

National maternal and neonatal health safety collaborative

The Improvement Approach: Three Phase Checklists





What is the improvement approach?

The central programme team will support improvement teams to take improvement projects through a three phase process. This practical approach will ensure teams have considered everything before proceeding to the next stage of the project. At the end of each phase the progress of the project will be reviewed, and if the criteria have been met, the project can move onto the next phase.



Phase 1: Diagnose

This phase is a comprehensive stocktake to understand how services are operating. During this phase, improvement teams will collect and analyse data, assess the culture within the organisation, identify and agree the scope and aim of improvement projects. Using quality improvement tools, such as process mapping, improvement teams will be able to assess their pathways, understand variation and use baseline data to inform the improvement plan. Improvement teams should define roles and responsibilities of the team and set up projects on the Life QI system. This phase is critical and will need to be completed before the test phase can begin, it is important to ensure that projects do not move to implement solutions before they are ready.

Phase 2: Test

Within this phase improvement teams will test change ideas through Plan, Do, Study, Act (PDSA) cycles. Improvement leads will focus on ensuring that improved or redesigned pathways are operating to the desired level, risks and issues are being managed and data is being collected and analysed. The project should deliver the aims and objectives set out in the improvement plan.

Phase 3: Refine and scale up

The final phase requires improvement teams to refine developed pathways and review what the project has achieved. Learning from improvement projects should be shared within your organisation and the Local Learning System (LLS).



Phase 1: Diagnose

During the diagnose phase, there are a number of activities that improvement teams can carry out to help understand how the service is performing. The checklist below is a good starting point for making sure teams consider everything in this phase, before going on to the test phase. The diagnose phase will end no later than the end of June 2018, with the submission of an improvement plan.

| Action | Key questions and areas of focus | Status |
|------------------------------------|--|--------|
| Reviewing data – is there existing | Clinical data from the maternity dashboard or localised audits that can be used to assess outcome /performance? | |
| data from: | Complaints and data from incidents; actual or near misses? | |
| | Staff experience and findings from any annual surveys, staff feedback forums or questionnaires? | |
| | The cultural survey assessment? | |
| | Women and family experience from FFT results, comment cards or any local satisfaction surveys? | |
| | Data from MBRRACE, Each Baby Counts, the Early Notification Scheme in NHS-R and the National Maternal and Perinatal Audit reports? | |
| | Data relating to the response to the ATAIN Patient Safety Alert on reducing avoidable admission of term babies to neonatal units? | |
| | Feedback from CQC inspections? | |
| Understanding | Are there any pathways which need to be mapped or better understood? | |
| variation and flow | Are there issues with flow – could bottlenecks or backlogs within the system be supported by demand or capacity modelling? | |
| | • Do you understand variation – can run/SPC charts be used to assess the reliability of processes? | |
| Selecting topics | Does the chosen area align to local service aims and objectives? | |
| for improvement | How does this relate to national priorities and best practice | |
| project/s | What are the gaps in current service provision? | |
| | How will the project address each of the four primary drivers relating to this area? | |
| | 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 | |
| | O Learn from excellence and narm | |



| Defining project benefits | Does the improvement plan define the outcomes and benefits that will result from the project? | |
|---------------------------|--|--|
| Setting aims and scope | Are there aim statements developed for each of the identified projects that define "how good and by when?" Is the scope of the improvement projects defined and realistic? Are there clear timelines for improvement? | |
| Measuring for improvement | Have the type and sources of data been agreed? Have outcome/process/balancing measures been identified to reflect the impact of change for each improvement project? Has the data collection plan been defined - what is the frequency and who is responsible? Is there agreement on how data from identified measures will be analysed, who will do this and how this will be reported internally/externally? | |
| Building the team | Have key roles been assigned for the board level maternity safety champion, improvement leads and project team? Are there agreed responsibilities and do staff know when they must report progress to other members of the wider team? Is there a plan in place to ensure reporting occurs back to the central programme team each month? Is there an overall improvement steering group and individual project groups? | |
| Engaging stakeholders | Have the relevant people been engaged in the project? Have all staff within the unit external to the project team been engaged/ been made aware of the project/programme? Is there representation or opportunities for women and families to input into the direction of work? | |
| Communicating progress | Is there a plan for how and the project team will communicate with the maternity team and wider trust? Is there an agreement on key content, method and format in which information is shared and fed back to women and families? Has the use of the learning board been agreed? Is there an agreed platform e.g. Life QI which will be used to share improvement progress? | |
| Recording on Life QI | Are all project team members registered and able to use Life QI? Are all project team members able to complete PDSA's? Are you inputting all projects straight onto Life QI? | |



| Completing | Is there a plan for implementing SCORE agreed and started to be implemented? | |
|------------------|--|--|
| SCORE survey | Has the mapping template been completed? | |
| Designing your | Has the overall improvement plan been agreed? | |
| Improvement plan | Do driver diagrams and improvement plans align to the national driver diagram? | |



