Fetal growth restriction (bwt <10th cust.centile)				
	part time	17.4%					detected antenatally			18.1%
	looking after home	26.0%	Screening for Down's offered							31.6%
	student	4.4%				Prematurity				
	unemployed	18.3%	Antenatal visits				<37 weeks			9.7%
	other	2.1%		median	11		<34 weeks			3.0%
Housing			Antenatal visits - same midwife			Apgar at 1 <4				1.7%
	owner	37.5%		median	7	Apgar at 5 <7				1.5%
	rents	36.8%	Seen for decreased fetal movements			Put to breast				50.9%
	with family/friends	23.5%				Postnatal visits				
	other	2.2%	Pregnancy complications:				median			4
No partner		3.3%				Postnatal visits - same midwife				mean
							median			2
										mean
										4.6
										2.4

Note: These are preliminary rates of data based on WM maternity dataset collected in PEER (Perinatal Episode Electronic Record). Further analysis will be presented within the 12 month report.