

Northern England Maternity Clinical Network Work Plan 2018-19

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Geography North East, North Cumbria and North Yorkshire (Northern England)

Role of the Maternity Clinical Network: an established leadership forum that brings together clinicians and other key stakeholders to provide leadership, advice and guidance as to how North Cumbria and the North East provide the best possible care for women, their babies and families.

The Clinical Advisory Group: is the key leadership group for the Maternity Clinical Network. It is the principle means by which clinicians across North Cumbria and the North East come together to lead the Network and oversee the Network's work programme.

Aims of the Maternity Network

- Sharing information, best practice and learning, to benchmark against each other and drive improvement in the quality of services across the network geography; and
- To ensure that specialist services are available to women and babies with more complex needs, and that they receive consistently high quality treatment in centres with the right facilities and expertise, as close to their homes as possible.

Responsibilities of the Maternity Network

The Maternity Clinical Network is responsible for working with providers, commissioners and other partners in the health and social care system to deliver patient focused improvements in experience and outcomes including:

- Providing advice to commissioners
- Reducing unwarranted variation in experience and outcomes
- Promoting best practice and innovation
- Engaging with patients and the public

Strategic Context and Key Drivers

The Maternity Clinical Network supports the achievements of outcome ambitions and delivery of the NHS Five Year Forward View, the NHS Constitution, the NHS Public Health Outcomes Framework and the NHS England Business Plan. The Maternity Clinical Network also supports the three Local Maternity Systems (LMS) within its geographical footprint to deliver the vision of Better Births: National Maternity Review (2016).

Funding for the Maternity Clinical Network 2018/19

NHS England funds the twelve Maternity Networks across the country.

Coproduction with Maternity Voices Partnerships

Maternity Voices Partnerships (MVP) are a team of women and their families, commissioners and providers, working together to review and contribute to the development of local maternity care. MVPs serve the needs of local women and families, gathering feedback and advising the Network, the LMS and those commissioning services from a service user perspective. The Maternity Network hosts a Northern England wide forum, the Maternity Engagement group, bringing all MVPs together.

Maternity Network role in Better Births: Supporting the Local Maternity Systems

The publication of Better Births, the national maternity review, highlighted the role of Clinical Networks in providing advice and support to establish Local Maternity Systems (LMS) and develop and implement local maternity transformation plans. The plan below explains the role of the role of the Maternity Network with the Local Maternity Systems. There are three local maternity systems:

- **West, North and East (WNE) Cumbria LMS:** The Sustainability and Transformation Partnership (STP), the West, North and East Cumbria Health and Care Partnership, and therefore, Local Maternity System, is very small (approx. 3000 births per annum). There is one acute provider trust, one clinical commissioning group and one local authority.
- **Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby (DTHRW) LMS:** The DTHRW LMS was developed to the same footprint as the STP and Better Health programme. There are approximately 12,000 births per annum. There are three acute providers, five clinical commissioning groups and seven local authorities.
- **Northumberland, Tyne and Wear and North Durham (NTWD) LMS:** The NTWD LMS was developed in alignment with the STP footprint. There are approximately 17,500 births per annum. There are five acute providers, six clinical commissioning groups and six local authorities

National Deliverable	Northern England Maternity Clinical Network
<p>1. Oversee the delivery of the Maternity Network's aims and responsibilities through the delivery of its work plan to ensure that the quality of care for all women and their babies is consistently high across the geography of the Network</p>	<p>The Network Clinical Advisory Group (CAG) is the principle forum that brings the LMS and clinicians together to deliver the Network's aims and responsibilities to:</p>
	<ul style="list-style-type: none"> • Share information, best practice and learning to benchmark against each other and drive improvement in the quality of services across the network geography • Ensure that specialist services are available to women and babies with more complex needs, and that they receive consistently high quality treatment in centres with the right facilities and expertise, as close to their homes as possible • Provide advice to commissioners • Reduce unwarranted variation in experience and outcomes • Promote best practice and innovation • Engage with patients and the public <p><i>The CAG meets quarterly</i></p>
	<p>The Network provides a strategic clinical leadership role in the following ways:</p>
	<p>Coordinates the Maternity Executive group (meets quarterly) bringing together the leaders of the Local Maternity System, Maternity Network, Neonatal Network and Perinatal Mental Health Network to:</p> <ul style="list-style-type: none"> • Provide leadership • Provide advice into the aspiring Integrated Care System (ICS) through: <ul style="list-style-type: none"> ○ The ICS Clinical Leadership Group ○ The Optimising Acute services workstream; ○ Links with the digital and prevention workstreams of the ICS

