

## Perinatal Assurance Report

**Public Board**  
**29 January 2026**

<b>Presented for:</b>	Information and Assurance
<b>Presented by:</b>	Dr Magnus Harrison, Chief Medical Officer
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<b>Previous Committees:</b>	Perinatal Improvement and Assurance Committee January 2026

<b>Link to Strategic Objective</b>	Focus on care quality, effectiveness and patient experience
<b>Link to Provider Capability Assessment</b>	Quality of care
<b>Link to CQC Well-led Statement</b>	Governance, Management and Sustainability
<b>Regulatory Impact</b>	Regulation 17: Good governance

<b>Key points</b>	<b>Purpose</b>
The report provides Trust Board oversight of perinatal quality and safety aligned with the national Perinatal Quality Oversight Model.	<i>Information</i>
A detailed assurance report is presented to the members of the Perinatal Improvement and Assurance Committee which has delegated authority from the Trust Board. This report is presented by the Head of Midwifery with supporting context provided. The minutes and a Chairs report from this Committee are received by the Trust Board.	<i>Information and Assurance</i>

<b>Level 1 Risk</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
Workforce Risk	Workforce Supply Risk - We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply.	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 Away

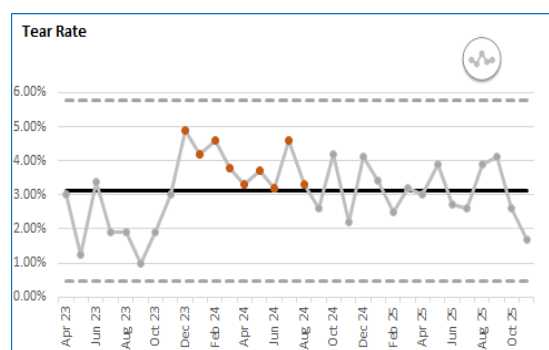
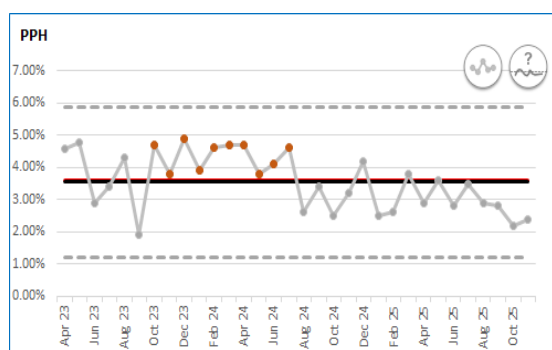
## 1. Summary

This report provides the Trust Board with oversight of perinatal quality and safety aligned with the national Perinatal Quality Oversight Model. The reporting period is November and December 2025.

A detailed report is received by and presented to members of the Perinatal Improvement and Assurance Committee (PIAC) by the Head of Midwifery with supporting context. The Committee has delegated authority from the Trust Board and the minutes of the meeting and a Chairs report flow to Trust Board.

## 2. Discussion

Clinical quality and outcome measures remain stable with no special cause concerns seen. The trend for Post partum Haemorrhage and 3<sup>rd</sup> and 4<sup>th</sup> Degree tears appears to be decreasing but this is not yet statistically significant.



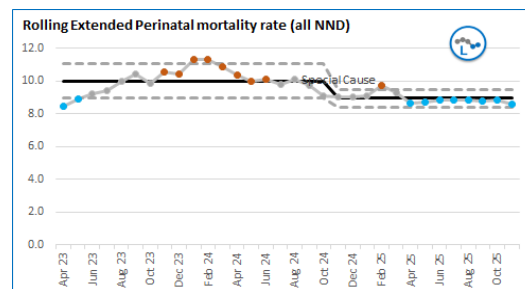
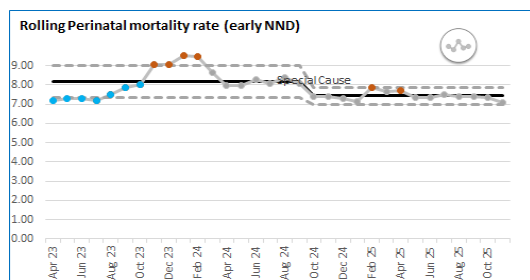
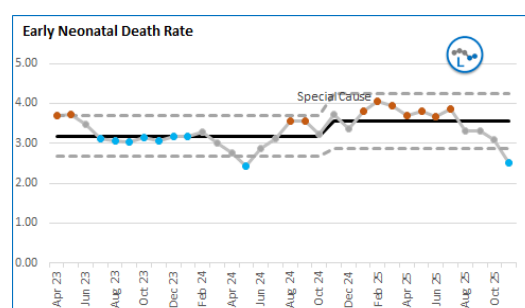
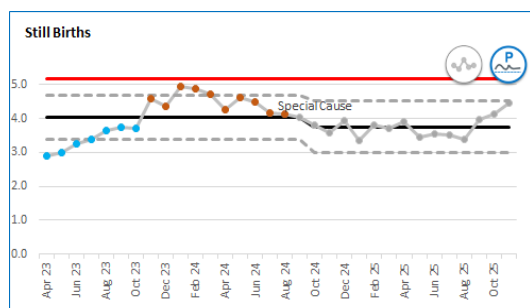
### Perinatal Morbidity and Mortality

