

**MTP, Regional & Clinical Networks Update Teleconference**  
**Monday 16<sup>th</sup> October 2017**  
**11:00 to 12:15**

Those on the call were welcomed by the Chair, Matt Tagney (Programme Director, MTP) and introductions were made. There was representation from eleven of the twelve Clinical Networks on the call as well as colleagues from the London and South Regional Teams, and the MTP team.

The group were informed that this would be the last teleconference before the LMS plans were submitted at the end of October, and Matt Tagney thanked everyone on the call for their support and work to help progress them. The group were updated that the Continuity of Carer guidance is in its final stages and will be published soon. The Regional Teams have been provided access to the guidance before publication, and Clinical Network colleagues were encouraged to contact their Regional Leads if they wished to have sight of the document in the meantime.

Matt Tagney also notified those on the call that the Secretary Of State would be speaking on maternity safety and on the safety strategy at the end of November. For any queries on how to contribute, or if there are any concerns, please contact the MTP team on [england.maternitytransformation@nhs.net](mailto:england.maternitytransformation@nhs.net)

**Update from Greater Manchester and Eastern Cheshire Strategic Clinical Network, followed by discussion**

Alison McGovern (Programme Lead, Greater Manchester and Eastern Cheshire Strategic Clinical Networks) provided an overview of the progress being made In Greater Manchester and Eastern Cheshire.

Greater Manchester is devolved. The LMS is coterminous with the STP footprint. The LMS have held three meetings so far. A strategy has been written and has been through the first round of consultation – it is currently going through a wider public-facing, second round, consultation.

The MVP Network has been commissioned to carry out engagement. They have conducted a survey monkey questionnaire and received over 2500 responses. A father's questionnaire is currently in development. The Clinical Network team are currently developing a Transformation Bid proposal to be submitted to the GM Health and Social Care Partnership to deliver the implementation plan. The GM implementation plan was submitted to the Northern Maternity Board on the 6th Oct for assurance prior to submission to NHSE on the 31st Oct.

**Work stream Update: WS6 – Sharing Data and information**

Karen Kennedy (Programme Manager, MTP) presented, updating the group;

- NHS Digital are working to revise the Maternity Services Data Set (MSDSv2) to ensure that it contains the most relevant and useful data possible. First MSDSv2 Data will be published around April 2019. NHS Digital would like to work with several provider sites on a one to one basis to discuss the implementation of the potential changes to MSDS v2.0, gain feedback and help to identify any possible issues. This may involve NHS Digital staff visiting sites and/or arranging a teleconference for a discussion. NHS Digital will also look to re-form the Maternity Expert Reference

Group. The group will consider the updated requirements, help in designing solutions to these, and review, assure and sign off significant developments. Volunteers for site visits and to participate in the reference group are welcomed. Please contact Tom Latham at NHS Digital - [tlatham@nhs.net](mailto:tlatham@nhs.net)

- NHS Digital are working hard to improve MSDS data quality – making sure trusts are submitting all the maternity data that they should be doing. In particular, there are a number of Trusts not yet submitting labour or births data and other important data tables. NHS Digital and NHSI have been following this up and soon the MTP may begin to communicate a list of non-submitter trusts via the Regional Maternity Programme Boards. It may be useful for future iterations of LMS plans to reflect areas for improvement locally.
- There are a set of 14 Clinical Quality Improvement Metrics that could be scrutinised monthly and used for clinical quality improvement work at a local level have been developed with stakeholders.
- A new National Maternity Data Viewer tool is being developed for use in 2018. This will present descriptive data such as: demographics, activity, the Clinical Quality Improvement Metrics and the National Maternity Indicators together as a dashboard. The data will be presented at CCG, LMS and Clinical Network levels and show rates of change and unwarranted variation. The format will enable comparison with peers and the national average. An alpha version, due in November 2017, is intended to:
  - a. Test that stakeholders can open Power BI with their IT
  - b. Publicise the quality improvement metrics
  - c. Present descriptive information
  - d. Show some of the data we have and areas where we are lacking
  - e. Seek feedback
- Maternity Experience Survey – The MTP team have recently written to all trusts to advise of an increase in frequency from bi-annual to annual. The NHS England Insight team are also looking at changes to the Friends & Family Test – timing of questions and potential digital format.

### **Work stream Update: WS5 – Transforming the workforce**

Laura Marshall (Health Education England) presented, updating the group.

#### **1. Developing the strategy for the future maternity workforce**

Earlier this year, HEE worked with partners to gain alignment and shared understanding of workforce data to develop the Maternity Transformation Workforce Interim Report, which identifies the size and shape of the current workforce and assesses the expected future workforce supply. It also includes suggested recommendations relating to the future maternity workforce around supply, up-skilling, new roles, new ways of working and leadership, as set out in Better Births.

