Quality Improvement News

May 15th – 31st 2023

Unpicking the inequalities in the elective backlogs in England – Uploaded 16th May 2023

Kings Fund – 11th May 2023

As part of new research project that explores how NHS providers and integrated care systems (ICSs) are approaching inclusive recovery, we have found that, in 2022, people in the most deprived areas were twice as likely to be waiting more than a year for elective care compared to people in the least deprived areas. This paper explores three big questions health and care leaders should be asking themselves and their teams about inequalities in their elective backlog: how are we measuring inequalities and why, do we know why inequalities exist, and how will we know if things are improving?

More information – Unpicking the inequalities in the elective backlogs in England

UKHSA science strategy 2023 to 2033: securing health and prosperity - Uploaded 16th May 2023

UKHSA – 16 May 2023

Outlines the scientific assets, capabilities and ambitions of UKHSA, and our plan to protect the nation's health from current and future health threats.

UKHSA science strategy

Digital working in adult social care: What Good Looks Like for local authorities and care providers - **Uploaded 16th May 2023**

Department of Health and Social Care – 16th May 2023

People at the heart of care set out a 10-year vision to reform adult social care, recognising the role of technology in improving the quality and safety of care. As part of the work to achieve ambitions for digital transformation, the Department of Health and Social Care has developed guidance on 'what good looks like' for social care technology. The guidance aims to bring the needs of local authorities and care providers into one piece of guidance to develop understanding of what they need to do to work well digitally.

Digital working in adult social care: What Good Looks Like for local authorities and care providers

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Saving babies' lives 2023: a report on progress - **Uploaded 16th May 2023**

Sands and Tommy's Joint Policy Unit – May 2023

This report pulls together data from different sources to present a shared understanding of the burden of pregnancy and baby loss across the UK. Overall, it paints a concerning picture with progress stalling and a risk of going backwards. It finds that, in England, the government's target to halve the number of stillbirths and neonatal deaths by 2025 compared with 2010 levels is not on track, and there is no current target or ambition for reducing baby deaths in Scotland, Wales or Northern Ireland. It also highlights that despite government commitments to act on the findings of recent reviews of maternity services, this still hasn't led to the fundamental change needed to save more babies' lives.

Download the full report

A new dawn for nursing: 2023-2027 – Five-year strategic plan - **Uploaded 17th May 2023**

RCN – 16th May 2023

Our five-year strategic plan aims to inspire, champion and support the nursing community to deliver the best
possible care. To do this, the RCN will continue to transform the way we work and make best use of new technology.
We will develop the skills of our staff to ensure that our products and services meet the needs of all our members,
readers, subscribers, customers and beneficiaries. We will continue to shape policy, set clinical standards and support
advancement of the profession to improve the health and wellbeing of the public.

Read the strategy – A new dawn for nursing: 2023-2027

Royal College of Nursing: 2023 Corridor Care Survey - **Uploaded 16th May 2023**

RCN – 15th May 2023

The RCN conducted an online survey of members of the RCN's Emergency Care Association (ECA) exploring respondent's experiences of corridor care. The ECA represents RCN members working in emergency care.

The link to this survey was emailed to 6,451 members in the RCN's Emergency Care Association and publicised on the forum's social media accounts. The survey was open from Tuesday 18 April 2023 until Tuesday 25 April 2023.

Corridor care: Survey results

Chief Midwifery Officer for England's strategic plan for research - **Uploaded 17th May 2023**

NHS England – 17th May 2023

This strategic plan sets out plans for maternity and perinatal research and strengthening careers for under-represented disciplines, such as midwives, as the backbone of maternity care over the next three years

This Chief Midwifery Officer for England's strategic plan for research will support NHS England commitments in the Department of Health and Social Care (DHSC) UK Clinical Research Recovery, Resilience and Growth Programme and clinical research vision to support the healthcare workforce to embed research in the NHS. This includes ensuring that healthcare staff have the capacity and capability to incorporate research into their day-to-day activities; increasing knowledge and skills of NHS maternity leaders about different ways staff can get involved in research; increasing awareness of the value of research for safe and high quality care; and supporting frontline staff to lead delivery and use research in practice to improve care, experience and outcomes for women and babies and organisational performance.

This document sets out plans for maternity and perinatal research and strengthening careers for under-represented disciplines, such as midwives, as the backbone of maternity care over the next three years. Themes are shaped by policy and research priorities, and informed by colleagues across NHS England. It is aligned with the NIHR Research Strategy and NIHR Strategic Review of Training Council of Deans of Health, Royal College of Midwives, Royal College of Obstetricians plans, the Chief Nursing Officer's (CNO) strategic plan for research, and draft NHS England Strategy for improving use of Evaluation.

Chief Midwifery Officer for England's strategic plan for research

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Healthcare expenditure, UK Health Accounts: 2021 and 2022 - **Uploaded 17th May 2023**

Office for National Statistics – 17th May 2023

Detailed statistics on healthcare spending in the UK for 2021 and provisional high-level estimates of healthcare spending in 2022, produced to the international definitions of the System of Health Accounts 2011.

Healthcare expenditure, UK Health Accounts: 2021 and 2022

[New summary guide supports NHS ambition to increase the use of virtual wards](#) - **Uploaded 17th May 2023**

Getting It Right First Time (GIRFT) – 15th May 2023

Practical guidance for clinicians and NHS managers aiming to maximise the use of virtual wards for the benefit of patients is now available, in a partnership between Getting It Right First Time (GIRFT) and NHS England's Virtual Ward programme.

[Making the most of virtual wards, including Hospital at Home](#) pulls together summaries of existing virtual ward guidance in an easy-to-read, concise format, highlighting key advice and steps to help NHS teams get the most from virtual wards and, in doing so, improve patient choice and care.

Virtual wards, often known as Hospital at Home, are a safe and efficient alternative to bedded care. Using technology and face-to-face care, they offer patients who would otherwise be in hospital the choice of receiving the treatment they need in their own home, either preventing them from being admitted to hospital or allowing them to be discharged from hospital sooner.

Supported by eight professional organisations*, the GIRFT/Virtual Ward programme guidance summarises the key benefits and principles of virtual wards, as well as the practicalities for implementation. It focuses in particular on frailty services – where Hospital at Home (virtual wards) has been used to provide a safe alternative to hospital for patients living with frailty through community-based acute health and care delivery – and on services for those with acute respiratory infections.

