

Perinatal Services Update

Public Board

27 November 2025

Presented for:	Update, Assurance and Approval
Presented by:	Beverley Geary, Interim Chief Nurse
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Previous Committees:	None

Our Annual Commitments for 2025/26 are:	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	
Be in the top 25% for patient experience and efficiency in outpatients	✓
Support each other to act with kindness and compassion	✓
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	✓
Make best use of our estate, equipment and digital assets	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	✓	Workforce Retention Risk - We will deliver safe and effective patient care, through supporting the training, development and health and wellbeing of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services	Cautious	Moving Away
Clinical Risk	✓	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Moving Away
	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Moving Away
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Away

Key points	
The purpose of this report is to receive and approve the Perinatal Improvement Plan that was shared in draft format at the October Board timeout cited in Appendix A and to provide the Board with an update of actions since the 24 September 2025 Board.	Approve Update & Assurance

1. Summary

The Care Quality Commission (CQC) conducted unannounced inspections of Maternity Services on 9 to 11 December 2024 and of Neonatal Services 14 to 16 January 2025.

The Trust received a Warning Notice under Section 29A of the Health and Social Care Act 2008 (maternity staffing), on 14 February 2025, the Trust responded setting out the actions that will be taken, advising the CQC and the NHS England Quality Improvement Group that Birthrate Plus will be achieved in December 2025.

Following the publication of the final inspection report on 20 June 2025 the Trust received notification of breaches in the following regulations:

Regulation 12 Safe care and Treatment

Regulation 15 Premises and Equipment

Regulation 17 Good Governance

Regulation 18 Staffing

The Trust responded in July with a report on actions that will be taken to meet the requirements of the Health and Social Care Act 2008, its associated regulations and any other relevant legislation.

2. Progress

The Trust has continued to engage with the Maternity Safety Support Programme, meeting to review progress with NHS England and partners at the monthly Integrated Quality Improvement Group (IQIG), Chaired by the Regional Director at NHS England.

The Trust has engaged with the CQC, refreshing this process with the CQC Deputy Director of Operations, to provide an opportunity to discuss the actions that are being taken following the inspections, in addition to current performance in a range of services. This will also provide opportunity to highlight and discuss particular services and examples of where the Trust has made progress in quality improvement.

The leadership structure within the perinatal service has been strengthened, including appointment of a Clinical Director and a Deputy Clinical Director for maternity services, with support provided by an Improvement Director appointed by NHS England, together with continued support from the Maternity Improvement Advisers (MIAs) as part of the Maternity Safety Support Programme (MSSP). A Clinical Director has also been appointed to children's and neonatal services, working with maternity leaders to implement the perinatal pathway.

2.1 Perinatal Improvement Plan

The Trust has developed a single perinatal improvement plan (Appendix A), which sets out the actions that will be taken to address the maternity and neonatal regulatory breaches, areas for improvement aligned to the CQC Quality statements and to address the CQC Section 29A Warning Notice.

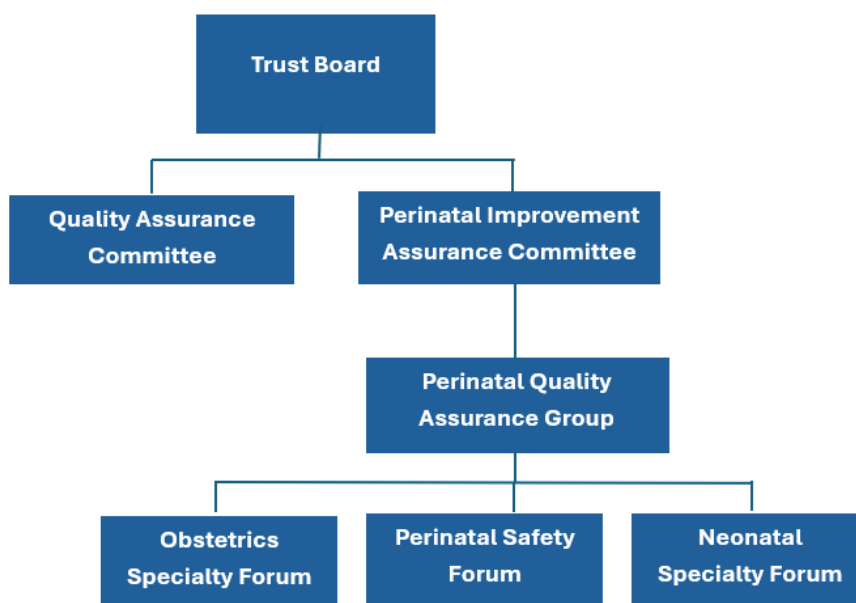
The specific recommendations and improvement actions from the CQC and MSSP diagnostic reports have been incorporated into the perinatal improvement plan, in addition to the local priorities that have been identified for both maternity and neonates, so that this is incorporated into one plan. This includes a summary of objectives, expected outcomes and mechanisms of assurance. These are set against the regulatory breaches and key questions, and the themes are aligned to the regulations and priorities set out in the reports, eg safe care, infection control, medicines management, equipment, staffing, governance.