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<p>2. Support LMS to refine and deliver their proposals to meet the 28 recommendations from Better Births and system ask – <i>continue to support a network of clinicians to lead, advise & support the delivery of Better Births and system ask</i></p>	<p>The Network provides clinical leadership, advice and support to the three Local Maternity Systems in North Cumbria and the North East deliver Better Births:</p>
	<ul style="list-style-type: none"> • Personalised care including choice and continuity of carer: <i>Heads of Midwifery Forum</i> leads on this (<i>meet monthly</i>) • Safer care, including Saving Babies Lives, and linking up via the MatNeo Collaborative with NHS Improvement and the Academic Health Science Network: <i>Maternity Patient Safety Learning Network</i> leads on this (<i>meet quarterly</i>) • Multi-professional working, working across boundaries; <i>Clinical Advisory Group</i> leads on this (<i>meet quarterly</i>) • Perinatal mental health - <i>Perinatal Mental Health Clinical Advisory Group</i> leads on this (<i>meet bimonthly</i>) • Postnatal care scoping the pathway and bringing clinicians together in the New Year for a <i>Postnatal Care Picnic</i> • Specialist advice through the <i>Fetal and Maternal Medicine Groups</i> (<i>meet quarterly</i>)
	<p>The Network established and will continue to facilitate the Maternity Engagement group which provides an opportunity for Maternity Voices Partnership groups and other parent groups to come together.</p>
<ul style="list-style-type: none"> • We will link up as many Maternity Voices Partnership Groups and parent groups so that they can offer each other peer support and share best practice as well as work in co-production with the Local Maternity Systems to help improve maternity services across the region. • We will work with Maternity Voices Partnerships in their aim of understanding local women’s experience of maternity services, including choice, using insight from qualitative and quantitative data to inform the activity of the Maternity Network and improve service quality. • The three lay representatives appointed to three LMS Boards take turns chairing the Maternity Engagement group. They provide a two-way communication between the LMS and Maternity Voices Partnerships across North Cumbria and the North East. • We will reimburse out of pocket expenses and involvement payments in line with the NHS England policy. 	

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<p>3. Provision of clinical expertise & support in the development of metrics so that LMS can set & monitor delivery against improvements in outcomes including:</p> <p>CCG IAF:</p> <ul style="list-style-type: none"> • <i>Maternal smoking at delivery</i> • <i>Neonatal mortality and stillbirths</i> • <i>Women's experience of maternity services</i> • <i>Choice in maternity services</i> <p>Planning guidance measures where substantial opportunity for improvement has been identified</p>	<p>The Maternity Network will continue to collect and review local data in order to identify, understand and reduce unwarranted variation across North Cumbria and the North East.</p> <p>The Network's Clinical Advisory group has developed a local Maternity Dashboard with agreed key indicators and reviews this within Trusts and at the Advisory group.</p> <ul style="list-style-type: none"> • We will continue to evolve the maternity dashboard so that it is easier to understand where there are areas of good practice and areas for further exploration by providers, commissioners and across the Network: <ul style="list-style-type: none"> ○ We will include the LMS prevention metrics within the Network's regular data collection. ○ We will include the CCG IAF indicators and work with commissioners ○ We will support the LMS to set and monitor delivery against improvements in outcomes • The Maternity Patient Safety Learning Network has agreed that a number of their meetings will have a specific theme. The Network will agree an audit then review the outcomes in order to learn and standardise care.

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<p>4. Bringing maternity services and LMS together on a regular basis to review clinical quality outcomes and identify opportunities for improvement</p>	<p>The Maternity Network has an important role in providing a source of collective expertise, a critical friend and sounding board.</p> <ul style="list-style-type: none"> • We will continue to evolve and increase the provision of clinical advice and collective expertise to the system on areas of service review, change and improvement. • As well as the regular Clinical Advisory group, Heads of Midwifery Forum and network meetings we will organise meetings when there are new opportunities to explore improvement. • We will facilitate one off events, conferences and audit meetings.
<p>5. Acting as a maternity Clinical Network conduit for safety specific messages and activity including working in partnership with patient safety collaboratives through the Local Learning Systems to support improvement activities</p>	<p>Maintaining and improving safety is a critical remit of the Network. Our Maternity Patient Safety and Learning Network (MPSLN) leads on this work and uses a proactive approach of sharing, learning and constructive challenge.</p> <ul style="list-style-type: none"> • We will continue to promote and model the philosophy of multidisciplinary working across organisational boundaries to share good practice and learn from serious incidents. The adoption of external reviews by Trusts across the Network is testament to this willingness to learn from each other. • We will monitor the quality and uptake of external reviews and log the network wide learning from the reviews. • The Maternity Patient Safety Learning Network will be at the forefront of understanding and translating national safety initiatives including perinatal mortality tool and HSIB (Healthcare Safety Investigation Branch). • Identify unwarranted variation through clinical audits. The group have agreed that for each meeting two local providers will share case reports that are of benefit to the wider system. Following this meeting learning will be documented and shared. <p>The Network will support full implementation of the Saving Babies Lives Care Bundle.</p> <ul style="list-style-type: none"> • We will continue to collect and submit 100% returns with case studies. • We will carry out a review of progress to understand which areas of Saving Babies Lives still need to be improved. • We will develop a plan to support improvement.