An increase in the use of virtual wards was identified as a key ambition in NHS England's [Delivery plan for recovering urgent and emergency care services](#) (January 2023), and more than 100,000 people in England have benefitted from being treated at home on a virtual ward in the past year.

Data relating to Hospital at Home suggests that patients are five times less likely to acquire an infection when treated on a virtual ward compared to an acute setting, and eight times less likely to experience functional decline. Virtual wards also serve to free up physical beds for other patients who require an in-patient admission

Download the guidance – [Making the most of virtual wards, including Hospital at Home](#)

[Online toolkit launched to help develop excellence in running a surgical hub](#) - **Uploaded 17th May 2023**

Getting It Right First Time (GIRFT) – 15th May 2023

A new online toolkit has been launched to support the development of surgical hubs and help hospital trusts establish sites specifically for planned operations and procedures.

The comprehensive online toolkit, which guides NHS colleagues through the detailed processes of setting up and running an effective surgical hub, supports a key NHS priority to tackle waiting times and ensure patients have timely access to the surgery they need.

The Getting It Right First Time (GIRFT) programme has worked closely with the team at the South West London Elective Orthopaedic Centre (SWLEOC) to develop the new resource. It outlines the 'must-do' critical steps of running a hub, as well as sharing some of the

challenges SWLEOC has faced over the years – enabling those building a service from scratch or expanding an existing hub to avoid potential pitfalls and get it right first time.

The extensive content drills down into SWLEOC's specific working practices and experiences and offers a unique opportunity to learn from an established centre of excellence. Spanning all stages of the patient pathway – from referrals to post-operative review and discharge – it also focuses in detail on operational considerations such as staffing, IT and estate. Among the supporting resources are a range of standard operating procedures (SOPs), service level agreements (SLAs) and other business-critical information.

The toolkit is supported by an elective surgical hub forum, where users can share information and have conversations to support implementation.

Take a look at the toolkit – Supporting the success of elective surgical hubs

Results of the 10-Year Cancer Plan call for evidence - Uploaded 17th May 2023

Department for Health and Social Care – Updated 17 May 2023

In February 2022, the then Secretary of State for Health and Social Care launched a call for evidence to inform the development of a 10-Year Cancer Plan for England. We received 5,557 responses which were eligible for inclusion in our analysis:

4,822 were from individuals who live in England and wanted to share their personal experiences

735 were from professionals or organisations who operate in England or across the UK

The call for evidence was structured around a range of topics with a mixture of multiple-choice questions and free text boxes where people could give their views. Respondents were asked to select which priorities should be included in the 10-Year Cancer Plan and were able to select more than one priority.

This call for evidence was originally intended to inform a stand-alone 10-year Cancer Plan for England. The decision has since been taken to incorporate this into a major conditions strategy. The strategy will cover the 6 major groups of conditions that most affect the population in England, namely:

- cancers
- cardiovascular disease
- chronic respiratory diseases
- dementia
- mental ill health
- musculoskeletal conditions

Results of the 10-Year Cancer Plan call for evidence

Providers deliver: Patient flow - Uploaded 17th May 2023

NHS Providers – May 2023

The latest report in the Providers Delivers series highlights practical steps and innovations to improve patient flow and help people get the care they need, in the right place at the right time.

Read the Report – [Providers deliver: Patient flow](#)

NELFT Quality Improvement Handbook - Uploaded 19th May 2023

NELFT Quality Improvement Services

The NELFT Quality Improvement Services have developed a Quality Improvement Handbook, which offers both an introduction to quality improvement, as well as takes you through a possible quality improvement project flow, providing broad guidance, tools, templates and worksheets that you and your team can either work through step by step, or dip in an out of, using the tools as and when appropriate. These tools have been created by compiling a range of resources, all of which are referenced within the handbook and links to the sources supplied.

This is an interactive document, meaning the worksheets can be filled in on your computer without the need to print. You can also download the worksheets seperately by clicking on the green box in the top right hand corner of each sheet.

Further guidance and an introduction to the handbook can be found in the first few pages, but of course contact us via qi@nelft.nhs.uk if you have any further queries with regards to the handbook or quality improvement as a whole.

[Click here to download the NELFT Quality Improvement Handbook](#)

NHS England public board meeting – agenda and papers – 18 May March 2023 - Uploaded 22nd May 2023

NHS England – 18th May 2023

The agenda and papers for the NHS England board meeting on 18 May 2023.

[NHS England public board meeting – agenda and papers – 18 May March 2023](#)

Maternity services: evidence to support improvement - Uploaded 22nd May 2023

NIHR – 18th May 2023

Key messages

Maternity care aims to be safe, effective and responsive at all times. For the great majority, pregnancy and childbirth is a positive and happy experience that culminates in a healthy mother and baby. But on the rare occasions when things go wrong, the effects are life changing.

The rates of stillbirth and neonatal deaths have fallen by around 20% since 2010. However, recent years have also seen a decline in other indicators of safety and quality and notable failings in some hospitals. Outcomes for black and Asian women and those from more deprived areas in the UK were significantly worse.

As the recent [NHS England Three Year Delivery plan](#) (2023) for maternity and neonatal services points out, some families have experienced unacceptable care, trauma, and loss, and have challenged the NHS to improve.

This NIHR Collection highlights evidence from NIHR-funded studies and other important research, to support improvement in four areas that are critical to high quality maternity care. They are:

- Kind and compassionate care
- Teamwork with common purpose
- Identifying poor performance
- Organisational oversight and response to challenge.

Evidence points to the need for:

- an open, compassionate, and learning culture to be promoted by hospital boards and clinical leaders across their organisation and within clinical teams
- team development to be enabled so that team members understand the team's objectives and each other's roles and competencies
- women to be empowered to be involved in decisions about their care through effective communication and information sharing
- high-quality bereavement care that is compassionate and sensitive to the needs of individual families
- staff training to include cultural awareness and team-based learning
- continuity of care to be prioritised in the organisation of care so that women have a named midwife
- strong clinical and quality governance; learning from and taking action on clinical and patient experience data including severe complications of pregnancy and deaths.

The wider system needs to support these key areas, for example, by ensuring safe staffing levels and a high quality care environment.

Further information – [NIHR Evidence; Maternity services: evidence to support improvement; May 2023](#)

[Bladder cancer RCR consensus statements](#) - **Uploaded 22nd May 2023**

RCR – May 2023

The RCR consensus process was initially developed in 2016 to help reduce variation in UK radiotherapy practice. The bladder cancer consensus statements should serve as a practical stimulus for bladder cancer teams to review their current radiotherapy service to ensure that they are able to deliver optimal treatment for their patients. They should be adopted in parallel with relevant National Institute for Health and Care Excellence (NICE) guidance.

