Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 21 January 2026

TB2026.05

Title:	**Biannual Maternity Safe Staffing (Quarter 1 and Quarter 2) 2025**

Status:	**For Information**
History:	**Maternity Clinical Governance Committee 15/12/2025**

Board Lead:	**Chief Nursing Officer**
Presenter:	**Milica Redfearn, Director of Midwifery**
Author:	**Sharon Andrews, Head of Midwifery**
Confidential:	**No**
Key Purpose:	**Assurance**

Executive Summary

1. This report presents the second biannual midwifery safe staffing report for Quarter 1 and Quarter 2 2025/26. It reviews midwifery staffing levels for Quarter 1 and Quarter 2025/26 and provides an update on workforce planning for maternity services.
2. ***BirthRate Plus*® Workforce Planning**: A formal *BirthRate Plus*® assessment conducted in 2021 recommended a birth-to-midwife ratio of 1:22.9. The midwifery establishment has increased in line with this recommendation from 310.50 WTE to 332.06 WTE.
3. **Recruitment and Retention:** Ongoing recruitment campaigns have led to a significant increase of 24.8 Whole Time Equivalent (WTE) midwives during this reporting period. A proactive workforce plan is in place to address turnover and increased unavailability from maternity leave.
4. **Midwifery Continuity of Carer (MCoC):** The MCoC team ensure consistent care for women throughout their pregnancy, birth, and postnatal period. The current MCoC team focuses on vulnerable women and birthing people with the highest need.
5. **Red Flag Incidents:** Red flag events indicate potential issues with midwifery staffing. The report details the mitigation measures taken in response to these events, such as redeploying staff and using on-call midwives.
6. **One to one care in labour and continuity of carer:** The report confirms that the service has met the requirements of the NHSR Maternity Incentive Scheme for providing one to one care in labour and ensuring the supernumerary status of the delivery suite co-ordinator.
7. **Safe staffing and escalation process:** The report provides assurance that the service has an effective system for monitoring and maintaining safe staffing levels and responding to any staffing or capacity issues. The service service aligns to the Trust Safe Staffing and Rostering Policy using the RAG rated escalation system, a localised staffing and escalation SOP, and a safety huddle to assess and manage the staffing levels and acuity daily.

Recommendations

8. The Trust Board is asked to:
    - Note the contents of the report and formally record to the Trust Board minutes in line with the requirement of the NHS Resolution Clinical Negligence Scheme Trusts (CNST) Maternity Perinatal Incentive Scheme (MPIS) for safety action 5.
    - Note the evidence that midwifery staffing budget reflects establishment as calculated by BirthRate Plus®.

- Approve and take assurance from this report that there has been an effective system of Midwifery workforce planning and monitoring of safe staffing levels for Q1 and Q2 of 2025/26 inclusive.

Contents

Biannual Maternity Safe Staffing (Quarter 1 and Quarter 2) 2025

1. Purpose

1.1. This biannual report provides a comprehensive overview of the measures in place to ensure safe midwifery staffing at Oxford University Hospitals (OUH) for quarter 1 and quarter 2 of 2025/26.

1.2. It addresses workforce planning, staffing levels, the birth-to-midwife ratio, specialist hours, compliance with supernumerary labour ward coordinators, one-to-one care in labour, and red flag incidents. Additionally, it highlights key workforce measures aimed at improving recruitment and retention.

1.3. Provides oversight for the Board and evidence for the NHS Resolution's Maternity and Perinatal Incentive Scheme (MPIS), which requires evidence of biannual midwifery safe staffing reports providing a comprehensive overview of the measures in place to ensure safe midwifery staffing at Oxford University Hospitals (OUH).

1.4. Includes consideration of medical staffing levels in maternity services, recognising the essential contribution of obstetricians and other medical professionals to delivering high-quality, safe care alongside midwifery staff.

2. Background

2.1. It is essential for the Trust to have an adequate number of staff with the necessary skills in suitable positions at the right times to ensure safe midwifery staffing, as outlined by the National Quality Board (NQB) requirements.

