

Perinatal Improvement Assurance Committee Chairs' Summary Report

Public Board
24 September 2026

Presented for:	Alert, Advice, and Assurance
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Previous Committees:	10 September 2026

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ 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	Learning, Improvement and Innovation Freedom to speak up
<u>Regulatory Impact</u>	Regulation 9: Person-centred care Regulation 12: Safe care and treatment Regulation 16: Receiving and acting on complaints Regulation 19: Fit and proper persons employed Regulation 20: Duty of candour

Key points	Purpose
This report provides a summary of the key highlights from the Perinatal Improvement Assurance Committee meeting and seeks to alert, advice and provide assurance to the Board on the areas discussed. The report also asks the Board to endorse the revised Terms of Reference of the Committee.	Alert, Advice and Assurance

<u>Risk Appetite Framework</u>			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
Operational Risk	Health & Safety Risk – We will protect the health and wellbeing of our patients and workforce by delivering services in line with or in excess of minimum health & safety laws and guidelines.	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 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

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 acknowledged that full assurance had not yet been obtained on the overall quality and safety position of perinatal services aligned with the NHSE Perinatal Quality Oversight Model (PQOM), with further evidence required to substantiate reported improvements and demonstrate sustained impact. The Committee noted the need to strengthen the evidence base underpinning the PQOM reporting, including clearer metrics, triangulation of operational data, risk information, patient and staff feedback, safety outcomes and improvement activity, with continued scrutiny required to demonstrate that identified risks were being effectively mitigated and that improvement was translating into safe and sustainable outcomes.
- The Committee alerts the Board of the sustained increase in elective caesarean activity, which had increased by 40% compared with 2020/21, with demand continuing to exceed established capacity. The Committee noted the mitigations in place associated workforce and capacity pressures, including reliance on additional staffing and temporary arrangements, and the potential impact on service-user experience and the sustainability of the current operating model. A business case had been developed with funding to be confirmed for short term solution along with further work for further projection of service demand.
- The Committee alerts the Board to the potential risk of non-compliance with Safety Action C, and the new requirement for MIS year 8, noting that sustained achievement of the 60% external multidisciplinary attendance requirement for Perinatal Mortality Review Tool (PMRT) reviews was unlikely to be met for year 8. The Committee noted the need for clear evidence of sustained compliance, including a sustainable approach to external reviewer participation and evidence that learning and actions arising from PMRT reviews were translating into measurable service improvement, with continued oversight and escalation of the position. Non-compliance would result in a financial impact within MIS year 8.
- The Committee received the partial assurance position regarding compliance with the Birmingham Symptom-specific Obstetric Triage System (BSOTS), noting that workforce and capacity constraints continued to affect the Trust's ability to consistently achieve the 15-minute assessment standard and required timescales for onward care. The Committee were assured of manual processes in place to mitigate the associated data quality and digital infrastructure limitations, including the absence of reliable real-time data, and the potential implications for CQC scrutiny and good governance. Manual data needed to be entered into systems to create an audit trail however the Committee were assured of additional middle-grade medical cover from 1 October 2026 to strengthen evening activity and facilitate more timely medical review. The Committee endorsed the integrated maternity triage improvement programme through the Perinatal Improvement Plan (PIP), with Elizabeth Garthwaite as Executive Sponsor, and noted that progression to full assurance would require validated data, audit findings, workforce and competency evidence, service-user feedback and equity analysis demonstrating sustained improvement in safe, timely and equitable care.

3. Advice

- The Committee had reviewed the Terms of Reference and revised its membership in light of the establishment of the newly formed management oversight via PIAG. The Terms of Reference are cited at appendix A, and the Board are asked to endorse these as shown in track changes.
- The Committee received continued workforce and capacity pressures across perinatal services, including sustained Operational Pressures Escalation Levels (OPEL) 3/4 pressures and a 50 WTE gap from recruitment and onboarding BY December 2026, with consequential risks to service capacity, key pathways and staff wellbeing. The Committee noted the positive recruitment pipeline and ongoing mitigations, but emphasised the need for continued Quad Team oversight, clear linkage to the risk register and PIP, and timely escalation where workforce gaps could affect the Trust's ability to maintain safe service delivery.
- The Committee noted the Maternal Care Bundle Implementation Plan and approved to support full implementation by March 2027. The Committee noted that several elements remained partially implemented or in progress, with further work required to strengthen evidence of implementation and embedding, particularly in relation to pathways, consistency of screening and documentation, specialist access, and demonstrating that arrangements were operational, auditable and sustainable. The Committee supported continued quarterly monitoring through Women's governance arrangements and the Committee, with Quad Team oversight and escalation of material risks or delays to the Board as required.

