

## Public Trust Board Paper H

Meeting title:	Trust Board					
Date of the meeting:	9 October 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	Womens & Children's CMG Governance					

<p><b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b></p> <p>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</p>
---

### Purpose of the Report

The purpose of this paper is to provide a summary to the Trust Board on the key discussions at the UHL Perinatal Assurance Committee (PAC) which met on 3 September 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:

<b>National Neonatal Audit Programme (NNAP)</b>	<p>Areas of strong performance and those requiring targeted improvement presented at PAC. <b>Developmental Follow-Up</b> UHL recognised as a positive outlier, achieving a follow-up rate of 97.1%, significantly above the national average of 77.9%. Areas for Improvement include: <b>Necrotising Enterocolitis (NEC)</b> UHL flagged as an alert outlier, with an incidence rate of 13.2% compared to the national average of 6.6%. <b>Normothermia on Admission</b> identified as an alarm outlier, with performance at 63.7% versus a national average of 77.6%. <b>Breast Milk Feeds at Day Two</b> below benchmark at 46%. To address these areas, perinatal services are implementing a series of improvement actions, including:</p>
---	--

	<ul style="list-style-type: none"> <li>• Adoption of the NEC care bundle</li> <li>• Enhanced feeding guidelines</li> <li>• Strengthened temperature management protocols</li> </ul> <p>It was noted that benchmarking limitations may affect interpretation, and further analysis is planned to contextualise performance against comparable units.</p>
<b>ATAIN (Avoiding Term Admissions)</b>	PAC received assurance that the Trust continues to meet the national standard of <6% term baby separation, with only one month exceeding the threshold. Excluding congenital anomalies, rates remain consistently below target. A quality improvement programme is underway to reduce hypoglycaemia-related admissions by 15% by Q4, supported by the implementation of NEWTT2, staff training and care logs, and enhanced feeding support. Real-time Datix monitoring to identify emerging themes and enable proactive care
<b>CQC Action Plans &amp; Progress</b>	PAC received a comprehensive update on progress against Care Quality Commission (CQC) actions, with a continued emphasis on safety and assurance. <b>99.2% of Section 29A Requirements actions are complete</b> , with <b>98% formally assured</b> . <b>‘Must Do’ Actions are at 94.4% completed</b> , with 92.4% assured demonstrating significant progress since January 2025. Of the two remaining actions from the June CQC inspection, PAC reviewed evidence and approved the sign-off of one.
<b>PeriPrem Service:</b>	PAC reviewed the PeriPrem service, noting <b>95% compliance with IV antibiotics</b> and ongoing improvements in emergency magnesium sulphate delivery. Neonatal discussions occurred in 77% of cases, with plans to enhance tracking and clinic follow-up. Patient feedback was highly positive, especially around continuity and emotional support. Data issues persist, particularly with antibiotic timing, prompting automation efforts. Additional initiatives include AP-PROM leaflets, transfer databases, and psychological support planning.
<b>Audit Programme</b>	PAC noted over 40 registered perinatal audits. Two audits linked to Ockenden IEA 12 were flagged due to compliance issues and missing SOPs. <b>Consultant attendance audits showed 97% compliance</b> , exceeding MIS standards. Action plans are in place to address outstanding guidelines and competency declarations. PAC endorsed continued governance oversight and assurance tracking.
<b>Perinatal Surveillance</b>	PAC noted increased births and operational pressures in July. Perineal trauma rose to 5%, and FFT response rates declined due to administrative survey changes. Recruitment showed progress: midwifery vacancies dropped to 5.2%, neonatal

