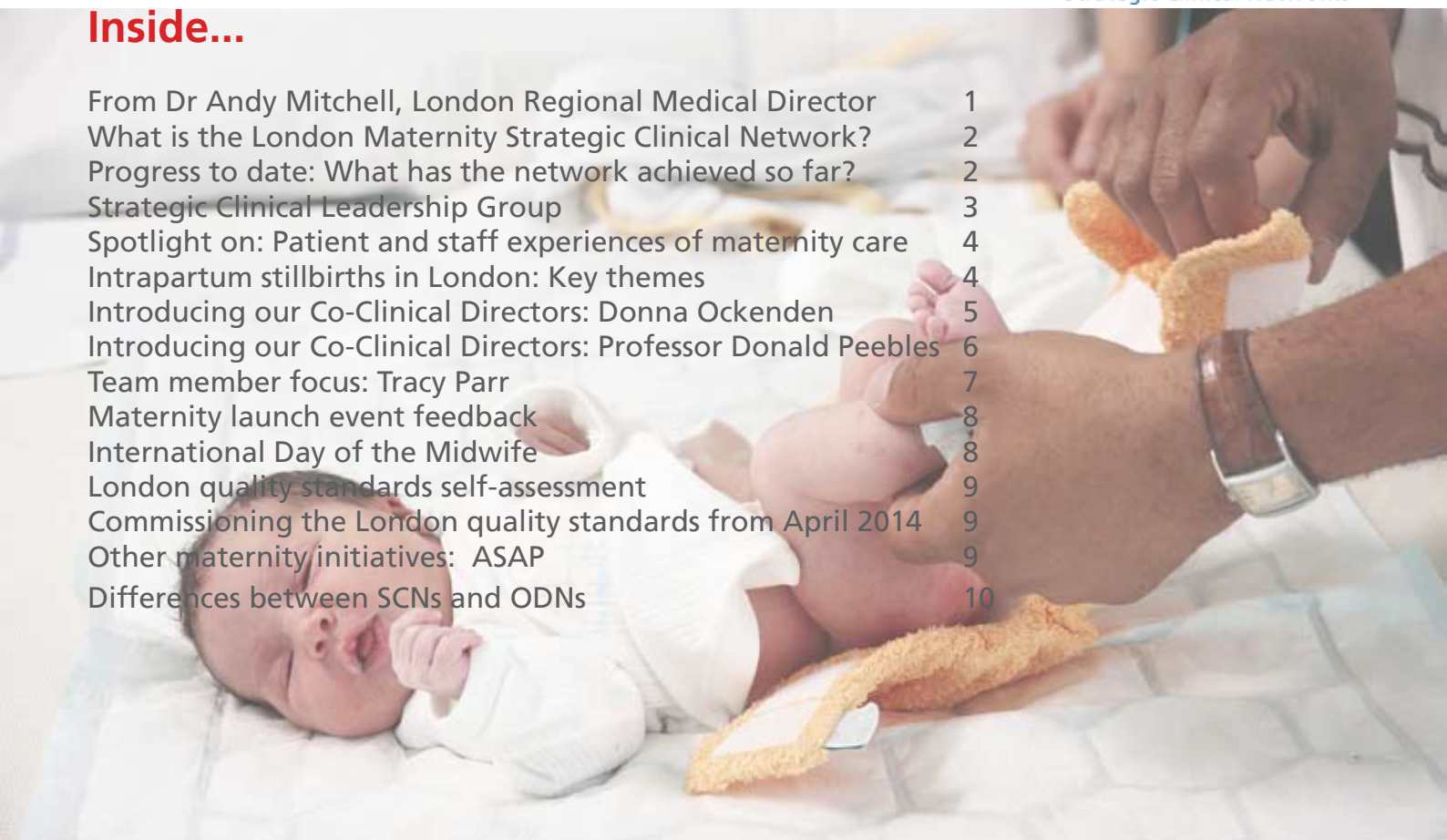


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From Dr Andy Mitchell, London Regional Medical Director

Dear colleagues,

The Maternity Strategic Clinical Network (SCN) has made great strides forward in its aim of delivering positive change to the services provided to women and their babies in London. This has been undertaken through the dedication and commitment of the clinicians on the Strategic Clinical Leadership Group led by Professor Donald Peebles and Donna Ockenden, the co-chairs of the Maternity SCN. The work of the SCN in its first year has laid the foundations for major transformation of maternity services.

