

**Perinatal Improvement Assurance Committee (PIAC)
Chair's Summary Report**

**Public Board
28 May 2026**

Presented for:	Alert, Advice and Assurance
Presented by:	Simon Le Clerc, Non-Executive Director, Chair of the Perinatal Improvement Assurance Committee
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Previous Committees:	14 May 2026

Freedom of Information Act (FOIA) Exemption	<input type="checkbox"/> YES (restricted from the FOIA) <input checked="" type="checkbox"/> NO (available to the public under the FOIA)
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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
<u>Regulatory Impact</u>	Regulation 9: Person-centred care Regulation 12: Safe care and treatment Regulation 16: Receiving and acting on complaints Regulation 17: Good governance Regulation 18: Staffing Regulation 20: Duty of candour

Key points	Purpose
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	Operating outside
Operational Risk	Business Continuity Risk - We will develop and maintain stable and resilient services, operating to consistently high levels of performance.	Cautious	Operating outside
Clinical Risk	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Operating outside
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	Operating outside

External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Operating outside
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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 received an update in relation to neonatal improvement action 7.1 and noted clarification that the wording within the Perinatal Improvement Plan did not fully align with the narrative set out within the CQC regulatory breach notice. The Committee was advised that the CQC findings related specifically to leadership understanding and oversight of medicines management processes within the Neonatal Unit rather than wider leadership capability. It was noted that the discrepancy had been formally escalated through the IQIG meeting and would be reviewed through the Perinatal Improvement Group to support amendment of the narrative and ensure alignment with the original CQC findings and intent.
- The Committee received an update regarding the 2023 MBRRACE-UK data which was explored in more detail with an update on a desk top audit process to take place.

3. Advice

- The Committee received an update on neonatal improvement action 6.3 relating to cot-side resuscitation equipment compliance and was assured that equipment layout optimisation work and procurement of required resuscitation equipment had been completed. It was acknowledged that, in collaboration with the Trust Resuscitation Team, a comprehensive neonatal resuscitation audit had been undertaken, resulting in standardisation of cot-side equipment, identification of improvements to space utilisation and ergonomics, and confirmation of the requirement for NeoPuff devices to support optimal equipment configuration. It was further noted that a quarterly re-audit process had been developed for oversight through neonatal governance arrangements and would be implemented following installation of the NeoPuff devices. A further extension of the delivery date to 30 July 2026 was noted to allow completion of device installation, with funding having subsequently been secured through the Trust capital programme and delivery understood to be imminent.
- The Committee received an update on the 2023 Sand's and Tommy's Policy Unit report concerning NHS Trust Board oversight of Maternity and Neonatal services and noted the key findings relating to the effectiveness of governance, assurance and oversight arrangements. Assurance was provided that elements of the report had already been embedded within Trust systems and processes, that remaining gaps would be addressed through existing improvement arrangements or escalated appropriately, and that wider comparative benchmarking discussions were also being progressed through the WYAAT Chief Nurse and Chief Medical Officer Forum.
- The Committee reviewed and approved the Terms of Reference for the Perinatal Improvement Group and supported implementation of the Group as a key component in strengthening oversight, governance and accountability arrangements for delivery of the

Perinatal Improvement Programme. The Group would be chaired by the Chief Operating Officer, with the Chief Medical Officer and Chief Nurse acting as Senior Responsible Officers, and would provide detailed oversight of improvement activity, associated risks and delivery progress through a structured programme management approach aligned to recognised governance best practice and the three lines of defence model. The Committee also noted that the arrangements had been benchmarked against improvement governance models implemented within other trusts and would support a consistent reporting framework and stronger operational ownership of the Perinatal Improvement Plan. It was acknowledged that the Board had initially established the Group for a 12-month period, with further review and assurance reporting to follow based on progress and effectiveness of the arrangements.

- The Committee received an update on the planned expansion of neonatal cot capacity which would require £2.6m funding from NHSE for 2026/27 to support the implementation of additional capacity across neonatal services. The full business case was for the Board to approve and submit to NHSE.