	nurse vacancies to 4.5%, while consultant vacancies remain at 5 WTE. Training compliance remains high, with empathy training scheduled. Complaints decreased, and vaccination uptake improved. PAC endorsed mitigation plans and ongoing monitoring.
<b>Digital Update – BadgerNet</b>	PAC received an update on <b>BadgerNet, set to go live on 28 October 2025</b> via a Big Bang launch across all maternity areas. Readiness criteria and go/no-go checkpoints are in place. Staff training is progressing well, with 85% booked. System configuration, SOPs, and business continuity planning are on track. Key risks are being actively monitored through regular touchpoints.
<b>Perinatal ¼ Safety Report &amp; Perinatal Mortality</b>	PAC were updated on one PSII following a neonatal death and five MNSI referrals (three accepted, one rejected, one pending). Duty of Candour compliance was 100%. Cases spanned socio-economic groups, supporting equity monitoring via a new inclusivity dashboard. Neonatal admissions were 6%, with 87% potentially unavoidable. PMRT data showed reduced neonatal mortality. MIS Safety Action 1 remains on track. External PMRT panel engagement is progressing, with peer reviews planned and constructive feedback received.

PAC received updates on:

- SBLCB v3 implementation, with Q1 compliance rising to 99% (up from 96%)
- Maternity Incentive Scheme (MIS) compliance and evidence
- Quarterly report from Maternity and Safety Champions
- Progress on the Perinatal Safety Improvement Programme (PSIP): Improvements and oversight continue under the umbrella of the **Perinatal Safety Improvement Programme**.

### **Recommendation**

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

Trust Board is asked to:

- **Receive** the PAC Chairs Highlight Report noting the assurance's outlined in the paper
- **Note** the matters of concern and actions being taken to address.
- Note that the Trust has been formally identified as one of the 14 NHS organisations selected to participate in the forthcoming **National Maternity and Neonatal Investigation**, which forms part of the NHS 10-Year Delivery Plan. The selection of trusts has been based on a range of factors including outcomes and patient experience metrics—such as the CQC

Maternity Patient Survey and MBRRACE-UK perinatal mortality rates—as well as ensuring a diverse representation across case mix, trust type, geographic coverage, and provision of care to individuals from diverse backgrounds, with consideration given to social, economic, and racial inequalities, and family feedback.

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

<b>Subject:</b>	Perinatal Assurance Committee (PAC) Highlight Report	<b>Meeting Date:</b> 9 October 2025
<b>Prepared By:</b>	Danni Burnett, Director of Midwifery and Deputy Chief Nurse	
<b>Approved By:</b>	Julie Hogg, Chief Nurse	
<b>Presented By:</b>	Julie Hogg, Chief Nurse Danni Burnett, Director of Midwifery and Deputy Chief Nurse	
<b>Purpose</b>	Brief the Board of Directors on the key discussions at PAC 2 July 2025	
<b>Assurance</b>	<p>Board of Directors are asked to <b>receive</b> and <b>note</b> the update from PAC including:</p> <ul style="list-style-type: none"> <li>• Receive the PAC Chairs Highlight Report noting the assurance's outlined in the paper</li> <li>• Note the matters of concern and actions being taken to address</li> <li>• Note that UHL has been selected as one of 14 NHS organisations to participate in the upcoming <b>National Maternity and Neonatal Investigation</b>, part of the NHS 10-Year Delivery Plan. Selection was based on outcomes, patient experience (e.g. CQC survey, MBRRACE-UK data), and diversity across geography, trust type, and population served. Inclusion reflects a commitment to national learning and improvement, not special measures. The investigation will produce national recommendations and 14 local reports, including one for UHL. Preparations are underway, including governance review, staff engagement, and a communications plan. The Board will be kept updated as guidance from NHS England evolves.</li> </ul>	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<p><b>National Neonatal Audit Programme (NNAP):</b> An update on NNAP was presented to PAC, highlighting both areas of excellence and concern. The Trust was recognised as a positive outlier for developmental follow-up, achieving a 97.1% rate compared to the national average of 77.9%. However, the Trust was identified as an alert outlier for necrotising enterocolitis (13.2% vs. national average of 6.6%) and an alarm outlier for normothermia on admission (63.7% vs. 77.6%). Breast milk feeds at day two</p>	<p><b>Perinatal Scorecards</b> PAC noted sustained activity, with births rising from 779 in June to 839 in July, contributing to <b>increased acuity</b> and red flag incidents. Two red flags were investigated, with assurance that <b>1:1 care and labour ward coordinator coverage were maintained</b>. <b>Clinical metrics remained stable:</b> caesarean rate at 45%, blood loss within expected range. Perineal trauma incidents rose to 5% in July (from 2.8%), under review via PSIP. Neonatal admissions increased, but rates</p>

