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| **Meeting title:** | Trust Board | | | | | |
| **Date of the meeting:** | 14 August 2025 | | | | | |
| **Title:** | Perinatal Assurance Committee (PAC) Highlight Report | | | | | |
| **Report presented by:** | Julie Hogg, Chief Nurse | | | | | |
| **Report written by:** | Danni Burnett, Director of Midwifery and Karradene Aird, Interim Head of Midwifery | | | | | |
| **Action – this paper is for:** | Decision/Approval | | Assurance | X | Update | X |
| **Where this report has been discussed previously** | Women's & Children's CMG Governance | | | | | |

| **To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which** |
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| Current Clinical Management Group (CMG) risks indicate challenges around workforce and culture, please read this report alongside corporate risks to consider any additional actions and mitigations |

## Purpose of the Report

The purpose of this paper is to provide a summary to the Board of Directors on the key discussions at the UHL Perinatal Assurance Committee which met on 2 July 2025.

## Summary

PAC members were presented with several papers as part of ensuring robust perinatal surveillance, highlighting areas of progress and risks to delivery of the key national and regional drivers for change and improvement.

PAC received progress reports on the implementation of the actions in relation to the Perinatal Safety Improvement Programme (PSIP) and wider perinatal assurance which included UHL's response to:

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| **NHS Resolution (NHSR) Maternity Incentive Scheme Year 6** | PAC received an update on the Maternity Incentive Scheme (MIS) Year 7, confirming that all safety actions are on track for compliance. Evidence has been submitted for Safety Actions 1, 3, 7, 8, and 10, with ongoing submissions planned as per defined timelines particularly for Safety Action 1 (PMRT). Two key risks were noted: *Safety Action 3 (Transitional Care)*: Mitigations are in place and progress is ongoing. *Safety Action 7 (MMVP Infrastructure)*: The service is under recommissioning, with appropriate escalation and regional engagement underway. All other actions are progressing well, with no anticipated risks. The Trust continues to take a proactive approach, and PAC approved the sign-off of the relevant safety actions. |

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| **CQC Action Plans & Progress** | PAC received a detailed update on progress against CQC actions, with a strong focus on safety improvements: 90.2% of Section 29A requirements are complete, with 98% assured. 92.4% of 'must do' actions are complete, with 87% assured marking significant progress since January. Of the four remaining June CQC "Must" and "Should" actions, PAC reviewed evidence and approved the sign-off of two. |
| **Implementation of the Saving Babies Lives Care Bundle v3** | Implementation of SBLCB v3 is progressing well, with Q4 validated compliance rising to 96%, up from 86%. The Trust has also begun aligning with the newly released May 2025 version to ensure continued adherence to national best practice and updated clinical standards. |
| **NHS Neonatal Operational Delivery Network (ODN) Peer Review Visit** | 12 of 16 recommendations are now fully met, with active work ongoing on the remaining four. Split-site consultant cover has improved from 50% to 75% between LRI and LGH, supported by the approval of one substantive and one locum post, bringing the rota to 18 consultants. Full 24/7 cover remains unachievable with current staffing, but mitigations are in place, including flexible availability, strong team engagement, and responsive transport support. Escalation procedures have been updated. A business case for AHPs is under review for submission to EMNODN and the ICB to explore funding. |
| **Transitional Care (TC)** | PAC was updated on the hybrid Transitional Care model, developed in response to estate limitations. It combines fixed, flexible, and virtual beds to deliver the equivalent of 14 beds. Progress toward MIS Year 7 compliance is advancing, with successful midwife training, improved cohorting, and targeted equipment supporting clinical optimisation. However, staffing uplift remains the key barrier to full delivery. Redeployment is not viable, and a workforce proposal is being prepared. Long-term plans for enhanced service and a permanent unit depend on resolving staffing and estate challenges under the New Hospital Programme. PAC endorsed the proposed approach. |
| **Fetal Medicine Unit (FMU)** | PAC received an update on the three-year transformation plan for the Fetal Medicine Service. Year 1 focuses on leadership and workforce, with recruitment and interim planning underway. Years 2 and 3 aim to establish a dedicated unit with full-service integration. Progress is positive but dependent on system-level support. PAC welcomed the collaborative vision and requested a clearer implementation framework with defined timelines and measurable outcomes. |
| **Perinatal Surveillance** | PAC received the monthly Perinatal Surveillance Scorecards for April and May 2025 noting midwifery and nursing recruitment is strong; with consultant and Tier 3 neonatal staffing efforts are ongoing. Most clinical metrics remain stable. 10 of 11 PeriPrem elements are compliant. Breastfeeding rates are improving overall, though initiation has declined. Postpartum Haemorrhage rates are stable, and smoking at delivery remains below target for the ninth month. Complaints decreased in May, with actions underway to address communication concerns. Training targets were met, and neonatal antibiotic training has begun. Focus continues on breastfeeding / infant feeding and RSV monitoring. Early winter preparedness is in place, with RSV and flu vaccination |

