



Health Innovation
WEST MIDLANDS

Impact Report
2024/25



Transforming health and social care through innovation

healthinnovationwestmidlands.org



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Introduction

It is with great pride that we reflect on a transformative year for Health Innovation West Midlands (HIWM). As the organisation at the heart of health and care innovation in our region, we have made significant strides in accelerating the adoption of impactful solutions that improve patient outcomes and drive economic growth.

Over the summer, we welcomed several new appointments to our Management Board to help spearhead our mission to advance transformational health innovations across the region. This 15-member board brings together a wealth of expertise to support our continued commitment to delivering evidence-based innovations that enhance NHS productivity, reduce waiting times, and improve the West Midlands' overall health and wealth.

This year, we were honoured to showcase our work at the Health Innovation Network parliamentary reception, sponsored by West Bromwich MP Sarah Coombes. The event highlighted how programmes across the 15 national Health Innovation

Networks are saving over 100,000 hours of NHS staff time annually. Our partnerships with policymakers, clinicians, and innovators continue to ensure that the benefits of innovation are felt widely and equitably across the West Midlands.

The work of the Health Innovation Networks has gained significant national visibility this year, driven by a renewed focus on the innovation arm of the NHS and alignment with key government priorities.



Tim Jones, Chief Officer
Health Innovation West Midlands

This heightened profile reflects the growing recognition of innovation as a critical enabler of a more sustainable, efficient, and patient-centred healthcare system.

We have strengthened our role as a connector—linking the NHS with academia and industry through initiatives like the Birmingham Health Innovation Campus and the Precision Health Technologies Accelerator. Our involvement in national conversations, such as the Innovation Ecosystem Programme, reinforces our commitment to building a sustainable, innovation-ready healthcare system.

In 2024, the West Midlands was recognised as one of the top three European regions for innovation at the European Capital of Innovation Awards. These awards celebrate cities that have embedded innovation into the daily fabric of urban life, advancing sustainable, inclusive, and resilient communities. This recognition reflects the strength of our regional ecosystem, where academia, industry, and the NHS work together to develop, test, and implement cutting-edge innovations.

We are also proud to share insights and expertise through our growing collection of thought leadership blogs, where we have explored topics such as point-of-care ultrasound scanning, wound care, and cardiovascular disease. These contributions

help shape the national conversation on health innovation and share best practices across the system.

We are delighted to welcome Jonathan Pearson as our new Chair and extend heartfelt thanks to Professor Michael Sheppard for his exceptional leadership and service. As we look ahead, we remain committed to fostering a thriving innovation ecosystem that delivers real-world impact for our communities.

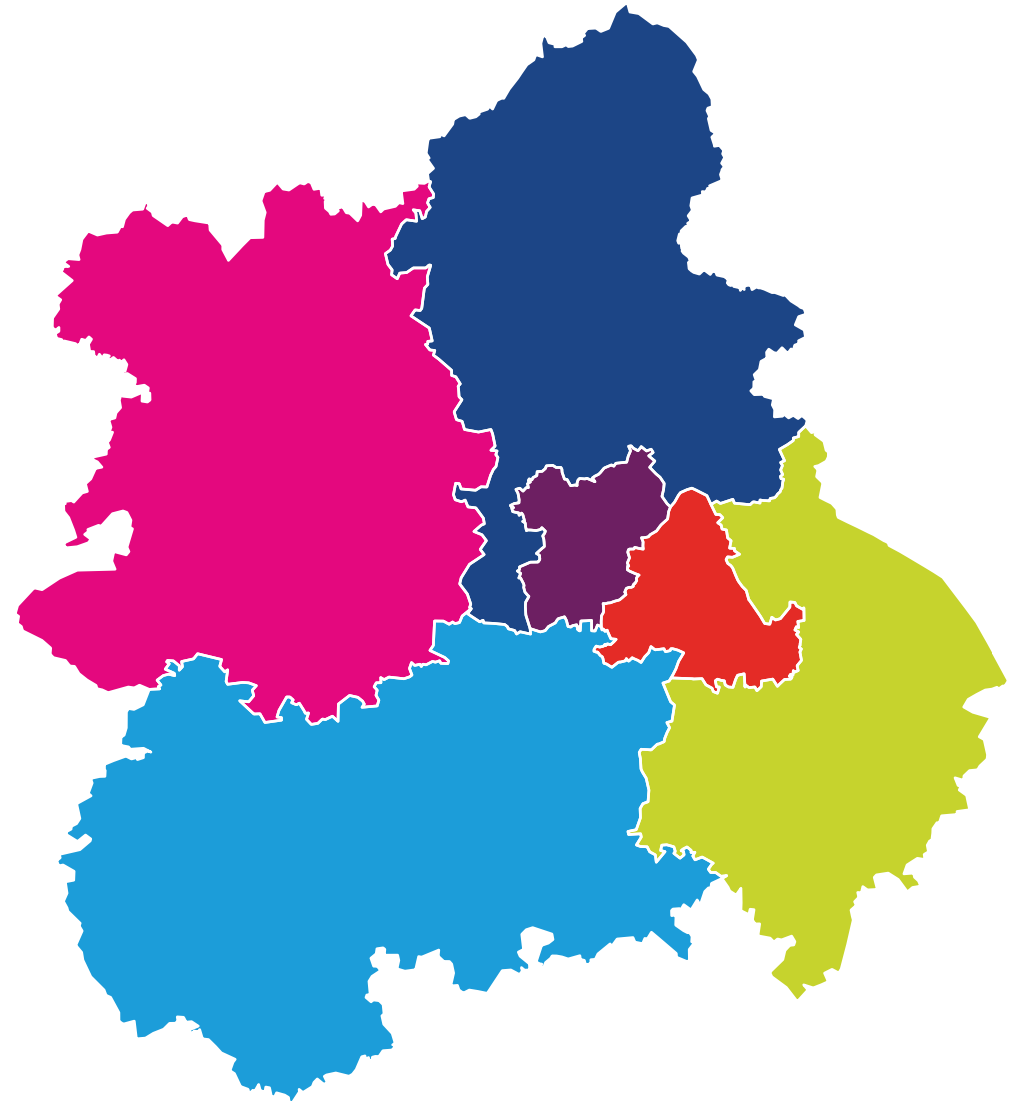
Together, we are shaping a healthier, more innovative future.



Professor Michael Sheppard,
Chair Health Innovation West Midlands

Our team is delivering programmes in all six ICB areas in the West Midlands, with some delivered across the Midlands in collaboration with Health Innovation East Midlands.

- Birmingham and Solihull
- Black Country
- Coventry and Warwickshire
- Herefordshire and Worcestershire
- Shropshire Telford and Wrekin
- Staffordshire and Stoke-on-Trent







patients across the West Midlands have benefitted from MedTech developments like Thopaz+.



companies supported through innovation and improvement programmes.



of PCNs adopting resources for blood pressure optimisation.



innovations currently being evaluated for use in the NHS.



of PCNs adopting resources for lipid management.



459 people had their risk of opioid-related death halved due to safer prescribing practices in the West Midlands.



4 Core20 PCNs in deprived areas received £1,500 each to run Quality Improvement projects focused on Structured Medication Reviews (SMRs).



of West Midlands Primary Care Networks (PCNs) engaged in the CVD Prevention Programme.



pilot sites actively engaged in Phase 1 of the Martha's Rule National Patient Safety Programme.



1849

women received magnesium sulphate before preterm birth — potentially preventing 49 cases of cerebral palsy.



162

lives potentially saved through timely interventions via the maternity optimisation pathway.



13.2

Phio Engage digital pathway supports Net Zero, saving an average of 13.2kg CO2 per patient.



381

Martha's Rule calls received between Sept 2024 – Mar 2025 (173 in the West Midlands, 208 in the East Midlands).



6

All 6 ICSs in the West Midlands successfully transitioned to PSIRF within national timeframes.



1240

Implementation of Phio Access freed up 1,240 hours for face-to-face triage and treatment over 12 months at SWBH.



94%

94% of GP practices in Shropshire, Telford & Wrekin and 92% in Staffordshire & Stoke-on-Trent engaged in 2024/25 Prescribing Incentive Schemes to improve opioid stewardship.



1625

Over 1,625 unique plays of All Systems Ergo — the HIWM Human Factors podcast series — between April 2024 and March 2025.



100%

100% of participating pharmacists reported increased confidence in de-prescribing.



Health Innovation
WEST MIDLANDS

Supporting cardiovascular health innovations

HIWM supported University Hospitals Coventry and Warwickshire (UHCW) in securing funding from the British Heart Foundation (BHF) Innovation Fund during 2024/25.