The group has been proactive in establishing the principles of the ongoing development of five local maternity networks that link together primary, secondary, tertiary, community health, public health and commissioning services to provide a seamless pathway of care for pregnant women and their families. The Maternity SCN has established priorities centred on the reduction in stillbirths, reduction in maternal death and morbidity and improving women's experience of maternity care.

Over the next year, the Maternity SCN will reinforce the work with the five local networks across London and with the 32 CCGs who commission local services. The SCN has also established a London Maternity Commissioning Advisory Group to assist in influencing commissioning intentions and ensuring that the maternity priorities identified are reflected locally. This will be key in delivering real and lasting change for women in London.

What is the London Maternity Strategic Clinical Network?

Strategic clinical networks (SCNs) were established in April 2013 as described in [The way forward: Strategic clinical networks](#). SCNs exist to provide expert clinical advice to commissioners to bring about large scale improvements in healthcare to a defined population. One of the areas which was determined to require a whole system approach was maternity services. This is based on evidence that London has sub-optimal outcomes for women, and that many women have a poor experience of care.

The London Maternity SCN is the only one in England to have a midwife and an obstetrician as co-clinical directors -- Professor Donald Peebles is a consultant obstetrician for University College London Hospital, and Donna Ockenden representing midwifery. The co-directors are supported by a dedicated, committed project team from NHS England (London region).

Progress to date: What has the network achieved so far?

The London Maternity SCN is clear that its main priority is to improve outcomes for pregnant women and their babies within London. Since the establishment of the network one year ago, we have been very focussed on making this happen.

- » Appointment of co-clinical directors (September 2013)
- » Formation of Maternity Strategic Clinical Leadership Group (October 2013)
- » Formation of Maternity Commissioning Advisory Group (March 2014)
- » Supporting development of five local maternity networks across London
- » Involvement in newly formed three perinatal mental health networks across London and London Perinatal Mental Health Board
- » Development of maternity work programme
- » Launch event attended by more than 130 delegates (January 2014)
- » Development of two best practice toolkits for the use of fetal fibronectin and outpatient induction of labour
- » Trust-based events supporting International Day of the Midwife
- » A survey of patients and staff experiences of maternity care



Strategic Clinical Leadership Group

The London Maternity Strategic Clinical Leadership Group (SCLG) has been established to provide expert advice from clinicians across London from differing sub-specialties and professions. Members were selected after a formal application process. The group includes a number of people who have direct experience of London maternity services..

The SCLG is determining a vision for the best possible maternity care in London. Implementation of this vision will be delivered through local maternity networks supported by commissioners. Services will be delivered by best value pathways commissioned on a whole pathway basis. Effective links with commissioners is therefore vital to enable the implementation of this expert clinical advice.

The programme of work is focussed on our three main priorities:

- » Reduction in mortality and morbidity of pregnant women
- » Reduction in stillbirth rates in London
- » Improvement in women's and families experience of maternity care

Improving these three outcomes is the task of the Outcomes Working group.

There is also a Models of Care working group that aims to ensure maternity is provided in such a way as to optimise each of the three priority areas. The topics being tackled by this group are early access to antenatal services; postnatal care; continuity of care and increase in the number of women delivering in midwifery led settings.

How can you get involved?

