Understanding the Maternal and Neonatal Safety Improvement Programme in your area (Patient Safety Collaborative perspective)

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What is the national aim?

To improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high quality healthcare experience for all women, babies and families across England

NHS Improvement

Improvement

What is the ambition of the collaborative?

By 2020 each trust and local maternity system should have:

- significant capability (and capacity) for improvement
- detailed knowledge of local cultural issues
- developed a local improvement plan
- made significant improvement to local service quality and safety
- data to share with their board, staff and commissioners that reflect these improvements

...to create the conditions for a safety culture and a national maternal and neonatal learning system

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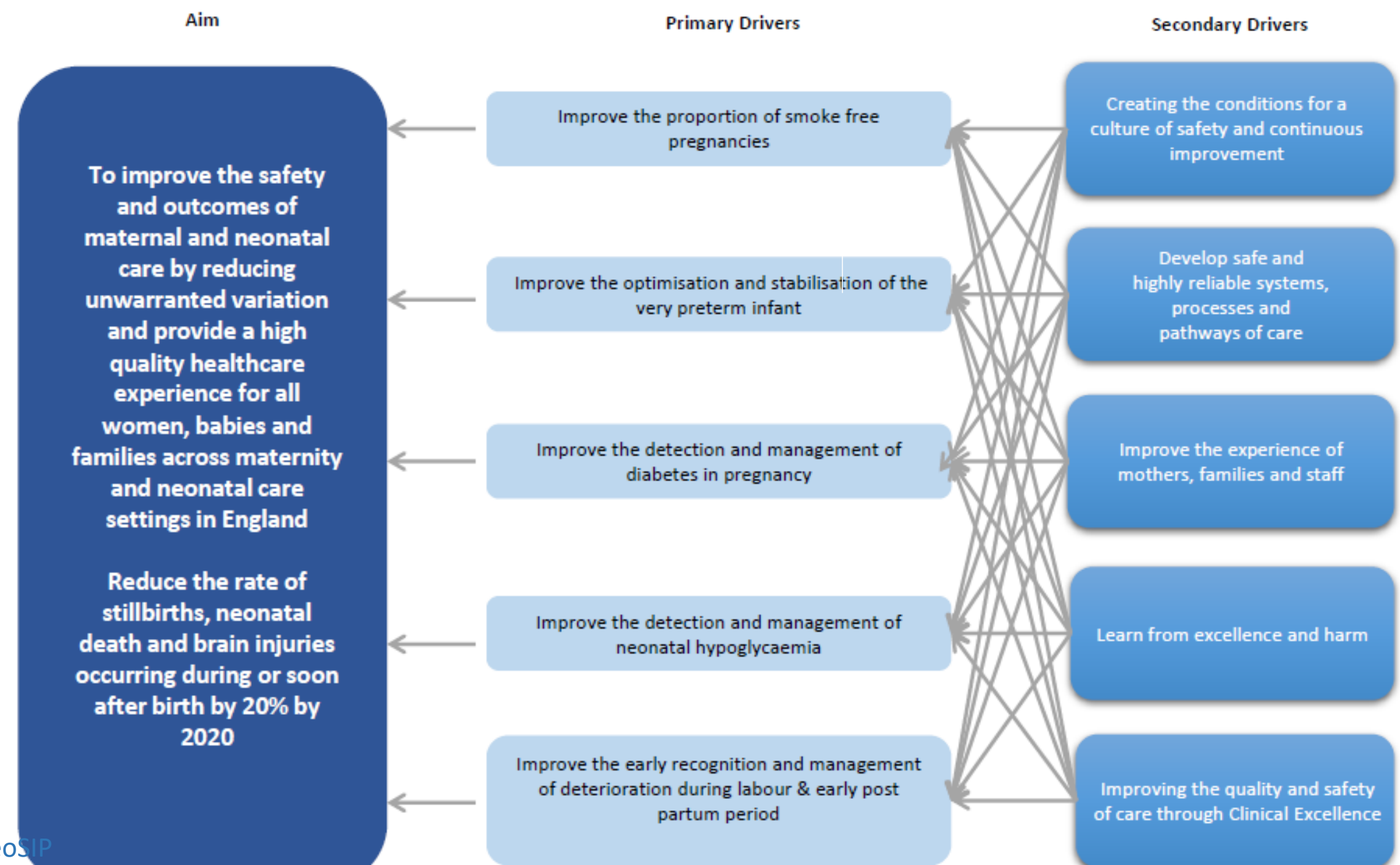
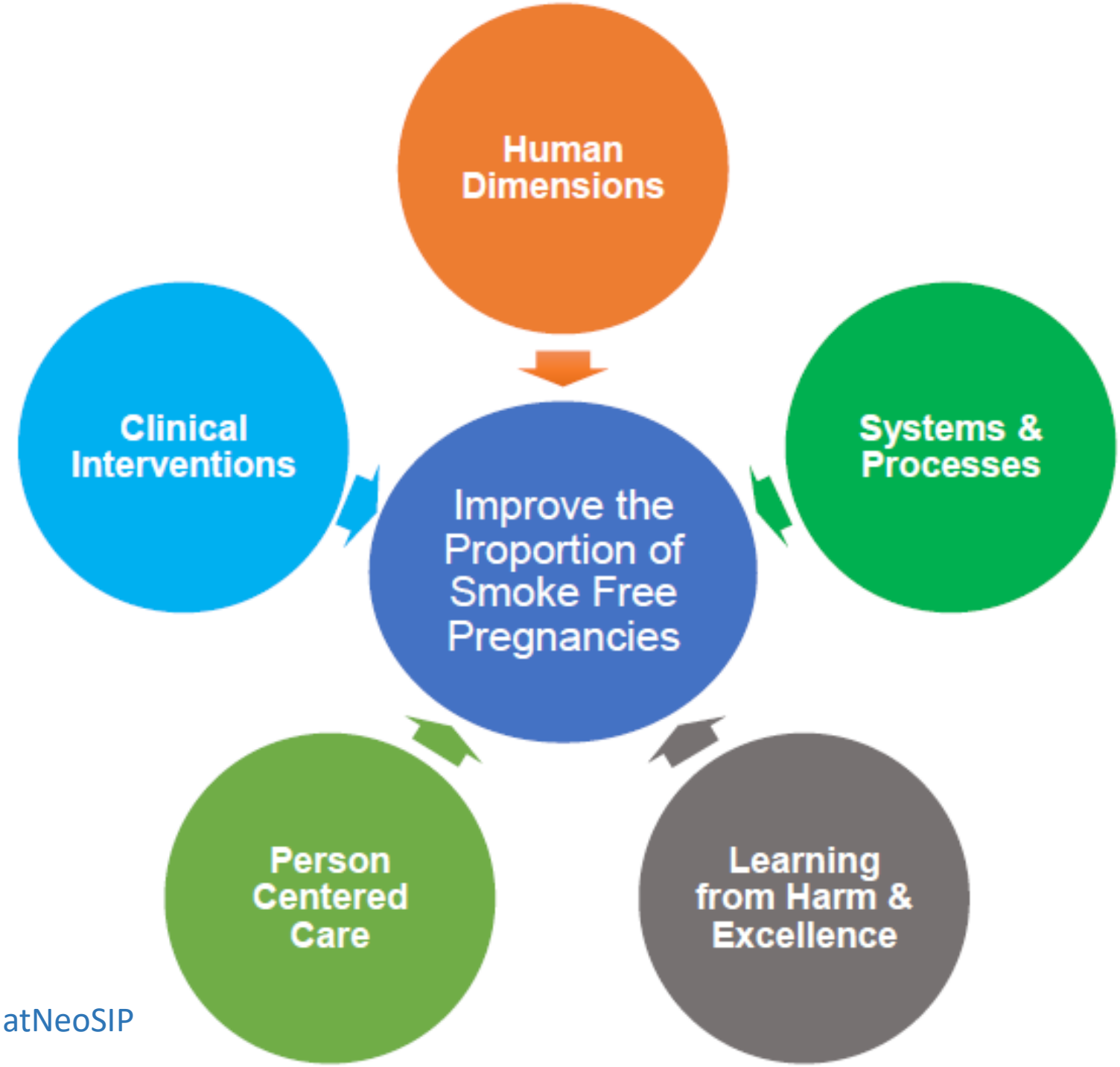
Patient Safety Collaborative