The BHF Innovation Fund is a bi-annual opportunity to apply for funding to support healthcare systems in testing and evaluating innovative approaches to enhance services for patients with cardiovascular disease (CVD).

HIWM has been pivotal in bringing together innovators and health system leaders to develop bid submissions for this

fund, fostering inward investment and potential income generation for the West Midlands.

The approach involved publicising the innovation fund among regional stakeholders, convening discussions to explore bid options, and ensuring all eligibility criteria for the fund were met. Regular communication with BHF and collaboration between HIWM's commercial and delivery teams ensured due diligence and robust bid submissions.



Impacts and benefits

HIWM supported the submission of 11 funding bids, engaging seven commercial innovators in the process.

One of these bids has been successfully awarded funding.

The successful bid will support UHCW in the development of an innovative software tool designed to assist clinicians in initiating and safely up-titrating medications for patients with heart failure. Up-titration refers to the gradual adjustment of medication dosage to achieve optimal therapeutic outcomes for individual patients.

This project has secured £230,000 in funding to support the design, development, and testing of the software. A key focus will be ensuring the tool is practical and user-friendly for healthcare professionals, with the aim of improving patient outcomes, enhancing clinical decision-making, and increasing overall healthcare efficiency.

The tool will undergo usability testing before any wider implementation across the healthcare system.

Dr Michael Kuehl, cardiology consultant at UHCW, said:

“Medication for heart failure has been shown to improve outcomes, increase life expectancy and make patients feel better. But the treatment is becoming more and more complex, with several types of tablets available.

“We have developed an algorithm that records data from patients which can be used to suggest a medication treatment decision and dosage. This would give healthcare professionals, such as doctors, nurses, GPs, pharmacists and advanced care practitioners, more confidence in their use of the medication.

“We will use the BHF funding to test the safety and accuracy of the algorithm and then translate it into the app. I hope we will be able to launch Apptitrator within two years and see how it does in the real world as part of a research trial.”

Next steps

The Midlands is set to lead the way in cardiovascular health innovation, thanks to the dedicated efforts of HIWM and its partners. With continued support and collaboration, the future looks promising for advancements in patient care and health system efficiency.

➤ **Dr Michael Kuehl**, Cardiology Consultant, with **Emily Lucas**, Innovation Facilitator at University Hospitals Coventry and Warwickshire NHS Trust.



Transformative CVD Prevention Programme in the West Midlands

In April 2024, Health Innovation West Midlands (HIWM) launched the CVD Prevention programme, aimed at reducing the incidence of CVD and addressing health inequalities across the West Midlands region.

The West Midlands is an ethnically diverse region, with two of the most deprived [ICSs in England](#). Those in the most deprived 10% of the population are almost twice as likely to die as a result of CVD, than those in the least deprived [10% of the population](#).

You are also more at risk of CVD if you are from a Black, Asian or minority ethnic background. This high level of deprivation underscores the importance of targeted interventions like the CVD Prevention programme to address health inequalities, improve outcomes and reduce unwarranted variation in our populations.

CVD is the leading cause of death worldwide, with hypertension, followed by hypercholesterolemia. The NHS Long Term Plan states that the biggest area where we can save lives is in reducing the incidence of CVD. CVD causes a quarter of all deaths in the UK and is the [largest cause of premature mortality in deprived areas](#).

The programme aimed to identify people at risk of CVD using various case-finding tools and raise awareness of treatment pathways for lipid management, blood pressure optimisation, and familial hypercholesterolemia. The ongoing goal is to improve disease management, reduce heart attacks and strokes, and address health inequalities.

The programme prioritises areas of high deprivation and low prevalence of lipid management and hypertension.



Key strategies included:

- Upskilling the primary care workforce to use risk stratification tools and stay updated with the latest guidelines for optimising CVD management.
- Introducing innovations and innovators to regional stakeholders to enhance CVD prevention care.
- Sharing funding opportunities and supporting bid submissions relevant to CVD prevention.
- Developing resources for the healthcare system to utilise.

Impact and benefits

The programme has achieved significant engagement, with 98% of Primary Care Network's (PCNs) in the region engaged. Approximately 52% of PCNs are adopting resources for lipid management, and 43% for blood pressure optimisation. HIWM has supported seven education and training sessions, attended by over 200 primary care colleagues.

Feedback has been overwhelmingly positive, with one attendee stating,

“Excellent, a subject that I’ve never found easy to understand but much clearer now - thank you.”

The programme has also facilitated conversations between primary and secondary care teams to support an integrated care approach.

Next steps

HIWM is developing local delivery options for future CVD prevention programmes. The initiative aligns with the three shifts; hospital to community, analogue to digital and sickness to prevention.



Building a Safer, Smarter NHS: Human Factors Community of Practice

Healthcare professionals are coming together to transform patient safety and system performance through the science of Human Factors; a discipline that studies how humans interact with their environment, including tools, tasks, and other people, to optimise their well-being and overall system performance. At the heart of this change is the Human Factors Community of Practice (HF CoP), a regional initiative that has grown into a dynamic network fostering innovation, resilience, connection, and knowledge sharing.

In response to national guidance dating back as far as 2013, and a growing demand for systemic approaches to safety and quality improvement, the HF CoP was created in 2020 to fill a critical void. Many healthcare organisations have struggled to implement Human Factors due to a lack of specialist staff and systemic support. The HF CoP not only brings these isolated efforts together but turns them into a thriving ecosystem of knowledge exchange, peer support, and innovation.



Siobhan Burns
Senior Ergonomics Adviser

What sets the HF CoP apart is its openness: no formal Human Factors qualification is required—just curiosity, a passion for improvement, and a healthcare background. Every other month, members from across the NHS join online meetings featuring thought leaders, technical experts, and real-world case discussions on applying Human Factors in frontline settings.

“I have found that the Human Factors Community of Practice has been very beneficial to my development as a Human Factors professional as it is a safe place to discuss concerns and ask for support. The wide range of knowledge that is available within the group and the lack of judgement when I feel that I may be asking what could be seen as a silly question gives me confidence to continue to grow in my role and to seek the support of my Human Factors colleagues.”

Siobhan Burns, Senior Ergonomics Adviser – University Hospitals Birmingham NHS Foundation Trust.

As the group continues to grow and influence national practice through its involvement in the Human Factors and Ergonomics – Professionals in Healthcare steering group, its impact is already being felt far beyond its regional roots.

Impacts and benefits

- **Knowledge Exchange:** Facilitated bi-monthly sessions featuring member-led discussions and expert speakers from diverse industries including healthcare, aviation, and nuclear energy.
- **Practical Resources:** Developed and shared a Human Factors toolkit, mentoring pathways, and a repository of projects and presentations to support on-the-ground initiatives.
- **Cross-Industry Learning:** Built bridges with sectors outside healthcare to bring in best practices for safety, design, and incident investigation.
- **Network Growth:** Organically expanded membership through word of mouth; created a safe and inclusive space for all healthcare staff with an interest in Human Factors.
- **Regional Impact, National Reach:** Supported the West Midlands region while contributing to national development through representation on a UK-wide steering group.

The HF CoP exemplifies how grassroots collaboration can spark high-impact change. Its continued expansion not only supports safer care across the NHS but is setting the stage for national transformation.





Leading implementation of Martha's Rule in the Midlands (phase 1)

In 2021 13-year-old Martha Mills died from sepsis after her family's concerns about her deteriorating condition were not acted upon. A 2023 coroner's inquest concluded that earlier escalation to intensive care could have saved her life. In response, the Secretary of State for Health and Social Care and NHS England committed to implementing the Patient Safety Commissioner's recommendation "**Martha's Rule**" to ensure patients, families and staff are heard and their concerns acted upon.

As part of the **Managing Deterioration** and **Martha's Rule National Patient Safety Programme**, Health Innovation West Midlands (HIWM) and Health Innovation East Midlands (HIEM) were commissioned to lead the implementation of Martha's Rule across the Midlands.

We will support the implementation of Martha's in 12 pilot sites across nine NHS Trusts in the West Midlands and eight pilot sites across five NHS Trusts in the East Midlands.



Phase 1 will begin implementation and testing of the three core components of Martha's Rule.



- 1 Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way.
- 2 All staff will be able, at any time, to ask for a review from a different team if they are concerned that a patient is deteriorating, and they are not being responded to.
- 3 This escalation route will also always be available to patients themselves, their families and carers, and advertised across the hospital.

