

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

**Public Board
26 March 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:	12 March 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

Risk Appetite Framework			
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 received an update on the capital investment in Neonates. It was reported that approximately £184k of equipment had been delivered to the Neonatal Unit, including four giraffe omnibed incubators and two chest-trained trolleys, with further equipment funded through £65k of charitable funding and £150k of LTHT capital, including 30 lullaby primes expected in the coming months. Decisions from NHS England totalling £920k for bids for 20 babylog ventilators and a Li-Lac milk tracking system were awaited at the time of discussion, alongside capital bids of approximately £250k submitted for the next financial year; however, it was subsequently confirmed that the Trust had been unsuccessful in the NHSE funding requests. The Committee noted that while improvements to milk management processes had been implemented in line with the CQC action plan using manual processes, the milk tracking system and ventilator replacement remained areas of concern. Members also highlighted risks relating to equipment approaching end of life, including babylog ventilators, and sought clearer assurance on capital planning, prioritisation of investment across the Trust, and strengthened risk profiling to support oversight and escalation. The Committee were not assured of the processes for asset management of small equipment, or alignment of investment to address CQC actions and remaining risks requiring investment. An assurance report was requested to be presented at the next meeting to address this.
- The Committee received assurance on progress relating to cot designation and capacity planning, with the current delivery date set for 30 June 2026 and three business cases awaiting decision. These relate to the redesignation of JO1 to a Local Neonatal Unit (LNU), increasing intensive care cot capacity at L43, and expanding workforce capacity within transitional care to enable units to operate across both sites. The Committee noted sustained overcapacity at LGI, with the Trust operating at around 100% occupancy compared to the national threshold of 80%, alongside designation pressures at St James's, where approximately 4,500 births annually would require LNU services. It was also noted that decisions regarding cot expansion would depend on workforce capacity and the ability to recruit staff to support additional cots. The Committee confirmed its support for the business cases and agreed to act as an advocate in seeking the necessary investment to support delivery. The Committee were advised that cot designation had been subject to ongoing discussions with specialist commissioning and had been escalated to NHSE during the IQIG meeting the previous day.

3. Advice

- 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, MBRRACE and MOSS data. It was noted that 13 eligible deaths had been notified within the required timeframe to MBRRACE and Child Death Overview Panels (CDOPs). One case met the criteria for referral to Maternity and Newborn Safety Investigations (MNSI), had been escalated as a Patient Safety Incident Investigation (PSII) to the Trust Risk Team, and notified to the LMNS. There were 14 cases that had been reviewed using the PMRT tool; none were graded as C, and one was graded as D for care provided to the mother following the baby's death, specifically regarding funeral arrangements.
- The Committee received the Maternity and Neonatal Voices Partnership (MNVP) current priorities and capacity restraints, noting that the role involved regular reporting, attending meetings, engaging with communities, and capturing people's voices to drive service delivery and improvements. The Committee acknowledged the challenge of meeting demands within the limited hours, recognising the progressive work undertaken by the service, and advised that the Board be sighted on this.

4. Assurance

- The Committee received the Monthly Maternity and Neonatal Improvement Support Team (MNIST) report for the Trust, noting key progress including developments in leadership, improvements in midwifery vacancies, and continued work on the PMRT and Maternity Incentive Scheme (MIS). Positive engagement with the regional team was also highlighted, including a productive Professional Midwifery Advocates (PMA) away day with the Regional Deputy Chief Midwife. The Committee noted several escalations relating to staffing and leadership gaps, Transcutaneous Bilirubinometers (TCBR) machines undergoing trial and not currently available in the community, and challenges regarding cot configuration. Updates were provided on obstetric workforce pressures, with a gap analysis undertaken and further work in development, and confirmation that relevant risks were reflected within the Women's CSU risk register. Members also noted ongoing discussions regarding the Director of Midwifery vacancy and received assurance that leadership oversight remained in place. An update was provided on TCBR machines, confirming that devices had been repaired and returned to service with a trainer-to-trainer model implemented, while an ongoing biomedical audit assessing correlation with serum samples was approximately 50% complete. Additional screening processes for neonatal jaundice had also been introduced to reduce readmissions and delays in treatment. The Committee requested future reports to be of triple A style using the Trust template.
- The Committee received an update on the Three-Year Delivery Plan for Maternity and Neonatal Services, published in March 2023 in response to independent national reviews highlighting that maternity and neonatal care was not consistently meeting the needs of women, babies, families and the workforce. The report outlined progress across the four key themes of the plan: listening to women and families with compassion, supporting the workforce, developing and sustaining a culture of safety, and meeting and improving standards and structures. Members sought greater assurance on the mechanisms for capturing

and acting on families' experiences and noted the absence of clear metrics to demonstrate progress. The Committee received the report and requested that future updates provide stronger evidence of delivery, clearer metrics, and more comprehensive assurance on how feedback from women and families is captured and used to inform improvement.

- The Committee reviewed progress against the Perinatal Improvement Plan and received assurance that oversight and management had been effectively provided through the leadership Teams. Within the Maternity plan, 18 actions were on track, 23 had been completed, one had been evidenced and assured, and five were off track. For Neonates, 14 actions had been completed, one had been evidenced and assured, and six remained open and on track. The Committee was assured that the off-track actions had been reviewed, revised completion dates applied, and detailed updates provided. The highest risk identified related to the delivery of neonatal cot designation, and business cases awaiting decisions.
- The Committee received a **post-meeting update** on the Year 7 Maternity Incentive Scheme declaration, confirming that the Trust Board had reviewed and approved the submission, with assurance provided on compliance with five of the ten safety actions and timely submission to NHS Resolution. Feedback on action plans and associated funding requests remained awaited. The Committee also noted early sight of proposed changes for Year 8 with guidance to be published on 31 March 2026, highlighting a shift towards outcome-focused safety actions, greater local flexibility, and a streamlined set of six clearer and less duplicative requirements, with formal publication and national launch scheduled for 23 April 2026.

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.

The Committee also advises the Board to be sighted on the current priorities and capacity constraints of the MNVPs, whose work has demonstrated notable progress within the Trust to date.