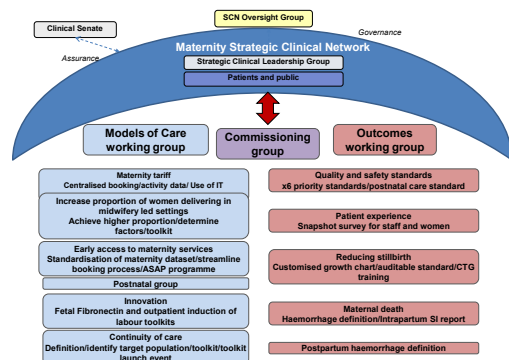
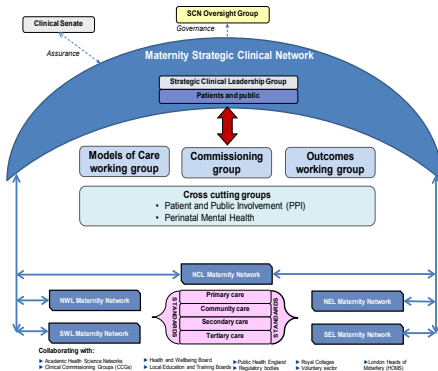
We are keen to have input from as many people as possible. If you are interested in becoming involved in any of the workstreams identified in the sub groups, and are able to commit to attending occasional meetings and providing input, please contact Caroline Moren, Maternity Lead at the Maternity SCN (carolinemoren@nhs.net)

In addition to the workstreams, there are also cross-cutting work areas focussed on clinical data and information, sharing best practice and innovation, perinatal mental health and patient and public involvement including women, partners and parents.

Links with commissioning

It is essential that the work of the SCN is effectively linked with commissioning as the role of the SCN is to provide expert advice to commissioners.

For this reason a London Maternity Commissioning Advisory Group was established in March which ensures that maternity commissioning will be taken forward in partnership with all CCGs in London. The next step for this group will be to ensure that the identified maternity priorities are incorporated into their five year strategic plans.



Above left: Structure of the London Maternity SCN
Above: Subgroups within the London Maternity SCN

[Click to enlarge images](#)

Spotlight on: Patient and staff experiences of maternity care

There is strong evidence that London has some of the poorest experience of maternity care for women. In response to this, the patient experience sub-group decided to explore this area in more depth.

A survey was conducted for women and staff asking their views on their experience of maternity services. More than 350 responses were received. A thematic analysis has been completed and this will inform the work of both this group and the overall work centred on improving women's experience of services in London. Whilst there were many examples of good experiences of care, areas identified for improvement included:

- » Consistency of caring attitudes by staff towards women
- » Effective and consistent communication and information

As a result of the survey, two SCLG members are exploring tools which could address these issues such as resources to implement the 6Cs and personalised care.

Continuity of care is a big issue for women and staff. A working group has been established to look at how this could be delivered. In addition, whilst many women reported good care during labour and delivery, the quality of postpartum care varied. This will feed into the Postnatal Care group, within the Models of Care work stream.



Intrapartum stillbirths in London: Key themes

The SCLG decided to undertake a review of intrapartum stillbirths in London (2008-2013) in order to understand the factors contributing to this outcome. Serious incident reports involving intrapartum stillbirths were collated and reviewed. Thematic analysis was undertaken to determine whether the SCLG could take forward work which would reduce these occurrences.

The themes emerging from this review include:

- » Failure to recognise fetal distress / CTG monitoring interpretation and poor decision-making
- » Staffing issues including inappropriate allocation of staff
- » Appropriate core training of all staff for fetal monitoring during labour
- » Compliance with policies, guidelines and/or individual plans developed
- » Communication of risk
- » Escalation of problems
- » Equipment failure/issues

The majority of these themes are already recognised features impacting on perinatal mortality and morbidity along with the failure to recognise/poor decision-making as a large contributory factor. These themes will feed into the work of the Maternity SCN through the Outcomes work stream.



Introducing our Co-Clinical Directors

Donna Ockenden

Donna Ockenden is Co-Clinical Director of the London Maternity Strategic Clinical Network. With more than 25 years experience, Donna has worked within a variety of health settings both in the UK and internationally.



Donna's career spans a number of sectors including hospital, community and education. For more than a decade she has served within a number of increasingly senior NHS leadership roles including more than five years experience as Divisional Director of two large women and children's divisions on the south coast and in London.