- Establish a collaborative region-wide governance and support structure.
- Develop and disseminate practical tools and guidance to support implementation at provider level.
- Embed Martha's Rule within the wider PIER (Prevention, Identification, Escalation and Response) framework.

Approach

The Patient Safety Collaboratives (PSCs) at HIWM and HIEM adopted a multi-level implementation strategy.



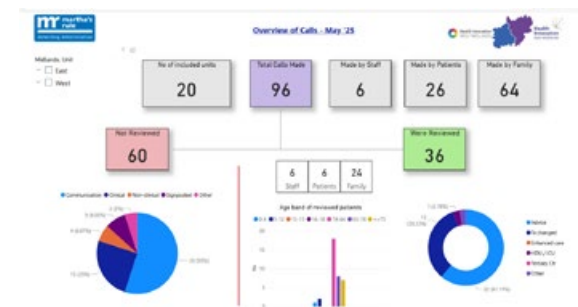
- **Macro (Regional):** Weekly leadership meetings with East and West Midlands Critical Care and Paediatrics Operational Delivery Networks (ODNs) to align strategy, share updates, and co-develop resources. Feedback and learning shared to NHS England - Midlands Regional Quality Group regarding progress of Martha's Rule testing. Integration of Martha's Rule into the Midlands Deterioration Network, chaired by HIWM/HIEM.
- **Meso (ICB):** Joint project meetings in areas with multiple pilot sites (e.g. Black Country) to ensure consistency and shared learning. Regular update meetings with ICBs to outline progress of phase 1 test sites.design and practical application of Martha's Rule.
- **Micro (Provider):** Monthly 1:1 virtual meeting with each pilot site to support development and initial modelling, monitor progress, address challenges, provide quality improvement and culture support, co-design and deliver education and training for Martha's Rule and build trusted relationships with implementation teams. On-site support was also provided where requested to support the pathway

A key output was the **Martha's Rule Implementation Guide**, co-produced with regional partners including the West Midlands Adult Critical Care ODN, offering a clear roadmap and checklists for pilot sites. The PSCs also established a **Patient Wellness Questionnaire Breakthrough Series**, resulting in the development of a practical toolkit to support implementation. The resources have been shared nationally and have supported the development of national resources for Martha's Rule.

Impacts and benefits

- **20 pilot sites** actively engaged in phase 1 implementation.
- **Weekly regional leadership meetings** established a consistent, collaborative approach.
- **Implementation Guide and Toolkit** developed and distributed to all sites.
- **Community of Practice** and local teaching support embedded across the region.
- **Positive feedback** from pilot sites on the clarity, responsiveness, and support provided.
- **Education and training courses** co-developed and delivered with the ODNs to phase 1 sites, including two regional sessions, one relating to culture and the other relating to PIER and identification of soft signs of deterioration.
- All 20 Midlands sites live with components 2 and 3 of Martha's Rule and testing component 1

- **381 Martha's Rule calls** received between September 2024 – March 2025 (**173** in the West Midlands and **208** in the East Midlands)



➤ Martha's Rule dashboard

- **Creation of a Midlands-wide Martha's Rule dashboard** (outlining number of calls, made by whom, number of reviews and themes of calls), which is the only one nationally. (we have screenshot images we can use here)
- **Across the Midlands 37%** of calls were reviewed with 24% resulting in a treatment change (including increased oxygen therapy, change in medication including antibiotics being prescribed) and **9%** leading to a transfer to HDU/ICU (49% of calls were reviewed in the West Midlands, with 30% of those reviewed resulting in a change in treatment and 11% leading to transfer to HDU/ITU)



“The collaboration between the Health Innovation Network and the Critical Care Network has been instrumental. This partnership has not only ensured the smooth implementation of the Martha’s Rule pilot in the Midlands but has also set a strong foundation for future innovations.”

Kirsty Datson, Lead Nurse, West Midlands Adult Critical Care Network

Next steps

- Continued support for Phase 1 sites as they embed Martha’s Rule into routine practice and expand into testing in Emergency Departments, Maternity and Neonatal Care.
- Support an additional 15 Phase 2 acute sites (nine in West Midlands and six in East Midlands) to test the three components of Martha’s Rule.
- Expansion of the Midlands Martha’s Rule Community of Practice to include new adopters.
- Ongoing evaluation and refinement of tools and resources based on site feedback.
- Preparation for wider rollout across the Midlands and nationally.
- HIWM and HIEM to lead the testing of Martha’s Rule in community inpatient hospitals nationally, following a successful tendering process.
- HIWM to lead the PIER Framework programme nationally, following the successful development of deterioration strategies across West Midlands ICBs.

Midlands Clinical Escalation Toolkit: Transforming maternity care across the region

Health Innovation West Midlands (HIWM) played a pivotal role in the successful implementation of the Clinical Escalation Toolkit, providing essential support and coordination to ensure its success. The toolkit was implemented in all maternity units across the Midlands region, and its success was evaluated in January 2025 by the University of Birmingham.

There have been challenges in maternity care with multi-disciplinary team-working and communication, especially when it comes to escalating clinical concerns promptly and effectively. These issues have been identified as significant contributors to avoidable harm during labour. Addressing these challenges is essential for enhancing maternity

safety and ensuring that all women receive high-quality, respectful care.

HIWM and Health Innovation East Midlands, the Midlands Perinatal team and obstetricians supported the implementation of the toolkit in both the East and West Midlands. Between January and December 2023, the team facilitated six online webinars and action learning sets to build a community of practice and support site leads with planning, initiation, and ongoing delivery of the toolkit. In October 2023, HIWM appointed a midwifery and obstetric clinical advisor to provide bespoke implementation support to sites encountering challenges.

HIWM collaborated with the University of Birmingham for an independent evaluation of the implementation and impact of the Clinical Escalation Toolkit. This involved data collection through qualitative interviews and quantitative surveys to assess the outcomes of the implementation, and this was published in January 2025. [Read the report here.](#)



Impacts and benefits

The evaluation revealed several key outcomes:

- **Improved clinical escalation** through clearer, standardised communication.
- **Enhanced staff confidence and empowerment** to escalate concerns, especially among junior and newly qualified midwifery staff.
- **Positive impacts on psychological safety** and attempts at flattening hierarchies.
- **Improved multidisciplinary team (MDT) relationships** and teamwork across different professions and departments.
- **There were some challenges in implementation** due to lack of protected time, obstetric involvement, competing priorities, and staffing shortages.

The toolkit provided several benefits for staff but more importantly, for women, babies and families.

- **Improved safety** for women, babies, and families through better communication and appropriate responses to escalations.
- **Increased confidence and empowerment** among junior staff to escalate concerns.
- **Enhanced psychological safety** and professional discussions.
- **Better teamwork and relationships** across different departments.

The success of the Clinical Escalation Toolkit is reflected in the positive feedback from staff:

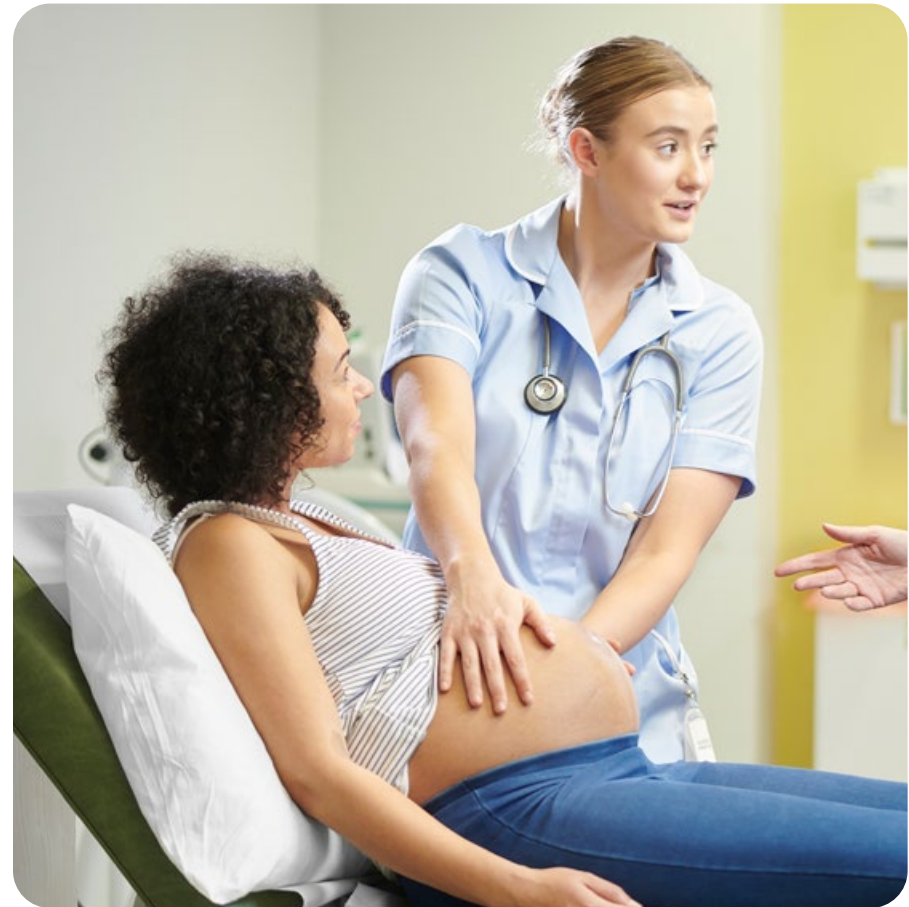
“It’s all about promoting the safety, isn’t it? And that is key in our unit, and whatever that takes in the form of better community, clearer communication, the appropriate response, the actions taken, that’s

absolutely key in the values that we have of giving the best care to our women and babies and families, and the safest.”