The Maternity Transformation Workforce Interim Report was approved by the MTP Board in August and is available on the Local Maternity Systems' online hub. Work is now progressing to develop the Maternity Workforce Transformation Development Plan by the end of 2017. This will involve co-ordinating development of a shared model of future workforce demand that is agreed to meet the recommendations of Better Births, alongside developing the HEE workforce transformation offer (through

the Transformation Delivery Group 'Star' and the Leadership Academy) to help Local Maternity Systems (LMS- and STPs) respond to identified risks.

Using HEE workforce analysis and outputs from interdependent MTP work streams, the next steps will be to:

- develop a demand forecasting approach that is collectively agreed between system partners and at all levels
- develop an action plan to mitigate demand and supply imbalance, at national and local levels, and with reference to a range of scenarios
- provide examples of maternity workforce transformation projects to the workforce transformation star for dissemination
- develop tools to assist workforce analysis and assessment of measures
- explore and agree solutions to current data gaps (most significantly the sonography workforce)
- work with STPs and LMS to understand local workforce planning issues.

## **2. New system of midwifery supervision (A-EQUIP)- NHS England**

Following the launch of the new model in June and e-learning package to support implementation, regional maternity leads and their teams are helping to collate the current implementation status and providers have been RAG rated according to their progress to date. Through collaboration with the HEE national maternity team, an agreed national Professional Midwifery Advocate (PMA) training support package was offered to providers in early September, with funding to provide a contribution toward 2 short or 1 long PMA training course for every provider in England.

23 HEIs remain committed to delivering PMA training. Some have begun collaborating to deliver training jointly to assist with long term sustainability (Manchester and Salford) and the Sheffield, Hull and Nottingham collaborative has pushed forward with the early accreditation of the long course and is beginning to offer short and long courses in October 2017. Development of outcome measures for the model is progressing with the formation of a working group of regional midwifery leads, NHS Improvement, NHS Clinical Commissioners, NHS England Evaluation team, working with the Royal College of Midwives and the Care Quality Commission.

The second stage of the A-EQUIP communications and engagement plan is underway with Twitter chats and regular regional updates initiated. A WeMidwives Webchat on A-EQUIP Implementation took place and the first newsletter has been published, with further A-EQUIP Implementation Webinars organised for commissioners. NHSE is also planning for further video case studies and promotion of the model at the forthcoming RCM conference 2017.

## **3. Review of education**

The Nursing and Midwifery Council (NMC) and the Royal College of Obstetrics and Gynaecology (RCOG) will be commissioned to complete a review of education which may include changes to the curricula. The leads for the NMC/RCOG reviews of education are engaged in work stream 5, and report to the HEE Maternity Workforce Steering Group (MWSG) bimonthly. The NMC work is at an early stage but initial pre engagement with key stakeholders has begun and has included RCOG, RCGP, RCPCH and RCM. Larger NMC listening events for all stakeholder groups, including women and families will take place across the UK between September and January 2018.

The consultation on the draft future nurse proficiency standards (a new draft education framework with draft education and training standards for nursing and midwifery, pre-registration nursing programme requirements, nurse and midwife prescriber programme requirements, a proposal to adopt the Royal Pharmaceutical competency framework for all prescribers and a proposal to withdraw the Standards for Medicines Management) closed earlier in September 2017. Independent analysis of the consultation responses is now underway. The RCOG is making good progress with its review of the core O&G curriculum and is still on track to implement this in 2019.

#### **4. Sonography training**

The national HEE programme team has been working closely with regional HEE leads to identify educational course providers (CASE accredited) and potential candidates to train a pilot group of 200 healthcare professionals to increase capacity (from a range of relevant professions including midwives, AHPs with appropriate skills e.g. physiotherapists, ODPs, healthcare scientists, and radiographers) in obstetric ultrasound in the third trimester of pregnancy by June 2018. Initial Expressions of Interest (EoI) were received from all regions in July. 36 trainees in total have been identified for the first of 3 cohorts and will begin training in Sept/Oct.

EE Regional Directors have approved funding to support the education and training element of the project with additional funding agreed centrally to support delivery within each region. Regional Leads are continuing engagement with providers to identify trainees for the following cohorts in January and May 2018. Trainees for the initial cohort include Midwives, Radiographers and Sonographers. Discussions are taking place to explore the potential to include other professional groups including Specialty and Associate Specialist (SAS) Doctors. All regions have acknowledged the need for further engagement with providers to encourage uptake and establish the barriers to training and increasing sonography capacity. Further development of some training options is required, as well as support from employers and other ALBs to provide coordination throughout the system and support workforce development where needed, helping to secure commissioning arrangements for increased service/scanning provision.

