The Leeds Teaching Hospitals NHS Trust

Perinatal Transformation Plan

Public Board
Thursday 26 November 2026

Presented for:	Approval
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Previous Committees:	Perinatal Improvement Assurance Committee, 12 November 2026

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

Link to Strategic Objective	Improvement & Innovation – ensuring we are at the forefront of health improvement, innovation and research.
Link to Provider Capability Assessment	Quality of care
Link to CQC Well-led Statement	Learning, Improvement and Innovation
Regulatory Impact	Regulation 12: Safe care and treatment

Key points	**Purpose**
Presented to the Board for oversight of the approval by the PIAC of a delivery mechanism and governance structure to enable delivery of continuous perinatal service improvement.	Information

Risk Appetite Framework

Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	Workforce Performance Risk - We will deliver safe and effective patient care through having the right systems and processes in place to manage performance of our workforce.	Cautious	Operating within
Operational Risk	Business Continuity Risk - We will develop and maintain stable and resilient services, operating to consistently high levels of performance.	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
Financial Risk	Financial Management & WRP - We will deliver sound financial management and reporting for the Trust whilst seeking to deliver against Waste Reduction targets but always with a focus on maintaining and enhancing patient safety.	Cautious	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

This paper describes the work already done to develop a comprehensive Perinatal Transformation Programme [PTP], and a proposal for a mechanism and governance structure to enable delivery of this.

Existing front line work streams will report to four work groups, each chaired by one of the Director Quad Team. These work groups will report through PIAG to PIAC. Accountability will move from central task tracking by the programme management office to tiered ownership of prioritised objectives, with clinically relevant outcomes (described in KPIs). Progress against objectives and KPIs will be monitored and exceptions reported to PIAG and PIAC.

Partially Compliant CQC areas and nationally mandated initiatives will be prioritised in objective setting.

Board is asked to note the paper's contents and note PIAC's approval of the proposed approach.

2. Discussion and Proposal

The Perinatal Transformation Programme [PTP] contains 109 'Improvement Actions' and associated 'Key evidence and assurance' descriptors. These have been created:

- incorporating the remaining actions to achieve compliance against the CQC regulatory breaches following inspection, published in June 2025
- in consultation with the maternity and perinatal workforce, the Maternity Improvement Advisors [MIAs] and with Maternal and Neonatal Voices Partnership [MNVP] stakeholders during a series of workshops between May and September 2026.
- by transferring actions remaining open from the prior perinatal improvement plan
- incorporating actions arising from or required by recent national reports and enquiries or NHSE directives (eg. the 10-Point Plan, The Thirlwall Inquiry)

Of the 109 lines in the PTP, 31 describe a defined deliverable action, a measurable output or a clear dated end state description. Of these 31, 14 are already complete.

The remaining 77 lines either describe a desired outcome or an improvement for which a measurable endpoint or definition of success is yet to be defined[1]. The PTP is supported by a series of 'workbooks', intended to be live documents, listing tasks[2] that improvement teams will undertake to deliver components of the PTP. Many of these tasks link to the creation of a document or process rather than to evidenced clinically meaningful improvement.

The PTP therefore provides a comprehensive documentary summary of what good looks like in perinatal services in Leeds. The supporting workbooks are a centrally held record of actions completed and outstanding.

[1] For example: PR1: Redesign the induction-of-labour pathway as an integrated, equitable and transparently managed model of care, providing real-time visibility of women awaiting induction across settings and reducing avoidable delay and risk.

[2] For example: The 'Pathway Redesign' workbook contains over 200 actions, spread across the 10 pathway redesign improvement actions in this component of the PTP.

As the programme matures, holding all actions in a central log risks drawing accountability for detailed delivery upwards within the programme, rather than sharing it with the clinical teams closest to the work. It may also limit those teams' freedom to adapt, pause or revise actions as they learn, and could encourage progress to be measured by actions completed rather than by sustained, evidenced improvement.

Within the PTP, a prioritisation exercise has not yet been undertaken[3]. Prioritising actions by importance, urgency and complexity is a necessary step, so that improvement resource can be directed to where it is most immediately needed.