Midwife Site Lead

Next steps

The Midlands Clinical Escalation Toolkit has proven to be a transformative initiative, enhancing the safety and quality of maternity care across the region. With continued support and collaboration, the Midlands is set to lead the way in improving clinical practices and outcomes for women, babies, and families.



Improving the lives of people with a learning disability and autistic people

How a new national programme was created through co-production.

A co-produced (where providers and service users work together) programme of discovery supported the NHS England Medicines Safety Improvement Programme team to secure funding for a national patient safety programme aimed at people with a learning disability and autistic people.

The aim was to develop a programme to improve quality of life and reduce avoidable harm by preventing the inappropriate prescribing of psychotropic medicines—drugs that affect the brain and nervous system and are primarily used to treat mental illness. This issue was first brought to national attention by a BBC Panorama undercover investigation into abuse at Winterbourne View. This led to deep concern about psychotropic medications being prescribed without a mental health diagnosis; and the Government report, 'Transforming Care'.

A commitment was made in the NHS Long Term Plan to develop and deliver STOMP (Stopping Over Medication of people with a learning disability and autistic people) and STAMP (Supporting Treatment and Appropriate Medication in Paediatrics).

The work to develop a new national programme was carried out over 2024-2025 and was led by a collaboration of Health Innovation West Midlands, Health Innovation East Midlands and NHS England.

It involved a national appreciative inquiry involving multiple stakeholders, including people with lived experience who co-produced findings detailed in the scoping report. There was also a review of evidence, interviews with national leaders, a human factors system analysis and a benefits mapping exercise.

All 15 of the Health Innovation Network's Patient Safety Collaboratives delivered the national appreciative inquiry which included structured interviews with stakeholders throughout

the country, while supporting the lead team with various requests throughout the scoping phase.

The next step was to develop a theory of change to inform the development of the programme, which was reviewed by advisory boards and tested with ICB leads, leading influencers and respondents to surveys. Listening to the views of people with a learning disability and autistic people, plus relatives and carers, was an integral part of co-producing the programme.

The final solution focusses on:

- Proactive care planning, person centred care and shared decision making.
- Providing non-pharmacological responses to behaviour that challenges, where available.
- Multi agency system working involving a range of health and social care professionals.
- Providing holistic support and improved accessibility to care to drive down health inequalities.
- Balancing short and long-term health needs to promote improvements in a person's quality of life.

The result is a £2 million commission from NHS England to the Health Innovation Network to implement the first year of delivery of this patient safety and quality improvement programme to, 'Help people with a learning disability, who have behaviour that challenges, to avoid harm from psychotropic medicines.'



Why this must become ‘everyone’s business’

A key partner in developing the new programme was Dave Gerrard, Health Improvement Pharmacy Lead with the NHS England Learning Disability and Autism Programme, who was involved from an early stage in STOMP. Dave said:

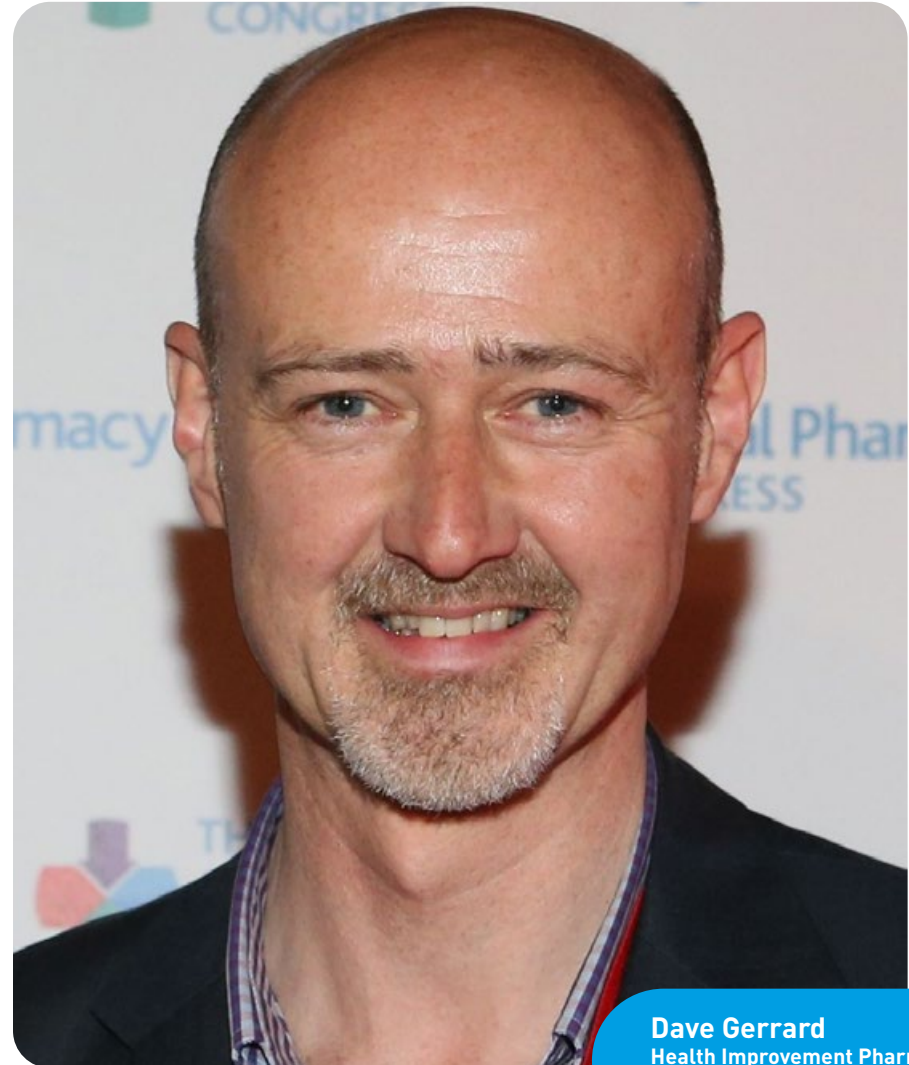
“As STOMP approaches its 10-year anniversary, it is encouraging to see a programme of work that looks at supporting service development and delivery. It will also raise enhanced awareness of caring for people with a learning disability and autistic people, and the importance of this being everyone’s business across all settings of care.

“It’s very difficult to unpick quite complex medication regimes in someone who may be lacking capacity, who may not understand or may not be able to verbalise or communicate how the medication makes them feel.

“And when there’s a poor evidence base for using it in the first place, but also an even poorer evidence base for taking it away safely, it’s that safety element that really drove a lot of the messaging around STOMP and STAMP.

“To be clear, STOMP and STAMP are not anti-medication, rather they focus on the appropriate use of medication, together with alternative interventions through quality led medicine optimisation services.

“So, when Tony and Ruth from the NHS England medicines safety team and Gill and Jordan of the Health Innovation Network came to us and said, we’re thinking of doing a major project around the way that psychotropics are prescribed in learning disability and autism, are you interested? It is absolutely what we need to really engage all professionals to really think about appropriate prescribing and about appropriate challenge.”



Dave Gerrard
Health Improvement Pharmacy
Lead, NHS England

Michael's story

Michael, who has a learning disability, moved around different locations because he 'couldn't settle'.