Whilst working within the NHS and internationally Donna has successfully integrated a number of key national and London wide leadership roles, including:

- » Chair of the England Royal College of Midwives (RCM) Heads of Midwifery Advisory Board for over eight years
- » Membership of the RCM Board (2011-12)
- » Clinical member representing South London Heads of Midwifery on the London Expert Maternity panel (2011-12)
- » Trustee of SafeHands for Mothers Charity (2013-)

Internationally, Donna was the co-author of the first national maternity standards in the Sultanate of Oman and led the successful introduction of those standards into practice across the Muscat region.

Donna has extensive experience of working with multidisciplinary teams including hospital teams, GPs, commissioners and service users to introduce sustainable change. She has long term experience of service reconfiguration and evidence of working positively with local communities and all levels of staff during complex reconfiguration.

Donna has experienced considerable success in the use of creative and innovative methods of communication to reach out to both service users and fellow professionals alike. These include the award winning *Childbirth Choices* programme at Portsmouth Hospitals NHS Trust, which was designed to ensure the population around Portsmouth and South East Hampshire were aware of maternity services. Also included was the *Caring for Women* project, a maternity information services providing comprehensive advice and information resources in all maternity settings, including community, antenatal and postnatal care and *Edie the e-Midwife* across South London Healthcare NHS Trust.

All of these virtual services were extensively road tested with a wide ranging multidisciplinary team and service users before, during and after introduction. This included a virtual GP IT group across Greenwich and Woolwich during the development of the *Caring for Women* project



Introducing our Co-Clinical Directors

Professor Donald Peebles

Professor Donald Peebles was appointed Chair and Head of the Research Department of Obstetrics at University College London in 2008. He has a number of research interests that focus on improving the outcomes for women and their babies following complicated pregnancies. Particular research areas include:



- 1) maternal innate immunity, infection, inflammation and preterm labour
- 2) the role of hypoxia and inflammation in causation of perinatal brain injury
- 3) fetal physiology (especially fetal responses to acute and chronic substrate deprivation) and
- 4) the development of novel molecular and cellular methods for treatment of fetal disease.

He has been extensively involved in developing translational research within Women's Health through leadership roles in UCL/UCLH Institute for Women's Health, the UCLH Comprehensive Biomedical Research Centre and as Maternity Lead within UCL Partners, UCL's Academic Health Science Centre.

He was appointed as the Obstetric Lead for the London Strategic Clinical Maternity Network in July 2013 and is a member of the Specialist Maternity Clinical Reference Group.

He is currently the President of the Blair Bell Research Society, and sits on the Academic Committee of the Royal College of Obstetricians and Gynaecologists and the Preterm Labour Clinical Study Group.

In parallel with his research activities, he is also a sub-specialty accredited Consultant in Maternal Fetal Medicine at UCLH with a particular interest in the management of pregnancy complicated by maternal disease or poor obstetric history and fetal medicine, including fetal therapy, prenatal diagnosis and management of fetal growth restriction.



Team member focus

Tracy Parr, Strategic Clinical Network Lead for Maternity and Children, NHS England (London region)

Tracy has worked in healthcare for nearly 30 years in a variety of different settings and roles. Her career has ranged from delivery of direct patient care as a clinical nurse to the implementation of large scale change in trauma services both for London and the south east and nationally.



Her career in healthcare started in Oxford and London with specialisation in paediatric intensive care nursing. This led to periods of work overseas in Switzerland and Australia. She worked in the cardiac intensive care unit of Great Ormond Street Hospital in educational and senior managerial roles. As an adjunct to this role she established a training programme in Jamaica for a charity delivering paediatric cardiac surgical expertise in Kingston.