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| | programmes launching in September. Nb. While data maturity is progressing, the delay in transitioning to Power BI is impacting further data development. A pause has been placed on all future development work in the current platform |

PAC members were also briefed on:

- Plans for a local enhanced continuity of care programme as per national transformation objectives and NHS Core20PLUS5
- Progress on the PSIRF Priorities for addressing inequalities and improving safety outcomes in the management of postpartum haemorrhage (PPH)
- Response to the NHSE/ICB Insight Visit
- Progress on the implementation of a Perinatal Pelvic Health Service
- Response to the NMC updated Midwifery Standards of Proficiencies
- Insights and learning from the LLR Maternity and Neonatal Voices Partnership (MNVP) annual report plus progress on the actions being taken on the 2024 CQC Maternity Experience Survey

Improvements and oversight continue under the umbrella of the **Perinatal Safety Improvement Programme**. PAC acknowledged the positive impact of initiatives such as telephone triage and community engagement in shaping service delivery, while recognising that further progress is required. Although recent workforce changes, including the transition of leadership roles and the recruitment of a data analyst—may temporarily affect capacity, mitigation plans are in place to ensure service continuity and maintain momentum.

**Recommendation**

PAC will continue to have delegated responsibilities on behalf of the Board of Directors in ensuring there is robust governance and oversight of Perinatal Safety and associated programme of improvement.

Board of Directors are asked to:

- **Receive** the PAC Chairs Highlight Report noting the assurances outlined in the paper
- **Note** the matters of concern and actions being taken to address.
- Be **Advised** that a national inquiry into maternity services is anticipated, with formal communication and further detail expected from NHS England in due course. This forms part of the NHS 10-Year Delivery Plan. In preparation, the CMG and Corporate Nursing Team are proactively reviewing its governance and assurance processes, drawing on learning from previous national reports, including Ockenden and Empowering Voices. Early internal engagement with staff and stakeholders is underway, and a communications strategy is being developed to support transparency and readiness. The Board will be kept informed as further guidance and expectations are issued.

University Hospitals of Leicester NHS
NHS Trust

**Perinatal Assurance Committee (PAC) Chair's Highlight Report to Board of Directors**

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| **Subject:** | Perinatal Assurance Committee (PAC) Highlight Report | **Meeting Date:** 2 July 2025 |
| **Prepared By:** | Danni Burnett, Director of Midwifery and Deputy Chief Nurse | |
| **Approved By:** | Julie Hogg, Chief Nurse | |
| **Presented By:** | Julie Hogg, Chief Nurse<br>Danni Burnett, Director of Midwifery and Deputy Chief Nurse | |
| **Purpose** | Brief the Board of Directors on the key discussions at PAC 2 July 2025 | |
| **Assurance** | Board of Directors are asked to **receive** and **note** the update from PAC including:<br><br>• Update on the East Midlands Operational Delivery Neonatal Network (ODN) Peer Review action plan<br>• Transitional Care and Fetal Medicine progress update<br>• Development within the Perinatal Pelvic Health Service (PPHS)<br>• Progress with the Perinatal Patient Safety Incident Response Framework (PSIRF) Priorities<br>• Assurance of compliance against the Standards of Proficiencies for Midwives standards-of-proficiency-for-midwives.<br>• Progress against CQC Must and Should do actions and the CQC Maternity Experience Survey<br>• Feedback from the Local Maternity and Neonatal System (LMNS) insight visit and Trust Response<br>• Challenges with progressing Data Development due to the delay and Transition to Power BI<br>• Maternity and Neonatal Voices Partnership Annual Report<br>• Ockenden progress update and a regional short self-assessment submission<br><br>**Board of Directors to note that a National Inquiry into Maternity Services is impending**, with further detail and formal communication expected from NHS England in due course. This forms part of the NHS 10 Year Delivery Plan. The trust is actively preparing for this inquiry by reviewing current governance, assurance processes, and learning from past national reports, including Ockenden and Empowering Voices. Early internal engagement has begun with staff and stakeholders, and a communications approach is being developed to support transparency and preparedness. The Board will be kept updated as further information and guidance becomes available | |

