

Project Charter: Safety Culture in the Birth Suite

A strong safety culture is the cornerstone of high-quality maternity care. It is a key driver of patient safety, resulting in better patient outcomes, higher staff satisfaction and more effective teamwork. Safety culture isn't just about reducing risk - it's about creating an environment where safety and responsiveness underpin every patient experience in the birth suite.

Safer Care Victoria (SCV), through the Safer Together Program, is seeking to collaborate with Victorian maternity services in an innovative pilot focused on building and sustaining a robust safety culture in the birth suite. This will be a genuine pilot – it's about partnering, testing, and understanding the practical enablers and barriers to building and upholding a safety culture that is embedded in everyday practice.

Why is this a priority?

When safety is embedded in practice across all levels, teams are better equipped to identify risk early (before it escalates into serious issues), raise concerns confidently, and work together to prevent harm to mothers and babies. This is facilitated through open communication, shared accountability, and a commitment to continuous improvement. A strong safety culture reflects the collective mindset, behaviours, and shared values about how things are done.

Birth suites are dynamic environments where staff face unpredictable, high-risk situations that can change rapidly. Decisions must be made quickly to optimise outcomes. A strong safety culture enables calm, coordinated responses under pressure. While culture is driven by leadership behaviours and psychological safety, it can be supported by clear role expectations, structured communication tools, and consistent processes that reduce variability.

Conversely, a poor safety culture erodes psychological safety and trust, leading to under-reporting of near misses and incidents, delayed or inadequate escalation of care, and communication failures between team members. This, in turn, increases staff burnout and dissatisfaction and is strongly associated with higher rates of adverse maternal and neonatal outcomes.

Safety culture has been identified by key maternity stakeholders as critical area for improvement in Victorian birth suites. The People Matter Survey (PMS) state target for safety culture scores captured as part of the performance monitoring framework has recently increased to 80%, yet Victorian maternity services report a mean score of 67%1. Services need tools and guidance to help them reach the new target.

This pilot offers your health service the opportunity to actively shape practical approaches that enhance safety and quality in maternity and newborn care. As one of the first services involved, you'll help test, learn, and lead innovations that could transform maternity and newborn safety across Victoria.

What are we trying to accomplish?

Our pilot aims to understand what it takes to establish a positive safety culture as the foundation for high-quality care in birth suites. Our change ideas will be focused around four key elements being leadership support, employee engagement, employee wellbeing and psychological safety. By creating an environment where safety underpins all aspects of care, our aim is to reduce avoidable harm to women and babies, strengthen patient outcomes and improve staff satisfaction.

¹Victorian maternity services with capability frameworks 2-6 in the July-September 2023 reporting period.

How are we going to achieve this together?

SCV will partner with five Victorian birthing hospitals in a 12-month pilot. Using the <u>Model for Improvement</u>, health services will be supported to assess and understand their current environment, identify strengths and improvement opportunities, and address barriers to change in birth suite settings. When new insights emerge, teams will be encouraged to adapt quickly as guided by safety culture principles that prioritise care and resilience.

SCV will provide structured guidance, tools, and coaching to accelerate change and embed best practice. Group learning sessions will enable health services to share experiences and strengthen collaboration, while executive engagement will maintain momentum and drive continuous improvement.

As a pilot, SCV and participating health services will remain flexible and responsive to the outcomes and feasibility of the project, ensuring optimal learning. The project aims to determine whether the tools and guidance are practical, what impact they will have and how they will inform future decisions for scaling or adapting the approach.

Who is eligible to apply?

Victorian maternity services with a birth suite are eligible to apply. If you are interested, you will need to establish a project team and will need endorsement from an executive sponsor within your service.

What do we expect from you?

Participating health services must commit to the duration of the pilot and will be expected to:

- Designate an executive sponsor who will also be part of the designated project team; an influential leader who will remain actively engaged and publicly supportive of this pilot for its duration. Beyond providing high-level oversight, an effective sponsor is hands-on and actively engaged throughout the pilot lifecycle. They will connect the goals of this pilot to strategic initiatives at their service, raise the profile of the work and remove barriers for the project team to successfully complete the project. This executive sponsor will be actively engaged in the project team, participating in regular team meetings and updates, guiding improvement work and be intrinsically involved in the pilot.
- **Appoint a project lead** (working primarily in the birth suite) to coordinate a multidisciplinary core project team to test and implement improvement cycles. See the recommendations for the project team below.
- **Involve consumer(s)** in the project team (minimum 1, with 3 being ideal) who have birthing experience within the last five years to actively contribute to the pilot.
- Consent to sharing de-identified relevant data and insights to help assess the current environment, identify opportunities for improvement and track progress through the pilot.
- Share data for improvement with other health services to support learning and collaboration.
- Report any difficulties with SCV Project Lead, with aim to overcome barriers and keep open communication channels.