"I lived in Birmingham, Wales, Swansea and Black Heath; I couldn't settle, and it was due to my behaviours," said Michael.

"When I used to misbehave, I was sectioned; I was drugged up every single night and mum came to see me one night and said, 'that isn't my son'. I was so drugged up, like a zombie."

Michael was prescribed psychotropic medicines to help control his behaviour that was thought to be challenging.

"I know I sometimes had behaviour that challenges, but I couldn't help it. Sometimes you see, I lose control and when it happens, I hate it."

When Michael's medicines were reduced it changed his life.

"Now when I feel angry, I go and see Jane (carer at Michael's living establishment) and Jane says, come in and have a chat and I love it. Even when I'm angry I'll go to Jane and ask if I can talk to her and she'll make time for me – not only Jane but other staff as well."

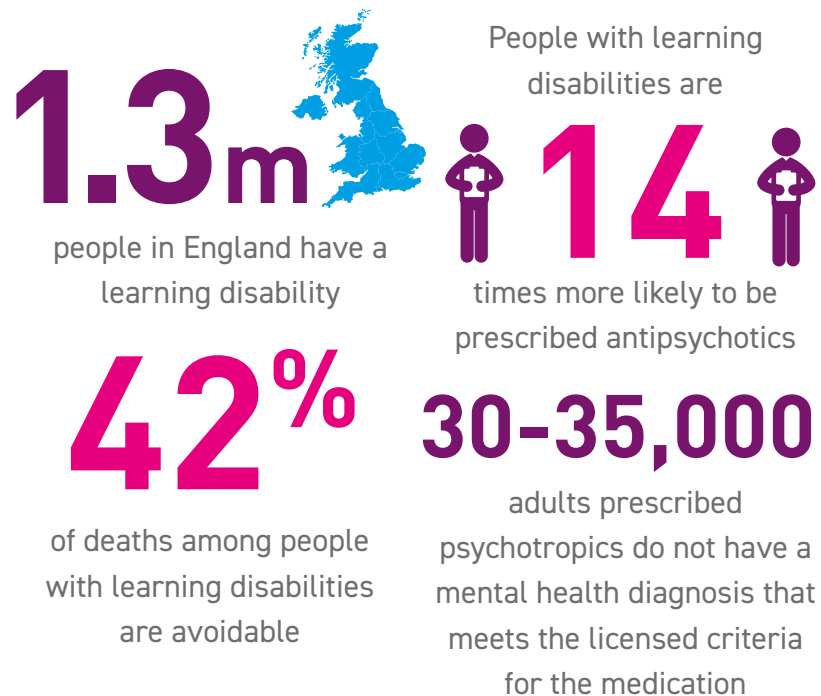
"I always feel comfortable and calmer when I've spoken to someone."

Michael now enjoys a more active life with lots of friends and activities; he still needs some medication to help with his behaviour, but less than previously.

HIWM Innovation Project Manager Jordan Leith said:

"Michael's story shows how balancing medication usage and other care needs, for a person with a learning disability that expresses behaviour that challenges, can truly change someone's health and wellbeing by improving their quality of life and reducing the chance of severe side effects."

“However, it is not always straightforward and requires considerable and careful planning; not everyone comes off medication and it can be beneficial for some people. The skill is in regular reviews and optimisation.”



➤ View Michael's story in this [video](#).

PERIPrem implementation in the West Midlands

The West Midlands has embraced the PERIPrem (Perinatal Excellence to Reduce Injury in Premature Birth) programme as a vital step toward improving outcomes for preterm infants. With some of the highest birth rates in the country and a wide range of maternity and neonatal services, the region presents both challenges and opportunities for innovation in perinatal care. By adopting the PERIPrem bundle, healthcare teams across the West Midlands are uniting under a shared vision: to reduce brain injury and mortality in babies born before 34 weeks gestation, through evidence-based, collaborative, and equitable care.

The project aims are to:

- **Improve survival and reduce brain injuries** in babies born before 34 weeks, through the adoption of proven clinical practices.
- **Standardise care** across maternity and neonatal units to reduce variation and ensure equitable outcomes.
- **Foster collaboration** among healthcare professionals and families to enhance care delivery.
- **Build capacity for continuous improvement** by training perinatal teams in quality improvement (QI) methodologies.

The implementation of PERIPrem in the West Midlands is grounded in QI methodology and supported by regional collaboration. The project is one year into a two-year cycle (April 2024 – March 2026).

Funding support was provided to NHS Trusts across the Midlands through Health Innovation East Midlands and the Midlands Perinatal Network to facilitate adoption of the PERIPrem bundle. A PERIPrem Partnership Forum was

established to bring together stakeholders and support continuous improvement and a Preterm Birth Lead Community of Practice was launched, alongside a series of topic-specific webinars to support clinical decision-making and knowledge sharing.

Coaching and collaborative learning were also embedded to support teams in implementing the 11 interventions effectively.



Impacts and benefits

The PERIPrem programme has already begun to drive meaningful change across the region:

- **Increased adoption** of the PERIPrem bundle across maternity and neonatal units.
- **Improved collaboration** between obstetric, midwifery, and neonatal teams.
- **Enhanced clinical confidence** through targeted training and shared learning.
- **Stronger regional alignment** through the Partnership Forum and Community of Practice.

Next steps

- **Year 2** will focus on continued QI support, expanding adoption of all 11 PERIPrem elements, and embedding sustainable practices across the region.
- Ongoing evaluation and feedback will inform further scaling and refinement of the programme.

Optimisation Pathway West Midlands Headlines April 2020 - March 2025



1849 women giving birth at less than **30 weeks** of gestation received magnesium sulphate within 24 hours prior to birth.

This potentially means that **49 babies** will not develop cerebral palsy, and a cost saving to welfare and society of between **£39,200,000** and **£49,000,000**.

581 women in preterm labour at less than **34 weeks** of gestation received intravenous intrapartum antibiotic prophylaxis to prevent early onset neonatal Group B Streptococcal (GBS) infection irrespective of whether they have ruptured amniotic membranes.

This potentially means that **58 babies** were born without group B strep and that **14 babies** survived.



Between **93** and **134 babies** born at less than **34 weeks** gestational age potentially survived because their umbilical cord was clamped at or after one minute after birth



Between **31** and **38 lives** were saved because the mother got antenatal corticosteroids.



Potentially, between **138** and **186 lives** were saved due to getting timely interventions.

“Our collaboration with the Health Innovation West Midlands team with PERIPrem project has been a highly constructive and impactful partnership. The team’s proactive engagement, deep understanding of regional healthcare priorities, and commitment to innovation have been instrumental in supporting the implementation and PERIPrem.

“Their strategic insights and facilitation of key stakeholder connections have enabled us to navigate the complex healthcare landscape more effectively. This collaborative effort has not only enhanced the visibility of PERIPrem across the region but has also accelerated its potential to improve neonatal outcomes in line with the aim of PERIPrem.

“We value the ongoing relationship and look forward to continuing joint efforts to drive innovation and deliver measurable improvements to the babies and families of the West Midlands.”

Kate Edwards, Deputy Lead Nurse, Quality, Safety & Improvement from West Midlands Perinatal Network



Kate Edwards
Deputy Lead Nurse

Innovative digital tools transform musculoskeletal care in Black Country

In a ground-breaking move to address the rising demand for musculoskeletal (MSK) physiotherapy services, Health Innovation West Midlands (HIWM) has facilitated the use of two cutting-edge digital tools, Phio Access and Phio Engage, revolutionising the way MSK care is delivered in both primary and secondary care settings across the Black Country.

Phio Access is an advanced MSK digital triage tool powered by artificial intelligence, capable of navigating over 3,000 decision-based scenarios. This tool adapts to local service pathways, ensuring patients receive the most appropriate treatment options, verified by clinical professionals. When self-management is

deemed suitable, patients are referred to **Phio Engage**, a digital self-management platform offering tailored recovery programmes, outcome tracking, and direct communication with physiotherapists.

The initiative was driven by the need to alleviate the pressure on MSK services post-COVID-19 pandemic, where demand significantly outstripped capacity, leading to increased waiting times and heightened clinical risks. The MSK service team at Sandwell and West Birmingham Hospitals NHS Trust (SWBH) identified Phio Access and Engage as the optimal solution to streamline patient care and enhance service efficiency.



Impact and benefits

The implementation of Phio Access and Engage has yielded remarkable results. Each digitally managed patient saves on average one triage appointment and three follow-up appointments, contributing to a substantial reduction in waiting times. At SWBH, the mean wait time plummeted from 11.5 weeks in 2022 to just 3.7 weeks in 2023, significantly improving patient safety and service standards.