| Matters of Concern or Key Risks to Escalate | Major Actions Commissioned / Work Underway |
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| An update on **Transitional Care** was presented to PAC demonstrating delivery of the service across a hybrid model. In view of the current **estate constraints**, a full unit is not currently achievable. As an interim solution, a three-pronged model has been implemented: eight fixed TC beds (six at LRI, two at LGH), six to eight flexi 'in-reach' beds on the postnatal ward, and three to four virtual beds via the NEST (Neonatal Enhanced Support for Transition to Home) model. **This provides an equivalent of 14 TC beds when running optimally**. Progress toward MIS Year 7 compliance follows a four-step plan. Step 1 (clinical optimisation) is progressing well, supported by strong maternity and neonatal engagement. Key developments include the **launch of an IV antibiotic training programme for midwives** in June 2024, with 14 sessions delivered and a 100% pass rate on drug calculations. Midwives are actively working through competency booklets, with full completion expected within 4–6 months post-training. A float neonatal nurse is now supporting midwives transitioning from third to second checker roles. Partial cohorting of TC babies has been introduced on Wards 6 and 30, supported by mitigations to improve correct patient allocation. **A cot ring-fencing trial is underway**, and targeted equipment has been purchased via MIS 2024 funding to support Quality Improvement work around hypoglycaemia, hypothermia, and jaundice. Additionally, an extra computer has been installed to support digital access for clinical systems (Badgernet). Step 2 (staffing uplift) remains the critical enabler for full delivery of the model. Options include investment in home care or internal nursing roles. Redeploying staff from neonatal or midwifery services risks breaching BAPM and Birthrate Plus standards and is not recommended. Steps 3 and 4—enhanced TC delivery and a permanent 14-bed unit—depend on resolving staffing gaps and estates under the New Hospital Programme. **A proposal for a workforce uplift** will be presented to support service compliance and sustainability and PAC were asked to endorse this approach. | **Perinatal Scorecards** from April and May were received by PAC who noted that the maternity and neonatal service continues to make strong progress across key areas. Midwifery recruitment has been successful, reducing reliance on bank staff, although bank use remains necessary during periods of high acuity. Nursing recruitment is also on track, with only one vacancy remaining and eight QIS nurses pending ratification. Consultant workforce plans have been maintained, and targeted efforts are underway to fill five vacant posts. Neonatal staffing at Tier 1 and 2 levels remains stable, with a review ongoing for Tier 3 rota coverage. Clinical Quality Indicators & Metrics (CQIMs) were presented for April & May: metrics have largely remained within common cause variation, indicating stable performance across most areas. Notably, term admissions have declined and are now below target, reflecting the positive impact of ongoing quality improvement initiatives aimed at reducing unnecessary admissions. Pre-term birth rates remain steady, with the Trust now compliant with 10 of the 11 elements of the national PeriPrem care bundle, with work ongoing to improve data capture for the final element. Breastfeeding rates have generally increased, though a decline in breastfeeding initiation over the past three months has been observed, prompting further investigation into the underlying variation. Postpartum haemorrhage (PPH) rates have stabilised around the average, with enhanced monitoring and the continued implementation of targeted care bundles, including PeriPrem and OBS CYMRU, supporting improvements in maternal care. Importantly, the percentage of women who smoke at delivery has remained below target for the ninth consecutive month, marking a sustained positive trend in smoking cessation efforts. The number of maternity complaints **dropped significantly** in May with themes centering on communication and patients not feeling listened to. PAC received assurances on the actions being taken to address which includes the work around empathy. Multidisciplinary training targets were achieved, and midwife training on |

**Maternity and Neonatal Digital Programme Board** provided a concise overview of key progress, risks and mitigations across various workstreams for the neonatal electronic patient record (EPR) programme. PAC were previously informed in March that the **Maternity Badgernet launch has been delayed until October 2025** due to the timelines for PAS. Key dependencies, specifically around digital interface development and data integration now sit with IM and T teams for progressing. In parallel, PAC were assured of the recently completed Digital Maturity Assessment which reflects the service's evolving digital capabilities, with an emphasis on interoperability, leadership roles, and strategic planning. **PAC were advised on challenges** around device integration, time constraints and resources limitations but were provided with assurance that teams were working diligently, the senior leadership team did **request support around workforce capacity** when training is launched in August 2025.