2.2. The NICE (2017) guidelines on midwifery staffing highlight the importance of having procedures in place to systematically assess staffing levels. This approach guarantees continuity in maternity services and ensures the safety of care for women and their babies.

2.3. Additionally, the 2022 Ockenden Report outlined standards for safe staffing, emphasising the need to maintain clear escalation and mitigation policies when staffing levels fall below the established levels.

3. Birth Rate Plus Workforce Planning

3.1. The Trust has funded its midwifery establishment in full alignment with the BirthRate Plus® 2021 recommendations (332.06 WTE), with an approved uplift to 355.06 WTE to mitigate unavailability due to maternity leave and sickness. This proactive approach ensures resilience in staffing and supports the delivery of safe, high-quality care.

3.2. A formal BirthRate Plus®. assessment was conducted in 2021. The assessment evaluated the number and acuity of women utilising maternity services at Oxford University Hospitals (OUH).

3.3. BirthRate Plus®. recommended that OUH Maternity services increase the Midwifery staffing establishment from 310.50 WTE to 332.06 WTE. This review also recommended a birth-to-midwife ratio of 1:22.9 across the service.

3.4. The business case to support increasing the midwifery staffing establishment was agreed by the Trust Board in November 2023. Following formal sign-off, the Trust Board communicated this approved uplift to commissioners, as per NHSR MPIS requirements.

3.5. Maternity services have made significant progress in recruiting to the additional posts required to increase the midwifery staffing establishment. The Birth Rate Plus Action Plan in appendix 1 provides a summary of progress.

3.6. In October 2024, as part of the Trust-wide establishment review, the Chief Nurse conducted a review of the midwifery staffing establishment. This review involved collaboration with workforce leads, finance and people partners, as well as the maternity leadership team. Evidence gathered during this process confirmed that the midwifery staffing budget aligned with the establishment figures as determined by Birth Rate Plus.

3.7. A subsequent BirthRate Plus® review has been commissioned by the service and will be undertaken during Q3 2025/26, with a report anticipated by the end of Q4 2025/26.

4. Recruitment and Retention

4.1. In Q1 and Q2, the Maternity Service recruited 24.8 WTE Midwives/Registered Nurses (RNs). Ongoing recruitment campaigns for midwifery and maternity support worker positions have significantly increased staff in posts and reduced vacancies.

4.2. To manage and reduce midwifery unavailability from increased maternity leave, the service has analysed past maternity leave data to predict future rates and includes these forecasts in its workforce plans.

4.3. A five-year review of the data indicates that maternity leave typically accounts for between 5-7% of Midwifery unavailability. See chart below:

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Maternity Leave (WTE)	23.04	24.28	23.48	25.12	26.8	31.57
Short Term Sickness (WTE)	10.04	11.02	12.46	13.49	12.22	13.79
Long Term Sickness (WTE)	2.56	1.73	2.01	3.47	5.38	4.28

Non-Medical absence (WTE)	3.03	0.98	1.30	0.86	1.79	1.84
Total (WTE)	38.67	38.01	39.25	42.94	46.19	51.48

4.4. During Q2 2025/26, the Division approved the service's request to recruit staff beyond the Birthrate Plus establishment due to persistently high levels of unavailability. Consequently, recruitment will be extended from 332.06 to 355.06 WTE (5-7%)

4.5. Despite the challenges, unavailability has reduced over Q1/Q2 with a significant overall reduction in short term sickness. Targeted work with service managers on sickness management support, return to work interviews and wellbeing signposting has been undertaken in the service. This has been well received and has contributed to the decline.