The perinatal improvement plan was discussed at the Board time-out in October 2025. It has been shared with senior leaders. A Programme Manager has been appointed to oversee the improvement plans working with CSU leaders and corporate leads. The Programme Manager is currently lead for the Yorkshire and Humber Perinatal Mental Health Provider Collaborative and will bring this experience to this role.

The Trust has established a weekly Chief Executive led Improvement Steering Group for oversight and assurance of progress related to both the Perinatal and Well-led improvement plans, including preparation for the independent inquiry into maternity services in Leeds.

2.2 Perinatal governance structure

The perinatal governance arrangements have been reviewed, including the establishment of a Perinatal Improvement Assurance Committee (PIAC) reporting to Board. The Committee will receive assurance on progress against the actions set out in the perinatal improvement plan. The terms of reference and membership will be agreed at the first meeting and the flow of assurance to Trust Board is set out below.



2.3 Announcement of the Leeds Independent Inquiry into Maternity services

In addition to the regulatory focus on maternity and neonatal services, the Secretary of State for Health and Care announced an Independent Inquiry into maternity services at Leeds Teaching Hospitals NHS Trust in October 2025. The terms of reference and timeline of this have yet to be published. The Trust is establishing the leadership and infrastructure to support this important programme of work. The Trust has also considered support provided to families during this time. An Executive led triage system has been introduced for families in response to any concerns they may have as a result of the announcement, and preparations are in place for wider help and support for communicating with the Trust.

3. Financial implications

There are financial implications related to delivering the perinatal improvement plan and the work related to the Leeds Independent Inquiry. This is continuing to be reviewed at the weekly Executive-led Improvement Steering Group, liaising with partners, including NHS England.

4. Risk

Whilst in the NHSE Integrated Quality Improvement process and taking actions to address the CQC regulatory breaches, the Trust is moving away from the risk appetite set by the Board for Workforce risk (Workforce Retention risk), External risk (Regulatory risk) and Clinical Risk (Patient Safety and Outcomes and Patient Experience risk).

There is a risk included on the Corporate Risk Register (CRRE1) related to CQC Registration – breaches of Regulation(s) which will monitor the controls in place and further mitigating actions at the monthly meeting.

5. Communication and involvement

There will be a comprehensive internal and external communications plan to support the open and transparent sharing of our progress against the improvement work outlined in this paper.

6. Equality analysis

The Trust strives to adhere to equality and diversity practices.

7. Improving health equalities

The Trust is committed to Improving Health Equity which means reducing the unfair and avoidable differences in healthcare some groups experience. The work of the Board and Committees underpins this commitment.

8. Publication Under Freedom of Information Act

This paper is made available under the Freedom of Information Act 2000.

9. Recommendation

- Agree the proposed management and oversight of the Perinatal Improvement Plan.
- Note the progress and actions since the 24 September 2025 Board meeting.

10. Supporting Information

Appendix A Leeds Teaching Hospitals NHS Trust Perinatal Improvement Plan v0.5.

Craig Brigg, Director of Quality
25 November 2025