While data maturity is progressing, the **delay in transitioning to Power BI** is impacting further data development. A pause has been placed on all future development work in the current platform, Qlik.

PAC was provided with an update on the continued progress against the **Maternity Incentive Scheme (MIS) Year 7**, which commenced in April 2024. The update highlighted that all safety **actions are currently on track to achieve compliance**, with evidence provided for Safety Actions 1, 3, 7, 8, and 10. Incremental evidence will continue to be submitted throughout the year as timelines mature, particularly for Safety Action 1 (PMRT) where six-month review periods are relevant. **Two key risks** were noted:

- **Safety Action 3 (Transitional Care):** Mitigations are in place and progress is ongoing with oversight already provided earlier in the meeting.
- **Safety Action 7 (MMVP infrastructure):** Although the contract ended in June and the service is under recommissioning by the ICB, escalation procedures have been appropriately followed, and ongoing regional engagement is expected to support resolution.

All other actions, including Safety Action 8 (Education & Training) and Safety Action 10 (MNSI), were confirmed to be either compliant or on track, **with no** neonatal antibiotics has begun, supporting progress in transitional care and alignment with the maternity incentive scheme. A redesigned parent day room on Ward 30 was completed in response to feedback from the Maternity Voices Partnership, marking a notable quality achievement. Work continues with system partners to support improvements in areas such as breastfeeding and **RSV monitoring**, with a trust-wide action plan in development. Although current uptake rankings place UHL 5th for RSV and 6th for flu vaccinations out of 8 regional trusts, our early comprehensive **winter preparedness** actions are in place to ensure the on-going offer of RSV and the commencement of the flu vaccination programme in September 2025.

PAC was updated on the progress in addressing the 16 recommendations from the recent **ODN (East Midlands) Neonatal Peer Review**, with **12 now fully met** and active work ongoing on the remaining four. Notably, improvements in split-site neonatal consultant cover have advanced significantly, moving from 50% to 75% cover between LRI and LGH in 2024. The recent approval of one substantive and one locum consultant post will bring the team to an 18-person rota, supporting **sustained 75% cover**. Full 24/7 cover across both sites is not currently achievable with current staffing levels, but mitigations are in place, including flexible consultant availability, strong team engagement, and responsive transport support. Options continue to be explored to progress towards achieving 100% split-site consultant cover, recognising the importance of long-term sustainability and safe service delivery. Escalation procedures have been clarified and updated in response to network feedback, with only the final approval of the completed SOPs (standard operating procedures) outstanding. In terms of Allied Health Professionals (AHPs), **UHL remains 16.6 WTE short of a fully established team**. A detailed business case has been developed and is being reviewed prior to submission to the East Midlands Neonatal Operational Delivery Network (EMNODN) and ICB to explore funding options. Transitional care was noted for further discussion as a separate agenda item.

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| **anticipated risk to full compliance within the MIS year**. The Trust's approach remains proactive, with internal monitoring and escalation routes in place to ensure continuous alignment with the MIS framework. PAC was assured by the evidence provided and approved sign-off of the relevant safety actions. | Following the previous PAC discussion and agreed action to revisit progress, an update was presented outlining a phased three-year transformation plan for the **Fetal Medicine Service**, aligned with peer review findings. **Year 1 focuses on strengthening leadership and workforce,** with targeted recruitment underway, including interviews for a dedicated fetal medicine midwife and two consultant posts (one pending college approval and one awaiting executive sign-off). Leadership development is progressing, with plans to appoint an interventions lead and embed academic and research functions. Interim plans are also being developed to address clinical activity, equipment, and estate needs, with initial scoping of a dedicated service space at the LRI. **Year 2 aims to deliver estate enablement** to establish a fully dedicated fetal medicine unit, ideally co-located with the Level 3 neonatal service, with full integration of services and **invasive procedure capability expected by Year 3**. While key deliverables are underway, the full vision remains dependent on system-level support for capital, workforce, and digital infrastructure. Business cases are in development to support this work, and executive engagement is ongoing to ensure alignment with Hospitals 2.0 and national priorities, including MBRRACE outcomes and neonatal mortality reduction. **PAC welcomed the progress made** and were also pleased to note that the vision includes **collaborative working across the Group model** with Kettering General Hospital and Northampton General Hospital. PAC has asked that the three-year trajectory now needs to be translated into a clearer implementation framework and has requested that the 'Next Steps' section be further developed to include specific timelines, delivery milestones, and measurable outputs.<br><br>PAC were provided with an update on the **Enhanced Maternity Continuity of Carer programme**, outlining current progress and future proposals aligned with the NHS Core20PLUS5 priority, focusing particularly on improving care for Black and minority ethnic mothers in Leicester City. **Current continuity models** include specialist teams such as the **Vulnerable Team** for high-risk women, the **Rainbow Bereavement Team**, the **migrant and asylum seeker midwife**, and the |