The quarter 3 perinatal mortality review tool report has been shared with the Trust Board to provide assurance that every eligible perinatal death has been reported to MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) via the MBRRACE-UK Reporting Tool and that the defined standards have been met. The Board have also received a copy of the actions in progress to support learning identified during the reviews.

There have been 3 referrals to MNSI during the reporting period and 2 final reports received with 1 safety recommendation. A multidisciplinary review has been undertaken to review themes and develop actions. The actions identified are tracked through internal governance mechanisms.

There has been 0 regulation 28 (prevention of future deaths) issued by HM Coroner.

The perinatal mortality SPC charts are provided below.



## Claims Scorecard

The 2025 claims scorecard has been received, reviewed and triangulated with incident, complaint and learning data and next steps identified to support improvements. This was presented at PIAC with an opportunity for discussion. The triangulation of the scorecard data is reviewed quarterly through internal governance processes.

## Workforce

The neonatal nursing and medical workforce are compliant with the British Association of Perinatal Medicine (BAPM) standards. The actions that have been in place to support this achievement have been shared with the members of the Perinatal Improvement and Assurance Committee.

A birthrate plus (BR+) assessment was undertaken in 2024 to review the midwifery staffing requirement to support safe care. The clinical budgeted establishment aligns with the recommendations and has been further enhanced by Trust Board support to backfill 75% of the maternity leave. The nonclinical specialist and management cohort of the midwifery workforce has received significant investment particularly in relation to leadership posts, it is anticipated the budgeted establishment will align with the BR+ recommendations within Q4.

There has been a positive response to recruitment with a higher-than-average intake of early career midwives between September 2025 and January 2026. To ensure a seamless and supported transition to registered status, a large-scale preceptorship model has been implemented to facilitate timely support, guidance and advice.

Key Performance Indicators of 1:1 care in labour and supernumerary status of the coordinator as per the MIS definition have been maintained. The midwife birth ratio is 1:24. There has been a reduction of 100 red flags from the previous reporting period. Red flags are primarily related to delays on the induction of labour pathway and directly correlate with increased/deceased acuity and workforce availability.

A medical workforce report has been developed by the Clinical Director for review by the executive team making recommendations to support the current and future medical workforce model.

The safety champions model has been reviewed and revised to support floor to Board escalation, this group has met and agreed new operating model and opportunities for engagement with front line teams, meetings and walkarounds are scheduled. The outputs of meetings and feedback from staff engagement walkarounds feed into the perinatal assurance report presented at PIAC.

Regular perinatal engagement sessions and walkarounds are embedded to support escalation, understanding and action of any areas of concern. Engagement sessions are supported by the executive team which is positively received by the wider workforce. The number of Freedom to Speak Up Guardians (FTSU) has increased to support mechanisms for escalation of concerns.

A consultant obstetrician is leading on the connection project which is a culture change programme for Leeds maternity services that aims to improve quality, safety and wellbeing by strengthening the human connections at the heart of maternity care. The framework responds directly to the themes identified by the 2024 CQC reports and the 2025 Maternity Safety Support Programme diagnostic assessment.

### Training

The perinatal training databases are continually updated and the data used to inform the quarterly training reports. The requirements have been met to support safety action 8 of year 7 of the Maternity (perinatal) Incentive Scheme. Action plans as per the MIS guidance for rotational doctors have been shared appropriately.

Nursing and midwifery compliance with wider job essential training is above target. Medical leads are supporting improvements to achieve targets for doctors. The compliance for obstetric and gynaecology doctors is 76% and 85% for neonatal medical staff.

