

**The Maternity Network aims to promote good quality, safe, local and sustainable maternity services across the Staffordshire, Shropshire and Black Country area**

**Note from the Maternity Network Lead**

Welcome to the first edition of the Staffordshire Shropshire and Black Country Maternity Network Newsletter!

The Maternity Network came into existence in May 2005, and forms part of the Newborn Network. You may not, however, know much about it and the purpose of this newsletter is to change that. You can read about the network's current work (opposite) and we hope that in the future you will all contribute articles and comments so that staff from around the network area will be able to keep up-to-date.

This first edition brings the good news that the maternity unit at Royal Shrewsbury Hospital has recently been awarded CNST level 3. You can read more about this achievement on page 2.

You may also be aware of the plan to develop a network-wide policy for in-utero transfer. Indeed, you may have been involved in piloting the IUT form. You'll find an IUT update on page 4.

Enjoy the newsletter and I hope that you will find it an interesting read!

*Simon Jenkinson,*  
*Consultant Obstetrician*

This edition was edited by the Maternity Network Project Manager. If you would like to get involved in producing the newsletter, contact - [maternityssbc@nhs.net](mailto:maternityssbc@nhs.net) or call 07770620838

**Congratulations to everyone at the maternity unit at Royal Shrewsbury Hospital on being awarded CNST level 3! See page 2**

**What's new with the Maternity Network?**

The most recent Maternity Network meeting was held on the 11<sup>th</sup> July at New Cross Hospital, Wolverhampton.

**Staffordshire Shropshire and Black Country Maternity Network Stakeholder Day 9th October 2007**

The Stakeholder Day aims to plan the future direction of the Maternity Network and so it's important that all with an interest in the Maternity Network - staff, managers, commissioners and people who use maternity services - are represented

For more information contact [ninaspofforth@nhs.net](mailto:ninaspofforth@nhs.net) or call 07770620838

**Agreeing Common Ways of Working Across the Network**

An objective of the Maternity Network is to find ways of working together on common care pathways...

**• Maternity Network In-Utero Transfer Policy**

The Maternity Network IUT group has produced a proposal for a network-wide IUT policy See page 4

**• Preterm Labour Guideline**

A Maternity Network Preterm Labour Guideline has been circulated to network members for consideration and comment.

**• Guidelines Database**

A database of guidelines is to be available so that people writing guidelines will be able to access those written by colleagues across the network, saving time and effort.

**• Perinatal Education Day**

The Maternity Network, together with neonatal colleagues, is planning to hold a Perinatal Education Day. A number of suggestions as to content and design of the day are currently being considered.

**• Inter-District Audit**

This is an annual activity for Staffordshire and Shropshire units, but this year, the Black Country units have joined the audit which is to take place in November, hosted by Burton. More details of this in the October newsletter, but if you want to know more before then, e-mail [maternityssbc@nhs.net](mailto:maternityssbc@nhs.net)

**European Working Time Directive**

The Maternity Network is leading a scoping exercise to assess compliance with the EWTD. See page 3

**Stakeholder day**

The Maternity Network is planning a Stakeholder day on 9<sup>th</sup> October. The aim of the day is to agree a useful way forward for the Maternity Network. Professor Martin Whittle is to be a keynote speaker.

**Full minutes of all Maternity Network meetings are available on the Maternity Network website..... The next meeting is on the 11<sup>th</sup> September.**

**Also in this issue...**

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**Who are the representatives at the Maternity Network?**

- Maternity Network Lead... Simon Jenkinson*
- Walsall.....Elizabeth McMillan  
Karen Palmer
  - Wolverhampton....Helen Sullivan/  
Tracey Vanner  
Tracey Palmer
  - Stafford.....Karen Powell  
Anne Mellor
  - Stoke.....Geraldine Masson  
/Peter Young  
Jackie Jenkinson  
/Lynn Dudley
  - Shrewsbury.....Michele Mohajer  
/Adam Gornall  
Jan Lathom
  - Dudley.....Lorna Meer  
Stephanie Mansell
- Newborn Network Manager....Ruth Moore*  
*Neonatal Representative...Claire Gilg*  
*Neonatal Network Practice Educator... Jo Deeming*  
*Strategic Health Authority Representative....Jon Cook*  
*Project Manager...Nina Spofforth*

Clare Gilg leaves the Maternity Network in August, when she is off to sunnier climes. The Maternity Network would like to thank Clare for her support and to wish her every success in the future.

## New Chair at Wolverhampton MSLC

Sheila Gill has been appointed as the new Chair of Wolverhampton Maternity Services Liaison Committee. Sheila works as a Community Regeneration Manager with Wolverhampton City Council but is currently on maternity leave and is expecting her first child in August. Sheila stated " I am delighted to be able to undertake the role of Chair and look forward to raising the profile of Maternity Services and increasing user involvement in all aspects of this essential service".