4. Assurance

- The Committee received assurance regarding substantive progress against the intent of neonatal improvement action 7.1 and noted completion of external audits relating to medicines management processes by Medicines Management and Pharmacy Services (MMPS) CSU, alongside implementation of weekly nursing audits focused on safe storage, controlled drug processes and stock management. There were changes to medicines storage arrangements in line with guidance, the appointment of a designated medicines management lead within the Nursing Leadership Team, and investment in leadership capacity through the introduction of an additional Matron and Neonatal Transformation Lead. Assurance was also provided regarding the continued development of emerging leaders through participation in the Trust Excellence in Leadership Programme and the Neonatal Operational Delivery Network (ODN) Leadership Programme.
- The Committee received assurance regarding sustained compliance with the recommendations arising from the Ockenden Review report published March 2022 and noted that the Trust had previously been assessed by the Regional Team as fully compliant with all recommendations following submission of supporting evidence. An internal review had been undertaken to identify any remaining gaps and areas for further improvement, with key priorities relating to strengthening support arrangements for newly appointed Band 7 and 8 leaders, succession planning, workforce resilience and ensuring that the medical workforce continued to meet the operational requirements of a tertiary maternity service. The Committee welcomed the ongoing development of a structured leadership development programme, workforce expansion plans and continued work to strengthen medical staffing arrangements. Discussions were held on the importance of evidencing the effectiveness and measurable impact of training and leadership development activity through benchmarking, incident analysis, staff feedback and quality outcomes, noting ongoing implementation of national competency frameworks, simulation training programmes and enhanced practical learning arrangements across Maternity and Neonatal Services. Assurance was received that appropriate systems and processes remained in place to respond to the recommendations identified and to support continued workforce development and service improvement.
- The Committee received an update on neonatal quality, workforce and operational performance and noted continued oversight of complaint themes within the Neonatal Unit, alongside positive Friends and Family Test responses, ongoing thematic reviews and weekly Matron assurance walkarounds to support patient engagement and complaint resolution. The Committee further noted progress in relation to Qualified in Specialty (QIS) compliance following the CQC regulatory breach, with compliance currently at 65% against a 70% target and trajectory forecasts indicating improvement to 69% by July

2026, alongside maintenance of 85% compliance amongst eligible staff. Assurance was also provided regarding increased QIS training provision, revised competency assessment arrangements and the planned recruitment of a dedicated Neonatal Improvement Transformation Lead to support delivery of the Neonatal Improvement Plan. The Committee was advised that neonatal nursing sickness absence remained above average but had improved from 11% to 7.86%, with the operational impact continuing to be actively managed. It was further updated that operational performance targets relating to HRG Level 1 and 2 neonatal activity had been achieved for 2025 following revised designation arrangements implemented after the January 2025 inspection.

- The Committee received assurance regarding the quality and safety of perinatal services through the NHSE Perinatal Quality Oversight Model (PQOM) report for March and April 2026 and noted that no special cause concerns had been identified across the clinical metrics, including perinatal mortality. The triangulation of scorecard, complaints, Patient Advice and Liaison Service (PALS) and incident data had identified recurring themes relating to cumulative risk, escalation processes, communication, delays, out-of-hours vulnerabilities and inequitable impacts on care delivery, with targeted improvement actions underway. Assurance was provided regarding continued strong compliance with Saving Babies' Lives standards, positive progress in midwifery and nursing recruitment, and ongoing work to address delays within induction of labour and elective caesarean section pathways through multidisciplinary improvement activity and capacity reviews. The Committee acknowledged ongoing diagnostic work relating to workforce culture, psychological safety and staff experience, with a report and recommendations expected within three to four months, alongside wider work to strengthen staff wellbeing, engagement and professional development. The Committee emphasised the importance of evidencing measurable impact, clear delivery timescales and embedded assurance arrangements for improvement activity and welcomed the positive clinical outcomes, service user feedback and improvement actions outlined within the report.