Next steps:

- A second round of Expressions of Interest (EoI) will take place in November 2017 to identify potential trainees for the January and May cohorts.
- Trusts will need to be able to complete selection and recruitment of trainees to meet this first intake deadline to secure places on selected courses.
- Regional Leads will continue discussions with HEIs regarding capacity and course provision for those identified through the EoI process.
- Further engagement to take place to explore and address barriers with regards to increasing the training capacity for 3rd trimester ultrasound.
- Further engagement with provider organisations, led by regional leads to encourage uptake. It is particularly important for discussions to take place with providers who have difficulties in meeting the demand for 3rd trimester ultrasounds.

#### **5. Maternity Support Worker**

Maternity Support Workers will be pivotal to increasing the opportunity for women to have home births and delivering the vision of Better Births. The HEE Maternity programme is establishing a project to develop the role of the Maternity Support

Worker (MSW) and a procurement exercise was undertaken to identify a delivery partner for the first phase scoping exercise. This will determine the current position of maternity support workers in England with regards to current duties, progression and development, current training, role of MSWs within current service/staffing models, key challenges and barriers for future development and areas of good practice. The contract has been awarded to the RCM and work is commencing in early October.

RCM will undertake the scoping exercise and produce a report on the current position of MSW's in England, including recommendations to HEE to inform the development and progression of Phase 2 (development of national role definition, competency framework and education and training standards). HEE are in the process of establishing a Sub Group of the MWSG to support the development and delivery of the MSW project, which will require close working with HEE/NHSE/NHSI regional offices, maternity clinical networks and local service providers to develop role profiles and appropriate training pathways.

### **Work stream Update: WS2– Promoting good practice for safer care, Maternity Safety Champions**

Michelle Upton (NHS Improvement) outlined the background to the SofS's ask for maternity safety champions at every level of the system. HEE and NHSI are currently collating a list of nominated trust level champions and the call provided a good opportunity to ask CN's for the need for regional safety champions to be identified. Michelle advised that more detail is outlined on page 13 of the DH document: Safer Maternity Care: Next steps towards the national maternity ambition'

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/560491/Safer\\_Maternity\\_Care\\_action\\_plan.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/560491/Safer_Maternity_Care_action_plan.pdf)

Michelle also highlight some of the key responsibilities of the regional role, including making links with Trust-level Maternity Clinical Network Safety Champions; support collaborative improvement efforts; supporting communication of effort and activities, encouraging peer learning and review, acting as a conduit between the national and trust level champions; and providing safety specific communications and fostering relationships with ODN's.

Matt Tagney highlighted that the roles did not ask anything new and that many CN leads were already undertaking these roles as part of their current roles.

### **LMS update**

- **LMS planning assurance process overview**

Steve Anderson (Programme Lead, MTP) summarised the progress being made. The MTP team are working closely with colleagues across the country, and within the Clinical Networks to support LMSs to produce plans which address the key lines of enquiry, address the system ask and key enablers. The plans will be owned locally but LMSs will continue to be supported to further develop and improve plans, after they are assessed early November. The WS1 Delivery Group will meet on the 21<sup>st</sup> November to review the submitted plans, and the Board will review a report from the WS1 Delivery Group on the 5<sup>th</sup> December. The feedback provided to LMSs will be quantitative, and the bespoke support offer will be revisited, to ensure every LMS has what they need. LMS plans will not be published centrally, but some LMSs may wish to put their plans into the public domain.

- **Reminders the Local Transformation Hub and the Stillbirth Information Hub**

David Robertson and Charlie Podschies (Programme Support Managers, MTP) Charlie thanked those on the call who had already provided email addresses for their CN's identified Hub representative, and asked that any outstanding were sent to [england.maternitytransformation@nhs.net](mailto:england.maternitytransformation@nhs.net). David Robertson also again thanked those on the call who had identified the representative who will manage the Hub within their Clinical Network, and if there are any queries regarding access or content to contact him on [david.robertson1@nhs.net](mailto:david.robertson1@nhs.net), or the main team inbox, [england.maternitytransformation@nhs.net](mailto:england.maternitytransformation@nhs.net)

**Date and time of the next Clinical Networks MTP Update Teleconference**

**Monday 20<sup>th</sup> November 2017**

**11:00 to 12:15**

(Calendar invitation with dial in details circulated)