### Service user engagement and experience

A summary of the 2025 CQC maternity survey has been shared with safety champions and the Perinatal Improvement and Assurance Committee. Key themes are detailed below, and actions identified to support areas of focus particularly related to postnatal care in the hospital and community. The leadership team and the Chair of the Maternity and Neonatal Services Partnership (MNVP) are co-producing an action plan in response to the survey findings which will be presented to the Safety Champions and the Local Maternity and Neonatal System, these groups will monitor outputs and report to the PIAC.

### Where care was best

- Being offered a choice about where to have their baby
- Not being sent home in labour or birth when worried about self or baby
- Significant other being able to stay with them as much as they wanted
- Being given appropriate information and advice on the risks associated with IOL
- Not being sent home when they were worried about themselves or their baby in relation to labour and birth

- Being given appropriate advice and support when they contacted a midwife or the hospital in association with labour and birth

Birth reflections service

#### Where experience could be improved

- Frequency of seeing or speaking to a midwife at home after birth
- Being able to get feeding advice during evenings, nights or weekends
- Being involved in decisions about care at home after the birth of their baby
- Being given information about physical recovery after birth
- Feeling listened to by the midwifery team at home after birth

#### FFT Response Rate

- Birth Response rate: 27% (94.52 % positive rating)
- Antenatal- Response rate: 12% (90.30% positive rating)
- Postnatal - 18% Response rate (85.53% positive rating)
- Community postnatal – 11% response rate (97.37% positive rating)
- LGI Neonatal Unit Response rate: 46% (90.9 % positive rating)
- SJUH Neonatal Unit- Response rate: 28% (87.5% positive rating)
- Transitional Care: 57% Response rate (100% positive rating)

There was a total of 16 complaints received during November and December (12 for maternity and 4 for neonatal services). The perinatal team are working with service users to respond to concerns raised. A thematic analysis will be undertaken as part of the improvement plan and actions will monitored via the Trust improvement plan.

There are multiple other sources of service user feedback that are being used to support educational events and service improvements. An example of this is the through my eyes event held on the 16<sup>th</sup> of January where direct and indirect voices of service users were co-delivered to support an educational event for perinatal teams with a focus on inclusion and groups at increased risk of health inequalities. A service user experience dashboard is under development to support triangulation of multiple sources of data to facilitate better coordinated action and improvement within the service.

#### National Quality Improvements

The overall compliance with saving babies lives care bundle is 90% for Q2. Performance with the care bundle is externally validated by the LMNS. It has been fed back that the evidence submitted is of a high quality and there is evidence of incremental and sustained improvements. There are actions in place to drive further improvements where 100% compliance is not yet achieved.

The service continues to monitor compliance with BAPM optimisation metrics and there have been no missed opportunities for steroids, magnesium or antibiotics. All metrics for all cases are reviewed by the multidisciplinary team to identify opportunities for improvement. Recurrent themes where compliance isn't 100% are associated with either spontaneous labour or a need to expedite the birth for fetal wellbeing.

A maternal care bundle has recently been published by NHSE. The multidisciplinary team are meeting to review the care bundle and identify next steps. The approach will require collaboration with internal and external stakeholders including primary care to optimise maternal wellbeing and reduce the risk of maternal morbidity and mortality.

### Maternity (Perinatal) Incentive Scheme

There is evidence to support a declaration of compliance with 5/10 of the safety actions defined within year 7 of the incentive scheme. There has been a rigorous process with external verification to review the evidence. Where safety actions are only partially compliant the elements that have impacted this have been reviewed and no patient safety risks have been identified. Governance structures have been revised to optimise increased focus on perinatal quality and safety. Systems and processes that have been implemented in the later part of the reporting period will facilitate ongoing improvements with compliance in year 8 of the scheme.

#### **3. Quality and Performance Implications**

See main discussion

#### **4. Financial Implications**

Not applicable

#### **5. Risk**

Whilst in the NHS England Quality Assurance and 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 External risk, Regulatory risk and Clinical Risk, Patient Safety and Outcomes.

#### **6. Communication and Involvement**

There is ongoing communication with the public and staff regarding the perinatal services

#### **7. Improving Health Equity**

Health Equity is inextricably linked to perinatal care, the service has a Health Equity team led by a Consultant Midwife. The team work with the wider team to identify opportunities to support service improvements and outcomes.

#### **8. Publication Under Freedom of Information Act**

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

#### **9. Recommendation**

The Trust Board are asked to receive this summary paper note the contents and be assured that members of the Perinatal Improvement and Assurance Committee have reviewed all elements of the national Perinatal Quality Oversight Model and had opportunity to explore data further through check and challenge and this is reflected in the minutes and Chairs report from the Committee.

#### **Supporting Information**

None