The digital pathway has released clinical and administrative time, with the SWBH MSK service freeing up **1,240 hours** for face-to-face triage and treatment over 12 months, and Walsall Healthcare NHS Trust (WHT) MSK service saving **230 hours** in six months. The economic impact is equally impressive, with the digital pathway contributing to Net Zero by saving an average of 13.2kg CO2 per patient.

High patient satisfaction scores underscore the success of Phio Access and Phio Engage, with most users rating the digital pathway as good or very good. The tools have demonstrated equitable access across diverse demographics, including gender, ethnicity, age, employment status, and deprivation levels.

Figures show that 40.4% of Phio Access users are in full-time employment, while 14% are part-time. Similarly, 53.7% of Phio Engage users are in full-time employment, while 15.8% are part-time. This means that most users can self-refer to MSK services and manage their conditions at a time that suits them, rather than taking time off work for appointments.

In addition, breaking down the patient demographics information further, 71.7% of Phio Access users and 69.8% of Phio Engage users are in the lowest Index of Multiple Deprivation (IMD) groups of 1-3. This highlights the tools' effectiveness in reaching and serving patients in the most deprived areas.

“Our main challenge pre-Phio was that our self-referral service was a telephone process whereby patients called our admin team to be referred to physio. When the patients called, all self-referrals were triaged according to a very basic algorithm by non-clinical staff. As a result, all referrals had very little information attached, which would mean the referral may have been placed with an inexperienced clinician, or potentially needing referring onwards to the right place, which created an extra step that wasn’t needed.

“Now with Phio, our self-referrals are triaged appropriately. All clinicians are happy with those referrals that come in and is a lot safer, as referrals that need more urgent or emergency care are managed effectively.

“We also have the option of some referrals being managed remotely via the Phio Engage app which has helped take some patients off our waiting lists and gives them a quicker and better experience.”

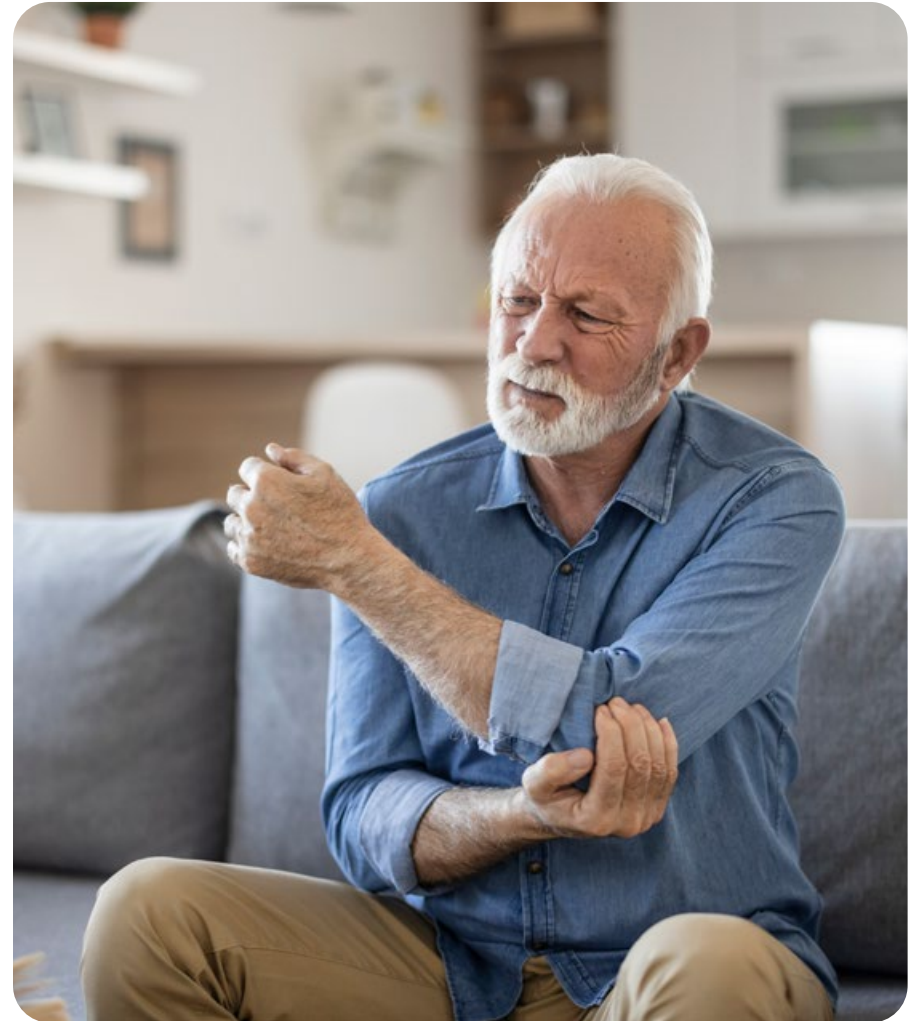
Jonathan Morris, MSK Physiotherapy Team Leader, Walsall Healthcare NHS Trust



Jonathan Morris
MSK Physiotherapy Team Leader

Next steps

HIWM is committed to sustaining and scaling the use of Phio Access and Phio Engage across additional MSK services and primary care settings in the Black Country and beyond. This initiative not only aligns with the NHS Long Term Plan—by supporting the shift from hospital-based care to community settings and promoting the use of digital technologies—but also contributes to regional economic growth by helping people remain in work.



Tackling problematic polypharmacy across the West Midlands

As the population ages and more people live with multiple long-term conditions, the number of prescribed medications continues to rise, often with unintended consequences. Studies show that over half of older adults are prescribed at least one medicine that may do more harm than good, including hospitalisation and early mortality.

To address this growing concern, Health Innovation West Midlands (HIWM) launched the **Polypharmacy: Getting the Balance Right** programme in September 2022. The initiative, now entering its final phase, has worked across six Integrated Care Boards (ICBs) in the region to reduce the risks associated with problematic polypharmacy.

The programme set out to support primary care teams in identifying patients at risk of harm from multiple medications and to promote better conversations about medicines through shared decision-making. This was achieved through three key pillars:

- **Population health management:** Using data to identify high-risk patients for prioritised Structured Medication Reviews (SMRs).
- **Education and training:** Delivering Polypharmacy Action Learning Sets (ALSs) and virtual Polypharmacy Workshops (vPW) to upskill clinicians in safely deprescribing unnecessary medications.
- **Public behaviour change:** Testing and rolling out patient-facing materials like *Me and My Medicines* to encourage open dialogue about medication concerns.

The programme also established a **Polypharmacy Community of Practice**, sponsored local trainers, and piloted new tools and dashboards to support improvement efforts.

Impacts and benefits

The programme has delivered impressive engagement and uptake across the region:

- **195 health care professionals** attended vPWs
- **136 delegates** attended quarterly Community of Practice sessions.
- **258 downloads** of the Preparing for Medication Review resource.
- **140 West Midlands delegates** took part in the national Polypharmacy ALSs between April 2022 and March 2025.
- **94 attendees** from the region joined NHSBSA Polypharmacy Prescribing Comparators webinars.

- **Four Core20 PCNs** in deprived areas received £1,500 each to run Quality Improvement projects focused on enhancing SMR services. (See page 48.)

Next steps

Although local delivery concluded in March 2025, the programme's legacy is secure. Seven regional universities have agreed to embed the training content into undergraduate and independent prescribing courses, ensuring long-term sustainability. The Polypharmacy Community of Practice will also continue under the leadership of a local ICB.

A national evaluation is currently underway, alongside a smaller local review by HIWM, to assess long-term impact and inform future scaling.

Polypharmacy: Getting the Balance Right

– Local funding for Core20 PCNs

In July 2024, the National Polypharmacy Programme launched a funding initiative to support 10 Primary Care Networks (PCNs) in the most deprived areas of the UK with £1,500 each. The West Midlands region, home to some of the most deprived populations, including the Black Country ICB (the second most deprived in England) received over 30 applications.

In response, Health Innovation West Midlands (HIWM) extended funding to an additional four high-need PCNs based on population data, quality of proposals, and Index of Multiple Deprivation (IMD) scores, to run from September 2024 until March 2025.

These PCNs were:

- **Kingstanding, Erdington and Nechells PCN** – North and Central Birmingham
- **Washwood Heath PCN** – East Birmingham
- **I3 Ladywood PCN** – West Birmingham
- **Health Vision Partnership PCN** – Sandwell, Black Country

The aims of the project were to support these PCNs to improve their Structured Medication Review (SMR) services and implement the three-pillar approach of the National Polypharmacy Programme (see our Polypharmacy case study on page 46/47).

