

**Staffordshire, Shropshire & Black Country
Newborn and Maternity Network**



**SSBCNMN Maternity Group Meeting
Tuesday 20th December 2016
Telford Education Centre**

Notes

Apologies:

Geraldine Masson, Fidelma O'Mahoney, Simon Cunningham, Anne Mellor & Pensee Wu
UHNM
Steph Mansell & Amanda Clayton - DGH
Maggie Kennerley, Sarah Jamieson – SaTH
Regina Reddy – Walsall
Tracey Vanner – RWH

Present:

Adam Gornall, SaTH & Lead Obstetrician SSBCNMN (Chair)
Ruth Moore, SSBCNMN
Carol Hollington, Walsall
Louise Stewart, WM Maternity Clinical Network
Fiona Beleb, RWH
Jan Latham, SaTH
Anthea Gregory-Page
Wendy Cutchie
Lyndsay Durkin, RWH
Jo Cookson, SSBCNMN

Minutes of 27th September 2016 Meeting: Action: Jo Cookson to be added as present to the minutes, then Approved

Matters Arising –

Standard Peer review process for perinatal deaths – AG has asked -Do all units have a SOP that details the process the unit follows to review deaths? SaTH are developing a SOP but need to get people into post in order to implement it. The group discussed that often the process is based on historical meetings and processes and not necessarily a documented process. LS shared Baroness Cumberledge had discussed the need for standardising processes and AG shared that the network had recently facilitated external review of a couple of cases for two Trusts in the network.

Actions from previous meeting:

Action: Carol Hollington to ask if the Walsall video could be made available to the other Trusts and Network to share with their women.

West Midlands Maternity Clinical Network (formerly Women and Children's Strategic Clinical Network)

Louise Stewart the new Head of the West Midlands Maternity Clinical Network (MCN) was introduced to the group. LS explained that the MCN current work programme is focused around the 'Saving Babies' Lives' care bundle and promoting improved perinatal mental health but is now transitioning to focus on the Better Births agenda and work with CCGs around assurance of the maternity indicators in the CCG assurance framework.

Maternity Transformation Programme (MTP) and Local Maternity Systems (LMS) – LMS's are to be in place by the end of March and have developed their maternity transformation plan by October. The LMS's match the Sustainable Transformation Programme (STP) areas – in SSBC

there are 3 STPs – Shropshire, Staffordshire and the Black Country. The MCN will support the development of the LMS's and their plans.

Discussions have been held between the WM MCN and the Neonatal Operational Delivery Networks (ODNs) (SSBCNMN and SWMMNN). The ODNs are not funded for the maternity workstreams that they currently support therefore in principle these workstreams will be supported by the WM Maternity CN from April 2017, (Adam's current 3 year tenure concludes at the end of March 2017 and will therefore not be renewed within the ODN structure from April 2017).. The practicalities of what the WM MCN will be able to support are being reviewed. Each ODN is completing a template outlining the maternity work completed to date, the current maternity workstreams and future maternity work identified to assist the WM MCN to identify how they might be able to support this work from April. **Actions: AG to complete the SSBCNMN template and return to RM who will add the MLU groups feedback from their meeting. RM to draft a discussion paper outlining the plans to rebrand the ODNs to reflect their neonatal focus and for the MCN to take the lead on maternity workstreams from April 2017.**

Reduced Fetal Movements Infomercial – Sites adopted in SSBCNMN include SaTH and New Cross. LS fed back that the video can be shared. **Action: SC to contact AR to find out how to share this video**

Maternity Sub groups Updates:

Fetal Medicine Group – AG fed back from a meeting held in the WM he attended with two neonatal surgeons, Mark Kilby, Alison Bedford-Russell, Simon Cunningham and Alison Davies. The group have agreed to develop four pathways, Gastroschisis, Exomphalos, Cardiac and CDH. RM identified a need to involve Jyoti Kapur, SSBCNMN Cardiac Lead in the cardiac pathway work. **Action: RM to contact JK about this.**

Midwife Led Unit Group – this group met before the maternity network group, with representation from SaTH and RWH. The group are completing the matrix of inclusion/exclusion criteria to identify areas requiring standardisation. They discussed their need to continue in the future supported by the WM MCN and have identified what their remit is.