were also below benchmark at 46%. Improvement actions include implementation of the NEC bundle, enhanced feeding guidelines, and temperature management protocols. Benchmarking limitations were noted, including lack of adjustment for surgical/cardiac NICUs, deprivation, gestational age, and birth weight. PAC acknowledged the need for more granular analysis to contextualise performance. PAC noted the Trust's **outstanding performance** in developmental follow-up and the proactive approach to addressing outlier metrics. The team is engaging in national studies, antimicrobial stewardship, and probiotic use to support neonatal outcomes.

PAC received an update on the Trust's performance against **Safety Action 3** of the Maternity Incentive Scheme (MIS), specifically relating to the **ATAIN programme**. The national standard requires that **no more than 6% of term babies** are separated from their mother's post-birth (excluding congenital anomalies). The Trust has consistently met this standard, with only one month exceeding the threshold (6.4%). It was noted that **inclusion of congenital anomalies** raises the overall admission rate above 6%, due to the Trust's specialist role in fetal medicine and its links to cardiac and surgical neonatal networks. PAC were assured that quality improvement work is underway to address the most common causes of term admissions identified locally—**hypoglycaemia, hypothermia, and jaundice**—with a current focus on hypoglycaemia. Key interventions include:

- Launch of **PDSA cycles** and initial audits to identify themes.
- Enhanced staff communication and use of **NEWTT2** (Newborn Early Warning Trigger Tool).
- Introduction of **NEWTT2 cot cards, baby care logs**, and compliance audits.
- Collaboration with the **infant feeding team**, including training videos and feeding uptake initiatives.

The Trust has also implemented a **real-time monitoring system** via Datix to ensure emerging themes are captured and addressed, going beyond MIS

excluding anomalies remain acceptable. FFT response rates dropped to 5.2% due to survey changes, now reversed. Promoter scores rose to 94.6%, indicating strong patient experience. Recruitment is progressing: midwifery vacancies at 5.2%, neonatal nurses at 4.5%, consultant vacancies remain at 5 WTE. Training compliance is high, with over 100 staff trained in neonatal IV antibiotics; empathy training scheduled. Complaints remained low; none reported in neonatal care. Vaccination uptake improved, with flu programme preparations underway. Work continues to **strengthen BFI accreditation** currently Level 3 at LGH and Level 2 at LRI, with plans to separate maternity and neonatal pathways. PAC endorsed mitigation plans and ongoing monitoring across workforce, safety, and experience domains.

PAC received the regular update on the implementation of the **Saving Babies Lives Care Bundle (SBLCB) SBLCB v3**, with current compliance reported at **99%**. However, full ratification is pending LMS assurance, expected imminently. The primary outstanding actions relate to **data quality and integration**, particularly around BadgerNet implementation. Collaboration with **digital teams** is ongoing to resolve data challenges and ensure full compliance. The Trust continues to demonstrate strong engagement with SBLCB implementation, maintaining high compliance levels. Work is underway to transition from process compliance to **outcome-based monitoring**, ensuring the care bundle delivers measurable improvements in perinatal safety. PAC supported the continued focus on data integration and outcome tracking. The next update will include LMS ratification status and proposed KPIs for impact measurement.