The areas covered by the consensus statements in this document are:

- Pathway and Follow up
- Systemic Anti-Cancer Treatment
- Technical Aspects of Radiotherapy – radical, high dose palliative and palliative
- Node Positive Disease

• Variant Pathology

Further information – [Bladder cancer RCR consensus statements](#)

NHS continuing healthcare in England - **Uploaded 22nd May 2023**

House of Commons Library – Published Tuesday, 16 May, 2023

[NHS continuing healthcare (CHC) is a package of ongoing care, for adults aged 18 years and older, provided outside hospital. It is arranged and funded solely by the NHS, where it has been assessed that someone's need for care is primarily due to their health needs (a 'primary health need'). It is designed to meet physical and/or mental health needs that have arisen because of disability, accident or illness.]

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[What is NHS continuing healthcare?](#)

[Who is responsible for arranging care?](#)

[Who is eligible?](#)

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[How is the specific healthcare package decided?](#)

[How can a patient request a review of an eligibility decision?](#)

[Further Information](#)

Further information – [NHS continuing healthcare in England](#)

Global Health Framework: working together towards a healthier world - **Uploaded 22nd May 2023**

[Department of Health and Social Care](#) – 22nd May 2023

As the [Integrated Review Refresh 2023](#) states, this refreshed Global Health Framework sets out the UK's continued commitment to global health efforts. The framework harnesses capabilities across government towards our global health aims, as set out in the set out in the [International Development Strategy](#).

The Global Health Framework seeks to maximise the combined impact of our investments, innovation and engagement with important partners around the world on a bilateral and multilateral basis. It also aims to maximise impact working with global partners from industry, academia, funders, and civil society organisations to shape global policy and health outcomes. The Framework ensures that we are using our resources as effectively as we can to meet our objectives in a fully joined-up way.

This Framework sits alongside our:

[Health Systems Strengthening position paper](#) setting out how we will help build strong, resilient and inclusive health systems

[Ending Preventable Deaths of Mothers, Babies and Children approach paper](#) setting out how we will meet our commitment to do this by 2030

Further information – [Global Health Framework: working together towards a healthier world, May 2023](#)

Patient involvement in quality improvement: a survey comparing naturalistic and reflective approaches - Uploaded 22nd May 2023

BMJ Open Quality 2023

Background This study investigates reflective and naturalistic approaches to patient involvement in quality improvement. The reflective approach, using, for example, interviews, provides insights into patient needs and demands to support an established improvement agenda. The naturalistic approach, for example, observations, is used to discover practical problems and opportunities that professionals are currently unaware of.

Methods We assessed the use of naturalistic and reflective approaches in quality improvement to see whether they differed in their impact on patient needs, financial improvements and improved patient flows. Four possible combinations were used as a starting point: restrictive (low reflective–low naturalistic), in situ (low reflective–high naturalistic), retrospective (high reflective–low naturalistic) and blended (high reflective–high naturalistic). Data were collected through an online cross-sectional survey using a web-based survey tool. The original sample was based on a list of 472 participants enrolled in courses on improvement science in three Swedish regions. The response rate was 34%. Descriptives and ANOVA (Analysis of Variance) in SPSS V.23 were used for the statistical analysis.

Results The sample consisted of 16 projects characterised as restrictive, 61 as retrospective and 63 as blended. No projects were characterised as in situ. There was a significant effect of patient involvement approaches on patient flows and patient needs at the $p<0.05$ level (patient flows, ($F_{(2, 128)}=5.198$, $p=0.007$) and patient needs ($F_{(2, 127)}=13.228$, $p=0.000$)). No significant effect was found for financial results.

Conclusions Moving beyond restrictive patient involvement is important to meet new patient needs and improve patient flows. This can be done either by increasing the use of a reflective approach or by increasing the use of both reflective and naturalistic approaches. A blended approach with high levels of both is likely to produce better results in addressing new patient needs and improving patient flows.

Elg M, Gremyr I [Patient involvement in quality improvement: a survey comparing naturalistic and reflective approaches](#) BMJ Open Quality 2023

Realising the potential of virtual wards - Uploaded 23rd May 2023

NHS Confederation – 23rd May 2023

Key points

Virtual wards are increasingly being used by the NHS to provide care to patients where they live, whether in a care setting or at home. The NHS has been set a target of 40–50 virtual wards per 100,000 people and, more immediately, to scale up capacity ahead of next winter,

to above 10,000 beds by this autumn. This report sets out the critical factors needed to enable the NHS to succeed in achieving these targets and to make virtual wards a sustainable model in the longer term, where patient demand and satisfaction are met, as well as better productivity.

It sets out the findings of research involving a range of NHS leaders, including integrated care system (ICS) chairs and chief executives, integrated care board (ICB) digital leads, clinicians, and senior operational and finance staff. It focuses on the delivery process of virtual wards; the opportunities they bring to the quality of care and impact on demand; the challenges leaders face in implementing virtual wards, including the implications for the NHS workforce; and potential solutions to improving virtual wards as they become commonplace in the NHS.

To be truly impactful on both patients' quality of care and NHS productivity, it must be recognised that there is a severe workforce and skills shortage in the NHS which is impacting on systems' ability to fully develop, deliver and scale the full ambition of virtual wards. While we await both the national workforce plan and the digital, data and technology workforce plan, it cannot be underestimated how this steady lack of available workforce over the years continues to affect the feasibility of delivering virtual wards at scale.

Virtual ward staffing needs to be properly planned. Long-term establishments should be set and regularly reviewed for virtual wards and staffing plans implemented, which provide both permanent and secondment-based opportunities for clinical staff (including from social, community and primary care). This will help reinforce the role of virtual wards as a permanent service which can offer real benefits to career development. Placements for students should include exposure to virtual wards alongside other traditional placements.

The government and NHS England should approach virtual ward expansion as a coherent larger-scale and holistic digital project. There is considerable enthusiasm among clinicians and local health leaders for increasing the use of virtual wards; their experience shows that when done well, virtual wards can help keep people out of hospital, discharge patients early, reduce clinical time and give patients autonomy and choice.

In implementing new virtual wards, local providers should ensure that clinicians and patients are involved in co-design from the start of development. Successful examples of virtual wards have depended on creating understanding, confidence and credibility among patients and clinicians, and work best when people identified for virtual ward care being supported through admission by their clinician.