Aim
Primary Drivers
Secondary Drivers
To improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high quality healthcare experience for all women, babies and families across maternity and neonatal care settings in England
Reduce the rate of stillbirths, neonatal death and brain injuries occurring during or soon after birth by 20% by 2020
Improve the proportion of smoke free pregnancies
Improve the optimisation and stabilisation of the very preterm infant
Improve the detection and management of diabetes in pregnancy
Improve the detection and management of neonatal hypoglycaemia
Improve the early recognition and management of deterioration during labour & early post partum period
Creating the conditions for a culture of safety and continuous improvement
Develop safe and highly reliable systems, processes and pathways of care
Improve the experience of mothers, families and staff
Learn from excellence and harm
Improving the quality and safety of care through Clinical Excellence

Smoke Free Pregnancy as an example



How are the waves structured?

NHS Improvement

Wave 1	Wave 2	Wave 3
April 2017 – March 2018	April 2018 – March 2019	April 2019 – March 2020
• 44 Trusts to form first national learning set • Supported at national level to enable local delivery • Wave 1 organisations provide improvement leadership within local learning systems (LLS) with Wave 2 and 3	• Further 43 Trusts across England to form second national learning set • Supported at national and local level • Wave 1 and 2 organisations to provide improvement leadership within LLS with wave 3	• Remaining 46 Trusts to form third national learning set • Supported at national and local level • LLSs continue to mature and: - sustain improvements - build QI capability - explore new priorities

NHS Improvement

Improvement

How are the meetings structured?

National Learning Event

- Annual progress and learning shared from active wave organisations – scale up

National Learning Set

- Three x 3-day training and support meetings for Trust based local improvement leads
- Engagement with board level safety champions (executive sponsors)
- Tailored unit level support by central programme team

Local Learning Systems

- Quarterly meetings
- Facilitated by the Patient Safety Collaboratives
- Supported by all stakeholders
- Bring together all organisations and professional groups including commissioners and parents/families

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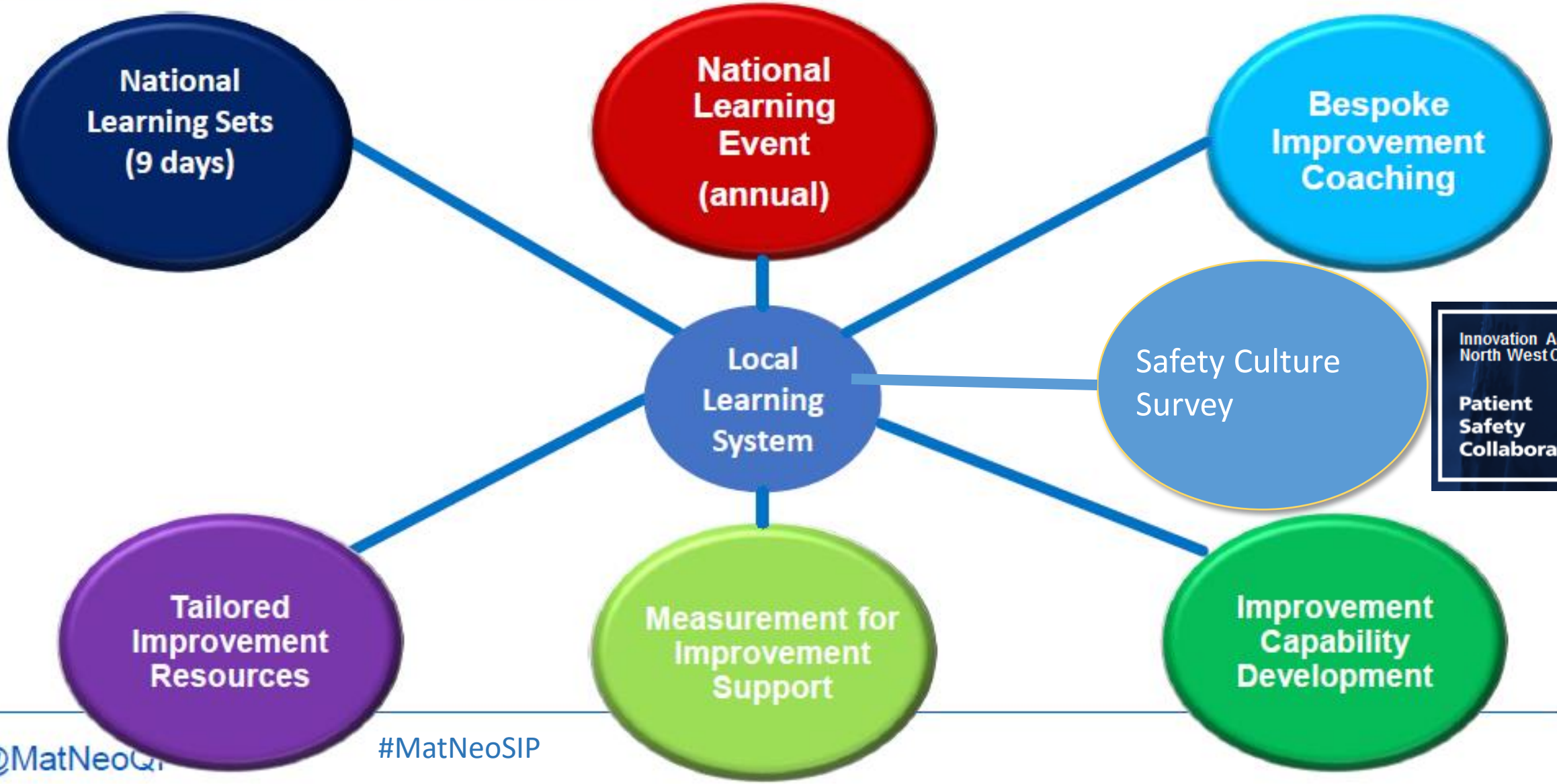
What support will trusts in the national learning set receive?

