

Maternity and Neonatal Assurance Assessment

Organisational Leadership, Culture & Governance Workstream (Self-Assessment)

Terms of Reference

Oversight Panel Lead: Heidi Smoult

Maternity and Neonatal National Assurance Assessment

NHSPI.NMNAA@wales.nhs.uk
PGGIG.ASMNC@wales.nhs.uk



1. 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 Service, the assessment seeks to understand and evidence quality, safety, and the lived experiences of those people accessing perinatal services.

The overall 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.

2. Aim

The aim of this workstream is to provide a structured and evidence-based way for services to evaluate their current safety, reliability, effectiveness and culture while also testing the quality of leadership and governance that underpin safe services and sustainable improvement.

These findings will inform the national assurance assessment by providing a range of professional, clinical, managerial and executive perspectives to consider alongside the central emphasis on women, families and frontline staff.

This workstream reflects the requirements of the Safe, Timely, Effective, Efficient, Person centered, Leadership, Workforce, Culture, Information, Learning, improvement & research, and Whole systems approach Quality Standards (*Health and Care Quality Standards 2023 (WHC/2023/013)*).

3. Scope and Methodology

All NHS Wales provider organisations delivering maternity, obstetric, midwifery and neonatal services are within the scope of this workstream.

Each provider is required to complete an organisational self-assessment for each separate maternity and neonatal unit within their organisation. An aggregated overall health board maturity will be populated from the unit level data.

The self-assessment tool will contain defined statements and open text

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questions, against which organisations will assess and provide evidence to illustrate their maturity, aligned to evidence. Several relevant key documents and policy statements have informed the development of the statements which form the self-assessment:

- [NHS Wales Quality statement for maternity and neonatal services](#)
- [Datganiad ansawdd ar gyfer gwasanaethau mamolaeth a newyddenedigol \[HTML\] | LLYW.CYMRU](#)
- [IHI Framework for Safe, Reliable and Effective Care](#) (English only)
- [NHS England Well Led Framework](#) (English only)
- [NHS England Maternity Self Assessment Tool](#) (English only)
- [Morecambe Bay Investigation](#) (2015) (English only)
- NHS Wales RAG Assessment methodology
- [NHS Wales Health and Care Quality Standards](#) (2023)
- [Safonau Ansawdd Iechyd a Gofal 2023 \(WHC/2023/013\) | LLYW.CYMRU](#)
- [Independent Review of Maternity and Neonatal Services at Swansea Bay University Health Board](#) (2025)
- [Adolygiad o'n gwasanaethau mamolaeth a newyddenedigol - Bwrdd Iechyd Prifysgol Bae Abertawe](#)
- [NHS Wales Maternity and Neonatal Safety Support Programme Discovery](#) (2023)
- [perfformiadagwella.gig.cymru/swyddogaethau/ansawdd-diogelwch-a-gwelliant/gwelliant/ein-gwaith/matneosp/adroddiad/](#)
- [NHS England Local Maternity & Neonatal Systems \(Royal United Hospitals Bath NHS Foundation Trust 2021 example\)](#) (English only)

The statements are divided into the eight domains defined by the Welsh Government commission for the Assurance Assessment:

- Domain 1. Organisational culture and values
- Domain 2. Clinical and Professional Leadership
- Domain 3. Governance and Accountability Structures
- Domain 4. Quality of Care and Service User Outcomes
- Domain 5. Staff Experience, Voice, and Engagement
- Domain 6. Service User, Carer, and Community Involvement
- Domain 7. Equity, Diversity, and Inclusion
- Domain 8. Learning, Improvement, and Innovation Capacity

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Self-Assessment Team:

- A targeted approach to self-assessment is suggested in order to make the most efficient use of resources. The assessment statements are stratified for completion by three senior postholders as follows:
- Executive Director: assesses questions relating to culture, governance, outcomes, equity, system-wide learning.
- Head of Service assesses statements relating to leadership, improvement, service-wide consistency, staff wellbeing.
- Unit Manager: assesses statements relating to day-to-day practice, frontline experience, staff and service user feedback.
- It is also suggested that multidisciplinary team collaboration, staff, service users and local stakeholders are also engaged in the process of determining the self-assessment scores.