## New Maternity Building at UHNS

By Pam Cornwall, Acting Directorate Manager, University Hospital North Staffordshire

The new maternity unit is part of a new building to house maternity and cancer services at the University hospital of North Staffordshire. This £70million development has been funded with public money as the first phase of a larger PFI hospital development.

The Maternity unit is on course to open in March 2009 when the current maternity provision will transfer to this new 21<sup>st</sup> century health care environment with all the latest equipment. It will include an antenatal clinic, early pregnancy assessment and scanning facility, a fetal and maternal assessment unit linked to the delivery area for women with pregnancy complications, with a neonatal unit on the same floor. As we continue to offer the women choice of place of delivery in North Staffordshire we will also have an expanded midwifery led unit housing water birth facilities and continue to offer home births. There are also two in-patient wards for Antenatal and Postnatal admissions.

This exciting development in North Staffordshire is not only a great boost for the population of North Staffordshire but the excellent workforce at the unit.

## Royal Shrewsbury Hospital Awarded CNST Level 3

Maternity services at The Shrewsbury and Telford Hospital NHS Trust have been awarded Level 3 status in the national Clinical Negligence Scheme for Trusts (CNST).

This was a particularly remarkable achievement as level 2 was only awarded 18 months ago. At 31<sup>st</sup> March 2007, only 18 NHS organisations had achieved this top level, out of over 150 assessed. The NHS Litigation Authority particularly commented on the supportive and learning culture in the department.

Achieving Level 3 has been a truly team effort and demonstrates the departments commitment to integrating risk management principles into their delivery of all aspects of maternity services they provide.

By Brenda Maxton,

Clinical Risk Manager, Royal Shrewsbury Hospital

Within the SSBC Maternity Network, the maternity units at Manor Hospital, Walsall and University Hospital North Staffs have already achieved CNST level 3. Mid Staffordshire General Hospital currently has CNST level 2. Dudley Group of Hospitals and Royal Wolverhampton are both working towards CNST level 3 this year.

## Parenting and Partnership

by Wendy Hayes, Head of Community Midwifery,

Mid Staffordshire General Hospital NHS Trust,

Traditionally, we have offered women 'parentcraft classes' across the area. We have a parent education group which is responsible for producing an annual review to ensure that we are offering a user led service. This, in turn, has resulted in the development of couple sessions, and then men- and women-only sessions in response to user evaluations.

Following our last review, it was clear from user responses that the men only sessions were working well. The group agreed to explore ways that the service could develop the men-only sessions and offer men-only sessions for teenagers.

Dave Atherton (Social Worker) who has been seconded to the Teenage Pregnancy unit to look at dedicated fathers' sessions helped to facilitate this development with us, the result being the introduction of a pilot for stand alone men-only sessions. The sessions are held away from health premises and are offered to both teenagers and adult men, which is working very well and is receiving very positive evaluations. The sessions are now being facilitated by a man who has had the experience of becoming a father.

The midwives involved have designed men-only information leaflets for breast feeding and having a baby. It is planned to role out these sessions across the trust catchment area.

In line with the NSF and Every Child Matters I have been able to have early involvement with the setting up of several Community Learning Partnerships in the area. This 'working together' has resulted in securing initial funding for 5 midwives to attend Fathers Direct training which will, in turn, result in more skilled midwives offering men only sessions across the area.

The link with the Community Working Partnership is giving midwives the opportunity to become more accessible, offering joint agency drop in clinics in each locality away from traditional health venues.

## Around the SSBC area

### Spotlight on...

### the role of Specialist Midwife Bereavement Services

I work within the Women and Children's Services Division at New Cross Hospital, Wolverhampton in a post that was newly created in 2005. My role is primarily to have overall responsibility for coordinating bereavement support and services for women and their families following pregnancy loss and the death of a baby.

In order to promote an efficient Bereavement Support Service within maternity a multidisciplinary approach is encouraged. Close links have been fostered with the Chaplaincy Department, wards, Pathology, Local Support Groups and Bereavement Services. Part of my role is to support both families and staff. Policies and protocols, which are evidence based, have been revised. In addition, an ongoing training programme for staff has been implemented.

The provision of good bereavement services families in our care is vitally important as without it families may find it difficult to begin the grieving process. A dedicated room (The Willow Suite) is available to parents and families whilst they are in hospital where they may spend time together.

For the moment it is still very much 'work in progress' as my role evolves. However, I look forward to continue to meeting the challenge of providing bereavement services women and families within maternity.