4. Assurance

- The Committee received an update on the review of medical devices commissioned by the Audit Committee and noted that assurance had been received on the proposed management response and next steps, with implementation to be overseen by the Quality Assurance Committee (QAC). The Committee noted that further work was required to provide assurance on the overall position, with a PwC roadmap setting out an 18-month programme of actions. Ventilators and procurement had been identified as areas requiring further attention, with immediate mitigations in place. The Committee noted the arrangements for progress to be reported through the QAC, with the Perinatal Improvement Assurance Committee and Finance & Performance Committee also to be sighted and noted that further assurance would be provided to the Board through subsequent updates.
- The Committee received an assurance update from the Perinatal Improvement Action Group (PIAG) on progress against the PIP, noting that the programme was transitioning to Phase 2 with an increased focus on transformation and strengthened evidence review. The Committee noted the ongoing review of the original regulatory breaches and the consolidation of regulatory, NHSE and improvement requirements into a comprehensive delivery plan, with nine areas of the PIP experiencing slippage and appropriate actions identified. Assurance was provided that the relevant processes for managing deteriorating patients were in place, with further review against current national guidance required. The Committee noted the importance of demonstrating sustained improvement through measurable outcomes and patient, colleague and stakeholder experience, and agreed that PIAG update would be presented to the Board as an assurance update on progress and delivery against the PIP.
- The Committee received assurance on perinatal training compliance and progress against Safety Action B of Year 8 of the Maternity Incentive Scheme (MIS), noting strong compliance across core perinatal safety training and substantive workforce groups. The Committee noted that residual compliance risks were concentrated within obstetric and anaesthetic trainees and wider medical mandatory and priority training, with time-bound recovery plans, named clinical and operational ownership and bi-weekly oversight in place. Assurance was also received that immediate regulatory risks were being mitigated, with further work underway to strengthen METRA data quality, workforce intelligence and supervision arrangements for

colleagues with outstanding training. The Committee endorsed continued executive oversight, routine reporting and escalation where progress towards the minimum 90% compliance threshold was not sustained.

- The Committee received assurance that a credible plan was in place to mitigate the identified risks associated with Safety Action C of the MIS, supported by ongoing improvement activity, review of PMRT-related actions and continued Committee oversight. The Committee noted that project management arrangements were being incorporated into the improvement structure, with progress to be monitored and reported through the Committee.
- The Committee received assurance on the implementation of the Saving Babies' Lives Care Bundle (SBLCB) Version 3.2, noting 96% overall implementation and full compliance across four of the six elements. The Committee noted that the identified gaps in smoking in pregnancy and reduced fetal movements were subject to active mitigation through established governance and quality improvement arrangements, including enhanced operational oversight, workforce and capacity reviews, and interim scanning provision. Assurance was received that a longer-term seven-day Fetal Assessment Unit scanning service was being progressed, with a target implementation date of December 2027. The Committee supported continued oversight of the improvement trajectory and requested further evidence of the impact of actions undertaken and sustained improvement in the identified areas.
- The Committee received assurance on the Trust's baseline assessment against the Maternity and Neonatal 10-Point Plan, noting that the assessment had been completed and identified the Trust's current compliance position and areas requiring further action. The Committee was assured that identified gaps would be incorporated into the PIP with clear ownership, completion dates and defined evidence requirements, with progress and expected improvement monitored through the Committee ahead of the December 2026 update. The Committee endorsed the onward submission of the assessment to the Trust Board and noted the arrangements for submission to NHSE in accordance with the required timescales.
- The Committee received assurance on service-user engagement activity and the themes arising from feedback, noting that these were consistent across multiple sources and aligned with CQC findings. The Committee noted ongoing co-production through the Maternity and Neonatal Voices Partnership and Health Equity work, with improvement actions focused on communication, continuity of care, informed consent, mental health, neurodivergence, bereavement and postnatal support. The Committee was assured that service-user feedback was being triangulated with regulatory findings and informing improvement activity, with continued monitoring required to demonstrate measurable and sustained improvements in experience.

5. Risk review

The Committee highlighted the continued delay to implementation of the digital maternity triage solution and ongoing maternity capacity pressures, including delays within the induction of labour pathway and constraints in antenatal and postnatal bed capacity, as significant risks. Members noted that reliance on manual processes continued to limit real-time oversight of maternity triage and that capacity pressures were affecting patient flow and service resilience. The Committee noted that both risks would be escalated to the Risk Management Committee for enhanced oversight and assurance.

The Committee also provides oversight of the Trust's patient safety and outcomes risk, and the Corporate Risk Register CRRE1 – CQC Registration – breaches of Regulation(s) – Maternity and Neonatal services. The Trust is currently operating within the risk appetite for the level 1 risk (clinical risk) and is operating outside the risk appetite for the level 2 risk category (patient safety and outcomes) set by the Board as a consequence of the findings from the CQC inspections of maternity and neonatal services and well-led.

6. Recommendation

The Board are asked to receive and note the content of this report and be assured that the Perinatal Improvement Assurance Committee continues to fulfil its assurance function as delegated from the Board and as defined within its Terms of Reference.