Introduction

This scoping exercise arises from a recommendation made in the Health and Social Care Committee’s report ‘One-day Inquiry into Stillbirth in Wales – February 2013,’ which states:

We recommend the Welsh Government scope the viability of establishing a maternity network to drive the standardisation of care across Wales. We believe that a virtual clinical network should be established within the next 12 months.

This paper explores potential options for a maternity network and considers the financial implications and advantages to the different types of network options.

What is a Network?

Typically a clinical network is defined as a linked group of health professionals from different organisations working together across organisational boundaries to achieve common objectives in a specific clinical area. However we believe instead of adopting this as the Welsh Government definition, it should be modified so that ‘health professionals’ is replaced with ‘stakeholders’ to demonstrate that strong user representation is vital to ensure that user opinion can shape future service provision.

User groups known as Maternity Services Liaison Committees are already in place in all Local Health Boards. Users participate on a voluntary basis; their main role is to lobby the Boards and Welsh Government on key issues. These groups would be a rich source of user participation in a clinical network. By involving users to a greater extent we are supporting the co-production agenda.

Role of the Maternity Network

In maternity services in Wales the common objectives are to reduce variation of care, reduce the waste of resources and improve outcomes for both pregnant women and their babies. The following benefits have been found to arise from clinical networks:

- Sharing of best practice and lessons learned.
- Collation of information which allows benchmarking and the setting of improvement objectives.
- Improvements in clinical outcomes and service delivery.
• Education and shared knowledge management.
• Better risk management through partnership working.
• Integrated and standardised care across Wales, supporting the reduction of inequalities.

Options

Option 1 – To develop a new Maternity Network

This would involve the setting up a wholly new network to specifically deliver the key objectives for delivering service improvement in maternity services.

Governance and Accountability

The objectives and terms of reference would be clearly set out at the inception of the network and would provide a benchmark for measuring progress in improving services. Were we to follow a similar structure to the Neonatal Network, which has been in place since autumn 2010, the Maternity Network would be accountable to Wales Health Specialised Services Committee (WHSSC) and overseen by a steering group which would act as an advisory group to WHSSC.

Advantages of this type of network are:

• This type of model has a track record of delivering results in a specific clinical area, for example in the case of the Neonatal Network this has led to facilitating the improvement in quality of care across all units in Wales.
• Its work could include standardising care through developing and then facilitating the implementation of All Wales standards and guidance.

Disadvantages of this type of network are:

• Careful selection of members is essential to have clinical credibility with service.
• There would be significant costs to run this network alongside other networks that are already in place.
• Key representatives in maternity services are already engaged in the Maternity Mini-Collaborative which operates as part of the 1000 Lives Plus Programme. Obtaining commitment to a further network may prove difficult.
Using the same structure as the Neonatal Network the following posts would be needed to manage the network at the following annual costs:

<table>
<thead>
<tr>
<th>Role</th>
<th>Grade</th>
<th>Salary</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Director (0.5 WTE split North/South)</td>
<td>Consultant</td>
<td>126,250</td>
<td>63,125</td>
</tr>
<tr>
<td>Lead Midwife (1 WTE split North/South)</td>
<td>Band 8a</td>
<td>55,550</td>
<td>55,550</td>
</tr>
<tr>
<td>Network Manager</td>
<td>Band 8a</td>
<td>55,550</td>
<td>55,550</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>Band 3</td>
<td>22,220</td>
<td>16,665</td>
</tr>
</tbody>
</table>

Additional costs include:
- Network Launch (one-off) 3,000
- Establishment of a Network Website (one-off) 10,000
- Patient Representative (travel & subsistence, childcare etc) 2,000

**Total first year costs (Estimate) 205,890**

In addition to the above costs some allocation would need to be made to cover travel expenses, refreshments and accommodation for the quarterly meetings. This would ensure members from all areas of Wales could and would be able attend.

**Option 2 – To develop a virtual Maternity Network**

As with Option 1 this would involve the setting up of a new network. However the interaction of the members would be web based. In terms of governance arrangements and accountability this option would require the same arrangements as Option 1.

Interaction for the network would involve the use of webinars and video conferencing facilities and email for members to meet, access learning and share information.

Advantages of this model would be:

- Cost savings when compared with the model in option 1 as the need for accommodation, travel expenses etc is removed by the use of technology.
- Welsh Government and NHS colleagues already have access to much of the technology needed to operate a network in this way. As some of the activity could be held at a desk with a standard PC and phone which is accessible for most.
- Attendance and participation is likely to be higher particularly from members who live in rural areas.
Disadvantages of this model are:

- There are often difficulties in using the video conferencing for meetings. In particular there have been challenges when organisations use different versions of the technology.

- Investment could potentially be made to rectify this and further work would need to take place with IT service providers to ascertain costs. The costs in relation to network management would remain the same.

- Negative feedback has been received from stakeholders such as Maternity Services Liaison Committee members particularly in North and Mid Wales. Where they have attempted to use audio conferencing and in some instances Skype, the interaction within the group has not been as effective as face to face discussion.

**Option 3 – The 1000 Lives Plus Community of Practice Maternity Network**

As part of the 1000 Lives Plus Programme of work there is currently a Maternity Mini-Collaborative in place. The purpose of the Mini-Collaborative is to improve the experience and outcomes for women and their families within Welsh Maternity Services. The initial focus of their work has been on recognition and response to acutely deteriorating women (including those with sepsis) and the prevention of deep vein thrombosis.

