

Perinatal Improvement Plan Report

Public Board
30 July 2026

Presented for:	Information and Assurance
Presented by:	Beverley Geary, Chief Nurse Liz Garthwaite, Interim Chief Medical Officer
Author:	Rebecca Musgrave, Head of Midwifery and Nursing Roger Mumby, Programme Manager
Previous Committees:	NONE.

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ NO (available to the public under the FOIA)
--	---

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
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 in progress 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

Leeds Teaching Hospitals NHS Trust's maternity services were inspected in January 2025 by the Care Quality Commission (CQC), with the inspection report received in June 2025. The services at both hospital sites were rated as Inadequate. Neonatal services were inspected separately in January 2025, with the corresponding report received in June 2025, which rated services at both sites as Requires Improvement.

In March 2025, NHS England's Maternity Safety Support Programme (MSSP) undertook a diagnostic review of the Trust's maternity services. Following this review, the Trust was accepted onto the MSSP support programme. The resulting report identified further recommendations for improvement, many of which were aligned with the findings and recommendations set out by the CQC.

To support the delivery, oversight and monitoring of these recommendations, a comprehensive improvement action plan was developed and is being delivered through the Trust's Perinatal Improvement Plan (PIP) governance framework, providing a structured approach to tracking progress, managing risks and assuring the implementation of improvement actions.

2. Discussion

The PIP remains a dynamic document and continues to evolve in response to emerging recommendations and identified actions. A comprehensive review of the plan is currently underway through collaborative working between the Perinatal Leadership Team, NHS England Improvement Advisors and the Trust's Programme Management Office.

A programme of meetings has been established and will continue throughout August with workstream leads to support this review. The revised plan will incorporate and align with the recommendations arising from the Ockenden Report of the Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust, published 24 June 2026, the National Investigation into Maternity and Neonatal Services in England (Baroness Amos), published 30 June 2026 and the recently published NHS England 10-Point Plan.

Following completion of the review, the improvement actions set out in the PIP will be reviewed at the Perinatal Improvement Action Group (PIAG) and the PIP will be presented to the Perinatal Improvement Assurance Committee (PIAC) for scrutiny and assurance at the next meeting on 10 September 2026, reporting to the Trust Board through the Chair's report. Progress against the PIP is also presented to the Integrated Quality Improvement Group (IQIG), Chaired by the Regional Director at NHSE. The revised plan will be finalised and submitted through the November reporting cycle.

To ensure a robust audit trail and consistent assurance process, a verified delivery approach has been implemented. This framework establishes a clear distinction between actions that are reported as 'Complete' and those that are 'Evidenced and Assured', ensuring that actions are not formally closed until there is sufficient evidence

demonstrating that they have been fully implemented and are delivering sustained improvement.

As part of this process, workstream leads are required to present supporting evidence to the Evidence Assurance Panel, which reviews the quality and impact of the evidence before determining whether actions can meet an 'Evidenced and Assured' status. Since its establishment in April, the Evidence Assurance Panel has met on three occasions. Consideration is currently being given to increasing the frequency of meetings to strengthen oversight and enable the timely review and assurance of completed actions.

The Perinatal Improvement Plan currently comprises 85 improvement actions. As of 20 July 2026, 54 actions have been completed, 18 are on track, 6 have been evidenced and assured, and 7 are in progress, having passed their initial implementation date. Progress against the improvement actions continues to be reviewed in detail and tracked at the Perinatal Improvement Action Group and a report provided to the Perinatal Improvement Assurance Committee. This includes consideration of actions with revised timescales and those currently reported as in progress. There are no unmitigated risks associated with any of the actions at this time.

As part of the ongoing review of the Improvement Plan, timescales are being reassessed to ensure they remain realistic and achievable, particularly for the more complex and transformational actions. This approach supports the sustainable delivery of improvements while maintaining appropriate oversight and assurance.

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 in progress 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

Trust Board is asked to receive the update and assurances provided on progress regarding implementation of the Perinatal Improvement Plan.

9. Supporting Information

The following papers make up this report:

8.3 (ii) Appendix A – LTHT Perinatal Improvement Plan