

Perinatal Improvement Plan Progress Update

Trust Board

26th March 2026

Presented for:	Information and Assurance
Presented by:	Rebecca Musgrave, Head of Midwifery and Nursing
Author:	Rebecca Musgrave, Head of Midwifery/Nursing
Previous Committees:	None

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 17: Good Governance

Key points	Purpose
1. This progress report is being presented to the Trust Board for information and assurance of progress to date of the perinatal improvement plan.	<i>Information and Assurance</i>
2. The overarching action plan has been reformatted to support effective use as a working document and divided into key themes to support monitoring and ownership and accountability.	<i>Information and Assurance</i>
3. Prior to signing off the actions as evidenced and assured an independent verification process will be used.	<i>Information and Assurance</i>
4. There are no actions at risk, a small number of actions have been given a revised completion date.	<i>Information and Assurance</i>
5. Progress is being made across all elements of the action plan as detailed in the narrative.	<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.	Minimal	Moving Towards
Operational Risk	Choose an item.	Choose an item	Choose an item.
Clinical Risk	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could	Minimal	Moving Towards

	limit the ability to achieve safe and effective care for our patients.		
Financial Risk	Choose an item.	Choose an item	Choose an item.
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

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.

The improvement plan has been reformatted to support effective use as a working document. It has been sectioned into the key areas below to support review, ownership and monitoring of actions. The revised and updated plan will be shared with the Board in May.

- Pathway redesign and quality improvement
- Clinical education and governance
- Workforce
- Engagement and communication
- Culture leadership and inclusion
- Estates and equipment

To ensure a clear audit trail a process of verified delivery will be 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 will involve independent review of the available evidence.

The status of the plan is summarised as follows:

Status	Volume	Definition
On Track	34	Work to deliver this action is underway and expected to meet target date and quality tolerances
Completed (evidence validation)	46	Action is in place with all tasks completed, but has not yet been assured/evidenced as delivering the required improvements
Evidenced and Assured	2	Action is in place with all tasks completed, but has not yet been assured/evidenced as delivering the required improvements
Off Track	4	Achievement of the action has missed the scheduled target date. An exception report will be written to explain why, along with mitigating actions, where possible

2. Update

This report provides a high-level summary of key improvements to date across the service.

Pathway redesign and quality improvement

Individuals across the service are being supported to attend a 2-day bespoke intermediate Leeds Improvement Methodology workshop to optimise understanding of improvement methodology to drive improvements in all areas.

The service is commissioning an external resource to support thematic analysis training to increase learning from incidents and events to support triangulation of data and dissemination of the findings.

Clinical education and governance

The governance structure has been redefined to support empowerment, accountability and escalation of concerns at all levels. This has been further enhanced by the establishment of the Perinatal Improvement and Assurance Committee, a subcommittee of the Board with delegated authority. This Committee supports oversight of the quality and safety of the perinatal services and provides opportunity for scrutiny of data and check and challenge. The outputs of the Committee are shared with the Trust Board through the chairs report, minutes and an overarching perinatal assurance report aligned with the national Perinatal Quality Oversight Model. This also supports triangulation of incidents investigations and feedback to support learning through multiple mechanisms.

The Perinatal Mortality Review Tool (PMRT) process including revised guidance and terms of reference has been reviewed. The frequency of the meetings is increasing to weekly with standardised templates to support reviews. The PMRT letters which are available in multiple languages are being used to support engagement and communication, however the team are also working collaboratively with the strategic lead for the MNVP to review the internal letters versus the national letters to identify further opportunities for improvement. A bimonthly PMRT report aligned with safety action 1 of the Maternity Incentive Scheme is presented to the members of the Perinatal Improvement and Assurance Committee, Safety Champions and received by the Trust Board.

To ensure timely reviews of perinatal incidents and investigations, a weekly perinatal escalation report including outputs from PMRT reviews, rapid reviews, referrals to MNSI and reports received from MNSI are presented to the members of the weekly quality meeting which includes executive representation.

The national MOSS signal system has been implemented at LTHT with local guidance developed aligned with the national guidance. Level 1 signals have been received, critical safety checks undertaken and required documentation submitted within the prescribed timeframe. No immediate safety concerns have been identified.

A comprehensive review of the complaints process has been undertaken and SOP's and action plans developed supported by key individuals after attending a complaints

improvement workshop. The focus is on ensuring compassionate and timely responses and where possible undertaking local resolution meetings.

The national maternity early warning score has been published, there has been a delay to implementation due to software constraints within the maternity electronic record system and the wider organisational electronic observation system. However, processes are in place to support implementation and rollout across maternity services. Further work is required to identify educational strategies and rollout across non maternity areas supporting care of pregnant or recently birthed women.

The Birmingham Specific Obstetric Triage System (BSOTS) tool is in use in both maternity assessment centres. Leadership roles with a focus on quality and safety within the Triage element of the perinatal pathway and increased medical cover are under review by the executive team. Work is in progress to optimise digital systems to support timely and robust audit data to evidence compliance with the BSOTS standards. Outcomes are monitored and multiple sources of data utilised to monitor any evolving risks within this area of the pathway to support mitigation.

Ward metrics are undertaken in all areas and documented on the ward health check organisational dashboard to support monitoring and analysis of key performance metrics including infection prevention and control and medicines management and are following an improving trajectory.

The local training needs analysis based on the national Core Competency Framework has been reviewed and revised and is awaiting approval through governance structures.

