CQC Maternity update

6th of July 2026

ownership
cohesion
ops
action
oversight
patient-first
improvement
assurance
governance
cqc
short-term
regulation
long-term
sustained
leadership
reassurance
listening
connection
medium-term

MATERNITY IMPROVEMENT GROUP – 4 Workstreams

NHS University Hospitals Dorset NHS Foundation Trust

Problem Statement(s):

Following a CQC unannounced inspection to Maternity Services at UHD in September 2025, two regulatory notices have been received and there are multiple actions required to mitigate concerns and issues arising from the inspection. It is challenging to sustain improvement actions in the service due to the reactive nature of the action plans required. There is a culture of low staff morale and staff feeling not listened to.

1. Culture & Organisational Development	2. Foundations & Core Principles ("business as usual")	3. Quality & Safety	4. Workforce & Resources
SRO: Akeisha Robinson & Christine Smith **Care Group Sponsor:** Lisa Clarke	**SRO:** Fiona Lawson **Care Group Sponsor:** Lisa Clarke	**SRO:** Lorraine Tonge **Care Group Sponsor:** Karen Grant	**SRO:** Kerry Taylor & Abi Langrish **Care Group Sponsor:** Marie Miller
To have a values-based, inclusive culture where colleagues feel respected and included at work. Ensuring that Maternity Services at UHD are a great place to work, attracting and retaining the best talent.	Embedding, sustaining and monitoring core principles of operational delivery across teams to ensure all elements of 'business as usual' are achieved, creating a solid foundation for the services to operate from. To include governance and Directorate SDR process adherence.	The provision of safe and high-quality Maternity Services for our patients. Having a learning culture that is committed to ensuring care is safe and effective.	The allocation and provision of an effective and appropriate workforce to meet service needs. Operating within a financially efficient position.

Patient First

CQC Improvement Action Plan

We are caring one team listening to understand open and honest always improving inclusive

MATERNITY IMPROVEMENT GROUP – 4 Workstreams

NHS University Hospitals Dorset NHS Foundation Trust

1. Culture & Organisational Development

To have a values-based, inclusive culture where colleagues feel respected and included at work. Ensuring that Maternity Services at UHD are a great place to work, attracting and retaining the best talent.

- Culture Plans
- Staff Wellbeing
- Vision & Strategy
- Leadership Behavioural Framework
- Patient First Rollout
- Staff Survey Action Plan
- Leadership Team Cohesion
- Visibility & Connection with Teams

2. Foundations & Core Principles ("business as usual")

Embedding and sustaining core principles of operational delivery across teams to ensure all elements of 'business as usual' are achieved, creating a solid foundation for the services to operate from.

- Day to day 'ops' role and responsibilities
- Leader Standard Work
- Engagement with Care Group Processes
- Process Standard Work
- Flow & Function
- Communication

3. Quality & Safety

The provision of safe and high-quality Maternity Services for our patients. Having a learning culture that is committed to ensuring care is safe and effective.

- Security
- PSIRF & Governance Processes
- Regulatory Requirements & Reporting
- Mat/Neo Safety Champions
- 15 Steps & Patient Feedback
- 3yr & 10yr Delivery Plans
- Estates Improvements

4. Workforce & Resources

The allocation and provision of an effective and appropriate workforce to meet service needs. Operating within a financially break-even position.

- Roster Management
- Staffing Skillmix
- Birth Rate Plus
- Skills & Competencies
- Recruitment & Retention
- Employee Relations
- Efficiency Improvement Plans

Patient First

CQC Improvement Action Plan

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Culture & Organisational Development

Theme	Key milestones achieved- improvements	Next steps in progress
Increase visibility	• Back to the floor for all band 8's commenced 8th of May • Band 8's locating in clinical areas for some of the week example community matron locates in both sites one day a week	• Rotation of band 8's when on back to floor days.
Improve working relationships with band 8 and band 7 midwives	• All band 8's and Quad completed MBTI • Improved Clinical leaders meeting with band 7's completing AAA for their areas – equal opportunity to discuss matters of concern	• Band 7 MBTI in progress for completion and to be discussed at clinical leads meeting
Reward and recognise examples of excellence in care /teamwork/service delivery/going above and beyond	• Weekly thank you by band 8 team in place • Discussed at clinical leads meeting for further suggestions	• Although sharing of learning from incidences occurs further work to recognise good work is underway