The ambition now is to ensure improvement is delivered, evidenced by clinically meaningful outcome markers rather than by actions completed. This paper proposes a delivery and governance structure for perinatal improvement, using the PTP as a central resource to shape this improvement activity.

A delivery structure

The proposal is the development of a clear, documented and co-created perinatal vision statement, the delivery of which will be supported by a series of clinically relevant aims and SMART[4] objectives, prioritised by importance and urgency and created by the clinical teams.

The objectives will be delivered by creation of a governance and programme management structure within perinatal services reporting to the Perinatal Improvement Action Group [PIAG] and thence to PIAC.

This will require the creation of a small number of work groups, each of which will be chaired by a member of the Director Quad team.

1. Listening to women and families with compassion
2. Supporting our workforce
3. Developing and sustaining a culture of safety
4. Improving standards and structure

Each group will have a Terms of Reference, action trackers and risk logs.

Existing workstream teams will report into these work groups. Each of these teams already has a designated lead who is a senior member of the medical, midwifery or Clinical Service Unit managerial workforce. The existing workstream teams are listed below with the work group to which they will report:

Maternity

- Engagement, communication and health equity [1]
- Culture, leadership & inclusion [2]
- Estates and Equipment [4]
- Workforce, wellbeing and education [2]
- Quality, safety and governance [3]
- Pathway redesign and quality improvement [4]

[3] For example: increasing the number of plug sockets in an area is afforded equivalent status to increasing bereavement staffing to 3–4 WTE.
[4] Specific, Measurable, Achievable, Relevant and Time-bound

- Maternity Care Bundle, bereavement and community services [1]

Neonates
- Governance [3]
- Family care, patient experience, inclusion and belonging [1]
- Workforce, wellbeing & education [2]
- Capacity & pathways [4]
- Equipment, estates & digital [4]
- LNU redesignation [4]

Screening
- Antenatal and newborn screening [4]

Each workstream will describe an aim and choose 2 or 3 objectives from a curated 'pick-list' of SMART objectives derived from the PTP. Workstream teams will create clinically relevant KPIs from these objectives.

There are five outstanding CQC regulatory breaches against which LTHT remains only partially compliant[5]. Additionally, there are several nationally mandated actions deriving from recent national reports or NHSE directives (eg. the 10-Point Plan, The Thirlwall Inquiry). These regulatory breaches and mandated actions will necessarily inform the first set of objectives chosen from the 'pick-list'.

Regulatory and nationally mandated objectives will require delivery at pace given the time elapsed since the CQC inspection. Other chosen objectives will be expected to be delivered over 12-18 months from January 2027 with trajectories to delivery tracked via a dashboard owned by the work group lead and populated by the workstream leads. Progress will be monitored via PIAG.

Establishing clear priorities necessarily means assigning a lower priority to some improvement activities. These actions will remain within the PTP and will be revisited as delivery of the full programme progresses. Regulatory and safety-critical actions will not be deprioritised.

Socialising and operationalising this plan

A launch event is planned on 14.12.2026, the purpose of which is to
- socialise this structure within the teams
- develop a vision statement for the service
- develop an aim for each workstream
- define the SMART objectives for each workstream and the KPIs relating to evidencing its delivery
- prioritise these objectives for delivery
- understand external and internal resources required
- understand dependencies and contingencies between work groups and workstreams

Assurance

[5] Maintaining a strong and supportive culture; Environment, maintenance and equipment storage; Learning from incidents; Compliance with national standards and KPIs; Staffing.

Within this model, assurance functions are tiered.

Workstreams (Workstream Lead):

- Responsible for identifying and delivering improvement actions, PDSA cycles, KPO initiatives, audits and other frontline improvement activity to identified milestones and generation of evidence to assure progress.
- The workstreams decide on task sequencing, design pathway changes and identify (and escalate) blockers if necessary.
- They report twice monthly to the Director managing their work group and update their sections of the work group dashboard.

Workgroups (Director Quad Lead)

- Responsible for ensuring workstreams deliver activity to schedule (as defined by agreed milestones) and that outputs from the workstreams remain clinically relevant and are evidenced against agreed KPIs. They are also responsible for ensuring links, contingencies and dependencies on other workstreams are managed.
- The work groups decide on workstream priorities, allocate resources if necessary and approve changes to milestones if necessary.
- They report every 2 months to PIAG (2 workgroups per PIAG meeting) describing progress, exceptions and dependencies via the work group dashboard.