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<p>6. Provide opportunities for the identification and sharing of good practice between LMS (and across other relevant networks and forums)</p>	<p>Another integral function of the Network is to facilitate the sharing of good practice and encourage a culture of reflection and learning.</p> <ul style="list-style-type: none"> • The Network team and Clinical Leads will proactively look for examples of good practice to share and provide opportunities for Network members to share their good practice and learning. • We will do this through meetings, events, website, e-bulletins and social media. • Where possible we will financially support members to attend external events.
<p>7. Promote the development of shared clinical governance within LMS</p>	<p>The Clinical Advisory Group provides the forum for clinical discussion and agreement on a course of action about areas where it is important to develop shared clinical agreements.</p> <p>The Clinical Advisory Group provides the forum for clinical discussion and agreement on a course of action about areas where it is important to develop shared clinical agreements.</p>
<p>8. Supporting the cultural change set out within Better Births towards a positive multi-professional working environment including encouragement of the culture surveys being undertaken by the Maternity and Neonatal Health Safety Collaborative</p>	<p>Network members have an important role in providing clinical leadership and engagement in leading and sustaining change. Understanding how culture/s will support or challenge the change is an important aspect of any programme of work.</p> <ul style="list-style-type: none"> • We will work with the Maternal and Neonatal Collaborative to understand the implications of the cultural surveys they are facilitating across the Network. • We will seek to understand culture(s) as part of any transformation programme. • On behalf of the Local Maternity Systems we will conduct a workforce engagement exercise.

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<p>9. Provide a source of clinical leadership and expertise in relation to specialist services which are provided on a footprint that is larger than an LMS</p>	<p>The Network facilitates two groups: Fetal Medicine and Maternal Medicine which provide clinical leadership and expertise in relation to specialist services.</p> <p>The Network brings health professionals together to review national policy, develop appropriate regional guidelines and is a source of advice to the LMS and commissioners.</p>
<p>10. Develop and maintain collaborative working with other networks and organisations</p>	<p>The Maternity Network works closely with networks and organisations across North Cumbria and the North East who have a role to play in improving maternity care.</p> <p>The Network has active programmes of work with:</p> <ul style="list-style-type: none"> • Academic Health Science Network; • HEE; • PHE; • Professional bodies; • Regional and national teams; • Maternity Voices partnerships; • The Learning Disability Network; • The Neonatal Network; • Local Authority Public Health; • The Diabetes Network; • The Mental Health Network; • the aspiring Integrated Care System

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<p>11. Perinatal mental health</p> <p><i>Specialist Perinatal Mental Health services</i></p> <p><i>An additional 9,000 women access specialist perinatal mental health services and boost bed numbers in the 19 units that will open by end of 2018/19 overall capacity is increased by 49%</i></p>	<p>The Perinatal Mental Health Network, in conjunction with local, regional and national teams, will support the establishment of specialist perinatal mental health services.</p> <p>Continue to support the Perinatal Mental Health Network to deliver their workplan which includes:</p> <ul style="list-style-type: none"> • Supporting the delivery of the Perinatal Mental Health model including development and expansion of specialist perinatal mental health teams. • Developing local services and clear pathways of care to prevent care being fragmented and uncoordinated. • Ensuring perinatal mental health is considered when developing community hubs. • Holding quarterly clinical advisory group meetings for regional service improvement, education, business planning, sharing good practice. • Deliver network training.

National Deliverable	Northern England Maternity Clinical Network		
Bespoke support to the Local Maternity Systems from the Network Delivery Team	DTHRW LMS	NTWD LMS	WNE Cumbria
	In addition to the support the Clinical Network provides to all three Local Maternity Systems		
	<p>DTHRW LMS</p> <ul style="list-style-type: none"> • Progress reports from the Network Clinical groups • Clinical leadership and advice • Project management support (<i>backfill funding provided</i>) • Administering the LMS Boards (<i>backfill funding provided</i>) • Provide support to the Maternity Voices Partnership representatives (<i>backfill funding received for this</i>) 	<p>NTWD LMS</p> <ul style="list-style-type: none"> • Progress reports from the Network Clinical groups • Clinical leadership and advice • Project management support (<i>backfill funding provided</i>) • Administering the LMS Boards (<i>backfill funding provided</i>). • Provide support to the Maternity Voices Partnership representatives (<i>backfill funding received for this</i>) 	<p>WNE Cumbria LMS</p> <ul style="list-style-type: none"> • Progress reports from the Network Clinical groups • Clinical leadership and advice