4.6. The chart below shows zero projected vacancies for Q3 2025/26; however, actual vacancies persist due to the significant unavailability previously discussed. Overall, there has been a marked improvement since Q1 2025/26, with 25 newly recruited midwives joining the service in Q2. This increase will substantially address the staffing gap that is observed:

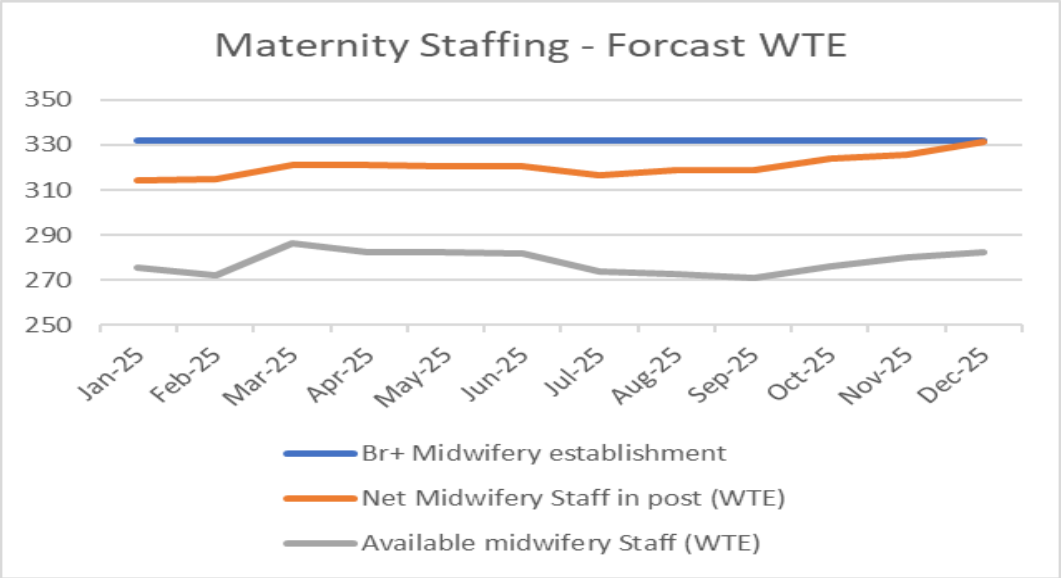

Figure 1: Midwifery Staffing - Forecast WTE from Q4 2024/25 to Q3 2025/26

4.7. During Q1 and Q2, there were 20.8 WTE leavers. The following table provides a comparison between the number of new starters (in WTE) and leavers over this period. This demonstrates a marked improvement in turnover rates and illustrates how the ongoing recruitment campaign is effectively addressing the staffing shortfall:

Midwives/RN's WTE	Apr-25	May-25	June-25	Jul-25	Aug-25	Sept-25	Total
New Starters	5.33	3.92	2.12	5.6	1	16.07	34.04
Leavers	1.0	1.61	2.64	6.06	3.52	5.97	20.8

4.8. The service employs a lead Recruitment and Retention specialist midwife, who collaborates closely with external partners and divisional and Trust workforce leads to ensure a proactive recruitment pipeline. In addition, the service is focusing on retention initiatives that offer enhanced wellbeing support, flexible working options, and phased return options post-leave.

4.9. Most new midwives start their careers during the autumn period (September to November). To support them, the service offers a supernumerary period along with strong training and support. This includes a thorough preceptorship program, mentoring opportunities, and ongoing chances for professional development.

4.10. The service has also implemented a Midwifery Apprenticeship Programme, which has successfully recruited maternity support workers to start their midwifery training. There are a total of four maternity support workers on this programme with further plans to increase.

4.11. In collaboration with local education providers, the service has developed a benchmark orientation and support programme that offers opportunities for internationally recruited dual-trained nurses and midwives to join the service. With a successful bid from NHS England the service recruited a further ten international educated midwives into the service during Q4 2024/25 and Q2 2025/26.

4.12. In addition, five staff who started on the short nursing to Midwifery conversion course in September 2023 are set to become registered Midwives by the end of Q2 2025/26. The programme has been well received.

4.13. A strengthened daily process for capturing planned vs actual staffing has been implemented, supported by live rostering, senior leadership and spot checks. This ensures accurate reporting and supports real-time decision-making to maintain safe staffing levels.

