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Normalising Birth Workstream

improving quality of care by promoting normal outcomes in maternity care and reducing caesarean section rates to a safe minimum

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Case for change

Normal births:

- Improve outcomes for baby and mother
- Offer decreased risk of morbidity and mortality
- Improve patient satisfaction
- Enable cost savings for both the procedure and ongoing care
  - e.g. avoidable bed days following C-Section, increased infection rates, avoidable pressure on staff costs
- Tariff difference = approx. £1400 on average and £2,500 in extremes

Variation

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- 5 KPIs developed based on evidence and feedback in conjunction with the Quality Observatory: www.emqo.eastmidlands.nhs.uk
  - % of normal births (unassisted vaginal deliveries)
  - % deliveries where method was C-Section and singleton
  - % deliveries where method was Elective C-Section
  - % deliveries where method was Non-Elective C-Section
- The KPI data highlights variation by Trust
- Mixed picture across the region and some clear points for review and investigation

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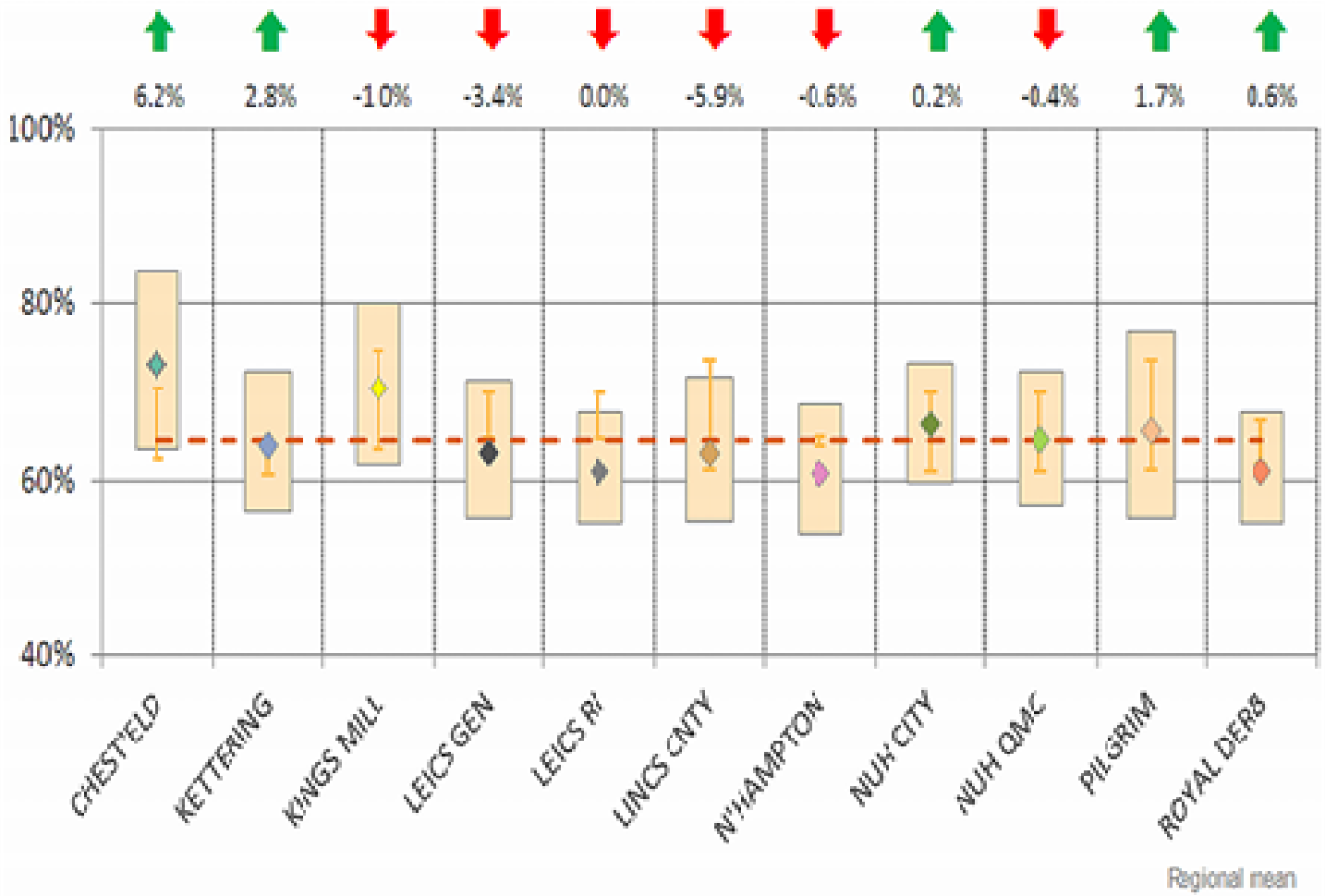
% of normal births Q1 10/11 Regional View



