

**Maternity and Neonatal National  
Assurance Assessment**

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# **Maternity and Neonatal Assurance Assessment**

## **Site Visits Workstream**

### **Terms of Reference**

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### ✓ Background

This workstream forms part of a national programme to assess perinatal (maternity and neonatal) services across Wales for assurance purposes. Commissioned by the Cabinet Secretary for Health and Social Care, the assessment seeks to understand and evidence quality, safety, and the lived experiences of those people accessing perinatal services

The programme covers all elements of the National Quality Statement for Maternity and Neonatal Services ensuring the breadth of perinatal care is included in this assessment. While not every standard is reflected within every workstream, there is effective coverage of all standards across the programme as a whole.

### ✓ Aim

The aim of this workstream is to generate qualitative insights into the lived experiences of service users, families, and staff within maternity and neonatal services. It also aims to strengthen assurance on the quality, safety, and culture of the clinical care in settings where maternity and neonatal care are traditionally provided.

Adopting a structured, evidence-based clinical and peer observational and experiential methodology, utilizing the principles of the recognized quality assurance and improvement tool 15 Steps approach.

The clinical site visits will be undertaken by a team of clinicians and service users. This co-produced model ensures that findings are rooted in authentic lived experience while informed by professional knowledge of clinical practice, context and governance.

The visits will focus on high-impact areas, including antenatal clinics, labour wards, postnatal wards, and neonatal units. Insights will be used to:

- Highlight and share examples of good practice.
- Identify areas requiring improvement and action.

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- Provide assurance that there is a co production relationship and benefit between users of the services and clinicians observing clinical environments to determine quality and critical safety of care.
- Be triangulated with findings from other workstreams
- Reflect the requirements of the Safe, Equitable and Person Centred Quality Standards

### ✓ Scope

The workstream will:

- **Establish and agree assessment criteria** to guide a programme of structured observational clinical visits to perinatal services across Health Boards in Wales, with a specific focus on:
  - Antenatal Clinics
  - Labour Wards
  - Postnatal Wards
  - Neonatal Units
- **Develop and apply standardised observation templates** to support the systematic capture of qualitative insights from service users, families, and staff.
- **Define the methodology and facilitation model**, based on best practice methodology allowing flexibility for local context.
- **Produce a clinical site visit schedule** aligned with the overall Project Critical Path, ensuring delivery is coordinated and milestones are achieved.
- **Oversee the delivery of site visits** across Health Boards, ensuring that all information is gathered ethically and safely, anonymised appropriately, and thematically analysed to inform assurance processes.
- **Synthesise findings into a formal summary report**, delivered on time and in full, for consideration by the NHSPI Internal Project Group and onward submission to the Independent Chair and Oversight Panel.

### ✓ Key Objectives

The objectives of this workstream are to:

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1. **Strengthen assurance** by providing independent, qualitative evidence of the quality and safety of clinical environments utilizing the 15 step adapted methodology.
2. **Embed a co production approach between service-user voice and clinical expertise** - with experiential observation at the center of the assurance assessment process, ensuring that first impressions and everyday experiences directly inform judgements about safety, quality, and culture.
3. **Identify and share good practice**, promoting consistency and learning across Health Boards.
4. **Highlight areas for improvement** through structured observation and thematic analysis, enabling services to address barriers and risks in a timely and transparent manner.
5. **Support accountability and transparency** by delivering clear, anonymised findings to the NHSPI Internal Project Group, Independent Chair, and Oversight Panel.
6. **Contribute to continuous improvement** by ensuring insights from site visits inform wider system learning, policy development, and service redesign.

### ✓ Methodology

The clinical site visits will be based on an **adapted version** of the NHS 15 Steps Challenge, a well-established and widely utilised observational methodology. The approach recognizes that within the *first 15 steps* of entering a clinical area, people often form views that reflect the culture, quality, and safety of care of the clinical environment.

This approach applies the 6 domains of the quality standards to combine both user experiential and clinical observational perspectives, further informing national assurance of maternity and neonatal service quality.

The NHS England-developed 15-Steps - toolkit that offers a proven experiential framework. By adapting it to include structured clinical prompts/key lines of enquiry, the methodology blends the strengths of walkarounds and peer review.