PAC were asked to note the **Perinatal Safety Report (Q1)** which was presented to the Board of Directors in August. One Patient Safety Incident Investigation (PSII) was commissioned in Neonatal Services following the death of a premature baby. Five cases were referred to the Maternity and Neonatal Safety Investigations (MNSI) programme, including one intrapartum stillbirth and four suspected HIE cases; three were accepted,

requirements to support continuous improvement. PAC noted that the Trust remains **within the green threshold** for term admissions and is proactively addressing root causes through structured improvement cycles. The integration of safety, education, and equity lenses into the programme was commended. PAC endorsed the current improvement trajectory and requested continued monitoring of evolving themes. The Trust's approach to data capture and staff engagement was recognised as good clinical practice

PAC received a detailed update on the **BadgerNet implementation**, scheduled for **Go Live on 28 October 2025**. While overall preparedness is strong, key project risks/hazards are being closely monitored and managed. A **Big Bang launch** has been agreed, switching all maternity areas (antenatal, intrapartum, postnatal) to BadgerNet at 9am on Go Live day. The project is on track for Go Live, with strong engagement across clinical, operational, and digital teams. Training uptake and system readiness metrics are meeting targets. Governance and assurance processes are robust, with clear escalation and decision-making structures in place. A joint BCP is being developed with Kettering colleagues, due for sign-off within two weeks. PAC endorsed the Go Live plan and acknowledged the remaining risks. Continued support was confirmed for resolving integration issues and finalising the floorwalker rota. The Trust remains committed to ensuring a safe and effective transition to BadgerNet.

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 were asked to acknowledge the impact of the transition to BadgerNet on data reporting and analysis over the coming months.

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, 5, 6, 8 and 10. Incremental evidence will continue to be submitted throughout the

one was rejected, and one remains under review. Duty of Candour compliance was 100%, and cases were spread across a range of socio-economic backgrounds, reinforcing the importance of continued equity monitoring, supported by a new inclusivity data dashboard. 6% of babies were admitted to the Neonatal Unit, with 87% of these admissions deemed potentially avoidable. Complimenting the perinatal safety report PAC received the quarterly update on **perinatal mortality**, including neonatal and stillbirth data. While the **neonatal mortality rate is showing signs of improvement**, a slight increase in the **stillbirth rate** was noted however further work required to understand data. The Trust continues to proactively analyse data ahead of national MBACE reporting to identify trends and learning opportunities. A **deep dive into 2023 term deaths** revealed that most cases were unavoidable and included congenital anomalies referred to Leicester as a tertiary centre, community deaths of previously well babies, and externally reportable cases (e.g. to MNSI or the coroner). Safety recommendations from MNSI were minimal and have been addressed. The Trust has demonstrated a **robust and proactive approach** to perinatal mortality review, with continuous learning and external engagement. Feedback from external reviewers suggests the Trust is **appropriately critical** in its assessments, reflecting a strong safety culture. All identified issues from 2023 have been addressed, and the Trust is committed to maintaining high standards in PMRT processes. PAC endorsed the continued peer review approach and supported efforts to meet external panel member requirements. The Trust's proactive data analysis and engagement with national and regional partners were commended.