Self-Assessment Scoring:

Maturity score selected on a defined scale of 1–4 which reflects process, cultural and system maturity.

- Scale definitions are defined for each domain to assist shared local and national understanding and response categorisation. The maturity progression is:
 - Level 1
Processes are absent, unclear, or inconsistently applied. Practice is reactive, reliant on individuals rather than systems, with little evidence of learning or improvement.
 - Level 2
Some structures and processes exist but are inconsistently used. Good practice occurs in pockets, but uptake is variable and not embedded across the service. Learning is limited and improvement is not systematic.
 - Level 3
Systems and practices are consistently applied and well

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understood within a service. Improvements are routinely sustained, learning is fed back into practice, and there is clear evidence of positive outcomes for staff and service users.

- o Level 4

Practices are fully embedded, sustained, and continuously improved across Perinatal pathways and services. The service acts as a role model within the organisation, consistently influencing strategy and spreading good practice. Outcomes are demonstrably improved, and learning is routinely shared to drive wider improvement.

- A maturity rubric defines 1-4 maturity for each statement, with definitions embedded within the data capture tool to aid local understanding and completion.

Evidence Classification:

Each maturity score is to be justified by referencing the evidence which has been used to inform the score being self-determined. Evidence will be categorised as either:

Core

Primary evidence sources that should normally be available to demonstrate the statement.

Supplementary

Additional evidence that strengthens or enriches the assessment.

Other

Locally relevant or alternative evidence that supports the statement, including innovative or unique approaches.

Validation:

Internal validation and sign-off by executive and board-level leadership is essential prior to submission, noting that the Executive Director with

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responsibility for these services should not be solely responsible for validation of their own assessment submissions.

A follow-up meeting will be required with the Panel Lead to discuss findings which should include HB Governance approvers: Chief Executive, Independent member, EDoN and DoM.

4. Key Objectives

Each health board will complete a structured self-assessment, reflecting on governance, leadership, service delivery, and improvement activity. This will provide local context, support alignment with national standards, and enable comparison between self-identified strengths and findings from external assessment.

The workstream will analyse all outputs and develop a summary report for the Independent Chair and Oversight Panel, with a completed product during December 2025. To note: It is anticipated the Panel will wish to receive iterative insights at the half-way juncture.

5. Workstream Governance

This workstream will report progress to the Assurance Assessment Programme Group via the Operational Workstream Lead, providing regular updates on progress, risks and any issues that require escalation. A RAID (Risks, Assumptions, Issues, Dependencies) approach will be established for the workstream.

The Operational Workstream Lead will also report progress to the Independent Chair and Oversight Panel, via Panel Lead, as agreed by the Senior Responsible Officer (SRO).

The Terms of Reference will be approved by the Independent Chair and Oversight Panel. Any changes to the terms of reference or delivery timeframe will need approval from the Senior Responsible Owner, Oversight Panel Lead 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
- ✓ Producing notes, including maintaining an action log

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- ✓ Maintaining a Risk & Issues Log
- ✓ Maintaining the Workstream Project Plan

Workstream meetings will be held fortnightly via MS Teams.

Workstream outputs and progress updates will be reported to the Assurance Assessment Programme Group for endorsement, prior to consideration by the Panel Lead, and submission to the Independent Chair and Oversight Panel.

6. Budget

No direct costs identified. Indirect costs will be incurred through the use of staff time to fulfil the following high-level activities:

- Assessment tool development
- Self-assessment guidance documentation development
- Hosting/attending online self-assessment tutorial session/s
- Completion of self-assessment/s
- Analysis of self-assessment submissions
- Compilation of findings for Independent Panel and Chair

7. Key Stakeholders

Mapped stakeholders and engagement is part of the wider communication plan.

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8. Alignment to Existing Work

- Findings will be shared with workstream leads within the programme to ensure collaboration and alignment via the Assurance Assessment Programme Group
- Findings will feed into the NPNA report.

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9. High-level Timeline

Refer to overall critical path and detailed Gantt chart, that covers workstream delivery timelines.