For virtual wards to fulfil their potential to relieve pressure on the NHS in winter 2023, local data should be used to make bespoke, local healthcare decisions that address the needs of that population in every ICS. Currently the potential for increasing effective use of virtual wards is undermined by lack of access to good data on local population needs and demands.

NHS England should be less prescriptive about condition specific virtual ward pathways and allow local systems greater flexibility to deliver and monitor virtual ward models which reflect specific population health needs. The overwhelming focus on respiratory infection and frailty pathways undermine systems' ability for a more flexible approach. This could harness virtual care in other areas of the NHS beyond acute care, including mental health, primary and community care. This less rigid approach would need to be informed by the wider social care gap that impacts on a wider range of patients outside hospital settings.

ICSs leaders should promote the use of 'virtual ward champions' to spread awareness across the hospital and multidisciplinary and integrated care pathways. Our participants found that this was an effective way of marshalling the good will and ability of senior clinicians and consultants who have a long-term investment in their success.

Investment in virtual wards need to be long-term and flexible. In addition, adequate social care support is essential in delivering fully integrated successful virtual wards. Currently, short-term funding models are hindering recruitment, planning and impact assessment of virtual wards. The absence of adequate funding for social care funding is preventing systems from fully addressing the holistic and wrap-around needs of patients away from only clinical virtual ward support.

Read the Report – [Realising the potential of virtual wards](#)

Earlier screening, risk assessment and health optimisation in perioperative pathways: guide for providers and integrated care boards - Uploaded 23rd May 2023

NHS England – 2023

This guide supports providers and integrated care boards to implement early screening, risk assessment and health optimisation for patients waiting for surgery. It builds on the clinical guideline [Preoperative assessment and optimisation](#), published by a cross-specialty, multidisciplinary working group, including the Royal College of Anaesthetists, Royal College of Surgeons of England, Royal College of General Practitioners and the Centre for Perioperative Care, in June 2021.

[Earlier screening, risk assessment and health optimisation in perioperative pathways: guide for providers and integrated care boards](#)

Children and young people's elective recovery toolkit - Uploaded 23rd May 2023

NHS England – 22nd May 2023

This toolkit has been developed by the group and sets out actions that regions, systems and providers should take to accelerate children and young people (CYP) recovery and reduce the elective activity gap between CYP and adults.

[Children and young people's elective recovery toolkit](#)

A framework for addressing practical barriers to integration of VCSE organisations in integrated care systems - Uploaded 24th May 2023

NHS England – 23rd May 2023

This framework supports leaders in integrated care systems (ICSs), NHS providers, local authorities, and voluntary, community and social enterprise (VCSE) organisations to recognise and address challenges and barriers that have an impact on their ability to integrate VCSE organisations as system partners.

Further information – [A framework for addressing practical barriers to integration of VCSE organisations in integrated care systems](#)

NHS England's protection of patient data - Uploaded 24th May 2023

Dept of Health and Social Care – 23rd May 2023

The [Health and Social Care Information Centre (Transfer of Functions, Abolition and Transitional Provisions) Regulations 2023](#) transferred the statutory duties of NHS Digital to NHS England on 1 February 2023.

This was in response to the recommendations in [Putting data, digital and tech at the heart of transforming the NHS](#), and has established a single, central authority that is responsible for all elements of digital technology, data and transformation across the NHS.

The regulations add section 274A to the [Health and Social Care Act 2012](#), which requires the Secretary of State to publish guidance for NHS England about its data functions.

In harnessing the full potential of data to digitally transform the NHS, this statutory guidance makes clear that NHS England should maintain high standards of data protection, information governance and transparency, as NHS Digital did, to demonstrate that it is a trustworthy custodian of health and care data. NHS England must have regard to this guidance and also undertake an annual review of how effectively it has discharged the data functions transferred over from NHS Digital.

[NHS England's protection of patient data](#)

Our corporate plan – The Nursing and Midwifery Council – 2023 -2025 - Uploaded 24th May 2023

The Nursing and Midwifery Council – 2023

Since we launched our strategy for 2020–2025, the environment in which we all live and work has changed dramatically. In the coming year, the health and social care sectors face immense challenges across the four countries of the UK. We remain committed to supporting nursing and midwifery professionals to deliver safe, effective and kind care to improve everyone's health and well-being. Our corporate plan for 2023-2025 sets out how we focus once again on our strategic goals, and stay committed to our values.

[Read our corporate plan 2023-2025](#)

INVISIBLE – Maternity Experiences of Muslim Women from Racialised Minority Communities – Full Report - Uploaded 24th May 2023

Muslim Women's Network UK, 2022

The aim of this inquiry is to illuminate the maternity experiences of Muslim women in the UK, particularly of those from Black, Asian and other minority ethnic backgrounds and to better understand the factors influencing the standard of maternity care they receive, which in turn could be contributing to the inequality in outcomes for them and their babies. Given that the diverse ethnic backgrounds of Muslim women, White Muslim women were also included in

the research to explore if their experiences differed from non-White Muslim women. The research also aims to reduce inequalities by recommending improvements to the safety and quality of maternity care given to women from racialised minority communities.

Full Report – [INVISIBLE Maternity Experiences of Muslim Women from Racialised Minority Communities](#)

The black maternity experiences survey: A nationwide study of black women's experiences of maternity services in the United Kingdom - Uploaded 24th May 2023

Five X More – 2022

It is important to remember that behind every statistic is an individual, a family, friends, and a community,and while the MBRRACE-UK reports can describe the care received by women who die or whose babies die, they cannot recount those women's experiences. The work that the Five X More campaign have undertaken, and which is described in this report, brings those experiences to the fore. It is only by listening to women that we can understand the full impact of the care we are providing and identify ways to improve. As noted in the conclusion to the report, remaining open to understanding Black women's experiences is essential.

When this survey was released, the fact that more than 500 responses were received within the space of little over 24 hours shows just how many Black and Black mixed women want to share their experiences and help drive change to maternity care. This report encompasses the views of more than 1300 Black and Black mixed women and provides a basis on which to make those changes. The MBRRACE-UK reports have highlighted differences in maternal deaths between Black women, Black mixed women and White women, but nevertheless we know that maternal deaths are uncommon; in the UK three Black women die among every 10,000 who give birth. However, it is imperative to note that similar inequalities exist in severe pregnancy conditions, such that Black women are up to twice as likely to have a severe pregnancy complication compared with White women. Severe, or 'near-miss' complications are much more frequent than maternal deaths, affecting around one in 100 women, and this emphasises the importance of acting now to ensure that we are providing the best care for all pregnant and postnatal women.