By Carole Sadler, Specialist Midwife Bereavement Services, New Cross Hospital

## Change the world!

### Ideas Corner



The Maternity Network is all about ever-improving services. Do you have an idea that could make even a very small difference? If you do, why not share it with the rest of the Maternity Network?

e-mail [maternityssbc@nhs.net](mailto:maternityssbc@nhs.net) or call 07770620838

# SSBC Newborn Network News

## Open Invitation to the SSBC Newborn Network Annual General Meeting

Wednesday 5<sup>th</sup> September 12 – 1 pm  
Lecture Theatre, Maternity (South)  
Building, City General site, UHNS

### Guest Sessions on Parental Involvement:

Andy Cole, Chief Executive, BLISS  
and Andy Gibson, Warwick University

## First Network Audit Competition

13 entries, 7 short listed to do presentations at an event held in March 2007. 1<sup>st</sup> prize, Fiona Chambers; 2<sup>nd</sup> Prize, Dr Leda Theophilou; 3<sup>rd</sup> prize, Dr Deepa Panjwani.

• **A Network Long Term Neurological Follow up Group** has been set up.

• **Results of the Network Staff Survey** were presented to the network board. A copy of the full report can be found on the network's website.

• **Neonatal Foundation Programme Nurses Welcomed to the Network** - Following a successful bid for non recurrent funding by the Workforce Development Group, four nurses have been employed as of the 1<sup>st</sup> May for six months to undertake the newly developed Network Neonatal Nursing Foundation Training Programme.

• **£1.25 million additional funding for the three West Midlands newborn network** made available to increase the resources in the proposed level 3 units, thus increasing

intensive care capacity. For our network, this represents an additional two neonatologists and the equivalent of ten neonatal nurses.

• **The second edition of the SSBC Newborn Network Guidelines** is due to be published in autumn this year.

• **Investment in equipment** - Non recurrent funding has been made available by the network to purchase additional breast milk pumping equipment and one near patient monitoring system for each neonatal unit in the network.

**Ruth Moore,**  
Newborn Network Manager

## The National Agenda

### Maternity Matters

Maternity Matters: Choice, access and continuity of care in a safe service, was published by the Department of Health on 3 April for commissioners, service providers, other organisations and individuals involved in the provision of maternity services. It builds on the maternity services commitment outlined in Our Health, Our Care, Our Say and is an important step towards meeting the maternity standard set out in the Children's NSF.

Maternity Matters highlights the Government commitment to developing a high quality, safe and accessible maternity service through the introduction of a new national choice guarantee for women. This will ensure that by the end of 2009, all women will have choice around the type of care that they receive, together with improved access to services and continuity of midwifery care and support.

A self-assessment tool for commissioners, was published in tandem with Maternity Matters, to help PCTs and their partners ensure local maternity services meet population requirements and address health inequalities.

By Sue Hatton,  
Workforce Development Specialist for Women and Children

### EWTD and Workforce

The next phase of the European Working Time Directive is set to come into operation in August 2009 with a 48-hour limit on the working week for doctors. Of course, there are a number of other factors that will contribute to the challenge that this directive presents to maternity departments, including Modernising Medical Careers and the need to ensure that doctors in training meet a sufficiently broad case-mix. The Maternity Network is leading a scoping exercise to look at whether network units are on track for compliance.

If you are a junior doctor and you would like to know more about the scoping exercise – you may want to express an opinion, or even get involved - please e-mail [ninaspofforth@nhs.net](mailto:ninaspofforth@nhs.net) or call 07770620838.

*Any other workforce issues for the newsletter? Please let us know.*

### Safer Childbirth

The Royal College of Midwives, the Royal College of Obstetricians

and Gynaecologists (RCOG), the Royal College of Paediatrics and Child Health (RCPCH), the Royal College of Anaesthetists (RCA) and other stakeholders have been working together in updating the joint RCM/RCOG publication *Towards Safer Childbirth* (1999).

The draft Safer Childbirth document can be found at <http://www.rcm.org.uk/views/docs/%20report.doc>. The final version is currently in production.

*If you have any thoughts about how the Maternity Network might support compliance with these documents – or if you know of any local initiatives that relate to them – please e-mail [maternityssbc@nhs.net](mailto:maternityssbc@nhs.net)*



## Do Once And Share

By Adam Gornall, Consultant Fetomaternal Medicine and Gynaecology, Royal Shrewsbury Hospital

The Maternity Do Once and Share project was initiated by NHS Connecting for Health (CfH) as one of 43 similar projects in August 2005. The aim of the overall programme was to reduce unknowing duplication and help in creating a uniform approach in the development of the national electronic care record being released under the National Programme for IT. The Maternity project was based in Shrewsbury and Telford Hospitals and ran for 18 months in total. During this time the team, which included 3 Midwives, a Consultant Obstetrician and administrative support, worked on a number of areas including the:

- Development of a large multidisciplinary stakeholder network made up primarily of professionals with an interest or direct involvement in electronic maternity records.
- Production of an implementation guide for Maternity units installing an electronic care record system.
- Development of a guideline dataset that catalogued all important relevant guidelines for Maternity care workers.
- Mapping of electronic care record usage in all Maternity units in England.
- Development of a standardised notification of pregnancy from primary care to maternity services.
- Development of models to standardise the clinical content of the Maternity electronic record.
- Development of Maternity electronic care pathways
- Examination of the specification provided by NHS CfH to software developers and providers.

