Appendix 2: Workstream themes, suggested objectives and links to outstanding regulatory breaches

CQC areas still Partially Compliant (Maternity)

CQC area	Open gap (Sept 2026 self-assessment)	Themes that close it
Culture	Staff not yet assured their concerns are heard and acted on; civility and psychological safety training for 1,000+ MDT staff over 12 months	M2.1, M2.2
Environment and equipment	Bilirubinometer procurement stalled; priority equipment across inpatient and community services	M3.1, M3.2, M7.5
Incidents and learning	Timeliness of investigations; evidence of Duty of Candour	M5.1, M5.2
Risk and performance	Induction of labour below standard; triage data capture	M6.1, M6.2
Safe staffing	Onboarding early-career midwives; Birthrate Plus reassessment (report Apr 2027)	M4.1, M4.2

*Key:

★ Themes associated with ongoing regulatory breaches (Maternity only, neonates are fully compliant)
◆ Nationally mandated themes (Thirlwall, NHSE 10-point plan)
NB. KPIs documented here are suggestions to be confirmed by workstreams

Maternity workgroups

M1 Engagement, communication and health equity – Jenny Roddy & Laura Walton

#	Theme: what we will deliver	So what: suggested KPI	PTP refs
M1.1	Co-produce a published engagement programme with the MNVP and underserved communities, with quarterly "you said, we did" reporting to governance	Number of service changes co-designed with MNVP and communities; % of MNVP recommendations with a documented response within 1 month	EC1, EC2, EC3
M1.2 ◆	Introduce real-time feedback at three critical points (triage, labour ward, postnatal discharge), with monthly themes acted on	FFT response rate and % positive by area (J5 first); CQC Maternity Survey scores on "listened to" and "concerns taken seriously"	EC8
M1.3	Make interpreting reliable at booking, triage and labour	% of women with a recorded language need who had an interpreter at each point (audit)	EC5
M1.4	Rewrite core pregnancy, birth and postnatal information to accessibility standards in the top five local languages; deliver the wayfinding plan at LGI and SJUH	% of core information available in the top five languages; service-user testing of wayfinding	EC4, EC6, A10
M1.5	Offer a trauma-informed birth reflection service to every woman who wants one	% of women offered birth reflection; wait from request to appointment; complaints with a communication theme	EC7, EC10

*Key:

★ Themes associated with ongoing regulatory breaches (Maternity only, neonates are fully compliant)
◆ Nationally mandated themes (Thirlwall, NHSE 10-point plan)
NB. KPIs documented here are suggestions to be confirmed by workstreams

M2 Culture, leadership and inclusion – Del Wijeratne

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
M2.1 ★	Deliver civility and psychological safety training to 1,000+ MDT staff, built on agreed behavioural standards	% of staff trained (target ≥90%); quarterly psychological safety pulse score; NHS Staff Survey "safe to speak up"	CLI1, CLI2
M2.2 ★	Close the loop on speaking up: every concern acknowledged, actioned and fed back, with quarterly published themes	% of concerns with feedback to the person raising them within 2 weeks; Staff Survey confidence that concerns are addressed	CLI4, CLI9
M2.3	Widen the reach of the Psychological Safety MDT and make trauma-informed post-event support consistent (DEFUSE 24/7)	% of eligible events with a debrief offered within 72 h; uptake by staff group and site	CLI3, CLI5
M2.4 ◆	Implement the national Perinatal Equity and Anti-Discrimination Programme (**jointly with neonates, N2.2**)	% of staff completing; WRES/WDES and career-progression measures for maternity staff	CLI10
M2.5	Give every Band 7+ midwifery leader and consultant a leadership development plan aligned to the national framework	% of leaders with a current plan; Staff Survey line-manager scores	CLI6

★ **CQC regulation breach:** Maternity services did not have a strong or supportive culture. Staff described a blame culture and fear of speaking up. Staff felt the service did not provide equal opportunities for career progression.

Actions to date:
Maternity has implemented new ways for staff to raise concerns including local and senior leadership visits, more surveys and newsletters, additional safety champions and freedom to speak up champions, more forums for frontline teams, and improved communication from leaders. A new Psychological Safety MDT has been established with psychology and external support. This provides an additional route for colleagues to raise concerns about service issues or interpersonal conflict.