5. Planned Versus Actual Midwifery Staffing Levels

5.1. The comparison of planned versus actual midwifery staffing assesses the planned number of midwives against those who actually worked during a specific timeframe. All maternity inpatient areas report this data monthly in the safe staffing report presented to the Trust Board. The planned versus actual staffing for maternity for Q1/Q2 2025/26 is available for review in Appendix 1.

5.2. The service has identified discrepancies in reporting related to planned versus actual staffing. The Head Nurse for Workforce and Regulatory Safe Staffing has been working closely with the senior midwifery leadership teams to educate on and enhance live rostering.

5.3. In addition to this and to ensure the consistent provision of accurate planned versus actual staffing data, during Q2, the service re-launched a robust daily process that is fed into the daily staffing, and fill rate meetings – this is assured through senior leadership spot checks and failsafing with the live roster continuing to be monitored and amended more closely. This includes situations where a worker is reassigned from a non-clinical shift to cover a clinical shift.

5.4. The Maternity Staffing and Escalation Standard Operating Procedure (SOP) outlines detailed actions for managing staffing, activity, and capacity issues. This is closely aligned to the Trust Safe Staffing and Rostering Policy. Staffing levels are monitored and adjusted on a shift-by-shift basis. Reports are escalated to the Trust's central safe staffing lead to support in identifying any risks and determine mitigation strategies for staffing across all areas, ensuring both planned and urgent activities are adequately managed. Maternity have not declared unsafe staffing levels during this reporting period.

5.5. The outlined actions in the SOP are designed to maximise staffing into critical functions to maintain safe care for the women and babies. The Maternity operational bleep holder works with the multidisciplinary team to redistribute Midwifery and support staff as needed, ensuring women in labour receive one-on-one Midwifery care while the delivery suite coordinator remains supernumerary.

5.6. Safety Huddles are held twice daily to assess staffing relative to patient acuity. The frequency of huddles are increased as acuity necessitates. The maternity leadership team reviews scheduled staffing daily, comparing it with the established requirements for each clinical area.

5.7. RAG ratings from the Safety Huddles are reported twice daily to the Central Trust Safe Staffing meeting, with action pathways in place for each rating. Additionally, bank (NHSP) hours cover maternity leave and short- and long-term sickness. As previously alluded to, ongoing recruitment campaigns have increased the number of staff in post in this reporting period (Q1/Q2).

6. Birth to Midwife Ratio

6.1. A midwife-to-birth ratio indicates how many births a midwife is responsible for, aiming to ensure safe, quality care, supporting 1:1 care in labour, The birth-to-midwife ratio is calculated monthly using BirthRate Plus® methodology alongside the actual monthly delivery rate. This ratio has now been added to the maternity dashboard for monitoring alongside clinical data. The table below presents the real-time monthly birth-to-midwife ratio for Q1/Q2:

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Funded	01:23.4	01:25.5	01:23.7	01:24.9	01:24.1	01:23.5
	Quarter 1 average 1:24.2			Quarter 2 average 1:24.1		

7. Specialist Midwives

7.1. BirthRate Plus®. recommends that 8-11% of the total establishment are specialist midwives, with only circa. 20% of their role included in the clinical numbers – this also includes management positions. The current percentage for the service is calculated to be 10.5% which is aligned to other trusts providing tertiary level care.

8. Midwifery Continuity of Carer (MCoC)

8.1. The Maternity Continuity of Carer (MCoC) teams were introduced nationally to ensure that women receive consistent care from the same midwife or team of midwives throughout their pregnancy, birth, and postnatal period. However, a national directive paused the implementation of additional MCoC teams acknowledging the contemporary staffing challenges.

8.2. The service's sole MCoC team operates in OX4 Blackbird Leys, a deprived and ethnically diverse area in Oxford. This EDI-focused model integrates diversity into care, ensuring women and birthing people receive consistent, personalised support that can improve outcomes. The MCoC team is fully embedded in the midwifery system, and efforts are underway to extend these principles across all community teams for broader equity in care.