Full Report – [The black maternity experiences survey](#)

Accreditation programme set to improve diabetes inpatient care in UK first - Uploaded 24th May 2023

The Royal College of Physicians – May 2023

A first-of-its-kind accreditation programme to improve the quality of diabetes inpatient care across the UK is set to launch on 31 May 2023.

The Diabetes Care Accreditation Programme (DCAP), set up by the Royal College of Physicians (RCP) Accreditation Unit and Diabetes UK, aims to improve care by setting quality standards and measuring service performance through external peer assessment.

The programme comes after the Diabetes UK [Making hospitals safe](#)report (2018) showed that inpatient diabetes care is not universally standardised, and that currently there is no

mechanism to provide assurance that services are delivered to a high standard for all people with diabetes in hospital.

Further information – [Accreditation programme set to improve diabetes inpatient care in UK first](#)

Background – [Making hospitals safe](#)

Modern outpatient care: Principles and practice for patient-centred outpatient care - Uploaded 24th May 2023

The Royal College of Physicians – April 2023

The Royal College of Physicians (RCP) sets out principles and recommendations for patient centred outpatient care.

It is an opportune moment for the RCP to reflect on and revise our 2018 guidance and recommendations for modern outpatient care. In doing so we have been influenced by two key factors: the changes driven by the pandemic and the fact that outpatient services are an important environment for education, training and professional development.

Our updated principles and recommendations are a clinical framework for service planning and delivery in the context of the difficult UK national health landscape. Opportunities for outpatient service transformation should be embraced and led by clinical teams, supported by local organisations and systems. We hope that local service can self-assess against the principles in this document and identify priorities for improvement.

In summary, we recommend that:

Improving population health and reducing inequalities must be considered in the design and delivery of outpatient care.

Outpatient service redesign must be based on co-production with patients and carers.

Outpatient service transformation must consider the needs of patients with multiple conditions. It should be a significant element in developing more integrated care involving specialist, primary, community, and social care as well as the voluntary sector.

Training in delivering effective outpatient care must be incorporated into clinical training for all health and social care professionals.

Modernisation of outpatient services must be used as an opportunity to reduce adverse environmental impacts of healthcare.

Read the Report – [Modern outpatient care: Principles and practice for patient-centred outpatient care](#)

The NMC register 1 April 2022–31 March 2023 - Uploaded 24th May 2023

NMC – May 2023

Welcome to our annual insight into the UK's total available nursing and midwifery workforce. In this document you'll
find definitive data about the nurses, midwives and nursing associates on our register – how

many there are, where

they were educated, their demographic characteristics, and the reasons why some of them leave.

While these statistics matter, I'm always conscious that using numbers to describe any group of people can take away from the fact they're just that – people. It doesn't do justice to the invaluable role that professionals on our

register play in delivering safe, effective and kind care for people. But while our data can't tell you the stories behind the people on our register, I believe it can positively impact their professional lives and, in turn,

the quality of care people receive. That's because the data contained here are a unique and reliable source of

insight with the power to influence workforce planning, whether that's the recruitment or retention of the nurses, midwives and nursing associates on whom we all rely for our health and wellbeing.

Read the Report – https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/may-2023/0110a-annual-data-report-full-uk-web.pdf

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National Clinical Guideline for Stroke for the UK and Ireland – 2023 - Uploaded 25th May 2023

National Clinical Guideline for Stroke for the UK and Ireland – 2023

The National Clinical Guideline for Stroke for the UK and Ireland provides authoritative, evidence-based practice guidance to improve the quality of care delivered to every adult who has a stroke in the United Kingdom and Ireland, regardless of age, gender, type of stroke, location, or any other feature. The guideline is intended for:

Those providing care – nurses, doctors, therapists, care staff

Those receiving care – patients, their families, their carers

Those commissioning, providing or sanctioning stroke services

Anyone seeking to improve the care of people with stroke.

The guideline is an initiative of the Intercollegiate Stroke Working Party. The fifth edition of the guideline was published in 2016. The 2023 edition is a partial update of the 2016 edition and was developed in collaboration with the Scottish Intercollegiate Guidelines Network (SIGN) and the National Clinical Programme for Stroke, Ireland. The 2023 edition is endorsed for use in clinical practice by the Royal College of Physicians of London, SIGN and the Royal College of Physicians of Ireland.

Read the guideline – National Clinical Guideline for Stroke for the UK and Ireland – 2023

UK Vessel Health and Preservation Framework 2020: a users' survey - Uploaded 25th May 2023

BJN – April 2023

The review and update of the UK Vessel Health and Preservation Framework 2020 (VHP2020) was undertaken by a working group that included members of the Infection

Prevention Society, the Royal College of Nursing, the National Infusion and Vascular Access Society and the Medusa Advisory Board and was launched in 2020. The VHP working group developed a survey to understand whether the VHP2020 had reached its intended audience, and what respondents thought were the benefits and drawbacks of its use in practice. Although the survey response was lower than expected, the responses received were largely positive and have provided feedback on how the VHP2020 is being used and some of the benefits. Most importantly, the survey has highlighted the need to communicate the benefits of the framework more effectively to reach a wider audience.

Further information – UK Vessel Health and Preservation Framework 2020: a users' survey

Background – UK Vessel Health and Preservation Framework 2020

Greening the business case – NHS England - **Uploaded 25th May 2023**

NHS England – 25th May 2023

This guidance sets out how estates and facilities staff can support the business case for investing in carbon reduction measures, and why this is critical for all NHS organisations.

Greening the business case

Keeping children and young people with mental health needs safe: the design of the paediatric ward – Interim Report - **Uploaded 24th May 2023**

HSIB – 25th May 2023

This interim report highlights the significant risks associated with caring for children and young people who exhibit certain high-risk behaviours when staying in a paediatric ward. The risks affect the safety and wellbeing of those with high-risk behaviours and of other patients, family members and staff on the paediatric ward.

Read the Report – Keeping children and young people with mental health needs safe: the design of the paediatric ward -

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Teenage and young adult cancer clinical network specification - **Uploaded 25th May 2023**

NHS England – 2023

The Teenage and Young Adult (TYA) Cancer Network, (the 'Network') is designed to bring the key teams and personnel together that comprise the clinical and holistic components of the pathway of care for teenagers and young adults with cancer. The goal of the Network is to enable service users to access the right care in the right place and at the right time, including clinical trials, while benefiting from co-ordinated holistic and psychosocial support.