The National Stillbirth Working Group now forms part of the mini-collaborative. This Working Group is currently working on several of the actions which arose from the recommendations in the Health and Social Care Committee’s one-day inquiry into Stillbirth earlier this year.

The Maternity Mini–Collaborative was due to complete its work by March 2014 but due to the recent changes in the scope of the mini-collaborative, the 1000 Lives organisation was planning to review its remit.

An option that has been discussed is to develop the Mini-Collaborative into a wider ‘Community of Practice’. A Community of Practice can be defined as a group of professionals who share a set of problems and who deepen their knowledge and expertise in this area by interacting on an ongoing basis to seek solutions.

The Community of Practice will have a wider remit than that of the current Mini-Collaborative and will operate as the Maternity Network for Wales. Although the main driver will remain as the standardisation of practice they will further promote collaboration, provide tools for and support change (service reconfiguration) and facilitate communication to share problems, learning and success. This would be achieved through regular National WebEx Calls, Bi annual National Learning Sessions and where appropriate Regional meetings as well as the continuing face to face, telephone and email contact which already takes place.
Governance and Accountability

Governance arrangements are already in place for the collaborative; its activities are overseen by a National Steering Group. Terms of reference are in place for the Steering Group, the Mini-Collaborative and the National Stillbirth Working Group.

In terms of accountability, the 1000 lives plus programme which resides within Public Health Wales is accountable for the funding arrangements and outputs.

The advantages of this option are:

- There are no additional costs to the Welsh Government over and above that which we already contribute via NHS funding.
- The Community of Practice will be clinically led and focuses on issues identified by practitioners through their delivery of services.
- Welsh Government already has a productive relationship with the collaborative which will continue with the move to a Community of Practice.
- There is commitment from the sub group to undertake work in the area of reducing stillbirth.
- The process has already been successful in engaging health professionals in standardising care and improving outcomes and could be developed to form a Maternity Network. All maternity units in Wales are fully engaged with the programme.
- Membership of the group is varied with representation from Health Boards, Welsh Government, an HIW Lay member, the third sector and some users (those who have personal experience of stillbirth).

The disadvantages of this option are:

- Welsh Government would not have any control over their activity, performance or structure. The collaborative will remain clinically led, as it is now.
- Whilst there is some user involvement within the National Stillbirth Working Group, officials would like to see an increase in user involvement. This could be achieved through engagement with Health Board Maternity Services Liaison Committees to ensure that their views of the priorities for maternity service across the seven Local Health Boards are reflected in the programme of work.
- It may not be possible for the Community of Practice to be merged with the Neonatal Network due to the different funding streams and governance structures.
Option 4 – To convert the Neonatal Network to a Perinatal Network

This option would involve the development of the existing Neonatal Network into a Perinatal Network. A small amount of work would be required to re-draft terms of reference and make some developments to the existing web material, however there would be little set up costs other than to add a Lead Midwife to the management team (see costs as detailed in Option 1).

Governance and Accountability

The Neonatal Network already has terms of reference which would need redrafting to encompass the addition of maternity services. The network is already accountable to WHSSC, this would continue. Both WHSSC and the Network members are keen to be more formally linked with maternity services and they believe converting the network is the best option to do this.

Advantages of this option are:

- Whilst there are some costs involved in converting the network this option offers a cost effective solution through the economies of scale which would be generated by having the one large network as opposed to two.
- The existing network has experience of delivering change and service improvement and has been successful in its work on a neonatal transport service and cot modelling.

Disadvantages are:

- It may not be the right time to merge the agenda as both Neonatal and Maternity Services have large agendas for action.
- It is likely that service reconfiguration and the possibility of further centralisation of services will lead to additional work for both service areas.

Conclusion

Within the professional community it is felt that a Maternity Network is needed to focus on the implementation of guidance developed following the publication of the Maternity Strategy for Wales. Any service reconfiguration which may arise from the service change programme would need to be planned and co-ordinated with the support of a Maternity Network in the same way as neonatal services.
Recommendation

Our recommendation is to proceed with option 3 and allow the Maternity Mini-Collaborative to develop its remit and become a Community of Practice which will operate as the ‘Maternity Network’.

This option represents the best value for money for Welsh Government as:

- It can be achieved within existing resources.
- It has a proven record of delivering improvements.
- This option also avoids any duplication of effort or a situation where more than one group are operating in Maternity to drive service improvements.
- There are already robust arrangements in place to oversee, monitor and support the work of the Community of Practice through the National Steering Group.
- The Community of Practice will also continue to carry the 1000 Lives Plus branding. A brand which is now associated with progress and achievement.

Preliminary discussions have already taken place with Alan Willson, Co-Director of the 1000 Lives Plus Programme, which have concluded that the creation of a Maternity Network, over and above the Community of Practice, is not necessary. Any new network would need to win the ‘hearts and minds’ of clinicians and this has already been achieved with the Mini-Collaborative and will be inherited by the Community of Practice.

Membership of the Community of Practice will include at least two representatives from each Health Board. Every Health Board is signed up to the programme of work in Maternity.

References