8.3. While national rollout is paused, the Trust is embedding continuity principles across community teams and remains committed to expanding MCoC provision when staffing levels allow.

9. Actual Maternity Staffing RAG Rating

9.1. The Trust operates a robust, RAG-rated escalation framework, aligned to the Trust Safe Staffing and Rostering Policy and the Maternity Staffing and Escalation SOP. Twice-daily safety huddles and central safe staffing meetings ensure real-time, acuity-based decision-making. No unsafe staffing declarations were made during the reporting period, and all Red-rated shifts were effectively mitigated.

9.2. The table below displays monthly RAG ratings for actual midwifery staffing in Q1/Q2 2025/26. Green indicates sufficient staff and capacity; September, typically the busiest month, is expected to have more amber and red ratings as illustrated below:

	RAG Rating		
	Red	Amber	Green
Apr -25	1	8	21
May-25	1	14	16
Jun-25	1	18	11
Jul-25	0	14	17
Aug-25	0	22	9
Sep-25	2	23	5

9.3. The RAG rating is initially reported before any mitigation measures are put in place. If a Red Level 3 is declared, the Staffing and Escalation Standard Operating Procedure (SOP) for OUH Maternity Services is activated.

10. Supernumerary Labour Ward Co-ordinator and one to one care in established labour

10.1. A supernumerary labour ward co-ordinator, typically an experienced Band 7 midwife, is recommended to ensure safety. Working with the multidisciplinary team, they provide guidance to staff and manage activity, capacity, and workload.

10.2. During Q1 and Q2, there were six instances where the labour ward coordinator was not supernumerary at the beginning of a shift. Each case has been reviewed, and in all circumstances, this status was only temporary while women were safely transferred, or staff redeployments were managed. In response, an action plan has been formulated and actions commenced, with a focus on communication and education, outlining specific and practical steps to ensure supernumerary status is maintained and patient safety is prioritised. This does not impact MPIS compliance but serves as a safety marker for the service.

10.3. The service maintained one-to-one care during established labour in Q1 and Q2 2025/26, with three brief exceptions promptly addressed by deploying on-call staff. Following review, an action plan was implemented to strengthen escalation processes and improve communication, ensuring ongoing one-to-one care and prioritising patient safety.

10.4. Twice daily Safety Huddles monitor the provision of one-to-one care in labour in real time, and the supernumerary status of the Delivery Suite Coordinator.

10.5. Any compromise in either the supernumerary status of the Delivery Suite Coordinator, or one to one care in labour is immediately escalated to the Maternity operational bleep holder. Mitigation actions are then executed to resolve the issue, and corresponding staffing ‘Red Flags’ are logged in the

electronic Health Roster System and/or on the Ulysses incident reporting system. Both Maternity and Trust Corporate Safe Staffing leads review this data monthly.

10.6. The table below displays the on-call hours required for 'hospital on call' midwives at John Radcliffe's maternity unit during the first and second quarters. Hospital on-call midwives are assigned 4-hour overnight shifts, while community midwives may have 24-hour on-call periods. An extensive consultation process was conducted to promote fairness in on-call responsibilities throughout the Maternity service. As a result, the new alignment reflects this goal. The recorded hours ensure there is enough staffing for one-on-one care and other necessary services. This table shows the hours provided by both hospital on-call midwives and community midwives brought in during escalations. Notably, Q1 and Q2 show a reduction in total on-call hours from both groups.

10.7. Although community midwives can be scheduled for 24-hour on-call periods, strict guidance ensures they work no more than 4 hours overnight, and mandatory rest days are rostered following any on-call shift:

Midwives	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Total Hours
Hospital Midwife on-call hours used	59.75	96	151.3	148.3	109	232.25	796.6
Community Midwife on-call hours used	18.75	63	110.25	71	92.5	226.55	582.05

11. Red Flag Incidents

11.1. A midwifery red flag event signals potential issues with staffing. Upon occurrence, the midwife in charge assesses the situation and decides on necessary actions. Red flags are tracked using various methods including the Local Risk Management System (Ulysses) and the Birth Rate Plus acuity tool.