This document must be read in conjunction with the service specifications for TYA Principal Treatment Centres (TYA PTC) and TYA Designated Hospitals (TYA DH).

Teenage and young adult cancer clinical network specification

[Midwives need support to involve women in decision-making during labour](#) - **Uploaded 26th May 2023**

NIHR – 25th May 2023

Midwives can find it challenging to involve women fully in decision-making during labour, a study found. They may struggle to balance women's choices with their own concerns about following standard practice. However, most women were satisfied with how decision-making took place, and with the care they received. An exception was when they had to ask multiple times for strong pain relief (such as opiates).

The [National Institute for Health and Care Excellence (NICE)](#) recommends that women should be involved in decisions about their care during labour. However, there is a lack of research on how decisions are made in practice.

This mixed methods study was based on video and audio recordings of labours and births in 2 midwife-led units in England. Researchers analysed the conversations of 37 women in labour, 43 birth partners and 74 healthcare professionals. Women completed questionnaires before and after the birth; midwives and obstetricians were interviewed about how and why certain decisions were made.

Most decisions were led by midwives who did not seek to involve women beyond getting their consent. The extent of women's involvement varied depending on the type of decision being made. They were routinely offered a choice about how they would like to deliver the placenta. They were less involved in decisions around monitoring and assessing the progress of labour.

Women were generally satisfied with how decision-making took place. They were less satisfied when they had to ask repeatedly for strong pain relief. Midwives had appropriate concern about giving opiates when women were near the pushing stage of labour. They were likely to offer encouragement or alternative pain relief, or to emphasise the risks of opiates. This meant that some women had to keep asking for opiates, often over several hours.

Further information – [Midwives need support to involve women in decision-making during labour](#)

This Alert was based on: Annandale E, and others. [Shared decision-making during childbirth in maternity units: the VIP mixed-methods study](#). Health and Social Care Delivery Research 2022; 10: 1–190.

[Black women around the world have worse pregnancy outcomes](#) - **Uploaded 26th May 2023**

NIHR 25th May 2023

An analysis of more than 2 million pregnancies found that babies born to Black women worldwide had poorer outcomes (such as baby death and stillbirth) than White women. This was true even after controlling for older age and a lower level of education among mothers (an indicator of poorer economic and social status).

Race and ethnicity have been associated with poor pregnancy outcomes in many countries. In the UK, the rates of baby death and stillbirth among Black and Asian mothers are double those for White women. Most studies examine trends for individual countries. This large database study explored how race and ethnicity is linked to pregnancy outcomes in wealthy countries.

Black women consistently had worse outcomes than White women across the globe. Hispanic women were three times more likely to experience baby death compared with White women. South Asian women had an increased risk of early birth and having a baby with an unexpectedly low weight (small for the length of pregnancy) compared with White women. Racial disparities in some outcomes were found in all regions.

The researchers call for a global, joined-up approach to tackling disparities. Breaking down barriers to care for ethnic minorities, particularly Black women, could help. More research is needed to understand why outcomes are for worse for ethnic minorities. The researchers recommend routine collection of data on race and ethnicity.

Further information – [Black women around the world have worse pregnancy outcomes](#)

This Alert is based on: Sheikh J, and others. [Effects of race and ethnicity on perinatal outcomes in high-income and upper-middle-income countries: an individual participant data meta-analysis of 2 198 655 pregnancies](#). The Lancet 2022; 400: 2049 – 62.

[Patient Choice](#) - **Uploaded 26th May 2023**

NHS England – 25th May 2023

Letter from Sir James Mackey, Dr Amanda Doyle and Sir David Sloman about patient choice.

The following sets out the ask of acute trusts in ensuring that patients are offered choice:

In circumstances where an acute provider manages a clinical assessment service (CAS) commissioned by the ICB to better manage referrals and resources, at the point that it is determined that a patient needs to be seen by a consultant, a patient should be offered a minimum of 5 providers to choose from based on the patients preferred selection criteria e.g. waiting time or distance, where practicable and clinically appropriate. ICBs have been requested to ensure that this requirement is included in the service specification and monitored.

Digital Mutual Aid System (DMAS) was detailed within the 23/24 Planning Guidance to support the provision of mutual aid for long waiting patients. There is an expectation that all NHS trusts will be registered and have rolled-out DMAS to all specialties by August 31, 2023.

We are currently developing Patient Initiated Digital Mutual Aid System (PIDMAS) which will, once available in October 2023, allow us to more easily proactively offer patients the ability to 'opt-in' to move provider, when they have been waiting over 40 weeks for care and meet the right criteria.

This system will underpinned by DMAS and will be used to respond to patient requests. More details on PIDMAS will be available over the coming weeks. If trusts require support in ensuring the roll-out of DMAS please contact the delivery team: england.dmas@nhs.net.

Patient choice

Working with Resistance Micro QI Training – Hosted by Evidence 4 QI - **Uploaded 30th May 2023**

Q, The Health Foundation / 30th May 2023

Q is led by the Health Foundation and supported by partners across the UK and Ireland…

This is one of a series of 'Micro QI' Training sessions being hosted by Evidence 4 QI. The subject of this session is Working with Resistance…

It takes place online on 7th June 2023, 13.00-14.00…

These sessions are designed to be focussed and pragmatic, using real life examples from people working on front line QI projects. Our focus in on application of the tools in real life.

The sessions are a safe place to talk honestly about the tool, express doubts and ask 'stupid questions'. Our aim is to help give you the confidence to use the QI tool in your own projects.

The sessions are open to and suitable for all, wherever you work in the health and social care system and wherever you are in your QI journey.

Each 45 minute training session will comprise:
– 30 minutes structured content focussing on 1 QI tool
– 15 minutes Q&A

Full-text and to book a place: Working with Resistance Micro QI Training – Hosted by Evidence 4 QI

Spotlight on… QI @ NHS Golden Jubilee - **Uploaded 30th May 2023**

Q, The Health Foundation / 30th May 2023

We are delighted to invite you to this 1-hour webinar which will showcase the QI story of NHS Golden Jubilee. The session will be presented by Head of Quality Improvement and 'The QI Guy' Jonathan O'Reilly.

The webinar takes place on 21st June 2023 at 11am on MS Teams.