Further aims included:

- Reduce problematic polypharmacy in patients aged 75+ on 10+ medications.
- Engage seldom-heard communities, including non-English speakers, using multilingual patient resources.
- Build pharmacist confidence in de-prescribing through targeted training and quality improvement (QI) projects.

Each PCN conducted a QI project focused on enhancing SMRs and these included use of multilingual patient-facing SMR resources to support shared decision-making, identification and invitation of eligible patients using bespoke data

packs and carrying out a minimum of 20 SMRs per PCN, each lasting at least 30 minutes and completed within 6–8 weeks.

Impacts and benefits

| Metric | Result |
|----------------------|--------|
| SMRs conducted | 103 |
| Medications reviewed | 342 |
| Medications stopped | 50 |
| Dosages optimised | 40 |
| Patients invited | 136 |
| Pharmacists involved | 15 |

- **100% of pharmacists** reported increased confidence in de-prescribing.
- **Improved patient engagement** through culturally and linguistically appropriate materials.
- **Positive patient feedback**, including increased

understanding and preparedness for SMRs.

“Working with HIWM was a genuinely positive experience... the materials provided played a key role in supporting our patients and enhancing our consultations.”

Mr Javed Iqbal, Lead Pharmacist, I3 Ladywood PCN

Next steps

- The approach is being scaled across additional PCNs in the region.
- Continued use of multilingual SMR resources and QI methodologies.
- Ongoing training and support for pharmacists to embed best practices.



System Safety – PSIRF Oversight Programme

The **Patient Safety Incident Response Framework (PSIRF)**, published in August 2022, is a cornerstone of the NHS Patient Safety Strategy. It represents a fundamental shift in how the NHS responds to patient safety incidents—moving from a reactive, blame-oriented model to a compassionate, system-based, and learning-focused approach.

As part of the System Safety **National Patient Safety Improvement Programme**, Health Innovation West Midlands (HIWM) led the delivery of PSIRF implementation support across all six Integrated Care Systems (ICSs) in the West Midlands over two years, from April 2022 until April 2024. This work was critical in helping organisations meet national requirements as well as supporting a culture of continuous learning and improvement.

The project aims are to:

- **Establish and maintain effective partnerships to embed PSIRF in line with national guidance** by working collaboratively with system partners, fostering shared ownership, aligning efforts across organisations, and ensuring local implementation reflects national expectations and best practices.
- **Support ICSs and providers in linking patient safety with quality improvement and organisational development** by providing expert guidance and facilitation to integrate patient safety principles into broader quality improvement initiatives and organisational learning strategies.
- **Ensure a system-wide focus on PSIRF implementation** by aligning priorities, monitoring progress, sharing learning, and addressing barriers—ensuring patient safety remains a core focus at every level of the system.

- **Assist providers in developing robust Patient Safety Incident Response Plans (PSIRPs)** by offering support, resources, and expert advice to help providers design and maintain effective, evidence-based PSIRPs that are tailored to the needs of their services and populations.
- **Promote a culture of continuous monitoring and improvement** by encouraging the use of data, feedback, and evidence to drive sustained enhancements in patient safety and organisational learning.
- **Provide tailored support to services requiring additional guidance, including maternity services and Local Maternity and Neonatal Systems (LMNSs)** by delivering bespoke assistance to build capacity and capability for effective PSIRF implementation, with a strong focus on equity, service user engagement, and improved outcomes for mothers and babies.

Approach

The programme was delivered through a multi-level engagement model:

- **Macro (Regional):** Strategic collaboration with NHS England Midlands and regional stakeholders to align implementation efforts.
- **Meso (ICB):** Bespoke support for each ICS, including facilitation of system-wide learning and shared approaches.
- **Micro (Provider):** Direct engagement with provider organisations to support PSIRP development, training, and cultural change.

Key activities included:

- Hosting regional learning events and webinars.
- Facilitating Communities of Practice.
- Providing coaching and mentorship to patient safety leads.
- Supporting the development of PSIRF-aligned tools and resources.

Impacts and benefits

- **All six ICSs in the West Midlands successfully transitioned to PSIRF within national timeframes:**

Each ICS completed the implementation of PSIRF by the nationally mandated deadline, demonstrating effective coordination, strong leadership, and commitment to improving patient safety. This achievement reflects the region's ability to manage large-scale change while maintaining quality and consistency across diverse healthcare settings.

- **Strong regional networks and relationships were established and embedded:**

Collaborative networks were developed across the region, fostering trust, shared learning, and alignment in patient safety approaches. These networks provided a platform for peer support, cross-organisational dialogue, and the dissemination of best practices, strengthening the region's ability to respond to challenges collectively and sustainably.

- **Providers reported increased confidence and capability in managing patient safety incidents:**

As a result of targeted training, guidance, and hands-on support, healthcare providers across the region expressed greater confidence in their ability to manage and respond to patient safety incidents.

- **Tailored support enabled systems with complex challenges to meet national expectations:**

This personalised support ensured equitable progress across the region, enabling all systems—regardless of complexity—to successfully meet PSIRF requirements and embed a culture of continuous improvement.

“The relationships formed to date and the support and engagement we have experienced from you has been invaluable. HIWM have been able to bring an appreciative inquiry approach to our system meetings which has facilitated meaningful outcomes for our ICB.

“I have also benefitted personally in terms of mentorship and coaching, to ensure I was able to remain positive and meet the challenges of our system in a way that encouraged exploration, curiosity and collaboration. Shared learning and the ability to share the various approaches you have witnessed by other systems has also helped enormously.

“The independent voice, personal expertise, experience and individual skill set was key in our ICBs success to meet the national deadlines.”

Michelle Gorrell, Associate Chief Nurse for Nursing and Patient Safety, Coventry and Warwickshire ICB.

Next steps

Although the national programme has concluded in its current form, the work continues. HIWM, in partnership with Health Innovation East Midlands, has been successful in securing the national tender to deliver the **PSIRF Oversight Programme** for 2025–2026.

This next phase will focus on:

- National oversight and coordination of PSIRF implementation.
- Continued support for ICSs.
- Embedding sustainability and system learning across England.





Two West Midlands ICBs lead the way in reducing opioid use to improve patient safety

Harm from opioid use for chronic non-cancer pain has been significantly reduced in two West Midlands Integrated Care Boards (ICBs), Staffordshire and Stoke-on-Trent and Shropshire, Telford and Wrekin, supported by Health Innovation West Midlands (HIWM), using an innovative system wide approach as part of its [national Medicines Safety Improvement Programme \(MedSIP\)](#).



The problem

Over half a million people across England are prescribed opioids, for chronic pain, for longer than three months. Experts warn that long-term use can be dangerous and increases the risk of addiction, overdose and even death.

The opioid prescribing rates of these two ICBs were among the highest in the country. Shropshire, Telford and Wrekin had the country's highest prescribing rate for high-dose opioids (defined as a dose above >120mg morphine equivalent) with 91.33 patients per 1,000 patients compared to a national ICB average of 61.95 per 1,000 patients.

Using a whole-system approach

Five cross-cutting themes were identified for potential areas for improvement as outlined below:

- **Prevent initiation** of opioids for inappropriate indications
- **De-escalate:** Ensure opioids are not:
 - continued for longer than clinically appropriate
 - used at a higher dose than clinically necessary
- **Find chronic use:** Identify patients taking opioids long term (>3 months) for non-cancer pain and review to identify potentially inappropriate use.
- **Treat (Taper and Support):** Support deprescribing of potentially inappropriate opioids with appropriate support for patients that includes non-pharmacological support.
- **Sustain:** Ensure changes to prescribing and the support available to patients are long-term.

Taking a whole-system approach, involving GPs, hospitals, community services and patients, the programme launched the following initiatives to address these:

- Training for healthcare professionals in safer pain management, supporting patients to manage their pain without relying on opioids.
- Clear policies were created for GP practices to prevent overprescribing.
- Worked with local hospital teams to improve opioid prescribing when discharging patients. This included better documentation, patient education and follow-up care.
- Launched a public awareness campaign to highlight the side effects of opioid use.
- Reducing opioid use before surgery to improve recovery and reduce risks.