Although the project has now finished there are a number of areas that will undergo further development. Primarily this development surrounds communication between stakeholders using a website and web forums. Initially the website will focus upon Maternity electronic care records but will hopefully expand to include other areas of Maternity care. It is hoped the website will eventually be useful for all Maternity care workers to share common work such as guidelines and patient information leaflets as well as discussion around common themes and problems. The website under development at present is located at

[www.maternity.nhs.uk](http://www.maternity.nhs.uk)

# Maternity Network Activity - IUT

## Consulting People Using Services - IUT

### In-Utero Transfer

The Maternity Network IUT group has produced a proposal for a network-wide IUT policy. This has been submitted to the Labour Ward Forums for their approval and the outcome of this presented to the Maternity Network in September. Details in the October newsletter.

The IUT form that accompanies the policy was piloted in April this year. Feedback on the form, which is a way of recording the details of the transfer, suggested that it is a useful administrative tool, but that it asked for more information than necessary and was laborious to complete. An amended form has now been circulated to Maternity Network members. If you are involved in IUT, please send us some feedback on the new form – [maternityssbc@nhs.net](mailto:maternityssbc@nhs.net).

### Auditing IUT

As part of its work around IUT, the Maternity Network is to conduct an audit looking at unnecessary in-utero transfers. More about this in the next edition of the newsletter.

The IUT policy focuses on effective clinical practice. However, ensuring quality involves listening to the people who use services.

So, the Maternity Network plans to speak to women who have been through in-utero transfer and to ask them what they were happy about and whether there was anything that they were unhappy about. I am currently working my way around Maternity Service Liaison Committees for advice about the best way to do this.

The plan for this consultation will be available in September. If you would like to know more about this piece of work – or to get involved – please e-mail me [ninaspofforth@nhs.net](mailto:ninaspofforth@nhs.net).

**IUT updates will be a regular feature**

## Training

### Feedback on recent events

*Have you been to any interesting events recently? Perhaps you attended a conference, or took part in a workshop.*

*Let us know about it! e-mail [maternityssbc@nhs.net](mailto:maternityssbc@nhs.net)*

### The Role of the Newborn Network Practice Educator

by Joanne Deeming, Practice Educator, SSBC Newborn Network

The network currently employs two practice educators to help develop nurse education, training and overall staff development. A substantial part of my role is to work clinically, within the units I cover, with staff who request further development. This involves providing resources and teaching packages tailored to what staff need.

Another way of facilitating education is by the provision of regular network funded study days, which are offered to all staff. The topics were selected following a survey of staff within the units as to what they would like to receive further training on. These days have included topics such as breastfeeding, developmental care, bereavement support and cardiac care. All days have been well attended and evaluated positively. We are currently reviewing study day provision for 2008 and evaluating what areas staff within the network would like to see covered next.

Another exciting development within the network with regards to education has been the commencement of a foundation in neonatal nursing course. This has offered four newly qualified nurses the opportunity to undertake a six month fixed term contract within the network. During this time they receive structured theoretical components within the course consolidated with practical experience in the six units within our network.

The role of practice educator is constantly evolving as is the education process for nurses and midwives. Since being in post I have found the role to be fulfilling and exciting. What has been inspiring is the cross network interaction. I believe that in providing training days across the network has led to staff sharing ideas and moving neonatal care forward.

### Training Matters

The Maternity Network is planning a Perinatal Education Day. Comments are invited as to who might be interested in such a day and what might be included.

### Your views

**Do you have something to say about training? Is there something that you feel is missing from the training currently available?**

**Let us know your ideas – [maternityssbc@nhs.net](mailto:maternityssbc@nhs.net)**

**Did you know.....In 2006, there were 23 716 births across the area covered by the Staffordshire, Shropshire and Black Country Maternity Network? – source [www.birthchoiceuk.com](http://www.birthchoiceuk.com)**

**Trivia Question - What are the three most popular girl's names and the three most popular boy's names in the UK this year? – see right hand side of page for answers**

*Any maternity-related statistics or trivia gratefully received!!! (Please state source.)*

**Was this interesting? Yes? Tell us - we really like positive feedback! No? What can we do to improve it? Let us know. Contact [maternityssbc@nhs.net](mailto:maternityssbc@nhs.net) or call 07770620838**

Trivia answer - Olivia, Grace and Jessica - the three most popular girls' names in the UK this year. Jack, Thomas and Joshua - the three most popular boys' names - source National Statistics online