Tracy has a breadth of academic qualifications

ranging from a pure science degree to a masters degree in advanced healthcare practice. Based on her clinical nursing experience, Tracy moved into project management and service development roles in a variety of settings. She joined the Healthcare for London programme in 2007 where she worked on both the stroke and trauma work streams. She went on to lead implementation of the London Trauma System in 2010. During this time she was given a role as the policy lead for major trauma at the Department of Health supporting national implementation of trauma networks. She became a member of the Clinical Reference Group for trauma and a board member of the Trauma Audit Research Network.



Maternity launch event feedback

The Maternity SCN held a London launch event the 15 January 2014 at Church House Conference Centre in Westminster. A number of national speakers presented on a range of topics with an emphasis on where priorities should lie for maternity care in England.

Speakers included: Dr Catherine Calderwood, National Clinical Director for Maternity and Women's Health; Dr David Richmond, President of the Royal College of Obstetricians and Gynaecologists and Professor Cathy Warwick, Chief Executive of the Royal College of Midwives. Professor Jason Gardosi spoke about the use of customised growth charts for stillbirth reduction. Dr Miriam Stoppard described the inequalities found within maternity services in London and Emily Slater spoke very movingly on the subject of maternal deaths and perinatal mental health.

The SCN co-clinical directors presented a toolkit to support the use of outpatient induction of labour which attendees agreed to support in rolling out across London. There was also strong support for collection of standardised maternity data sets to enable benchmarking of London services.

Delegates were asked to identify potential priorities for the maternity SCN. These were strongly aligned to those already identified by the SCLG described earlier with the following additional suggestions:

- » Improving labour ward consultant obstetric cover
- » Improve CTG training
- » Standardising referral information in antenatal care
- » Easy access to information regarding patient and partner choice to birth location
- » Realignment of maternity networks with neonatal networks
- » Close monitoring of staffing levels, in particular midwifery services

- » Improving postnatal care
- » Improvement in the avoidable repeat for newborn blood spot screening – streamline services
- » Fostering an understanding of the maternity tariff

Copies of the presentations from the day can be obtained from contacting Caroline Moren, Senior Project Manager, Maternity and Children SCN (carolinemoren@nhs.net). We are keen to encourage communication and sharing of good practice. Please contact Caroline if you have any other ideas or work you would like to share.



International Day of the Midwife

The International Day of the Midwife (5 May) sought to improve the wellbeing of mothers and babies through asking for investment of midwives both within London and across the world. This year's theme was *midwives changing the world one family at a time*.

Key messages:

- » Midwives: changing the world one family at a time
- » Midwives save lives!
- » The world needs midwives now more than ever
- » Investing in midwives

Many London trusts put on events to mark the day. The Maternity SCN, led by Donna Ockenden and Prof Donald Peebles, supported the day by visiting four London maternity units to promote the important work of midwives in London.

They were accompanied by key community partners including Tommy's, SafeHands for Mothers, Maternity Action and the Maternal Mental Health Alliance. Events took place at Queen Elizabeth Hospital (Woolwich), Lewisham Hospital, Queen's Hospital (Romford) and Homerton Hospital (Hackney).

London quality standards self-assessment

The [London quality standards for maternity](#) were published in 2013. The standards were developed in response to findings that variations existed in service arrangements and patient outcomes between hospitals and within hospitals. In respect of maternity services, these variations related to specific parts of the maternity care pathway including labour and birth (intra-partum care) and immediate postnatal care.

The maternal death rate in London had been found to be twice the rate of the rest of the UK. Causation factors included delays in recognising a woman's high risk status, junior staff not being properly supervised and delay in referrals to an appropriate specialist leading to delays in or inappropriate treatment. London's maternity services had also been found to be performing poorly in respect of women's experience.

Trusts were asked to self-assess against the set criteria and the results for maternity are detailed (*at right*).

Summary of key findings:

- » There was evidence that some standards are being met for a number of the standards which is encouraging
- » No hospital in London meets the maternity services standard which stipulates 168 hours (24/7) of obstetric consultant presence on the labour ward
- » Self-assessment results also suggest that hospitals are challenged by meeting the maternity services standard for consultant-delivered care as above
- » London's hospitals reported good progress in meeting the standards related to training and patient and women's experience.