Culture & Organisational Development

Theme	Key milestones achieved - improvements	Next steps in progress
Celebration plan	• One year post move celebration with team's party • Mat Neo UHD nominations to recognise good work - 4 shortlisted and NICU were patient choice winners	• Organise a Ball/event for team celebration
Staff survey action plans	• Reviewed staff response • Action plans built with teams	• Continue monitor action plans
Leadership team building	• Senior Mat Neo leadership team established with monthly meetings with set agenda and team discussions on agreed projects QI and top leadership priorities • Quarterly away days for Mat Neo band 8 for development and team building	• Complete Mat Neo vision and strategy work

Foundations & Core Principles

Themes	Key milestones achieved-improvements	Next steps in progress
Organisational stability	• Matron of the day or OP Co attendance at care group staffing huddles • BCP's completed and sent to emergency planning for publishing on intranet	• Introduce new regional escalation plan • Further work with Band 7's in understanding BCP's
Process adherence	• Relaunched Mat Neo directorate quality and safety meeting structure /TOR meeting records and actions with stakeholders – QUAD leading sessions.	• Monitor compliance and meeting attendance of Mat Neo directorate quality and safety meeting
Continuous improvement	• Patient first Boards in all areas and introduced to all teams with OD support	• Review of effectiveness and engagement of process
Improve communication	• Communication strategy survey completed • Communication survey outcome results discussed • Communicated strategy updated • Senior team phots displayed • Weekly Dom message included in QUAD messages	• Continue with staff listening events

Quality and Safety

Theme	Key milestones achieved – improvements	Next steps in progress
Security	• Baby abduction SOP completed • Continued tailgating exercises • Repeated full baby abduction exercise end of June • Maternity on trust security management group	• Finalise June abduction exercise report and implement actions
PSIRF and governance	• Reduced the number of open lerns >=30days from 196 in September to 16 in June • Improved ATAIN reviews with sustained rates <5%	• Reduction of open actions • Governance review work by external Trust planned for 8th of July
MATNEO safety champions dashboards	• Dashboard source referenced on reports • Introducing National dashboards Example MOSS as released by national team	• Regional heatmap released 30th of June to be incorporated into monthly governance reporting to Board. • Inequalities dashboard to be incorporated into monthly reporting to Board.

Quality and Safety

Theme	Key milestones achieved – improvements	Next steps in progress
2025 -15 steps – CQC patient feedback	• 15 steps action plan completed 1 action unachieved due to logistics for communal area- alternatives principles put in place. • CQC maternity survey 2025 –on track	• 15 steps 2026 booked for 15th of July • CQC 2026 maternity survey Strong engagement from families with UHD being within top 5 of responses received. • Awaiting outcome of 1st neonatal survey
Estates	• Estates action plan completed . • Estates now Business as usual with escalation systems in place for any estates concerns	• No further action
Safety metric	• MIS year 8 launched with identified SRO's MDT leaders for each element and monthly assurance process in place with external auditors – currently on track .	• Continue to monitor and support MIS actions • Implement 10 immediate actions from AMOS and Ockenden report.

Workforce & Resources

Theme	Key milestones achieved -improvements	Next steps in progress
Reduce midwifery sickness	• Midwifery staff sickness below 5% since Feb 2026 and sustaining • HR support with managing sickness and training to senior staff completed • Stress assessment completed with relevant staff and support given.	• Continuous monitoring to sustain and reduce rates further to trust target of 4%
Improve quality of rosters	• Band 5 annual plan with support in place • Roster training sessions with Band 8 and 7 roster managers • KPI's reported through trust workforce group • Maternity Triage recruited to vacant posts • Daily staffing grids represent staff redeployment and breaks	• Birthrate plus reassessment in new build booked to commence end of July

Workforce & Resources

Theme	Key milestones achieved-improvements	Next steps in progress
90% of staff to complete competency tool assessment	• 92% of staff completed competency tool assessment • Agency induction booklet in place	• Short to long term training plan to support staff learning • Improve annual appraisals from 78% to >90%
Bereavement service	• Staff support mechanism put in place • 1:1 care of all bereaved families	• As per Ockenden and Amos full review of bereavement service to commence
Triage service	• Triage sickness rates 10% in September improved to 2% in March, with stress and anxiety no longer the main reason for staff absence. In May sickness at 8% due to planned staff surgeries. • Training completed with all maternity advice line team • BSOTS Triage response times (15 minutes) between September-November was 72-76%, significant improvement seen between January- May with local auditable standards now achieved of 85%. • Triage risks monitored through risk register	• Imminent new guidance expected and full review of Triage service as per Ockenden and Amos immediate actions to commence.

Next overall step is to review all 10 immediate actions from Ockenden and Amos and identify leaders for each element