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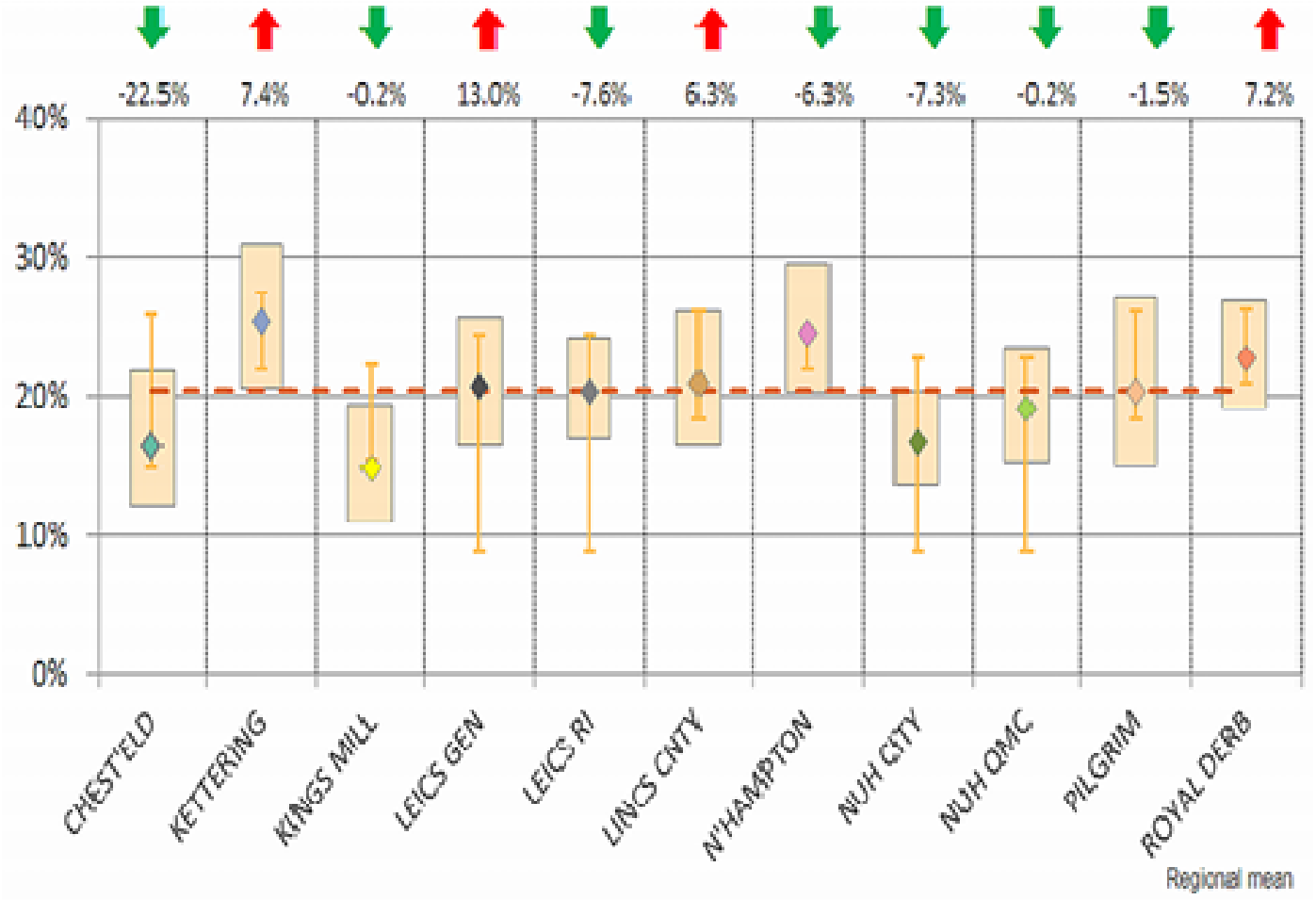
% of singleton C-Section Q1 10/11 Regional View



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Opportunity

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- Opportunity to improve against regional and national means
- Opportunity to share best practice with high-performing Trusts
- Opportunity for savings

Note: Targets have not been set by the workstream / expectation is around balancing quality, safety and experience for the most effective outcome

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Achievements

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Product	Status	Attachment
1. County Maternity Groups already in existence around the region	Ongoing (needs to continue)	www.emqo.eastmidlands.nhs.uk
2. Reliable, validated benchmarked normalising birth metrics provided by the Quality Observatory	Available on QO website	
3. CQUINs will match workstream indicators next year	Currently being agreed	
4. Financial forecasts and outline plans for sustainability requested from county leads	To be included in SOP plans	
5. Sharing of best practice	NHS Institute for Innovation Resource Pack, King's Mill Case Study	
6. Recommendations document regarding actions that are required going forward	In progress	

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Useful Information

- Useful links on QO website www.emqo.eastmidlands.nhs.uk

  e.g.RCOG VBAC guidance, CQC survey, BMJ article on C-Sections
- Link with NHS Improvement – more to follow (case studies, Toolkit)
- Case study work from county groups will be posted on Towards Excellence website

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Securing the benefits

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How to secure the benefits

	Provider	Commissioner
More normal births / fewer C-Sections	Leadership. Agreed approach across midwives and obstetricians. Clear patient pathway Giving advice to women at the right time	CQUINs (in line with KPIs) and appropriate agreements in place
Workforce	Workforce requirements for both midwives and obstetricians should be considered in order to enable high quality care (1:1care in labour, 1:28 ratio of midwives based on national mean) Use of BirthRate Plus	Workforce requirements for both midwives and obstetricians should be considered in order to enable high quality care (1:1 care in labour, 1:28 ratio of midwives)
Sharing best practice	Working / sharing ideas with other maternity groups across the region Forming a regional provider group of key clinicians Utilising best practice information provided by e.g. NHS Institute for Innovation & Improvement	
Planned savings	Monitor progress on quarterly basis and track savings being made against forecast include forecast in SOP plans	Monitor progress on quarterly basis and track savings being made against forecast Include forecast in SOP plans

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Summary

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- Good work is underway & groups need to continue
- Clear plans around improving KPIs & achieving CQUINs would be beneficial (visibility in SOP plans)
- High quality data and advice is available quarterly to help decision-making
- Consideration must be given to the sustainability of current work including ongoing monitoring & review
- Recommendations document to follow

Question: How else might we help?

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Key contacts

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Main Regional Contacts

Regional Workstream	Name	Contact	Contact	Role	Location
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