Impact and benefits

The results have been impressive:

- 94% of local GP practices in Shropshire, Telford and Wrekin and 92% in Staffordshire and Stoke-on Trent engaged in the 24/25 Prescribing Incentive Schemes to improve opioid stewardship.
- Over 900 outdated prescriptions for opioids have been removed from patient records in Shropshire, Telford and Wrekin.
- 214 people have had their risk of opioid related death halved, due to safer prescribing in Staffordshire and Stoke-on-Trent.
- 245 people have had their risk of opioid related death halved, due to safer prescribing in Shropshire, Telford and Wrekin.
- 121 of 130 GP practices in Staffordshire and Stoke-on-Trent now have clear opioid prescribing policies.
- 39 healthcare professionals in Staffordshire & Stoke-on-Trent trained in the 'Live Well with Pain' programme.

Testimonials

“We have been privileged to collaborate with Health Innovation West Midlands on the opioid programme at many levels:

- As a system partner and critical friend
- As a collaborator and in providing support in sharing good practice and helping us connect the dots with other health economies
- Providing the wealth and experience and professional support, to continue and to scale up to a health economy perspective

We have been very happy working with Caroline and Claudia in assisting us to look at high impact quality improvement.

We as a team have learned and grown with the approach of a system led change, working seamlessly with our internal stakeholders to take this opioid programme forward.

Our health economy has systematically worked to have a continuous and sustainable model for improvement for opioids starting with an audit, in the first year, identifying the patients on opioids in the second year and preparing for tapering and review in the third year. We couldn't have done this without the encouragement and support from the HIWM team.

Renee Larsen, Medicines Optimisation Pharmacist - Opioid Improvement Programme at Staffordshire and Stoke-on-Trent ICB



Renee Larsen
Medicines Optimisation Pharmacist

John is a patient with lived experience of a tapering regime prior to elective surgery for a second knee revision. He said:

“I have had so many years of no support. I would have fallen through the cracks probably, it was like the hand of God – anything Amanda (PCN pharmacist) emailed to Alex (community pharmacist) got acted on immediately. It makes a lot of difference for me to find somebody I could trust, and it shows that all that morphine wasn’t necessary and wasn’t doing me any good.”

Next steps

Opioid improvement work in Staffordshire & Stoke-on-Trent will continue, following evaluation of the East Staffordshire pilot, the ICB will look to refine and roll out the revised pathway across the ICB.

Shropshire, Telford and Wrekin ICB plan to expand the GP prescribing scheme in 2025-26.





Taking a sustainable approach to Theatres and Anaesthetics



Anna Edwards, Innovation Project Manager at Health Innovation West Midlands (HIWM) has been instrumental in developing the Sustainable Theatres and Anaesthetics Toolkit, aimed at reducing the carbon footprint of theatres and anaesthetics within hospitals. This project aligns with

the NHS's national ambition to deliver the world's first net zero health service by 2040-2045.

The project commenced with a survey in November 2022 to assess the current environmental sustainability knowledge among theatres and anaesthetics staff in the West Midlands. Despite a reasonable level of perceived knowledge, the survey revealed a strong desire for further training.

HIWM collaborated with NHS colleagues to identify best practices and resources, which were then compiled into a comprehensive toolkit. This toolkit includes best practice templates, quality improvement projects, and resources on anaesthetic gases and medicines. It was launched through a dedicated event and made available on the [HIWM website](#), reaching NHS colleagues across the region.

Outcomes and impacts

The Sustainable Theatres and Anaesthetics Toolkit has been presented at various forums, including the West Midlands Medicines and the Environment Network and regional ICS Greener Medicines working groups, reaching over 177 attendees. It was also showcased at key events like the Midlands Greener NHS Roadshow and the National Health Innovation Network Net Zero Showcase Event.

The toolkit has been viewed and downloaded by at least 75 people, significantly raising awareness and knowledge about sustainable practices in theatres and anaesthetics.



Dr Paul Southall
Consultant Anaesthetist

Dr Paul Southall, Consultant Anaesthetist and Clinical Sustainability Lead at Worcestershire Acute Hospitals NHS Trust, praised the initiative:

“HIWM is committed to improving the quality of guidance

available to those interested in sustainable healthcare. Anna’s help in producing the original sustainable theatres and anaesthetics toolkit reflects this commitment. The toolkit has evolved and been updated over the years, forming the basis for a bespoke sustainable quality improvement (QI) toolkit in anaesthetics, produced with the RCoA. This will hopefully further the reach of sustainable QI within anaesthetic practice and ensure that sustainability remains a core component of QI within anaesthesia.”

Next steps

The collaborative development of this toolkit has paved the way for its adoption and enhancement by the Royal College of Anaesthetists (RCoA). It will be linked to RCoA national standards and their anaesthetic training curriculum, ensuring nationwide applicability. The phased rollout of this expanded toolkit is set to begin in mid-2025, extending the impact of sustainable quality improvement within anaesthetic practice and contributing to achieving net zero in healthcare.

This initiative marks a significant step towards greener healthcare practices, highlighting the power of collaboration and innovation in driving sustainable change.

Innovator case study: Upskill Maternity Training Project

A maternity training innovation, led by Upskill.Health, is a pioneering initiative designed to address the urgent need for scalable, high-quality clinical training for midwives across the UK. In response to a new national curriculum mandating eight days of annual clinical training - up from three - this innovation leverages mobile technology, virtual reality (VR), and artificial intelligence (AI) to deliver flexible, engaging, and impactful learning experiences.

The innovation aims to:

- Reduce training delivery barriers such as staffing shortages, financial constraints, and limited educator capacity.
- Enhance learning outcomes through immersive, scenario-based training and AI-driven role play.
- Foster empathy and behavioural change by embedding local real-life patient stories into the curriculum.

- Standardise training nationally while allowing for local adaptation and relevance.

The training is delivered via a mobile app, offering bite-sized, interactive lessons that midwives can complete during their working day.

Key features include:

- VR simulations: On-demand, headset-based scenarios such as neonatal resuscitation, accessible directly on labour wards.
- AI-Powered role play: Realistic conversations with AI avatars based on real women's pregnancy journeys, providing formative feedback on communication skills.
- Automated Compliance Tracking: A cloud-based dashboard for educators to monitor progress and reduce administrative burden.

Health Innovation West Midlands (HIWM) has played a crucial role in the early development of this innovation.

Support has included:

- Human Factors Insight: Fran Ives, Human Factors Specialist supported Upskill.Health with informal interviews with midwives to identify technical and cultural barriers to implementation.
- Implementation guidance: HIWM provided strategic input on how to integrate VR hardware into clinical settings in a way that is accessible and culturally sensitive.
- Stakeholder engagement: HIWM's network has helped connect the project with key regional stakeholders, laying the groundwork for future scaling.

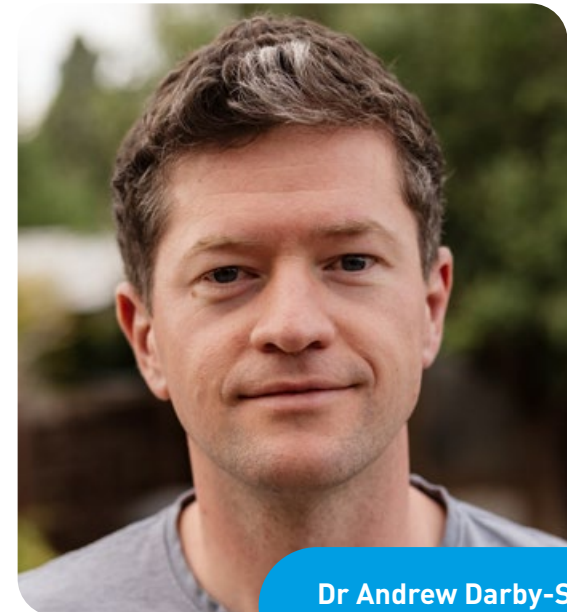
This support has been described as “light-touch, but exactly what we needed”, providing the right expertise at the right time during the discovery and development phase.

The pilot is launching across three hospitals in Coventry and Warwickshire, with a concurrent research evaluation in collaboration with Coventry University. The long-term vision, if successful, includes:

- Scaling to other regions with locally adapted content.
- Creating a national network of standardised training enriched by local stories.
- Establishing a rapid-response training mechanism to share learning from safety incidents across the NHS.

“The support from Health Innovation West Midlands has been incredibly helpful. Just knowing they exist, that they’re backing innovations like ours, and that they can connect us with others facing the same challenges - it’s made a real difference at this early stage.”

Dr Andrew Darby-Smith, Anaesthetic Registrar and Founder of Upskill.Health



Dr Andrew Darby-Smith
Anaesthetic Registrar





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