Full details of the audit and quality standards can be found on the [NHS England website](#).

One purpose of the report is to outline the next steps for improving maternity services in London in relation to the standards. The SCN has additional workstreams identified earlier which will look at other areas where improvement is required.

Commissioning the London quality standards from April 2014

The London quality standards will be included in the London acute commissioning intentions for 2014/15. The results of the London self-assessments will be used by commissioners to inform their commissioning of maternity services. This will be very powerful in driving up standards of care.

Other maternity initiatives

ASAP: As soon as you're pregnant

The Maternity SCN supports the early pregnancy incentive, ASAP, which runs in partnership with NHS England, British Pregnancy Advisory Service (BPAS) and is supported by MSD for Mothers programme.

This initiative is aimed at encouraging the standard of presentation for antenatal care by 12 weeks +6 days. There has been in-store retail intervention in the form of information leaflets and banners, encouraging women purchasing pregnancy tests to contact a midwife/GP for antenatal care. This initiative has been rolled out across many boroughs in London and evaluation of the initiative is ongoing.

Differences between SCNs and ODNs

Strategic clinical networks (SCNs) and operational delivery networks (ODNs) were established in April 2013. As there has been some confusion about their intended roles, an explanation follows below.

Strategic clinical networks (SCNs) bring together groups of health professionals to provide expert clinical advice to commissioners in order to improve the quality of care and outcomes for patients.

These networks work across the whole NHS system to help reduce unwarranted variation in service delivery.

Their focus is on developing effective strategies to be implemented across a large geographical area -- such as London.

Operational delivery networks (ODNs) work to ensure there is equity of access to resources offered by providers across wide geographical areas, together with consistency of treatment and improved outcomes for patients.

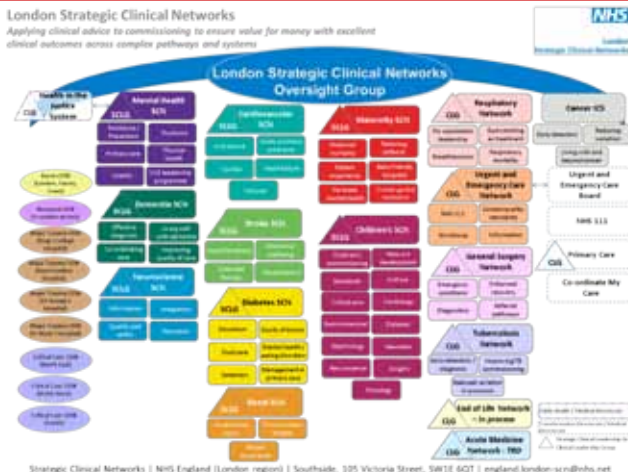
Their focus is on operational elements of care delivery.

It will be important for SCNs and ODNs to work together to develop whole system pathways in areas where they overlap such as maternity, neonatal, and children's care for the benefit of improved patient and population outcomes.

Operational delivery networks in London

The London Strategic Clinical Networks have the responsibility for establishment and ongoing development of operational delivery networks (ODNs) across the capital in the areas of burns, adult critical care, major trauma and neonatal services.

Neonatal care has been constituted as an ODN with Dr Sandy Calvert from St George's Hospital as its London clinical lead. In recognition of the importance of linking maternity and neonatal services, Dr Calvert is a member of the maternity SCLG.



Click on image at left to view the London networks and priorities

About the London Strategic Clinical Networks

The London Strategic Clinical Networks bring stakeholders – providers, commissioners and patients – together to create alignment around programmes of transformational work that will improve care.

The networks play a key role in the new commissioning system by providing clinical advice and leadership to support local decision making. Working across the boundaries of commissioning and provision, they provide a vehicle for improvement where a single organisation, team or solution could not.

Established in 2013, the networks serve in key areas of major healthcare challenge where a whole system, integrated approach is required: Cardiovascular (including cardiac, stroke, renal and diabetes); Maternity and Children's Services; and Mental Health, Dementia and Neuroscience.