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| | **home birth team**, all **offering varying degrees of antenatal, intrapartum, and postnatal continuit**y. The proposal aims to expand continuity of care within Leicester City, targeting areas with high deprivation (IMD 1 and 2), such as Saint Matthews, Bowling Green Street surgery, Prince Philip House, and the Heron Practice in Beaumont Leys. This model would provide full antenatal, intrapartum, and postnatal continuity and will align to the recommended caseloads and workforce requirements. The phased approach involves piloting the model, ensuring that this is done at a time when midwifery **vacancies are sustained below 5%**. Workforce review and skill mix adjustments are underway to support this, ensuring safe staffing levels aligned to birth rate plus. Some **current challenges include staffing shortages.** A previous recruitment trial for full implementation attracted only one applicant, indicating potential staff reticence that will need addressing. Overall, the model supports inclusion and equity goals, with consultant midwives leading inclusion work to meet Core20PLUS5 targets. PAC were asked to note the progress and support future nursing and midwifery establishment reviews to account for the development of COC.<br><br>PAC was provided with an update on the **Perinatal Patient Safety Incident Framework (PSIRF) priorities**, with a focused effort on addressing inequalities and improving safety outcomes in the management of postpartum haemorrhage (PPH). A key local improvement aim has been set to reduce the rate of PPH >1500mls to 25 per 1,000 births, in line with national benchmarks. Current data show variable monthly performance, prompting in-depth case reviews that highlighted areas for targeted improvement, including inconsistent documentation, delayed escalation, and a high number of inductions. **A multidisciplinary working group is driving a quality improvement initiative,** supported by enhanced clinical tools, training, and a move toward measured (rather than estimated) blood loss. **An equity lens** has been applied throughout, with a focus on understanding higher PPH rates among Black, African, and Black Caribbean women and ensuring appropriate responses. Progress on inclusivity initiatives was also shared, |

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| | showing encouraging developments. These include 1**00% antenatal continuity of care for asylum seekers**, a **0.6% targeted reduction in late booking among Black women**, and work to increase South Asian women's access to perinatal mental health services by 12%. T**he "Janam" language support app has been accessed over 3,000 times**, with 92,000 video views. Culturally tailored antenatal education has been delivered for Kurdish women, and further work is underway to improve respectful and culturally competent care. Additional actions include universal vitamin D roll-out, improved haemoglobin optimisation in early pregnancy, and implementation of anti-racism frameworks for staff. While challenges remain in data quality, staffing, and engagement, foundational work is well underway, with clear metrics and improvement plans in place to strengthen equity and safety in care. On-going developments will be to strengthen the governance approach ensuring intelligence is derived from PSII or SEIPS undertaken with a PSII lens to ensure the voices of women and their families is captured.<br><br>The implementation of the **Saving Babies Lives Care Bundle (SBLCB)** v3 is ongoing, with the Q4 validated assessment demonstrating a positive increase in compliance to 96%, up from 86%. In addition, work is now underway to align the Trust with the latest version of the Care Bundle, which was released in May 2025, ensuring continued adherence to national best practice and the latest clinical standards. |
| **Positive Assurances to Provide** | **Decisions Made** |
| The Trusts response and update on progress was provided on the recent **ICB/NHSE Insight Visit**, which highlighted areas for improvement that the Trust was already addressing through the CQC response and ongoing quality improvement programmes. Key themes identified included **staffing challenges**, **gaps in neonatal safety champions**, **operational pressures** and embedding new practices, such as Newborn Early Warning Trigger Tools (NEWTT2) checks, were also noted, with the visiting team able to observe these in practice. Positive assurance was received on the guideline management (currently 9% of 156 maternity guidelines overdue with plans in | PAC approved the evidence provided for MIS Safety Actions 1,3,7,8,10.<br><br>PAC noted the National Maternity Enquiry and the Secretary of State's briefing with expected updates as further actions develop.<br><br>The CMG is to ensure that three-year Fetal Medicine trajectory needs to be translated into a clearer implementation framework and requested that the 'Next Steps' section be further developed to include specific timelines, delivery milestones, and measurable outputs. |