- The Committee received the monthly Maternity and Neonatal Improvement Support Team (MNIST) update report for information and noted the ongoing NHSE support provided to the Trust since July 2025 across Maternity and Neonatal Services. The Committee recognised the current priority areas for support, including Perinatal Improvement Plan governance and oversight, obstetric leadership and staffing, perinatal working, neonatal capacity and designation, bereavement care, clinical governance and preparation for the Independent Review of Perinatal Services. The Committee emphasised the importance of maintaining a risk-based and assurance-focused approach to improvement activity and requested that future reports adopt a more detailed Triple A reporting methodology to strengthen triangulation of information and assurance to the Committee and Board. Assurance was provided regarding collaborative development of the identified priorities with operational teams, ongoing improvements in workforce capacity and vacancy management, and continued work relating to neonatal equipment validation and bereavement care improvement activity. It was endorsed that the establishment of the Perinatal Improvement Group would support strengthened oversight, escalation and reporting arrangements as the governance framework matured.

- The Committee received the report for information and assurance regarding progress against compliance with the Maternity Incentive Scheme (MIS) Safety Action C, including the Perinatal Mortality Review Tool (PMRT). The Committee welcomed details of PMRT reviews, Submit a Perinatal Event Notification' (SPEN) notifications and Maternity and Newborn Safety Investigations programme (MNSI) referrals during the reporting period, including one case graded as "C" relating to communication, escalation and birth planning issues, together with safety actions arising from a completed investigation report focused on staffing pressures, workload management, escalation processes and supervision arrangements for newly appointed staff. The Committee was informed that Maternity

Outcomes Signal System (MOSS) signals continued to be monitored appropriately, including completion of a critical safety review following receipt of a Level 2 signal, with findings indicating that the majority of neonatal deaths reviewed related to severe congenital abnormalities and advanced care planning. There was detailed health inequalities analysis within the report, which demonstrated disproportionate impact on women from the most deprived communities and identified limitations within existing risk assessment processes in capturing cumulative social complexity. Assurance was provided that actions were underway to strengthen the Trust's response through a more systematic and personalised approach to maternity care and that the Perinatal Service continued to monitor and respond appropriately to quality and safety intelligence in support of improved outcomes and compliance with Safety Action C requirements under Year 8 of the MIS.

- The Committee received a verbal update on progress against the maternity elements of the Perinatal Improvement Plan and noted ongoing work with the Maternity Improvement Advisors and Programme Management Office to refine and strengthen the Improvement Plan to ensure comprehensive alignment with recommendations arising from the CQC reports, Maternity Safety Support Programme (MSSP) diagnostic and subsequent reviews. Workstream governance and accountability arrangements had been strengthened through regular workstream meetings, timeout sessions with leads, development of highlight reports and enhanced oversight processes to support identification of emerging risks, delayed actions and delivery challenges. Assurance was provided that amendments to improvement actions and delivery timescales were being progressed through the established governance framework, with oversight through the Perinatal Improvement Group. The Committee further noted that concerns regarding leadership capacity had been mitigated through recruitment of an additional Head of Midwifery (now in post) and received assurance that there were currently no areas of significant patient safety risk, with continued engagement ongoing with the Regional Team regarding identified areas of focus.
- The Committee received an update on capital investment across the Neonatal Units during 2025/26 and the proposed programme for 2026/27 and noted progress against Action 6.3 of the Neonatal Improvement Plan following the January 2025 CQC inspection and associated Regulation 15 breach. Assurance was provided that a comprehensive audit undertaken with the Trust Resuscitation Team had supported standardisation of cot-side resuscitation equipment, identification of ergonomic improvements and confirmation of the requirement for 30 NeoPuff devices, with funding subsequently secured through the Trust capital programme following initial challenges through the MIS discretionary funding route. The delivery of the devices was imminent, that no patient safety concerns had been identified and that a quarterly re-audit process would be embedded within neonatal governance arrangements following installation. It was noted that replacement chest drain trolleys had been procured and operational since Spring 2025 and that additional capital investment during 2025/26 had included Panda iRes Warmers and a Venue Go ultrasound system. Assurance was also received regarding the development of the 2026/27 capital programme, including replacement ventilators, incubators, monitoring systems, simulation equipment and a milk tracking system to support ongoing quality improvement and reduction of feeding errors.

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 is asked to receive and note the content of this report and be assured that the Perinatal Improvement Assurance Committee (PIAC) is fulfilling its assurance function as delegated by the Board and defined within its Terms of Reference.