NHS Improvement



Activity of an individual unit

NHS Improvement

Diagnostic Phase

- Establish service baseline (data)
- Map care pathway
- Identify good practice
- Undertake culture surveys
- Determine local priorities and areas for improvement
- Choose 1+ primary drivers from national driver diagram
- Identify project teams and engage leaders
- Develop local improvement plan

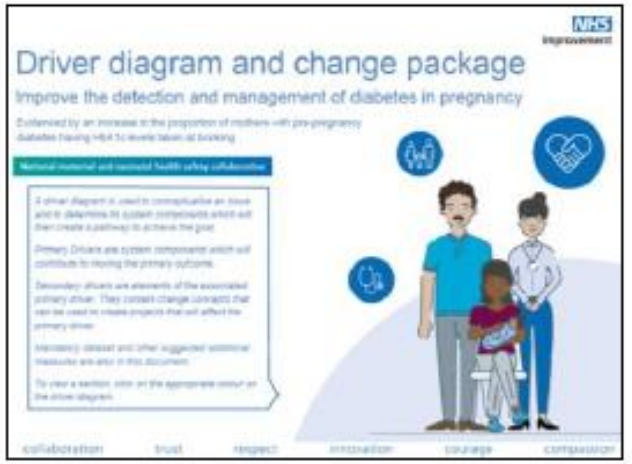
Testing Phase

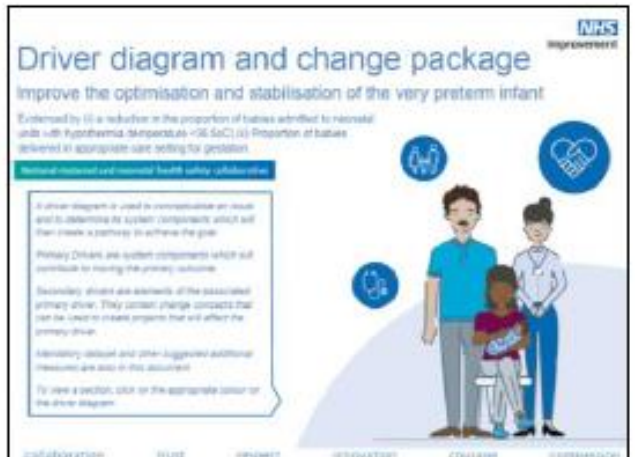
- Develop the aim of each project
- Set up and engage project team
- Use the national change package to test ideas within team
- Commence PDSA cycles
- Collect measures and continue to test
- Communicate learning

Refine and Scale-up Phase

- Continue PDSA cycles
- Share learning with team, other waves and learning system
- Continue to monitor changes
- Communicate success
- Scale-up and sustain improvement