PIAG (PIAG Chair)

- Responsible for overall programme delivery, review of dashboard progress, and challenge where slippage has occurred.
- PIAG is not a budget holding entity but can direct resource allocation from CSU budgets where required or suggest escalation papers to executives (eg via the business case review group or Trust Expenditure Review Group [TERG])
- PIAG reports to PIAC on outcome KPIs (achieved and planned), the CQC compliance position and escalates any risks or gaps in assurance.

PIAC (Non-Executive Director Chair)

- Responsible for the overarching governance and programme assurance including delivery of KPIs and CQC compliance position.
- It decides on the level of assurance received from PIAG and challenges if this is insufficient.
- PIAC is a delegated board level committee and therefore reports to the board, which reports to the CQC and NHSE via the Quality Improvement Group [QIG].

Assurance will be linked to clinically meaningful service development (described in the KPIs), owned and evidenced by the clinical teams (at workstream level), not just document creation or pathway redesign without audit of effectiveness.

The role of the programme management office is to lead, coach, mentor, assist and unblock across the whole programme, and to track individual actions as they occur. Assurance is critically linked to the ability of teams at all levels of this structure to understand their role and lead to deliver improvement within their tier.

3. Quality and Performance Implications

The development of the governance structures to deliver the PTP draw upon existing Trust governance structures to support oversight and delivery. The output and delivery of each

Work Group will be monitored with clear linkage to impact on patient care thus designed to improve quality by focusing improvement resource on clinically meaningful outcomes and the open CQC areas.

Performance implications relate to the capacity of the workstreams to deliver the improvement activity alongside their day-to-day working. An SBAR has been created to recruit sufficient programme management resource to support this improvement activity.

4. Financial Implications

The hire of the venue for the launch event has been accounted for within existing budget.

Additional project management and improvement team recruitment is subject to a separate SBAR, currently with executive colleagues for consideration.

5. Risk

The PTP programme sits within LTHT's risk appetite framework.

The principal safety, operational and reputational risk is if the PTP fails to deliver the improvements required, in time. Current improvement actions will continue until the new objectives are agreed.

In the prioritisation process, some improvement actions will have a lower priority rating. This is necessary to focus improvement resource. There is a risk that external organisations or regulators may not agree with the priorities chosen. This risk is minimised by ensuring that regulatory and mandated actions inform the first set of objectives chosen.

6. Communication and Involvement

Communications to date:

- The PTP has been co-designed in consultation with stakeholders in the maternity and perinatal workforce, the MIAs and MNVP stakeholders during a series of workshops between May and September 2026.
- Communications to all workstream leads to:
    - Review proposed 'pick-lists' of SMART Objectives
    - Describe purpose of the launch event
    - Invite stakeholder colleagues to the launch event on 14.12.26 (150 places, open to colleagues of all grades, disciplines and professional groups)
    - Socialise the purpose of the launch event and encourage attendance

There will be ongoing communication after the launch event around outputs from the event including the vision statement and workstream aims and objectives. Progress will be shared as objectives are achieved.

7. Impact on Equality & Health Inequalities

An E&HIIA is not required for a governance change. Equity will be built into objective setting, with KPIs stratified by ethnicity and deprivation where data allow.

8. Publication Under Freedom of Information Act

This paper may be published under the freedom of information act.

9. Recommendation

The Board is asked to note the following outcomes of PIAC's consideration:

- PIAC approved the proposed delivery and governance structure.
- PIAC approved the transition from central task tracking to tiered accountability against agreed objectives.
- PIAC approved the principle of prioritisation, with lower-priority actions retained and reviewed.
- PIAC noted that objectives addressing CQC compliance and nationally mandated initiatives would be prioritised.
- PIAC noted the launch event on 14 December 2026. Details of the agreed objectives, KPIs and delivery trajectories will be reported to PIAC at its meeting on 14 January 2027.

10. Supporting Information

Appendix 1: the Perinatal Transformation Programme
Appendix 2: workstream themes, suggested objectives and links to outstanding regulatory breaches