

Pathfinder Approach:

The pathfinder areas were provided with dedicated support from a midwifery specialist in Trauma Informed practice, and an evaluation expert over a 15-month period from January 2022 to March 2023. The pathfinders followed three key phases:

Pathfinder Key Phases:



1. Understanding Service Context & Readiness TIP



2. Improvement Planning

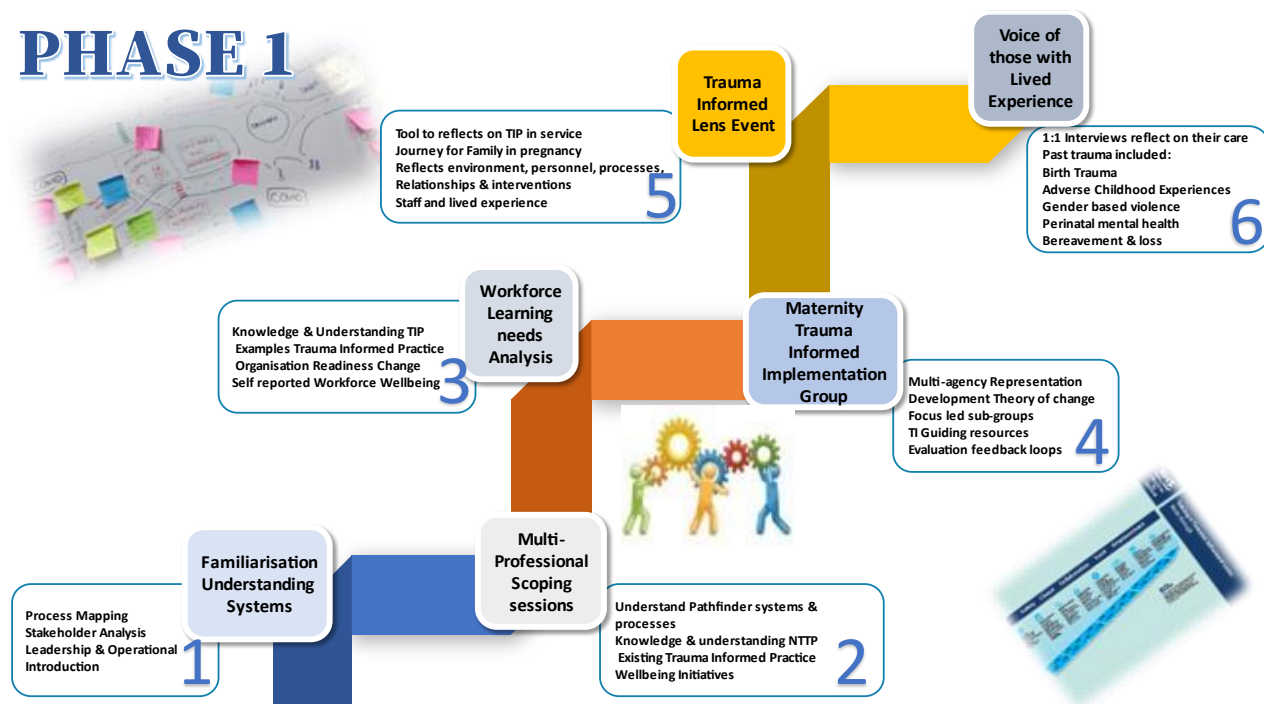


3. Implementation of Priority Areas

Phase 1. Understanding service context and readiness for Trauma Informed Practice.

Understanding the service context and readiness for transformation to become Trauma Informed is a vitally important step that takes time. Without having an in-depth understanding on their current position and their organisational readiness, which is inclusive across the workforce of the integrated joint boards (IJB), implementation plans may become ineffective. A key lesson from the maternity pathfinder's familiarisation sessions, was that there were key aspects of the NTTIP drivers that leadership were not always aware of, and some disconnect between embedding of new initiatives with workforce engagement or uptake. Phase one activities may include:

PHASE 1



Phase 2. Improvement planning, informed by learning from phase 1.

Many people with lived experience of trauma highlighted the importance of:

- the care setting feeling welcoming, safe, and accessible
- offering choice on their care and care provider
- developing care plans in collaboration, helping them feel respected
- building a trusting and safe relationship.



Therefore, considering a person's journey through their pregnancy, considering all their interactions, relationships, environments, and resources, and taking this learning into their service design, services can actively resist re-traumatisation and support recovery. The NTTP Trauma Lens resource supported facilitation within the pathfinder boards to consider this across departments, teams, and professions.



When planning TI practice change ideas, it is also important to embed feedback loops to create an ongoing dialogue between the organisation and people who work in, alongside or come into contact with the service. Pro-actively and routinely encouraging feedback from these groups helps the service understand how they can continue to reduce barriers to accessing support.



Within the maternity pathfinders, the Maternity TI Implementation Steering Group were supported to review their current service provision using two maternity specific implementation resources, designed during the project. These were, 'Creating trauma informed change in maternity services: Implementation guidance and planning resource' (NHS Education for Scotland, 2022) and 'Implementation guidance for trauma informed care in Scotland: A tailored self-assessment resource for Maternity services.' (NHS Education for Scotland, 2022). These tools helped the leads to consider the key drivers across their organisation and to deliberate on their status against these when developing their improvement plans. Aligning these with findings from phase one learning.

Phase 3. Implementation of agreed priority areas

The priority areas of transformational change across both maternity pathfinder areas, within the timeline of the project, were identified as:



Identified activities within the pathfinder’s long-term improvement plans required detailed planning to support implementation through development of topic specific driver diagrams, logic models and measurement plans for each of the three areas. Thus, breaking down change plans into meaningful and realistic activities. In recognition that not all members of the implementation steering group have the knowledge and experience in Quality Improvement (QI), in-person events were facilitated to develop their understanding of the implementation processes, supported with the NES QI resources (NHS Education for Scotland).

Quality Improvement Journey

