MATERNITY IMPROVEMENT OFFER

The Maternity Transformation Programme (MTP) is driving local improvement across maternity services in England through Local Maternity Systems (LMS). Formed in March 2017, LMS bring together commissioners, providers and service users on STP footprints to provide local leadership and place-based planning for maternity. In particular, LMS are responsible for agreeing and implementing local plans to realise the vision of *Better Births*, so that by March 2021:

- We have reduced rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% and are on track to make a 50% reduction by 2025.
- All providers have fully implemented the *Saving Babies Lives* Care Bundle by March 2019.
- All pregnant women have a personalised care plan.
- All women are able to make choices about their maternity care, during pregnancy, birth and postnatally.
- Most women receive continuity of the person caring for them during pregnancy, birth and postnatally, with 20% being placed on continuity pathways at booking from March 2019.
- More women are able to give birth in midwifery settings (at home, and in freestanding or alongside midwife-led units).

To help deliver this ask, the MTP works with Regional Maternity Programme Boards and the 12 Maternity Strategic Clinical Networks to provide each and every LMS with a **bespoke offer of support**, taking into account local challenges (including performance in the CCG IAF) and outlining what assistance can be expected from a national, regional and clinical-network level. Bespoke support offers are being refreshed for 18/19, and as part of this, £20.5m will be transferred to LMS and maternity Early Adopters to drive local improvement.

In addition, the MTP has 9 work streams that are leading national initiatives to aid local improvement.

Work in 18/19 to address maternal smoking includes:

- The **Saving Babies' Lives Care Bundle**, which promotes universal CO monitoring and opt-out referral to smoking cessation support.
- The **Tobacco Control Plan for England**, which sets the ambition to reduce rates of smoking during pregnancy to 6% by 2022.

Work in 18/19 to address neonatal mortality and stillbirths includes:

- The **Saving Babies' Lives care bundle**
- National policy to provide the majority of women with continuity in the midwife caring for them before, during and after birth (**Implementing Better Births: Continuity of Carer**)
- The **National Maternal and Neonatal Health Safety Collaborative**
- The **'Atain' programme** to reduce avoidable causes of harm that can lead to infants born at term being admitted to a neonatal unit.
- The appointment of **Maternity Safety Champions** in every national, regional and local NHS organisation involved with delivering safe maternity and neonatal care.
- The formation of the **Health Safety Information Branch,** which will progressively roll out independent investigation into intrapartum stillbirths, neonatal deaths, serious brain injuries and maternal deaths from spring 2018. The **NHS SI Framework** will be refreshed in spring 2018, and the Secretary of State has set out an intention to implement stage 2 of **Rapid Resolution Redress** from April 2019.
- **The Perinatal Mortality Review Tool (PMRT),** led by MBRRACE-UK, is being rolled out to support Systematic, multidisciplinary, high quality reviews of the circumstances and care leading up to and surrounding each stillbirth and neonatal death. More information about the PMRT is available at: https://www.npeu.ox.ac.uk/pmrt/programme
- Work to establish **networked maternal medicine centres** across England to reduce rates of mortality among women with complex medical conditions.

Work to address women's experience of maternity services includes:

- A **'15 Steps'** challenge for maternity services to improve patient experience.
- Funding to make the CQC patient experience survey annual, improving the regularity of patient feedback for maternity services.
- **Guidance on establishing Maternity Voices Partnerships** in the LMS Resource Pack.
- **The #MatExp social movement**, which brings together volunteer parents and professionals and has helped produce:
    - a Maternity Bereavement Experience Measure with the NHS London Clinical Network
    - **'Nobody's Patient' case studies**

Work to address choices in maternity services includes:

- **7 choice pioneer sites,** which are working within maternity systems to widen and deepen choice and personalisation across CCG boundaries, provide opportunities for new providers, empower women to take control and enabling women to make decisions about their care. More than 10,000 women have had a Personal Maternity Care Budget at the end of February 2018
- Evaluation of the 7 pioneers will be available for consideration in the autumn, following which we will be looking at opportunities for scale and learning.

Key resource for support improvement in this area:

- Implementing *Better Births* - LMS Resource Pack: https://www.england.nhs.uk/publication/local-maternity-systems-resource-pack/
- Implementing *Better Births* - Continuity of Carer: https://www.england.nhs.uk/publication/implementing-better-births-continuity-of-carer/
- Saving Babies Lives Care Bundle: https://www.england.nhs.uk/mat-transformation/saving-babies/
- Tobacco Control Plan: https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england
- National Maternal and Neonatal Health Safety Collaborative: https://improvement.nhs.uk/resources/maternal-and-neonatal-safety-collaborative/
- ATAIN: https://improvement.nhs.uk/resources/reducing-admission-full-term-babies-neonatal-units/
- Maternity Safety Champions: https://improvement.nhs.uk/resources/maternity-safety-champions/
- HSIB: https://www.hsib.org.uk/
- PMRT: https://www.npeu.ox.ac.uk/pmrt/programme
- Maternity Choice and Personalisation Pioneers https://www.england.nhs.uk/mat-transformation/mat-pioneers/

For advice/guidance on national improvement support in this area please contact England.maternitytransformation@nhs.net.

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