<p>year as timelines mature, particularly for Safety Action 1 (PMRT) where six-month review periods are relevant. <b>Three key risks</b> were noted:</p> <ul style="list-style-type: none"> <li>• <b>Safety Action 3 (Transitional Care):</b> Mitigations are in place and progress is ongoing with oversight already provided earlier in the meeting.</li> <li>• <b>Safety Action 4 (Clinical Workforce Planning):</b> Challenges remain in meeting the BAPM neonatal workforce requirements- however, positive progress has been seen in both recruitment and the number of nurses qualified in speciality.</li> <li>• <b>Safety Action 7 (MMVP infrastructure):</b> Although the contract ended in June and the service is under recommissioning by the ICB with an interim plan in place, escalation procedures have been appropriately followed, and ongoing regional engagement is expected to support resolution.</li> </ul> <p>All other actions, including Safety Action 8 (Education &amp; Training) and Safety Action 10 (MNSI), were confirmed to be either compliant or on track, <b>with no anticipated risk to full compliance within the MIS year</b>. PAC were assured with all MIS safety actions and that risks are being actively managed through PSIP and relevant governance forums. <b>Evidence for Safety Actions 1, 5, 6, 8, and 10 was noted and accepted.</b> PAC endorsed the current trajectory and risk mitigation strategies. The Trust will continue to engage with ODN and LMNS partners to finalise the TC plan and support MNVP commissioning.</p>	
Positive Assurances to Provide	Decisions Made
<p><b>Preterm Premature Rupture of Membranes (PPROM) review:</b> PAC received an update on PeriPrem implementation, noting strong performance in IV antibiotic administration (95%) and ongoing efforts to improve magnesium sulphate delivery in emergency scenarios. Neonatal discussions were completed in 77% of cases, with plans to improve tracking and clinic engagement. <b>Patient feedback was overwhelmingly positive</b>, highlighting continuity of care and emotional support. Data challenges persist, particularly around antibiotic timing, prompting efforts to automate reporting. Enhancing service provisions remains a top priority with the implementation of</p>	<p>PAC approved the evidence provided for MIS Safety Actions 1,3,7,8,10.</p> <p>PAC endorsed the NNAP improvement actions and requested further benchmarking analysis to compare performance with similar units. The RAG-rated action plan was received and noted.</p> <p>The CMG is to provide 6 monthly updates on the Peri-Prem Service.</p>



improvements initiatives including AP-PROM leaflets, transfer databases, and psychological support planning. PAC supported the development of SOPs and automation strategies to improve data reliability. The team was encouraged to continue exploring regional best practices and to expand patient engagement initiatives, including survivor debriefs and enhanced psychological support. PAC requested 6 monthly updates to be provided to the annual workplan to maintain oversight and support alignment to the Fetal Medicine improvement plan.

PAC received a positive update from the **Safety Champions**, acknowledging an open culture of raising concerns. 42 safety actions identified across 12 walk rounds; 35 closed, 4 escalated, and 3 remain open. Areas covered include postnatal wards, neonatal units, delivery suites, and maternity assessment units. Work undertaken in response to safety concerns have included, **Facilities Improvements, Clinical Practice Enhancements and strengthening Security and Communication**. Staff engagement with safety champions is high, both during and outside of walk rounds. PAC endorsed continued monthly walk rounds and bi-monthly board safety meetings. The neonatal team will submit their **15 Steps response** in November. Ongoing support was confirmed for empowering voices actions and participation in the **HRM and DOM Network Regional Culture Survey** once published.

**Maternity and Obstetric Audit Programme:** PAC received an update on the maternity and obstetric audit programme, which currently includes **over 40 registered audits** within UHL's QI system. While most audits align with **Saving Babies' Lives, Ockenden, CQC**, and **CNST** priorities, two audits were flagged as **at risk**:

- **Ockenden IEA 12.1:** Consultant review of postnatal readmissions remains inconsistent. June compliance was **11%** for consultant review within 14 hours, though **100%** compliance was achieved for daily ward round review.
- **Ockenden IEA 12.2:** Consultant involvement for unwell postnatal women with MEOWS scores  $\geq 3$  or  $\geq 4$  remains variable. June compliance was

PAC endorsed the continued peer review approach and supported efforts to meet external panel member requirements.

Sign off of CQC MUST do action - *The Trust must ensure staff report all incidents in line with the incident reporting policy*

**75%** for both standards. Lack of an updated MEOWS guideline and SOP were identified as key risks.

**Consultant Attendance Audit:** Achieved **97% compliance** (April–June), exceeding the MIS standard of 80%. However, challenges remain around consistent self-reporting and clinical competency declarations. The Trust is exceeding national standards in consultant attendance and demonstrating strong engagement with audit processes. Most audits are progressing well, with **13 ongoing, 2 paused, and 1 not yet started**. Clinician-led QI projects are contributing meaningfully to broader safety and improvement programmes. PAC supported the development of SOPs and guideline updates to address compliance risks. Assurance was provided that exception reports are in place and actions are being tracked through appropriate governance channels.