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| place to address), actions to address triage timeliness, staffing increases in postnatal areas, and ongoing estate works. Efforts continue to promote a culture of quality improvement and shared responsibility across teams, with ongoing work in equity, equality, and communication improvements such as signage and governance boards. Neonatal-specific initiatives include increasing infant feeding support and enhancing the learning culture through **new safety champions** who have been appointed since the visit.<br><br>PAC were assured on the delivery of the **Perinatal Pelvic Health Service (PPHS)** which continues to demonstrate strong performance in delivering timely, specialist care for women at risk of or experiencing pelvic floor dysfunction. The multidisciplinary team is well established, and clinic delivery has begun, with plans to expand into community settings supported by postcode analysis. Service development work includes embedding the referral pathway, which is now a **single point of contact referral**, strengthening commissioning links, and enhancing access through digital infrastructure and translated patient education, including upcoming webinars in Urdu and Hindu. Over the last 3–6 months, referral rates have averaged 91 per month, with **100% of women sustaining obstetric anal sphincter injuries (OASI) contacted by a therapist within five days**. The average **wait time** for treatment is just **nine days**, well within the two-week target for urgent referrals and the 12-week target for routine care. All OASI patients are now reliably identified and referred, supported by robust education initiatives, a perinatal study day, and a manual failsafe check to ensure no cases are missed. Patient satisfaction around timeliness of access is being monitored through a survey launched in June. Clinical outcomes are improving, with a **notable reduction in instrumental deliveries and third-/fourth-degree tears in June 2025**. The service has also acquired an endoanal ultrasound scanner and trained key staff to enhance assessment capability. While estate constraints and workforce sustainability remain challenges, work is ongoing to build long-term resilience through a training programme for Band 7 and 8 staff. Overall, the service is meeting its performance targets and making tangible progress toward expanded, equitable pelvic health support and is looking at delivery of services within the wider system and Group Model. | PSIRF Priorities to strengthen the governance approach ensuring intelligence is derived from PSII or SEIPS<br><br>The CMG to work with corporate finance on A proposal for a workforce uplift to meet the requirements for progressing transitional care Year 7<br><br>PAC endorsed the request for support with workforce capacity needs when Badgernet training is commenced ahead of the Launch in October<br><br>Sign off of CQC MUST do action -*The Trust must ensure enough suitably qualified, and skilled staff on duty and SHOULD do action- The Trust should ensure all areas are clean and free from clutter and obstruction during building works.* Evidence |

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| Positive assurance was provided on the Trust's commitment to adhering to national frameworks and standards, with a particular focus on the **NMC's updated midwifery standards of proficiency** published in July 2024. These standards, which incorporate learning from the Ockenden and Kirkup reports, set out the expected level of care and professional practice for midwives. The PSIP team mapped each of the 67 standards against current Trust practice, confirming that **61 (91%) are complete and assured**. The six remaining actions are being progressed and tracked through relevant PSIP workstreams. A dedicated project board has been established using Monday.com to monitor ongoing developments and ensure integration with broader safety improvement efforts. The standards are also supporting the identification of workforce development needs and are being used as a framework to address recommendations from recent national maternity safety reports<br><br>PAC were provided with a comprehensive update on progress against the **CQC actions**, with a strong emphasis on safety improvements. As of now, **90.2% of the Section 29A requirements have been completed**, with **98% assured**. Similarly, for the 'must do' actions, **92.4% are now complete with 87% assured**—representing a significant improvement since January. There are four remaining CQC June "Must" and "Should" do actions still outstanding, **PAC received necessary evidence and assurance to sign off two of the four outstanding actions.**<br><br>PAC received the **MNVP (Maternity and Neonatal Voices Partnership) Annual Report for 2024–25** and was assured by the significant progress made in embedding service user feedback into service improvement. **Key achievements** included the successful implementation of **birth partner overnight stays**, **free meals and parking for neonatal unit parents**, and improved transparency through the sharing of birth statistics. The MNVP also played a key role in reviewing the PALS service, participated in quality improvement initiatives such as the lithotomy and theatre challenges, and contributed to multiple Perinatal Safety Improvement Programme workstreams. Their engagement has **enhanced co-production** across | |