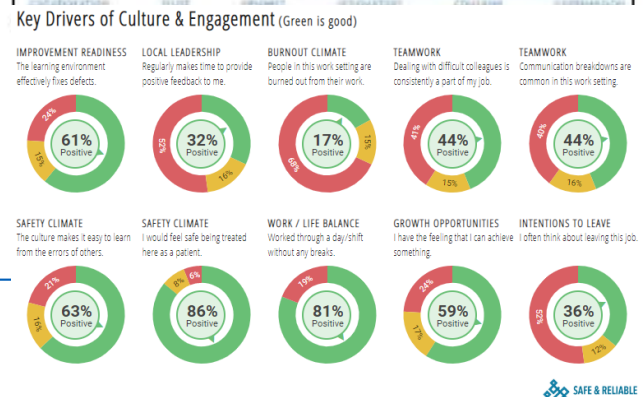
Packages and Measures





Model for Improvement

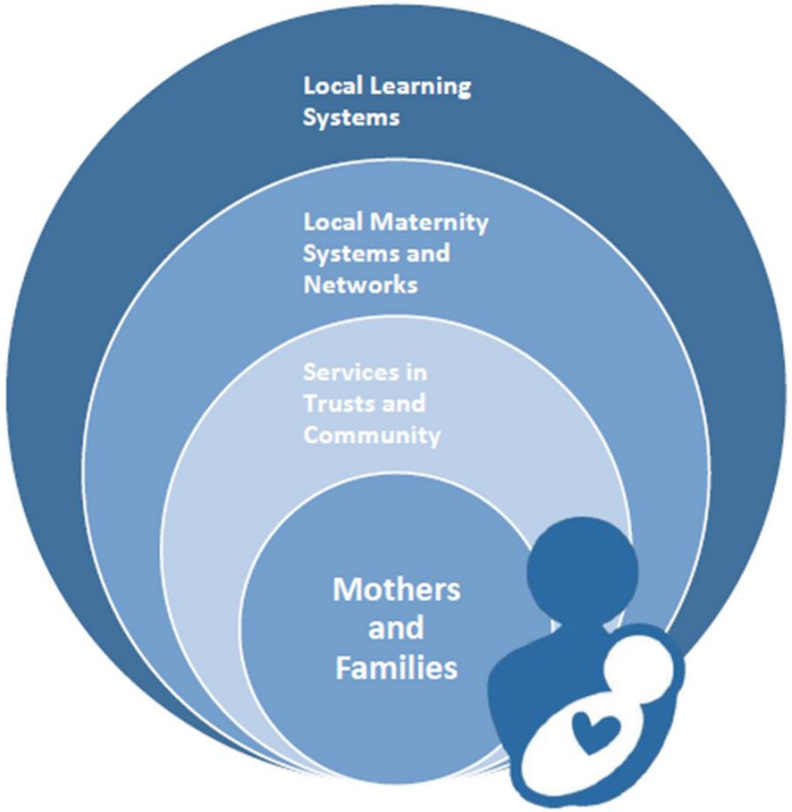
Culture Survey and debriefing



The AHSN Network

NHS Improvement

Local Learning System brings us all together



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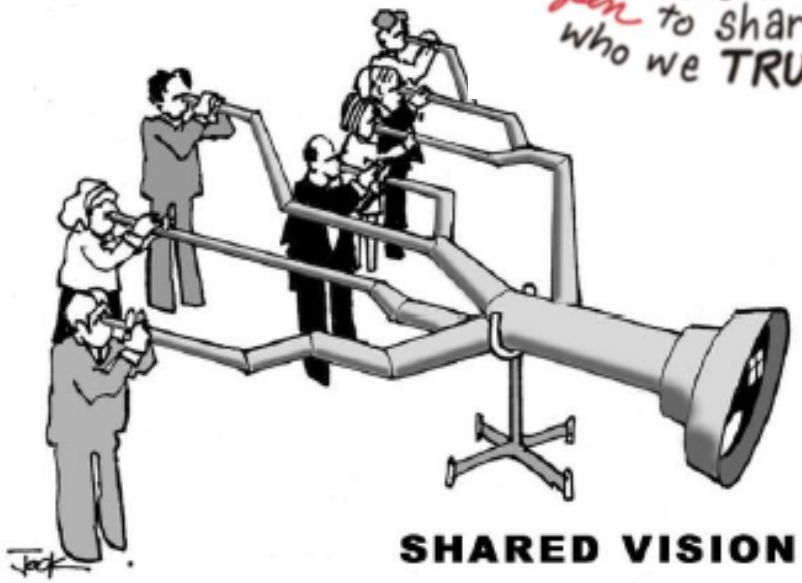
What should a local learning system provide?

There are 19 Local Learning Systems developing across England:

- A forum for quality improvement to be shared and to thrive
- An opportunity for all stakeholders to work collaboratively
- An opportunity to build local improvement capability
- New insights and learning from excellence
- Support for Local Maternity Systems
- Opportunities for system level improvement / scale-up within each learning syst



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What Next for MatNeoSIP ?

- Commitment in National Patient Safety Strategy to continue until 2025
  - 50% ambition by 2025
- Phase 2 in design stage
- National team led by Aiden Fowler (National Patient Safety Team)
- AHSN led Patient Safety Collaboratives will continue to support improvement programmes
- MatNeoSIP Developing Improvement capability and Clinical Leadership locally and nationally
- Local Learning Systems to continue
- Each LLS will have at least 1 system-level improvement project where multiple trusts are working collaboratively to improve in one of the Big 5

Where to go for help

- Your local Patient Safety Collaborative
- National Patient Safety Team

https://improvement.nhs.uk/resources/maternal-and-neonatal-safety-collaborative/

- In Wales talk to 1000 Lives
- In Scotland talk to Health Improvement Scotland
- Get involved in your Local Learning system!

Thank you & questions

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  - @MatNeoSIP
  - #MatNeoQI (old twitter tag)
  - #MatNeoSIP (new twitter tag)