M3 Estates and equipment – Andy Harding

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
M3.1 ★	Agree a priority equipment register and replacement plan for inpatient and community services, including CTG track and trace	% of priority items in place; % of planned preventive maintenance in date (target ≥95%); equipment-related incidents per month	Obj 2, Obj 6
M3.2 ★	Resolve bilirubinometer procurement and make community equipment supply reliable	Transcutaneous bilirubinometers available to 100% of community teams; order-to-delivery time; stock-out incidents	C1, C19
M3.3	Set response standards for estates defects, with a clear escalation route	% of estates jobs completed within priority timescale; number of overdue jobs	Obj 6
M3.4	Issue lone-worker devices and training to all eligible community staff	% of eligible staff issued and trained; device use compliance; lone-working incidents	C2, C3

★ **CQC regulation breach:** The environment was not fit for purpose due to a number of overdue repairs and maintenance issues. Equipment was not stored securely, and the resuscitation equipment was insufficient for the level of care on the unit.

Actions to date:

Maternity has addressed all estates issues raised during the inspection.

New equipment has been procured and is in place including 14 new resuscitaires and 10 new CTGs.

A clear process has been implemented for staff to order equipment under £5k and a capital plan has been agreed for equipment over this threshold.

M4 Workforce, wellbeing and education – Becky Musgrave & Dipesh Odedra

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
M4.1 ★	Onboard and retain the early-career midwife intake through structured preceptorship and supported redeployment	12-month retention of newly qualified midwives; midwifery vacancy rate; roster fill rate	WE2, WE7, WE9
M4.2 ★	Complete the Birthrate Plus reassessment (report Apr 2027) and agree the establishment response	1:1 care in established labour (100%); supernumerary labour ward co-ordinator on 100% of shifts; staffing red flags per month	WE2, WE9
M4.3	Align the obstetric medical workforce model and job plans with demand, including senior cover and elective list staffing	Consultant labour ward presence against the agreed standard; % of elective lists cancelled for staffing	WE3, WE4, WE8
M4.4	Secure 24/7 senior operational oversight: midwifery on-call, Patient Flow Co-ordinator, site leads and protected ward-leader time	% of escalations responded to within standard; % of ward leaders receiving protected time each month	WE1, WE5, WE6, WE10, WE13
M4.5	Expand the Professional Midwifery Advocate model so every midwife can access restorative clinical supervision	PMA to midwife ratio (A-EQUIP guide 1:20); % of midwives receiving restorative supervision each year	WE11

★ **CQC regulation breaches:** Services did not have sufficient and suitably qualified staff to provide safe care. Staffing levels did not meet local or national standards.

Actions to date:

Maternity has more midwives and doctors than at the time of the last inspection and more due to start over the next 3 months.

We have reviewed workforce requirements for the next year and have recruited ahead of attrition to avoid peaks and troughs of staffing levels caused by the annual intake of early career midwives.

Budgeted establishment exceeds 2024 BR+ recommendations and an expression of interest to support further early career recruitment has been submitted to NHSE.

Processes are robust to ensure staff redeploy to maintain safety standards whilst the service onboards additional capacity.

M5 Quality, safety and governance – Michala Little & Tej Kaur-Desai

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
M5.1 ★◆	Clear the incident review backlog and hold to PSIRF timescales across inpatient and community	% of reviews completed within agreed timeframe; number of incidents open beyond timeframe	QSG1, C21
M5.2 ★	Make Duty of Candour and family involvement reliable in every investigation	% of Duty of Candour notifications within 10 working days; % of PSIIs with family involvement documented	QSG2
M5.3	Turn learning into changed practice: a single action log, monthly learning output and testing of whether changes worked	% of actions closed on time (target ≥90%); recurrence of the top three incident themes	QSG1, QSG8
M5.4	Achieve and sustain full compliance with Saving Babies' Lives v3 and the Maternity Incentive Scheme	SBLv3 element-level compliance; MIS safety actions met; stillbirth, preterm birth and brain injury rates	QSG3, Obj 11, Obj 12
M5.5	Hold essential training compliance across all staff groups (PROMPT, fetal monitoring, NLS, civility module)	% compliance by staff group (MIS standard ≥90%)	Obj 9
M5.6	Resource the Women's complaints and PALS pathway to respond on time and feed learning back	% of complaints responded to within Trust timescale; reopened complaints	QSG4

★ **CQC regulation breaches:** Services did not have effective systems and processes to ensure staff reported, investigated and learned from incidents. Compliance with key performance indicators, including national standards, was inconsistent and, in some cases, significantly poor.