This adapted approach supports the Duty of Quality and aligns with domains such as Safe, Effective, and Person-Centred.

It enables mixed clinical and non-clinical teams to observe care environments under four domains—Welcoming, Safe, Caring & Involving, and Well-Organised & Calm—using structured prompts. The enquiry-led format allows deeper exploration where prompts reveal variation.

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To ensure coverage of all dominant maternity and neonatal pathways—Antenatal, Intra-partum, Post-partum, Neonatal, and Community Services—site selections across Wales provide a holistic national perspective.

### **Team composition**

Each visit will be undertaken by a small, mixed team of reviewers, comprising clinical professionals and patient/service-user representatives. This co-produced model ensures that insights are grounded in lived experience while informed by clinical and professional expertise.

### **Reviewer preparation**

All reviewers will receive a structured briefing on the purpose, process, and ethical parameters of the visits. The emphasis will be on observation, listening, and respectful inquiry. Reviewers will be supported to recognise the distinction between experiential feedback and regulatory or clinical judgement.

### **Conduct of visits**

- Reviewers will use standardised observation templates to ensure consistency in data capture.
- Informal, non-intrusive conversations with staff, service users, and families (where appropriate) will be used to enrich observational insights.
- Only non-identifiable, qualitative feedback will be recorded, ensuring ethical integrity and confidentiality.
- In the event there is a quality, safety or safeguarding matter identified it will be escalated within the Health Board governance through to DOM

### **Analysis and reporting**

Feedback will be thematically analysed to identify common patterns, highlight good practice, and flag areas for improvement. Findings will be synthesised nationally to inform the assurance assessment and triangulated with other evidence sources (e.g., self-assessments, case note audit).

### **Rigour and Credibility**

To ensure robustness, the methodology will:

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- Apply standardised tools and guidance across all visits, supporting consistency.
- Use mixed review teams to reduce bias and capture diverse perspectives.
- Embed systematic thematic analysis to ensure findings are evidence-based and comparable across sites.
- Acknowledge limitations - the approach provides insights into *experience and culture* rather than formal compliance or regulatory assessment, while ensuring outputs complement, rather than duplicate, other assurance mechanisms.

### ✓ Workstream governance

This workstream will report progress to the National Maternity and Neonatal Assurance NHSPI Internal Project Group providing regular updates on progress, risks and any issues that require escalation. A clear escalation mechanism will be in place for the immediate reporting of any findings of concern observed during site visits. Where issues relating to safety, safeguarding, or quality are identified, these will be raised at the time of the visit with the relevant service leads and escalated promptly through the NHSPI governance structures. This ensures that urgent risks are acted upon without delay, while wider thematic insights continue to inform the final report.

A RAID (Risks, Assumptions, Issues, Dependencies) approach will be established for the workstream. The workstream will also report progress to the Independent Chair and Oversight Panel through the SRO.

The Terms of Reference will be endorsed by the NHSPI Internal Project Group for approval by the Independent Chair.

Any changes to the scope of the terms of reference or delivery timeframe will need approval from the Senior Responsible Owner and the Independent Chair.

The workstream will be administratively supported by the PMO team, to include:

- ✓ Arranging meetings
- ✓ Compiling agendas for the meetings in consultation with the Chair
- ✓ Collecting and preparing documents for the meetings, as required

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- ✓ Producing notes, including maintaining an action log
- ✓ Maintaining a Risk & Issues Log
- ✓ Maintaining the Workstream Project Plan

Workstream meetings will be held fortnightly via MS Teams.

A final thematic report will be produced, providing a comprehensive synthesis of finding and will be endorsed by the NHSPI Internal Project Group ahead of submission to the Independent Oversight Panel.

A dedicated Task & Finish Group will be established to guide and oversee delivery. Membership will include representatives with expertise in service user engagement, equality and diversity, safeguarding, and perinatal mental health, alongside clinical and operational leaders. This group will ensure the methodology, outputs, and recommendations are robust, inclusive, and aligned to the wider assurance assessment.

### ✓ Budget

With in the agreed programme budget

### ✓ Key Stakeholders

In line with Agreed Programme stakeholder plan

### ✓ Alignment to existing work

- Findings will be shared with workstream leads within the programme to ensure collaboration and alignment via the NHSPI Internal Project Group
- Findings will feed into the NPNAA report.