

## Core measures for Maternity and Children Quality Improvement Collaborative (MCQIC)

The MCQIC programme is scheduled to run from March 2016 to March 2019. A midterm review was completed at the end of 2017 to understand progress against the original aims, review quality improvement activity in each unit and understand each board's identified priorities for the second half of the programme. As a result, the content across the programme has been revised to reflect both the feedback and experience at board level and address the key priority areas identified for Scotland.

### *Key points*

- We have identified fewer key national priorities (core measures) for which MCQIC will support improvement activity across all boards. These are detailed in the table in Appendix 2. All remaining measures will be supplementary.
- Across the MCQIC programme, the number of outcome measures has been reduced from 48 to 10 and process measures reduced from 72 to 30.
- Driver diagrams, measurement plans, reporting toolkits and change packages will be updated and distributed in due course.
- Support visits during 2018 will focus on identifying local priorities and creating partnership agreements.

### *Benefits*

- A focus on the areas where there is greatest harm, aligning to national priorities and supported by the evidence.
- A clear national steer to assist identifying local priorities.
- Fewer national outcomes to reduce data burden.
- More focused approach and emphasis on QI activity.
- Facilitates boards to progress outcomes at local level.
- Supports boards to achieve sustained improvement in the core measures before commencing QI activity on additional measures.

We are exploring ways to support boards to deliver the MCQIC programme and, as part of this approach, we are offering tailored partnership agreements with each NHS board. This arrangement will focus on the key improvement priorities and actions as agreed by both parties. A sample partnership agreement can be found at Appendix 1.

# Partnership agreements between NHS boards and Maternity and Children Quality Improvement Collaborative (MCQIC)

## What is a partnership agreement?

A partnership agreement is essentially a win–win agreement where parties commit to working together to benefit one another as well as themselves. MCQIC are keen to co-produce tailored partnership agreements with each NHS board. This will allow a shared understanding of the capacity and support that is available at both local and national level to support delivery of the MCQIC programme. This agreement will outline the commitments from both your board and MCQIC for the SPSP maternity, neonatal and paediatric care programmes. It will focus on the key improvement priorities and actions as agreed by both parties. This is an ideal opportunity to identify the priorities that are pertinent to your board, taking into account the recently agreed core measures, and focus on what is achievable.

We hope that the agreement will outline

- the desired results
- what people will work on
- what resources are needed
- what support is required
- how we monitor progress and what the next steps are if it isn't working.

The agreement will help us work together on agreed priorities and will be a dynamic document that we will adapt and update as required. A sample agreement can be found overleaf to give an idea of content; the actual detail of your own board's agreement will be very much a negotiation and what best suits both parties.

## Who will be involved?

Partnership agreements will be created with the national SPSP MCQIC team in collaboration with front-line staff, senior management and the SPSP Programme Manager and SPSP Executive Sponsor.

## How will they be created?

The SPSP MCQIC team will sit down with each board and discuss and agree together the partnership agreement. The agreements will be negotiated in tandem: both parties discuss how the agreement will be delivered as well as outlining a clear escalation plan if the agreement isn't working.

## What are the timescales?

Each board will be different but we've already started this discussion with some boards and are agreeing the timescales together.

## Benefits of this approach

- Suits local context.
- Easier for boards to progress outcomes at local level and for our national team to give more focused support to boards in the delivery of their MCQIC priorities.
- Gives ownership to teams and allows them to identify and commit to specified priorities, with greater opportunity to achieve improvement within the capacity of each team in each board. The aim is to relieve the pressure on the front-line teams in the landscape of competing priorities.
- Allows for a shared understanding of commitment from both the board and the national team.

## Appendix 1: Sample partnership agreement

### Partnership agreement between NHS X and Maternity and Children Quality Improvement Collaborative (MCQIC)

**This is a sample agreement. The contents of this are suggested inclusions only. Individual agreements will be drawn up in collaboration with each NHS board.**

<b>What do we hope to achieve?</b>	<p>We will work together to:</p> <p><i>Maternity care: reduce stillbirth, reduce severe PPH</i>  <i>Neonatal care: reduce central line infection rates</i>  <i>Paediatric care: implement national PEWS</i></p>	
<b>How will we do this?</b>	<p>NHS X will:</p> <ul style="list-style-type: none"> <li>- identify key people in each programme for each priority to progress local quality improvement activity</li> <li>- use data for improvement.</li> </ul>	<p>MCQIC will:</p> <ul style="list-style-type: none"> <li>- provide quality improvement support as agreed, e.g. share and signpost quality improvement activity from other NHS boards.</li> </ul>
<b>What can we use to help us?</b>	<p>NHS X will make best use of:</p> <ul style="list-style-type: none"> <li>- staff with quality improvement knowledge.</li> </ul>	<p>MCQIC will support through, for example:</p> <ul style="list-style-type: none"> <li>- visits</li> <li>- phone calls</li> <li>- self-assessment feedback.</li> </ul>
<b>How will we track our progress?</b>	<p>NHS X will:</p> <ul style="list-style-type: none"> <li>- submit data on the toolkit provided on the process and outcome measures related to the agreed priorities</li> <li>- submit self-assessments for each programme as agreed.</li> </ul>	<p>MCQIC will:</p> <ul style="list-style-type: none"> <li>- review and provide feedback on submitted data and self-assessments.</li> </ul>
<b>What happens if this isn't working?</b>	<p>We will review this document to help understand successes and challenges and agree possible next steps and escalation route.</p>	

## Appendix 2: Core measures for Maternity and Children Quality Improvement Collaborative

Programme	Outcome measures	Process measures	Rationale
Maternity care	Stillbirth rate	Fetal movement	MBRRACE, Each Baby Counts, national policy
		Fetal monitoring (CTG)	National reviews, RCOG, FIGO, NICE, Each Baby Counts
		Fetal growth – fundal height measurement	MBRRACE, Each Baby Counts
	Postpartum haemorrhage (PPH) rate	PPH prevention PPH management	MBRRACE, RCOG
		MEWS (prototyping activity only)	MBRRACE
Neonatal care	Term admissions to neonatal units (for all units)	<u>Deterioration theme:</u> Risk assessment, early warning scores, hypothermia	NNAP, Best Start, aligns with ATAIN (Avoiding Term Admissions Into Neonatal units)
	Central line infection rates (NICUs only)	CVC insertion CVC maintenance	NNAP
	Necrotising enterocolitis (affects morbidity and mortality rate) (NICUs only)	Appropriate bundle	NNAP
Collaborative working for maternity and neonatal care	Neonatal mortality rate (to focus on reduction in preterm death rate which contributes to a large proportion of overall mortality rate)	Preterm perinatal wellbeing package to include: Delivery in appropriate centre Thermoregulation Early breast milk administration Administration steroids Administration magnesium sulphate Delayed cord clamping	NNAP, NICE and RCOG guidelines, national policy, MBRRACE
Paediatric care	Rate of unplanned admissions	PEWS Sepsis 6 Watchers bundle	
	Central line infection rates (where applicable)	CVC insertion CVC maintenance	
	VAP (PICUs only)	VAP prevention	