

Perinatal Improvement Plan Report

Public Board
28 May 2026

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| Presented for: | Information and Assurance |
| Presented by: | Rebecca Musgrave, Head of Midwifery and Nursing |
| Author: | Rebecca Musgrave, Head of Midwifery and Nursing |
| Previous Committees: | NONE. |

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| 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 17: Good governance |

| Key points | Purpose |
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| 1. The purpose of this report is to provide an update to the Trust Board on progress with the perinatal improvement plan and escalate any unmitigated risks. | <i>Information and Assurance</i> |
| 2. The details of the plan are presented by the perinatal leadership team at the Perinatal Improvement and Assurance Committee with opportunity for questions and discussions from members of the Committee. | <i>Information and Assurance</i> |
| 3. Improvement actions that are off track or have had revised dates applied have been reviewed and discussed and are not creating any additional risk. | <i>Information and Assurance</i> |

| Level 1 Risk | Level 2 Risks | (Risk Appetite Scale) | Impact |
|---------------------|--|------------------------------|-------------------|
| 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. | Cautious | Operating within |
| 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 within |
| 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 |

1. Summary

The maternity services at Leeds Teaching Hospitals NHS Trust were inspected by the Care Quality Commission (CQC) with a report received in June 2025 which downgraded the services on both sites to inadequate. The neonatal services were inspected in January 2025, with a report received in June 2025 and both sides of the city downgraded to Requires Improvement. NHS England's Maternity Safety Support Programme (MSSP) visited the Trust in March 2025 to undertake a diagnostic review of the service and following this review the service was onboarded onto the support programme. The report contained more than 100 recommendations, many of which aligned with the CQC findings and recommendations. An improvement action plan was developed as part of the improvement programme to support oversight and tracking of the recommendations.

2. Discussion

The perinatal improvement plan is dynamic and continuously evolves in response to additional recommendations and actions. Updates are in progress facilitated by collaborative working between the perinatal leadership team, NHSE Improvement advisors and the local project management team. A series of meetings are scheduled throughout June with the workstream leads to support updates. The outputs will be shared at the Perinatal Improvement Group and assurance, and escalation of any unmitigated risks will be reported to the Perinatal Improvement and Assurance Committee with onward flow to the Trust Board.

Highlight reports have been developed to support monitoring of progress, any challenges or barriers to completion or support required from within the perinatal service or the wider organisation.

To ensure a clear audit trail, a process of verified delivery is being used. This monitoring framework defines a critical distinction between 'Complete' and 'Evidenced and Assured', ensuring that actions are not closed until they are objectively proven to deliver sustained improvements. This involves workstream leads presenting the evidence of completed actions to an independent panel to support discussion and decision regarding the quality of the evidence to support assurance. The first meeting was held on the 24th of April, and the plan is to hold monthly meetings to support the reviews.

The Perinatal Improvement Plan currently holds 87 improvement actions; however, this will continuously involve as part of the dynamic improvement plan approach. As of the end of April 54 of these actions are complete and awaiting discussion and evidence review at the newly established Perinatal Evidence Approval Panel. 2 are evidenced and assured 13 are on track, 17 have revised dates for completion following review and 1 has not yet started.

The detail associated with improvement actions has been discussed with the leadership team at the Perinatal Improvement and Assurance Committee. This includes any actions with revised time frames or recorded as off track. There are no unmitigated risks with any of these actions. As part of the ongoing review of the improvement plan timescales are being reviewed to ensure they are realistic and achievable particularly for some of the more transformative actions.

3. Financial Implications

There are no financial implications from this report.

4. Risk

There is no material change to the risk appetite and there are no off-track actions that are creating additional risk.

5. Communication and Involvement

Key information and learning related to the Perinatal Improvement Plans and actions to support its completion are communicated through regular updates at CSU level governance, the Perinatal Improvement Assurance Committee and at the NHS England Integrated Quality Improvement Group.

6. Impact on Equality & Health Inequalities

There are actions within the perinatal improvement plan linked to health equity and it is inextricably linked to improvement and the quality and safety of the service.

7. Publication Under Freedom of Information Act

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

8. Recommendation

The Trust Board are asked to receive the update for information and assurance and note that the detail

9. Supporting Information

None