Actions to date:
Maternity has improved processes to ensure staff report incidents and learn lessons which has seen an increase in reporting rates. There are examples where learning from incidents have led to improvements including in fetal monitoring which led to regional-level improvements.
Maternity has significantly improved systems to manage risk, with fully refreshed risk registers and improved systems to escalate from frontline services.

M6 Pathway redesign and quality improvement – Jackie Clarke & Julie Holmes

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
M6.1 ★	Redesign induction of labour with real-time visibility of every woman awaiting induction across settings	% of inductions started on the planned day; number of delays over 24 h; harm incidents linked to delay	PR1
M6.2 ★◆	Embed BSOTS triage with complete data capture	% of women assessed within 15 min of arrival; data completeness (target 100%)	PR2
M6.3	Match elective caesarean capacity to demand across workforce and theatres	% of elective CS done on the booked date; on-the-day cancellations	PR3, WE8
M6.4	Implement the national Maternity Early Warning Score and Enhanced Maternal Care pathway	% of observation sets with correct MEWS and appropriate escalation (audit); unplanned ITU admissions reviewed	PR4
M6.5	Launch Martha's Rule across maternity and neonates **(jointly with N1.4)**	% of families informed of the route; % of activations reviewed within standard; outcomes of activations	PR5, EC8
M6.6	Expand obstetric ultrasound capacity to meet SBLv3 scanning requirements	% of growth scans within SBLv3 timescales; scan waiting times; cancelled scans	PR8

★ **CQC regulation breaches:** Compliance with key performance indicators, including national standards, was inconsistent and, in some cases, significantly poor.

Actions to date:
Emergency c-section performance is strong and planned c-section capacity is improving.
Triage performance is improving and early insight is leading to triage process improvements.

M7 Maternity care bundle, bereavement and community services – lead to be confirmed

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
M7.1 ◆	Implement the national maternal care bundle, element by element	Element-level compliance; PPH over 1.5 L rate and other bundle outcome measures	PR6
M7.2	Redesign the perinatal bereavement pathway, including Rainbow Clinic (**jointly with neonates, N2.4**)	PMRT standards met (MBRRACE notified within 7 working days, parents informed, review published within 6 months); % of families offered bereavement follow-up	PR7
M7.3	Decide and implement the community team model (clusters or larger teams) with 7-day rostering, buddy caseloads and Lotus allocation	Antenatal continuity (% of contacts with named team); weekend roster fill rate; Lotus allocation by booking gestation	C4, C5, C11–C18, C20, EC9
M7.4	Agree a long-term community accommodation plan, including Hillside, and bring all venues to a single estate and IPC standard	% of community venues meeting the standard; number of short-term leases	C6–C10
M7.5 ★	Deliver the transcutaneous bilirubin first-line jaundice pathway (off track; depends on M3.2)	% of babies assessed first by TcB; avoidable serum bilirubin tests; jaundice readmissions	C19
M7.6 ◆	Review homebirth services	Assessment made against NHSE published homebirth standards and Board assured of review actions	PR10

Neonatal workgroups

N1 Governance – Amelia Shaw & Lauren Beach

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
N1.1 ◆	Publish and run the neonatal patient safety governance framework in line with the 10-point plan	% of incidents escalated within 24 h; ≥95% of reviews within timeframe; ≥90% of learning actions on time; Duty of Candour compliance	TA10
N1.2	Bring family and service-user voice (MNVP, PAG) into incident reviews and learning	% of eligible reviews with family involvement documented	TA10
N1.3 ◆	Complete the Thirlwall self-assessment and governance actions: SUDIC communication, MBRRACE lead reporter, protocol for concerns about deliberate harm (by 31 Mar 2027), monthly triangulation	% of actions closed by national deadline; monthly triangulation of mortality, deterioration, incidents, complaints and workforce concerns in place	TA15
N1.4 ◆	Implement Martha's Rule in neonates **(jointly with M6.5)** by May 2027	≥90% of staff trained; activations audited monthly; % of families at discharge who knew how to raise a concern	TA11

N2 Family Care, Patient Experience, Inclusion and Belonging – Alex Fonfe & Lisa Barke