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| maternity and neonatal services, with action plans in place to progress ongoing priorities. PAC also noted the Trust's ongoing commitment to work in partnership with the ICB to support the **commissioning of a new MNVP model**, ensuring the voices of women and families continue to be heard and actioned. **A note of thanks** was expressed towards Leicester Mammas for hosting the MNVP, and a formal letter of appreciation will be written and sent to acknowledge their support.<br><br>PAC received an update on the **2024 CQC Maternity Experience Survey**, previously presented, showed strong improvements compared to 2023, with some expected shifts in themes. An action plan with 10 items was developed alongside MNVP leads; **eight actions have been completed, while two remain open.** These relate to delays in discharge processes and flexibility of postnatal appointments, with ongoing work addressing these areas through community hubs and appointment length adjustments. **All actions are monitored within the PSIP programme** and other collaborative workstreams to ensure progress without duplication. No additional support from the PAC was requested at this time.<br><br>The clinically led **Perinatal Safety Improvement Programme (PSIP)** demonstrated progress against the following;<br>• First Ockenden report 91% to 91% **(Maintained)**<br>• Final Ockenden report 71% to 76% **(5 % improvement)**<br>• Empowering Voices 58% to 64% **(6% improvement)**<br>• Section 29a action plan 98% to 99% **(1% improvement)**<br>• CQC Must/Should do Action Plan 89% to 92% **(3% improvement)**<br>Notable initiatives delivered include telephone triage training, midwifery antibiotic training, Kurdish antenatal sessions, and podcast series to improve antenatal education and community engagement. Projects supporting inclusion, such as the South Asian women's perinatal mental health survey and a free inclusivity study day, also demonstrate continued commitment to equity. While changes in workforce, including data analyst and leadership transitions, may temporarily affect capacity, mitigation plans are in place to ensure continuity. | |

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| PAC received an **Ockenden** progress update and a regional short self-assessment submission in response to the emerging themes and findings from the Donna Ockenden review of Nottingham University Hospitals. The focus remains on early pregnancy, bereavement care, and broader governance areas. There are no issues requiring escalation currently. Of the 21 areas assessed, the Trust can demonstrate **90.5% compliance**, with 19 met and plans in place to address the remaining two through the Maternity Digital Programme. All actions from the **7 Immediate and Essential Actions** (IEAs) from the first Ockenden report and the **15 IEAs from the second Ockenden** report continue to be actively **monitored and evidenced through Workstreams 1–4** of the Perinatal Safety Improvement Programme. | |

**Further Comments / Additional Information**

Planning is underway for winter pressures, including preparedness for RSV and flu vaccination campaigns. Progress has been made on the **ODN peer review actions**, but further work is needed, particularly in **workforce planning** and **transitional care development**. Business cases supporting these efforts are being progressed through appropriate governance channels.

**Postpartum haemorrhage (PPH)** remains an area of good practice, and the trust is committed to maintaining and enhancing pelvic health services, including improving visibility of related data. The **fetal medicine vision** has now been received, and work is ongoing with UHN to define a detailed timeline and implementation approach across the network.

PAC has accepted the **PSIRF** update and is working to align it with the broader work on tackling **health inequalities**. Progress continues the **Maternity Incentive Scheme**, though risks around commissioning of **Maternity & Neonatal Voices Partnership (MNVP)**, there has been an increase in volunteer interest, and an interim plan is in place. Professional proficiency gaps have been identified, with support being sought.

Further clarity is awaited on the **Enhanced Continuity of Care** model, which will be integrated into the three-year maternity delivery plan in. **PAS** initiative has been recognised as a success. Despite recent delays with **BadgerNet**, the team remains on track for an **autumn implementation**, with continued support in place.

Overall, while progress is being made across multiple areas, the trust acknowledges that several workstreams require continued focus and support, particularly in aligning national expectations with local delivery and PAC continues to maintain oversight of the delivery of these,

PAC received evidence demonstrating compliance of the delivery of **Safety Action 1,3,7,8,10** of the Maternity Incentive Scheme.

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| Since PAC the **National Maternity Enquiry and the Secretary of State's** briefing has been received. While awaiting further national direction, early internal action has focused on staff communication and engagement, with collaboration planned alongside the Local Maternity and Neonatal System (LMNS) to support affected families. |