11.2. Red flag incidents were actively monitored and responded to in real time. The most frequent flags related to staff redeployment and missed breaks, which are being addressed through improved rostering and recruitment. An Induction of Labour Task and Finish Group has been established to reduce delays. All incidents were reviewed, and no adverse outcomes were reported.

11.3. The following tables demonstrate red flag events across the maternity service for Q1/Q2 2025/26. Mitigating midwifery red flags is a key part of ensuring safe, responsive, and high-quality maternity care. When a red flag is raised mitigation measures are put in place to address and respond to the red flag. These include redeployment of staff, consolidating and cohorting inpatient beds, and deploying on-call midwives to assist services. The table

below provides a summary of the red flags raised and mitigated during the reporting period:

Red Flags for In-Patient areas	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Staff moved between speciality areas	11	22	43	34	29	70
Staff unable to take recommended meal breaks	68	67	83	70	85	163
Delay of more than 30 minutes in providing pain relief	0	0	0	0	0	0
Delay of 30 minutes or more between presentation and triage	0	0	0	0	0	0
No of Days with a Delay of 24 hours or more during IOL process	9	14	8	19	10	27
Number of women delayed between 6-12 hours during IOL process	36	31	23	21	11	5
Number of women delayed more than 24 hours during IOL process	13	23	15	35	21	54
Any occasion when 1 midwife is not able to provide 1:1 care during established labour	0	0	0	0	2	1
Woman not getting location of choice for birth	2	0	0	1	0	3
Delivery suite coordinator not SN at start of shift	0	0	0	1	1	4

11.4. In response to delays in induction of labour (IOL) illustrated, the Service has established an IOL Task and Finish Group to drive improvements and reduce waiting times. Initial activities of this group have included a comprehensive review of existing IOL pathways, mapping patient journeys to identify bottlenecks, and engaging frontline staff to gather insights on operational barriers. The group has also commenced the development of standardised protocols for scheduling and monitoring inductions, alongside piloting enhanced communication strategies to keep women informed about expected timings and any changes to their induction plans. These steps are intended to streamline processes, optimise resource allocation, and ultimately ensure more timely and positive experiences for women undergoing induction of labour.

11.5. In Q1 and Q2 there were six occasions where women were unable to give birth in their preferred location due to activity or staffing pressures. Appropriate alternative birth locations were arranged in all cases and all incidents reported resulted in positive outcomes for the women involved.

12. Medical Staffing Assurance

12.1. Consultant obstetric cover met RCOG standards throughout Q1 and Q2 2025/26 (94.5 hours on-site per week) with 24/7 on-call availability. All rotas were fully staffed, and no unsafe medical staffing incidents were declared, providing assurance of safe multidisciplinary care.

12.2. During Q1 and Q2 2025/26, Oxford University Hospitals' maternity service maintained safe medical staffing through full rota compliance, and proactive escalation measures.

12.3. The labour ward had consultant obstetricians present in line with RCOG standards (approximately *94.5 hours on-site per week*) with a 24/7 on-call system, ensuring senior expertise was always immediately available with an effective escalation process in place to address any shortfalls.

12.4. All obstetric duty rotas were filled without lapse, and no unsafe staffing incidents were declared in this period.

12.5. These arrangements were reviewed and endorsed through governance channels providing formal assurance that consultant presence, rota coverage, and escalation protocols in Q1–Q2 2025/26 were safe and effective

13. Conclusion

13.1. This report has been reviewed by the Maternity Clinical Governance Committee and is submitted to Trust Board in accordance with CNST Maternity Incentive Scheme Safety Action 5. The evidence presented provides assurance that the Trust has an effective system of midwifery workforce planning and safe staffing oversight.