Q is led by The Health Foundation and supported by partners across the UK and Ireland…

This is the eighth in the incredibly popular series of 'Spotlight on…' sessions hosted by the Evidence 4 Quality Improvement (E4QI) team. Each session features a different organisation or team showcasing QI work that they are doing, and sharing the learning they have gathered along the way. The focus of these sessions is on the QI approach being taken, and QI activity at an organisational level rather than focussing on specific projects.

This series of 'Spotlight on…' sessions are a fantastic opportunity to share, learn and be inspired by your colleagues and build on each other's ideas. In the session we invite you to share your organisation's QI approach, share your QI projects and get feedback from your peers…

Full-text and to book a place: Spotlight on… QI @ NHS Golden Jubilee

Value Stream Mapping Micro QI Training – Hosted by Evidence 4 QI - Uploaded 30th May 2023

Q, The Health Foundation / 30th May 2023

This is one of a series of 'Micro QI' Training sessions being hosted by Evidence 4 QI. The subject of this session is Value Stream Mapping…

It takes place online on 5th July 2023, 13.00-14.00…

These sessions are designed to be focussed and pragmatic, using real life examples from people working on front line QI projects. Our focus in on application of the tools in real life.

The sessions are a safe place to talk honestly about the tool, express doubts and ask 'stupid questions'. Our aim is to help give you the confidence to use the QI tool in your own projects.

The sessions are open to and suitable for all, wherever you work in the health and social care system and wherever you are in your QI journey.

Each 45 minute training session will comprise:
– 30 minutes structured content focussing on 1 QI tool
– 15 minutes Q&A

Full-text and to book a place : Value Stream Mapping Micro QI Training – Hosted by Evidence 4 QI

Improving day case rates for bladder tumour surgery could help reduce NHS carbon footprint, study shows - Uploaded 30th May 2023

Getting It Right First Time (GIRFT) – May 2023

Increasing day case rates for bladder tumour surgery has the potential to significantly reduce carbon emissions and help the NHS achieve its ambition of net zero by the year 2040, according to a new study published in a European journal.

In a collaboration between NHS England's Getting It Right First Time (GIRFT) and Greener NHS programmes, the study demonstrates a trend towards more day surgery for the urological procedure transurethral resection of bladder tumour (TURBT – the 'gold-standard' operation used to treat patients with bladder cancer), from 13% of all TURBT operations in England performed as day-case in 2013/14 to 31% in 2021/22.

While offering the same high standard of care for patients, TURBT day surgery offers a lower carbon footprint than the same surgery performed during an inpatient stay*, meaning the total estimated carbon saving of the year-on-year increase in day-case rates equates to 2.9 million Kg CO2e – enough to power 2,716 homes for a year.

The study concludes that reducing existing variation in day case rates between trusts could further reduce carbon emissions; for example, there was the potential for carbon savings of 217,599 Kg CO2e in the financial year 2021/22 – the equivalent of enough power for 198 homes for a year – if all NHS trusts had met the day case rates for TURBT being achieved by the top 25% of trusts**.

Further information – [Improving day case rates for bladder tumour surgery could help reduce NHS carbon footprint, study shows](#)

[Potential carbon savings with day-case compared to inpatient transurethral resection of bladder tumour surgery in England](#) is published in May 2023 in European Urology Open Science.

Discussion series to focus on elective recovery for children and young people - Uploaded 30th May 2023

Getting It Right First Time (GIRFT) – May 2023

Getting It Right First Time (GIRFT) is supporting NHS England's Elective Recovery programme and the Children and Young People's Transformation programme with a seven-week focus on elective recovery for children and young people (CYP).

A series of weekly webinars and round tables is being held from 13 June to 31 July, bringing together national and local leads to set out the specific challenges for recovery of elective activity for CYP, share provider-led initiatives for tackling paediatric waiting lists and identify priority actions to accelerate progress.

The [Delivery Plan for Tackling the COVID-19 Backlog of Elective Care](#) (February 2022) referenced the impact that long waits for planned care can have on the development of children and young people (CYP) and their ability to access education and lead full and active lives.

To ensure the recovery of paediatric services keeps pace with the recovery of adult elective care, regions, systems and providers have been asked to have recovery plans in place to return CYP activity levels to a minimum of 2019/20 rates (dependent on previous delivery and baselines). A [best practice toolkit](#) has also been developed to support this.

Register for the webinars and round table discussions using the links below:

[Children and Young People's elective recovery launch webinar: 13 June, 1pm to 3pm](#)

[Dental roundtable discussion: 21 June, 10am to 12pm](#)

[ENT roundtable discussion: 26 June, 1pm to 3pm](#)

[Evidence based interventions roundtable discussion: 5 July, 10am to 12pm](#)

[Outpatients roundtable discussion: 11 July, 2.30pm to 4.30pm](#)

[Maximising theatre utilisation roundtable discussion: 17 July, 1pm to 3pm](#)

[Waiting list validation and prioritisation roundtable discussion: 26 July, 10am to 12pm](#)

[Data roundtable discussion: 31 July, 1pm to 3pm](#)

You can find more information on the [CYP Elective Recovery FutureNHS page](#).

Assessing quality improvement competencies: Annual Review of Competence Progression Guidance - Uploaded 30th May 2023

Academy of Medical Royal Colleges – May 2023

This is a supplement to the Training for better outcomes: [Developing quality improvement into practice,](#) published in June 2019.

All supervisors must understand the below to assess and support trainee doctors' (trainees) quality improvement (QI) activity.

This guidance clarifies to all relevant parties (Annual Review of Competence Progression (ARCP) panels, clinical and educational supervisors, and trainees) that trainees do not need to design, lead, and project manage entire QI projects to satisfy curriculum requirements. With increasing pressure on healthcare and training, it is pertinent that QI work undertaken by trainees is impactful and effective. This will ensure the best use of their time to improve patient care and development. Changes in the expectations and assessment of trainees' QI work must reflect what has been learnt through the deployment of QI into the curriculum over the past decade.

Overview

— Trainees are not required to have designed and led entire projects from start to finish to meet Certificate of Completion of Training (CCT) requirements.

— There is no requirement to 'lead' a project at any stage of training. However, trainees do need to demonstrate that they have provided leadership within QI projects.

— The focus of the ARCP assessment is to gain assurance that trainees understand QI principles and have reflected on these in relation to the projects they have been involved with.

— As trainees progress, they will be expected to take on more leadership

Read the Report – [Assessing quality improvement competencies](#)

Community Network survey on waiting times in children and young people's services - Uploaded 30th May 2023

NHS Confederation – 30th May 2023

Leaders from 65 community provider organisations shared their views on waiting times in children and young people's services. The findings show that despite the best efforts of community providers there are still concerning waits for children and young people's services with significant impacts for children and families, and for staff morale.