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
N2.1	Publish the Family Integrated Care framework and train staff to deliver it	≥90% of staff trained; % of families confident to take part in care; maternal breast milk at discharge for babies under 34 weeks (NNAP)	TA9
N2.2 ◆	Complete the Perinatal Equity and Anti-Discrimination Programme (**jointly with M2.4**)	≥90% training completion; % of identified communication needs met; key outcomes by ethnicity and deprivation	TA8
N2.3	Improve family facilities and launch the "welcome to neonates" orientation, including secure access, meals and overnight stays	Family experience scores; % of families receiving orientation within 24 h of admission	TA9
N2.4	Revise and roll out the post-death care pathway with bereavement support (**jointly with M7.2**; currently at risk)	Compliance with the pathway; PMRT standards met; % of bereaved families offered follow-up	TA14

N3 Workforce, Wellbeing and Education – Debra Smith & Nikki Mullins

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
N3.1	Recruit against the approved BAPM business case and run a 24/7 staffing model with escalation of non-compliant shifts	% of shifts meeting BAPM nurse-to-baby ratios; medical and ANNP rota gaps; vacancy rate	TA2, TA13
N3.2	Sustain QIS capacity and essential training, with every staff member holding a current appraisal and development plan	QIS-trained nurses ≥70%; mandatory training ≥90%; appraisal rate	TA2, TA3
N3.3	Run a wellbeing and psychological safety model with a quarterly Shared Decision-Making Council	≥80% of wellbeing actions on time; stress-related absence; Staff Survey engagement score	TA4
N3.4	Review all staff rest areas and facilities and deliver the agreed priority improvements	% of priority improvements delivered; staff satisfaction with facilities	TA5

N4 Capacity and Pathways – Rachel Toone & Emily Broadwell

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
N4.1	Manage capacity, demand and flow across LGI and SJUH with reliable escalation	Capacity refusals and in-utero transfers out; avoidable transfers between sites	TA6
N4.2	Reduce avoidable term admissions through ATAIN review and mother-baby pathways	Term admission rate (a commonly used benchmark is below 5%); % of term admissions reviewed	TA6
N4.3	Sustain the SCU admission and transfer criteria (CQC safe transfers)	100% of out-of-criteria admissions assessed; HRG level-of-care audit	TA6
N4.4	Monitor urgent theatre transfers and transition to children's services	Delays to urgent surgical transfer; transition plans in place	TA6
N4.5	Neonatal sepsis and deterioration pathway redesign		TA16

N5 Equipment, Estates and Digital – Hannah Shore & Robert Simmons

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
N5.1 ◆	Install the Thirlwall security infrastructure: CCTV on medicines storage (by 30 Nov 2026), in-cot cameras to NHSE timeframe, insulin storage to GIRFT guidance (by 31 Mar 2027)	% of requirements met by deadline	TA15
N5.2	Review the neonatal estate against Health Building Notes, keep critical equipment serviced and embed Water Wise	% of critical equipment serviced in date (target ≥95%); HCAI and Serratia trends; estates job response times	TA7
N5.3	Put BadgerNet at every bedspace and run a validated monthly dashboard	Bedspace coverage; NNAP data completeness; dashboard reviewed monthly	TA12

N6 LNU Redesignation – Caroline Britton

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
N6.1	Approve the service model and transition plan for J01 to become a Local Neonatal Unit	Approved plan with milestones; risks and interim controls reported monthly	TA1
N6.2	Recruit to the BAPM LNU establishment (with N3.1)	% of LNU establishment in post; shifts meeting BAPM ratios	TA1
N6.3	Open 28 cots at LGI and reopen transitional care	28 cots operational; transitional care open; mother-baby separation rate	TA1
N6.4	Cut avoidable transfers and make sure babies are cared for at the right level	Avoidable LGI to SJUH transfers; % of care days at appropriate HRG level	TA1

S1 Antenatal and newborn screening

#	Theme: What we will deliver	So what: suggested KPI	PTP refs
S1	Run end-to-end cohort tracking and failsafe for all screening, including infectious disease and sickle cell and thalassaemia	National ANNB KPIs for coverage and timeliness at or above the acceptable threshold; missed or late screens per quarter	A1, A3, A8
S2	Secure the screening workforce and agree programme boundaries with Radiology	Critical failsafe functions covered 100% of the time; vacancy rate	A2, A5, A7
S3	Redesign the results pathway after miscarriage	% of results communicated within standard	A9

Note joint neonatal and maternity themes

- Martha's Rule (M6.5/N1.4)
- Bereavement (M7.2/N2.4)
- PEAD (M2.4/N2.2).