13.2. Midwifery staffing requires continual adjustment due to fluctuating patient needs and case complexities, making the maintenance of safe staffing levels a dynamic process.

13.3. Regular monitoring is conducted, with at least twice-daily assessments of maternity unit acuity against staffing levels, ensuring rapid escalation and early intervention to uphold safety and care quality.

13.4. Clear escalation plans and robust on-call Consultant cover for the labour ward are in place to provide further assurance of patient safety.

13.5. An ongoing recruitment and retention strategy, alongside a proactive workforce plan, has driven progress in filling vacancies and managing high unavailability, supporting effective planning for staff turnover and attrition.

13.6. Medical staffing remained robust during Q1 and Q2 2025/26, with consultant obstetrician presence and rota compliance maintained in accordance with

RCOG standards, ensuring senior clinical expertise was consistently available and no unsafe staffing incidents were declared.

14. Recommendations

14.1. The Trust Board is asked to:

- Note the contents of the report and formally record to the Trust Board minutes in line with the requirement of the NHS Resolution Clinical Negligence Scheme Trusts (CNST) Maternity Perinatal Incentive Scheme (MPIS) for safety action 5.
- Note the evidence that midwifery staffing budget reflects establishment as calculated by BirthRate Plus®.
- Approve and take assurance from this report that there has been an effective system of Midwifery workforce planning and monitoring of safe staffing levels for Q1 and Q2 of 2025/26 inclusive.
- Approve and take assurance that medical staffing within the maternity service has been robustly maintained throughout Q1 and Q2 2025/26, with consultant obstetrician presence and rota compliance meeting RCOG standards and recommend the continued regular review of medical staffing arrangements to ensure ongoing safety and sustainability.

Appendix 1: Planned versus actual staffing for maternity for Q1/Q2 2025/26

	Apr-25			May-25			Jun-25			Jul-25			Aug-25			Sep-25		
	Overall Average	Average Reg Fill Rate	Average Unreg Fill Rate	Overall Average	Average Reg Fill Rate	Average Unreg Fill Rate	Overall Average	Average Reg Fill Rate	Average Unreg Fill Rate	Overall Average	Average Reg Fill Rate	Average Unreg Fill Rate	Overall Average	Average Reg Fill Rate	Average Unreg Fill Rate	Overall Average	Average Reg Fill Rate	Average Unreg Fill Rate
Maternity Services Average	**75%**	**75%**	**72%**	**80%**	**82%**	**78%**	**82%**	**83%**	**80%**	**79%**	**82%**	**73%**	**84%**	**88%**	**79%**	**94%**	**92%**	**95%**

Appendix 2: Action Plan

	Action	Action owner	Target date for implementation	Date implemented	Tool/ measure	Measurement frequency	Responsibility for monitoring/ oversight	Planned review date
	Implementation of a 24/7 bleep holder roster	Deputy Heads of Midwifery	26th January 2026		Roster/BR+	Weekly	Deputy Heads of Midwifery	3 months
	The development and roll-out programme for bleep holder training is now underway. All DS coordinators will be included in the training. The Maternity 1570 Bleep Holder Standard Operating Procedure (SOP) has been published on SharePoint for staff reference. This SOP forms a key part of the induction for all new bleep holders, and has been included in their training materials to support consistent and effective practice. The training includes education regarding role of DS Coordinator, appropriate escalation, red flag declarations and the expectations of on call midwives.	Matron for Education in collaboration with service Matrons	Commence training from 1st January 2026		Training logs Education package update and evaluation through skill and competence measures including appraisals	Monthly	Matron for Education Service Matrons	3 months
	1:1 support meetings for delivery suite coordinators	Intrapartum Matron	1st February 2025		NA			
	Enhance DS coordinator orientation package to include red flags and escalation	Intrapartum Matron	1st February 2025		Education package update and evaluation through skill and competence measures including appraisals	Monthly following education	Intrapartum Matron	3 months