Read the Report – [Community Network survey on waiting times in children and young people's services](#)

Addressing the mental health challenges of life with kidney disease: The case for change - Uploaded 30th May 2023

Centre for Mental Health and Kidney Research UK – 2023

Centre for Mental Health worked with Kidney Research UK to explore the psychosocial (psychological and social) health needs of people living with chronic kidney disease. We reviewed relevant literature and spoke with people living with kidney disease (between the ages of 12 and 88), family members, and professionals in renal (kidney) services, about their experiences. This report shares the key findings from that research and identifies the policy and practice implications for both renal and mental health services.

Read the Report – [Addressing the mental health challenges of life with kidney disease: The case for change](#)

National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report 2023 - Uploaded 30th May 2023

Commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). – 2023

Our 2023 annual report provides findings relating to people aged 10 and above who died by suicide between 2010 and 2020 across all UK countries. Additional findings are presented on the number of people under mental health care who have been convicted of homicide, and those in the general population.

The NCISH database includes a national case series of suicide by patients under the care of mental health services over more than 25 years. This internationally leading database allows us to make recommendations for clinical practice and policy that will improve safety locally, nationally, and internationally.

In this year's report, we also present data on certain themed topics, some of which are included because of current economic and societal concerns, including patients with economic adversity, those aged under 25, and suicide-related internet use.

Read the Report – [National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report 2023](#)

Safer Radiotherapy Triannual RTE analysis and learning report - Uploaded 30th May 2023

UK Health Security Agency – 2023

The fundamental role of reporting and learning systems is to enhance patient safety by learning from failures of the healthcare system (1). It is imperative errors and near misses are learned from, and effective preventative measures are implemented (2). The Safer Radiotherapy publication series facilitates comparison of locally identified trends against the national picture. The Patient Safety in Radiotherapy Steering Group (PSRT) recommends implementing learning from this analysis locally. In doing so it is expected that these events might be mitigated in the future

Read the Report – [Safer Radiotherapy](#) – Issue 40 – Full radiotherapy error data analysis December 2022 to March 2023

Back Issues – [Safer radiotherapy: triannual error analysis and learning](#)

NHS quality improvement programme reduces the risk of cerebral palsy in newborns - Uploaded 31st May 2023

NIHR – May 2023

Summary and expert commentary is provided on the PReCePT (Preventing Cerebral Palsy in Pre-Term labour) quality improvement programme which increased the use of magnesium sulphate in pregnant women in preterm labour from 71% to 83% and was found to be cost-effective.

Further information – [NHS quality improvement programme reduces the risk of cerebral palsy in newborns](#)

This Alert is based on: Edwards HB, and others. [National PReCePT Programme: a before-and-after evaluation of the implementation of a national quality improvement programme to increase the uptake of magnesium sulfate in preterm deliveries](#). Archives of Disease in Childhood Fetal and Neonatal Edition 2023; 0:F1–F6.

Core competency framework version two: Minimum standards and stretch targets - Uploaded 31st May 2023

NHS England 31st May 2023

Core competency framework version two, sets out clear expectations for all trusts, aiming to address known variation in training and competency assessment across England. It ensures that training to address significant areas of harm are included as minimum core requirements and standardised for every maternity and neonatal service.

[Core competency framework version two: Minimum standards and stretch targets](#)

['How to' guide – a resource pack to support implementing the Core Competency Framework version two](#)

[Core competency framework: training needs analysis](#)

Publication of Delivery plan technical guidance, Saving babies' lives care bundle (v3) and Core competency framework (v2) - Uploaded 31st May 2023

NHS England 31st May 2023

Following the recent publication of the [Delivery Plan for Maternity and Neonatal Services](#) we have now published a set of operational resources to support integrated care boards (ICBs), trusts and neonatal operational delivery networks (ODNs) as they seek to implement the plan and to deliver the highest quality maternity and neonatal services. These are:

[Delivery plan technical guidance](#)

[Saving babies' lives care bundle version 3](#)

[Core competency framework version 2](#)

Technical guidance

The [Delivery plan](#) sets clear objectives for the next three years and each theme sets out the outcome and progress measures that will be used to determine success.

NHS England has developed [Technical Guidance](#) on the outcome and progress measures which will provide systems and trusts with details of the data sources and indicator construction for each of these.

In addition, we have convened a Maternity and Neonatal Outcomes Group in response to the recommendation in Bill Kirkup's report, Reading the Signals, "to drive the introduction of valid maternity and neonatal outcome measures capable of differentiating signals among noise to display significant trends and outliers, for mandatory national use". Through the work of this group, the measures set out here may be modified and/or added to.

Trusts and ICBs should continue to use the [Perinatal Quality Surveillance Model](#) to ensure effective oversight of perinatal clinical quality and to escalate any concerns.

Saving babies' lives care bundle version 3

As set out in the Delivery Plan, all provider trusts are expected to implement [Saving Babies' Lives Care Bundle (SBLCB) v3](#), which we have published today. This now supersedes the SBLCB v2 which was published in March 2019.

SBLCB is a key initiative to support the reduction of stillbirth, neonatal death, and intrapartum brain injury. The previous independent evaluation of the care bundle concluded that SBLCB is likely to have significantly contributed to the decrease in stillbirths.

Version 3 brings a much-needed update to align with numerous developments in best practice since 2019, and to continue our progress in meeting the national safety ambition for maternity and neonatal care.

A new implementation tool will soon be made available to help maternity services to track and evidence improvement and compliance with the requirements set out in Version 3. The tool will be based on the interventions, key process and outcome measures identified within each element, so providers can begin with implementation with confidence now, while the tool undergoes final user testing.

Version two of the Core competency framework

The [Core Competency Framework](#) aims to deliver improvements in maternity care by addressing variation in training and competency assessment across maternity and neonatal services in England.

It meets the Ockenden Immediate and Essential Actions in relation to workforce planning, sustainability, and multidisciplinary team training. Version two of the Core Competency Framework outlines the minimum expected training standards across the six updated core mandatory modules for all maternity and neonatal services in England. This includes the introduction of stretch targets designed to be aspirational when planning and implementing training for maternity services.

The revised Core Competency Framework also includes a "How To" guide and training needs analysis template as supporting tools. All trusts are expected to implement this framework which is also incentivised through the CNST Maternity Incentive Scheme.