In our experience, optimal results are achieved when teams can devote time to:

- Convene project team meetings.
- Test changes frequently using rapid Plan-Do-Study-Act (PDSA) cycles.
- Submit regular outcome measurement data to a data sharing platform.
- Complete and share reports on progress for scheduled sessions and peer-to-peer learning.

- Attend workshops and coaching calls.
- Be creative, innovative, and committed to improving safety culture.
- Collect feedback from clinicians and consumers to evaluate their experiences.

Project team requirements

Improvement requires a team effort. This is especially true of safety culture, where changes need to involve staff at multiple levels, including senior leaders and management. Please refer to the Expression of Interest (EOI) Application Form for details on required and suggested team members.

It is anticipated that this project will require approximately 4 hours of input each week at a health service level. No formal funding applies to this project.

How will we measure success?

Surveying employees' values, attitudes, and behaviours is the most common way to measure safety culture in an organisation. For this pilot, we will use pulse surveys based on the key constructs outlined in the Victorian Safety Culture Guide:

- Safety culture
- Leadership support
- Psychological safety
- · Employee engagement
- Employee wellbeing

The People Matter Survey (PMS) includes these constructs and remains the preferred tool for long-term measurement.

Public health services should have access to annual PMS data at a birth suite level, which provides a baseline and supports sustainability beyond the pilot. For private health services, we will work collaboratively to define appropriate baseline measures and identify suitable ways to monitor progress against these constructs, ensuring alignment with the pilot's objectives.

In addition to employee surveys, the measurement strategy incorporates workforce metrics, Adverse Patient Safety Event data, and consumer feedback. Participating health services will submit data via Team Assurance.

As this is a pilot, the measurement approach will be reviewed with participating services to ensure it remains fit-for-purpose as the pilot progresses.

Planned key dates

Please note these are draft key dates. Confirmed dates will be communicated in advance to successful health services.

| Activity | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | Apr 26 | May 26 | Jun 26 | Jul 26 | Aug 26 | Sept 26 | Oct 26 | Nov 26 | Dec 26 | Jan 27 | Feb 27 | Mar 27 | Apr 27 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|
| EOI opens | | | | | | | | | | | | | | | | | | |
| EOI closes | | | | | | | | | | | | | | | | | | |
| Health service notification | | | | | | | | | | | | | | | | | | |
| Kick-off call | | | | | | | | | | | | | | | | | | |
| Executive sponsor call / pilot information session | | | | | | | | | | | | | | | | | | |
| 1:1 site visits | | | | | | | | | | | | | | | | | | |
| Action Period 1 | | | | | | | | | | | | | | | | | | |
| Learning session 1 | | | | | | | | | | | | | | | | | | |
| Action Period 2 | | | | | | | | | | | | | | | | | | |
| Learning session 2 | | | | | | | | | | | | | | | | | | |
| Formative evaluation | | | | | | | | | | SCI | /led | | | | | | | |
| Action Period 3 | | | | | | | | | | | | | | | | | | |
| Summative wrap-up event | | | | | | | | | | | | | | | | | | |
| Summative evaluation | | | | | | | | | | | | | | | | | | |

How do I apply?

Applications close COB on Tuesday 16 December 2025. We recommend that the application form be completed by the executive sponsor in collaboration with the proposed project lead.

Step 1: Review the following documents:

- Project Charter
- Safer Together Program (STP) FAQs for more information about SCV and STP

Step 2: Identify your project team, including your executive sponsor

Step 3: Complete the Expression of Interest Application Form.

There are two ways you can choose to complete your application:

- Online via survey at this link
- Completing the Word document (Appendix A), save a copy, and send your application to <u>maternitynewborn@safercare.vic.gov.au</u>. You will receive an email confirmation of your submission.

Step 4: Submit your baseline data (as outlined in the application form) via email to maternitynewborn@safercare.vic.gov.au. You will need to do this regardless of if your application is submitted via survey or as a Word document.

When will I know the outcome of my application?

EOIs will be reviewed by members of the Maternity and Newborn Improvement team against key criteria, and you will receive email notification about the outcome of your application in mid-December 2025.

Who do I contact if I would like more information?

Please contact the Maternity and Newborn Improvement Team at maternitynewborn@safercare.vic.gov.au.