Phase 2: Test

The test phase is the 'doing' and will involve lots of small tests of change using Plan, Do, Study, Act (PDSA). The project team will test the change ideas that are specific to the improvement plan and will have run charts showing the outcomes of your testing.

| Action | Key questions and areas of focus | Status |
|---------------------------|--|--------|
| Carrying out a | Do the change ideas being tested relate to your improvement plan? | |
| PDSA | Are the PDSAs assigned to the correct change idea on Life QI? | |
| | Has the project team followed the key steps of doing a PDSA cycle? | |
| | Is the project team testing small changes? | |
| | Is the project team doing multiple tests in a day/week? | |
| | Is the project team testing all changes and not implementing ideas without testing? | |
| | Has learning been shared with the project / wider team? (learning boards, team meetings, | |
| | newsletters) | |
| | Is each PDSA being recorded on LIFE, using the PDSA log or an alternative platform? | |
| Supporting the | Is the team committed and able to practically support the project? | |
| project team | Is everyone involved that need to be? | |
| | Is there engagement from staff external to the project team? | |
| | • Is there representation or opportunities for women and families to input into the direction of work? | |
| | Are the project teams meeting regularly? | |
| Sharing Learning | Are the project team sharing progress, ideas, approaches and innovations with other trusts in the LLS? | |
| | Will support and learning from peers enable the project team to address local challenges and issues? | |
| | Are there any successful change ideas that can be adopted from other trusts? | |
| | Has the project team checked on Life QI for related projects that might have useful learning? | |
| Communicating with others | Has a communication plan been implemented to engage with the maternity team and wider trust and is it effective? | |
| | Is the key content, method and format in which information is shared and fed-back to women and families being agreed and reviewed for effectiveness? | |
| | Is Life QI being used to share improvement progress with the collaborative members and project team? | |



Phase 3: Refine and scale up

This phase is about how to ensure that the improvements made are going to be sustainable. Once an improvement has been made it can go one of two ways; it can sustain, grow and evolve, or it can decay with things returning to old working practices, with the gains lost. There are some common key priorities that exist in organisations that sustain improvement and they become most effective when they are underpinned by engagement and clinical leadership.

| Action | Key questions and areas of focus | Status |
|---------------------------------|--|--------|
| Gaining support from management | Are the improvement leads meeting regularly with your designated board level maternity safety champion? | |
| | Are the executive team and board aware of and engaged with the planned improvement work? | |
| | Are you updating your board level maternity safety champion monthly on progress including sharing data to demonstrate progress? | |
| Embedding | Is there defined clinical leadership for your project(s)? | |
| change | Is admin support available if required? | |
| | Does the project require additional funding to spread and scale up? | |
| | Has this funding been sourced/ secured? | |
| | Are there any resource concerns with this phase of the project? | |
| | Has the plan to market the change been developed? | |
| | Is data displayed publically on all improvement interventions? | |
| Sharing analysis | Is there a shared vision, goal and strategy? | |
| | Are there supportive structures in place to ensure clinicians are involved and fully engaged? | |
| | Is there a culture of openness and information sharing? | |
| | Is the relevant documentation /materials available to support the spread of work? | |
| | What data and stories are available to support adoption of changes? | |
| Spreading learning | Has the new process, learning and outcomes of your projects been shared with other colleagues, networks, commissioners? | |
| | Who are the key stakeholders who will support adoption in the new site/area? | |
| | Does your improvement team attend the MNHSC LLS? | |
| | What proportion of MNHSC LLS meetings have the improvement team attended, is there representation from across the maternal, obstetric and neonatal team? | |



| Evaluating | Are plans to evaluate the projects/improvements in place? | |
|------------|---|--|
| success | How will the data be made available and accessible to staff and/or service users? | |
| | Has a case study been written and shared through Life QI system? | |
| | Have arrangements been made to celebrate the achievements and success? | |