PAC received an update on UHL’s progress in **Year 3** of the national **Three-Year Maternity and Neonatal Delivery Plan**. While significant achievements were noted across all four strategic workstreams—safe care, personalised care, equitable care, and well-led services—the Trust recognises the need to transition into alignment with the NHS 10-Year Plan without overwhelming current improvement programmes.

- **Equity and Inclusion:**

- Targeted antenatal sessions and improved referral pathways for mental health support.
- Reduction in late bookings for Black women.
- Gold standard accreditation for LGBTQ+ awareness and training.
- Implementation of the **anti-racism framework** (ARIA) based on CapitalMidwife London model.

- **Workforce and Wellbeing:**

- Midwifery vacancies reduced to **under 6%**.
- Sickness rates improved from **7.25% to 6.48%**.

- Strong student pipeline and staff development initiatives.
- Sustained **7-day bereavement service** delivery.

- **Safety and Governance:**

- Embedded **Perinatal Safety Improvement Programme (PSIP)** with strong executive and CMG support.
- Improved incident reporting and staff confidence in raising concerns.
- Positive shift in **staff survey results**.
- Relaunch of triage systems and development of a **single point of contact**.

- **Digital Transformation:**

- Successful implementation of **BadgerNet** in neonatal services.
- Ongoing digital development in maternity services.
- Recognition for innovation including the **Janam app** and **My Kit Check**.

- **Clinical Outcomes:**

- Reduction in **stillbirth rates** and **neonatal brain injury**.
- **Zero maternal mortality** since 2023.

PAC were assured that UHL has laid strong foundations for long-term transformation. The Trust has adopted a **three lines of defence governance model**, which has strengthened internal reporting and external engagement. CQC feedback has acknowledged improved alignment and governance within CMG. PAC endorsed the submission of the Year 3 progress report to the **Board of Directors** and **Local Maternity and Neonatal System (LMNS)**. The Trust will now focus on scaling up successful initiatives and aligning future plans with the NHS 10-Year Delivery Plan.

PAC were provided with a comprehensive update on progress against the **CQC actions**, with a strong emphasis on safety improvements. As of now, **99.2% of the Section 29A requirements have been completed**, with **98% assured**. Similarly, for the 'must do' actions, **94.4% are now complete with 92.4% assured**—representing a significant improvement since January. There are two remaining CQC June “Must” and “Should” do actions still outstanding, **PAC received necessary evidence and assurance to sign off one of the two outstanding actions.**

An update on the **Perinatal Safety Improvement Programme (PSIP)** was presented to PAC, confirming that the programme remains broadly on track, with several initiatives reaching assurance or delivery milestones. Notable progress was reported across all four workstreams, with improvements in compliance against national safety frameworks.

- First Ockenden report 91% to 96% **(5% Improvement)**
- Final Ockenden report 76% to 78% **(2 % improvement)**
- Empowering Voices 64% to 73% **(9% improvement)**
- Section 29a action plan 99% to 99% **(Maintained)**
- CQC Must/Should do Action Plan 92% to 94% **(2% improvement)**

#### Further Comments / Additional Information

PAC concluded the meeting with a broad review of the agenda items discussed, noting that while several areas remain under close monitoring, particularly those linked to MIS and Ockenden, no new items were identified for escalation.

These areas have been consistently reported to the Policy Committee, Board, and ICB colleagues, and assurance was provided that appropriate oversight continues. The Trust is actively responding to its outlier status as identified in regional data, with correspondence underway to the ODN. PAC acknowledged the importance of maintaining visibility on areas of risk while recognising the progress made across multiple workstreams.

Since PAC Trust has been formally identified as one of the 14 NHS organisations selected to participate in the forthcoming **National Maternity and Neonatal Investigation**, which forms part of the NHS 10-Year Delivery Plan.