Bereavement Midwives Group – Met before the Maternity network group. A rep from Acorns attended with Walsall and SaTH present. Timely communication when a baby dies in another unit is a key area to address.

Obstetric Guidelines Group – the group are on track with completing the 2 yearly review and update process and the next edition of the guidelines will be published in March 2017.

SSBCNMN Final Patient Information Leaflets were distributed to representatives at the meeting to take back for distribution in their Trust (Anthea – SaTH, Fiona – RWH, Carol – WMH, Jo Cookson to take to Dudley on 5th Jan, RM gave to Anne Mellor at UHNM on 21st Dec)– New Updated Patient Information Leaflets explaining how neonatal services are organised in SSBCNMN to be distributed to all women at around the 20 week scan stage. 5000 copies printed initially so that all staff (Maternity and Neonatal) can familiarize themselves with the contents and distribute to women during Jan – March. The network will contact units towards the end of Feb to gather any feedback on the content of the leaflet in order that any amendments can be made before printing a larger volume in March. **Action: RM to email the HOMs and Obstetric CDs on behalf of AG explaining the above**

SSBCNMN Draft Poster – No further comments on the content were received. The group agreed they need to be laminated and it was suggested that each service would need 10 A4 and 10 A3 size for displaying in various areas in each trust where pregnant women are seen. **Action: SC to arrange printing of the posters in March (once the name of the newborn network is agreed)**

Maternity Data

Maternity Service Dashboards – a National Maternity Service Dashboard is in development there are 14 agreed national criteria. LS asked if further local criteria should be added. AG

explained that he has collated the dashboards used in SSBCNMN which might help identify additional local criteria that could be added. **Action: AG to circulate the local dashboard work that he completed**

Network Quarterly Benchmark Report Quarter 2

IUT Exceptions to care pathways – this is collated from data supplied by the maternity services which is getting more detailed as time goes on in terms of knowing whether the women delivered or not following IUT. It shows that in the majority of time the reason for the exception is a lack of capacity in the woman's NNU – this information is being used to identify the additional capacity required in SSBCNMN.

SSBCNMN Location of Care Report Q2 2016/17 – Less than 27 weeks gestation place of birth in Q2_Only 36% of all babies born less than 27 weeks were born in a hospital with an NICU. **Action: All maternity services with LNU's are asked to review all babies born less than 27 weeks to identify if there was an opportunity to transfer to a hospital with an NICU as the outcomes for these babies are known to be significantly worse than babies less than 27 weeks born in a hospital with an NICU.**

The number of Term admission to NNUs continues to be between just below 50% (UHNM) –just over 60% (DGH) and a network average of just over 52% in Q2. The percentage of term live births who were admitted to a NNU in SSBCNMN in Q1 ranged from round 4.5% (UHNM) to just over 6% (DGH) and a network average of just under 6%.

In Utero Transfers

PPROM Project Update – A meeting was held with Dudley in October to discuss extending this to Dudley/Wolverhampton. In principle both Dudley and Wolverhampton are in agreement. Wolverhampton need to look at the data around how many women and babies this is likely to be to ensure sufficient capacity to meet this before a start date is identified. **Action: RM and AG to write a brief document identifying the anticipated numbers of IUTs/babies**

Single number service: Adam, Ruth and Natasha King attended the Transport User group (TUG) meeting. This meeting is held twice a year for stakeholders to feedback on any issues experienced. At the meeting the questions the cot locator administrators ask both labour wards and neonatal units four times a day around their open or closed status were discussed, this needs clarifying in order that all units answer in the same way.

Mortality Review Update

As discussed above under matters arising around SOPs for mortality review processes.

Any Other Business –

On site presence of Network Lead Obstetrician Jan – March 2017 –AG explained that he would like to spend some time on each Labour ward to enable meeting with staff to complete the collection of information around current death review and clinical governance processes. **Action: AG to identify the dates he will do this and invite LS to join him if available. AG to write to each Obstetric CD/Labour ward lead with the dates he would like to attend their Trusts**

CH informed the group that there is an MSLC exhibition/meeting in the atrium in Walsall towards the end of Jan **Action: CH to confirm the date and time with SC**

Date and Time of Next Meeting:

Action: SC to ask AG and LS to confirm the date and time of the next meeting ? in March 2017