

**Perinatal Improvement Assurance Committee (PIAC)
Chairs Summary Report**

**Public Board
29 January 2026**

Presented for:	Alert, Advice and Assurance
Presented by:	Phil Corrigan, Non-Executive Director, Chair of the Perinatal Improvement Assurance Committee
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List of meeting dates:	15 January 2026

Link to Strategic Objective	Focus on care quality, effectiveness and patient experience
Link to Provider Capability Assessment	Quality of care
Link to CQC Well-led Statement	Governance, Management and Sustainability
Regulatory Impact	Regulation 12: Safe care and treatment Regulation 16: Receiving and acting on complaints Regulation 16: Receiving and acting on complaints Regulation 17: Good governance Regulation 18: Staffing Regulation 20: Duty of candour

Key points:	
This report provides a summary of the key highlights from the PIAC meeting and seeks to alert, advice and provide assurance to the Board on the areas discussed.	Alert, Advice and Assurance

<u>Risk Appetite Framework</u>			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	Workforce Deployment Risk - We will deliver safe and effective patient care through the deployment of resources with the right mix of skills and capacity to do what is required.	Cautious	Moving Towards
Clinical Risk	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Moving Towards
Clinical Risk	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 Towards
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

1. Introduction

Following its last meeting the Committee has considered significant issues and key areas to highlight to the Board under three key categories Alert, Advice, Assurance (AAA):

- Alert - areas which the Committee wishes to escalate as potential areas of non-compliance, which need addressing urgently, or that it is felt Board should be sighted on.
- Advice - any new areas of monitoring or existing monitoring where an update has been provided to the Committee and there are new developments.
- Assurance - specific areas of assurance received warranting mention to Board.

2. Alert

- The Committee reviewed progress against the Perinatal Improvement Plan with assurance received of the oversight and management via the leadership Teams. Within the plan, 30 actions were on track, 19 completed, three evidenced and assured and 12 off-track. Of the actions raised as off-track, assurance was received that these had had been reviewed and revised dates applied; progress had been made against all 12 actions however they had not been fully completed. Detail of these actions was provided to the Committee, and it should be noted that the highest risk is related to the expansion of the medical workforce. The Committee was advised that a report had been developed by the Clinical Director and was currently under review by the Executive Team.
- The Committee reviewed the submission and assurances of evidence for the Year 7 Maternity Incentive Scheme. Board sign-off for this item will be sought at agenda item 10.2 with the Head of Midwifery in attendance. The Committee considered learning from previous years and how this had been applied to the processes used to assess compliance with Year 7. Previously there has been a lack of external scrutiny to assess the standard of the available evidence, however, for Year 7 the evidence has been collated and reviewed by the safety action leads supported by a project manager and been subject to a second independent review by one of the NHSE maternity improvement advisors and the quality and safety lead for the LMNS. A further layer of assurance was provided from an external Director of Midwifery who has reviewed a selection of the evidence. Internal Audit were also part of this review process. The final position is **compliance with five of 10 safety actions**. The key areas to support further improved compliance moving into Year 8 were explored and noted by the Committee with assurance that systems and processes were either already in place or being introduced to support improved compliance going forwards.
- The Committee reviewed the final draft Terms of Reference (ToR) for the Neonatal External Mortality Review with a focus on ensuring the review was listening to families in a trauma informed way. Board approval will be sought for these draft ToR, and they would be shared with the families involved prior to publication within the March Board meeting.

3. Advice

- The Committee reviewed progress on the Neonatal Improvement Plan; of the 22 Neonatal specific actions, 14 had completed pending an external CSU review of the evidence provided. The eight remaining actions were on track and the Committee received additional assurance on the improvement action to optimise psychological support available to the Neonatal workforce. The original delivery

for this action had been extended to 30 April 2026 to allow time for engagement and co-production of a specific support strategy. The Committee also received additional assurance on the progress of the action related to cot designation and capacity planning. The current delivery date was 30 June 2026 with scoping, demand and capacity profiling, and engagement work taking place. This work had informed the development of three business case in relation to the re-designation, volume and workforce assigned to NNU cots. The Team is awaiting the outcome of the business case review, and the action has a dependency on financial investment (predominantly nursing workforce investment). The Committee confirmed its support to these business cases and would act as an advocate in seeking supporting investment.

- The Committee received detail on a number of key Perinatal metrics via the Perinatal Assurance Report; this included data from a number of sources including the Maternity Dashboard, Scorecard, PMRT, MBRACE and MOSS data. Of note to the Board is there had been three referrals to the Maternity and Newborn Safety Investigation (MNSI) Team with final reports issued for two with one safety action identified which had been implemented. Key learning was related to altered foetal movements, induction of labour and ensuring that staff have the skills to sensitively communicate concerns about foetal wellbeing. Engagement with staff highlighted as a priority and leadership Teams working to support this.

4. Assurance

- The Committee received an assurance update on the capital investment into the Maternity services. There is ongoing engagement with the Team to identify and prioritise current equipment requirements with assurance received that this would be completed by the end of March 2026. The Committee sought assurance that training requirements for staff had also been considered which was confirmed. Assurance was provided from the Lead for the capital programme on the ongoing process to ensure early identification and sourcing of equipment and assets prior to their end of life. Similar work was taking place within the Neonatal service with the Committee scheduled to receive an update at its next meeting.

5. Risk review

The Trust remains under increased regulatory oversight for its perinatal services and will respond accordingly. There were no items reported to the Committee leading to an increase in the associated risks or risk appetite.

The PIAC will continue to meet as a time-limited assurance Committee of the Board to provide oversight to the assurance and evidence for perinatal improvement.

6. Recommendation

The Board are asked to receive and note the content of this report and be assured that the PIAC is fulfilling its assurance function as delegated from the Board and as defined within its Terms of Reference.

The PIAC is also recommending Board sign-off of the Year 7 MIS as provided at agenda item 10.2, noting the increased assurance of evidence and improved reporting process moving into Year 8 of the scheme.