The neonatal service is working to meet the national standards for Qualified in Specialty (QIS) training, increasing both training places and course frequency and is on track to meet national compliance by May 2026.

Workforce

There has been a positive response to nursing and midwifery recruitment to date, it is anticipated that vacancy gaps will be closed by the end of Q1 2026. However, a proportion of these will be early career midwives graduating and commencing in post from September 2026. In the interim bank and agency staff are being used to mitigate staffing risks.

There has been significant investment in expanding the midwifery leadership team which facilitates increased visibility and staff engagement and monitoring of the quality and safety of the service.

The neonatal service is compliant against BAPM standards for both the medical and nursing workforce and there is ongoing work to increase the Allied Health Professional provision across the service.

A medical and midwifery workforce report has been developed to address gaps in the consultant, resident and midwifery nonclinical specialist and management teams and is currently under review by the executive team.

A higher number than average of early career midwives joined the team between September 2025 and January 2026. An enhanced preceptorship offer has been established to ensure a supported transition to registered status. This includes the appointment of 10 WTE

preceptorship midwives who are working over a 24-hour period providing pastoral support and clinical advice and guidance.

Engagement and communication

Perinatal listening events are scheduled every month and regular walkarounds by the leadership team undertaken where progress with improvement actions is shared. A monthly newsletter is disseminated to all teams. However, feedback indicates that messaging isn't consistently reaching all members of the team. The leadership team are working collaboratively with the Trust communications team to develop different methods of supporting effective communication for all to ensure the teams can understand and contribute to improvement plans.

Engagement with service users and groups continues and has been recognised as a strength by the West Yorkshire and Harrogate LMNS. There are several examples of coproduction and codesign of services and educational activities to ensure the service is responsive to the needs of the local population. The through my eyes educational events have evaluated very positively from a service user and staff perspective as a means of hearing, reflecting and responding to lived experiences.

The maternity services have a team of specialist health equity midwives led by a consultant midwife. The team have multiple workstreams in place to support health equity and improved experiences and outcomes. Several deep dives have been undertaken to support morbidity, mortality and experience reviews through a health equity lens. The team use the PLICS dashboard and focus groups to collect and disaggregate local data and feedback by population groups to monitor differences in outcomes and experiences for women and babies from different backgrounds to ultimately improve care.

Culture leadership and inclusion

The service is commissioning an independent diagnostic from the psychological safety institute. The aim of the diagnostic will support a clear picture of what is driving current issues, provide reliable information about how governance, oversight and safety systems are functioning, a structured view of where risks sit and provide insight to support the service and Trust to respond effectively to inspection concerns.

A civility saves lives training programme continues to be rolled out across the service to highlight the impact of incivility, explore contributory factors and support the teams by optimising the right conditions and understanding to maintain civility.

A consultant obstetrician with expertise in cultural transformation is working with key members of the team to roll out the connection project. 'The connection project' is a culture-change program for Leeds that aims to improve quality, safety and staff wellbeing by strengthening the human connections at the heart of maternity care. It is centred on four domains of connection, self, team, system, and patients. It translates these findings into practical action: supporting psychological safety and wellbeing, rebuilding collaboration and trust, strengthening organisational learning, and restoring compassionate, equitable care.

The leadership team are liaising with the Regional NHSE team to undertake further bespoke cultural transformation activity.

Estates and equipment

There has been significant investment in estates and equipment which is monitored through a working group to ensure any issues raised are escalated and addressed in a timely way.

3. Off Track actions

Action 9.2 Complete a workforce report for midwifery staffing and develop a workforce operational plan to achieve Birthrate plus recommendations and implement a quarterly workforce review. Original target date – 31-1-26

Maternity workforce plan developed to achieve Birthrate Plus and quarterly review implemented. Ongoing finance and workforce issues to be progressed and monitored through Perinatal Improvement Assurance Committee.

Action 9.10 Review the current Professional Midwifery Advocate (PMA) role and service, including dedicated time and support to undertake the role. Develop and embed a PMA strategy to address the findings of the review and implement recommendations. Original target date 31-1-26

Review of PMA role and service completed. Strategy to be published in **May 2026**.

Action 15.11 Review the current process for the receipt, data capture and completion of subject access requests including consideration of use of roles approved through MIS funding to support the data capture and also process of staff support for those named in or providing information.

CSU leadership team met with IG to review the process re SARs, to agree a plan for the increased number of requests. Revised guidance being developed by IG working in conjunction with Comms to be published in **April 2026**.

Action 15.12 Review the current process for the receipt, assessment and completion of freedom of information requests including consideration of use of roles approved through MIS funding and where necessary psychological support for staff.

CSU leadership team met with IG to review the process re SARs, to agree a plan for the increased number of requests. Revised guidance being developed by IG working in conjunction with Comms to be published in **April 2026**.

4. Financial Implications

There are no additional financial implications to consider for this report.

5. Risks

There are no risks to escalate from this report.

6. Communication and Involvement

Communication with internal and external stakeholders regarding the progress of the improvement plan continues.

7. Improving Health Equity

Health equity is inextricably linked to multiple actions within the improvement plan.

8. Publication Under Freedom of Information Act

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

9. Recommendation

The Board are asked to note the contents of the report and be assured that a review of the improvement actions is ongoing and will be independently verified to ensure actions have been embedded and sustained.

An updated copy of the full improvement action plan is presented as Appendix A