

BOARD OF DIRECTORS (BoD) ASSURANCE REPORT

Committee: Women's Care Group Maternity and Neonatal Assurance Board (MNAB)
Chair's Report

Meeting dates: 17 November 2025

Chair: Sarah Hayes, Chief Nursing and Midwifery Officer (CNMO)

Paper Author: Michelle Cudjoe, Director of Midwifery (DoM)

Quorate: Yes

Appendices:
None

Declarations of interest made:
None

Assurances received at the Committee meeting:

Papers for discussion /approval	Summary
Clinical Negligence Scheme for Trusts (CNST) Compliance	<p>The Maternity Incentive Scheme (MIS) Year seven data collection period commenced on 2 April 2025. The service continues to work towards achieving compliance with all of the Year 7 requirements.</p> <p>At the November MNAB the following papers were discussed in compliance with CNST reporting:</p> <p>Quarter 2 (Q2) Avoiding Term Admissions into Neonatal Units (ATAIN) report and QI project - CNST Safety Action 3 (SA3)</p> <p>Having reviewed neonatal admissions, the team identified hypothermia as a main indication for term admissions. The aim of the QI project was to reduce neonatal admissions linked to hypothermia. A policy review was undertaken and a number of initiatives implemented. The progress report identified a reduction in the number of babies admitted where hypothermia was the primary reason for admission. The QI project will now focus on risk assessment and escalation. The project has been shared with the Local Maternity and Neonatal System (LMNS) in line with CNST recommendations.</p> <p>Anaesthetic Medical Workforce - CNST SA4</p> <p>The CNST requirements includes the need for a duty anaesthetist to be immediately available for the obstetric unit 24 hours per day/seven days per week. The maternity unit collects data in relation to anaesthetic attendance in the form of a monthly scorecard. Non-attendance is also reviewed as a clinical incident. To support</p>



	<p>compliance the service is required to review rotas to assess compliance. In November a written update was provided to MNAB demonstrating that:</p> <ul style="list-style-type: none"> • There is a duty anaesthetist for maternity and a supervising consultant 24/7 at both Queen Elizabeth the Queen Mother Hospital (QEQM) and William Harvey Hospital (WHH). • Previous discussions demonstrated non-compliance at the WHH site in relation to a Tier 3 rota. This rota was introduced to ensure that if the anaesthetist is undertaking non obstetric duties they are able to respond immediately to obstetric requests. • 100% consultant anaesthetist cover on call (overnight and weekends). <p>There is always (24/7) a duty anaesthetist on labour ward with Initial Assessment of Competence in Obstetric Anaesthesia (IACOA) competencies (bleep 8511).</p> <p>25% of night shifts were unfilled for the 3rd tier on-call anaesthetist (compared to 65% unfilled in August).</p> <p>0% of weekend dayshifts were unfilled for the 3rd tier on-call anaesthetist (compared to 80% unfilled in August).</p> <p>When there was no 3rd tier anaesthetist on-call, the 1st and 2nd tiers were anaesthetists both with IACOA obstetric competencies (i.e. not CT1, who require immediate supervision and cannot be left unsupervised in some areas of the hospital, e.g. cath lab).</p> <p>The elective caesarean list is a predominantly consultant-led service (consultants with obstetric anaesthetic interest).</p> <p>The actions taken in relation to workforce has demonstrated an improvement in 3rd Tier cover. The team have also audited timeliness of attendance.</p> <p>A meeting was convened with NHS Resolution (NHSR) lead on 20 November 2025 to discuss the challenges experienced at the WHH around May 2025, the cases of delay which were reported in CNST reporting period and the improvement in the 3rd Tier linked to recruitment and improved locum uptake.</p> <p>NHSR were content that a month of cover is sufficient for MIS Year 7 compliance. The Anaesthetic Lead was in attendance and confirmed compliance without delay in the month of October 2025. It was confirmed by NHSR that this is sufficient evidence to support this element of the standard. The CNMO, DoM, Deputy DoM, Lead Obstetric Anaesthetist and Compliance lead were all in attendance.</p> <p>Saving Babies Lives (SBL) - CNST SA6</p> <ul style="list-style-type: none"> • Self-assessment for Q9 was submitted on 24/09/25 and the LMNS validated result with feedback meeting was received on 04/09/25.
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	<ul style="list-style-type: none"> • This quarter was the first to be assessed using the updated tool to reflect version 3.2 of the bundle which included the removal of a number of manual audits. Seeing a change of focus from compliance metrics to embedded processes and trajectories. • An action plan has been created for each outstanding intervention within the elements to ensure compliance. • Element 1: 90% implementation. There is one outstanding intervention; relating to data compliance of CO verified non-smokers at four weeks and 36 weeks. • Element 2: 100% compliance. • Element 3: 100% compliance. • Element 4: 80% compliance. There is one outstanding intervention relating to unfilled post for a 0.4 Whole Time Equivalent (WTE) dedicated Fetal Monitoring Midwife. • Element 5: 96% compliance. There is one outstanding intervention relating to use of a digital validated tool for prediction of preterm labour. • Element 6: 100% compliance. <p>Total compliance has been assessed at 96% and weekly meetings with the LMNS are ongoing for support to meet each intervention.</p>
Perinatal Quality Oversight Monitoring (PQOM) November 2025 (September data)	<p>The PQOM report presented to the Board in keeping with the Ockenden recommendation. It contains the minimum dataset that the Board required oversight of.</p> <ul style="list-style-type: none"> • Total Babies born in September 2025: 537. • 12 moderate incidents reported for maternity during the month of September. • Level 3 Safeguarding compliance as of the end of September has remained above the 90% threshold (91.6%). • Neonatal death (NND) rate reduced to 0.51 per 1000 (zero NNDs in September). • Increase in stillbirth rate to 3.04 per 1000 (two stillbirths in September). • 100% supernumerary status and 1:1 care in labour. <p>Top risks remain:</p> <ul style="list-style-type: none"> • Lack of infrastructure to support training requirements. • National alert regarding Euroking maternity information system. <p>Patient Experience</p> <ul style="list-style-type: none"> • Friends and Family Test (FFT) had a response rate of 42.6%. • 91% were positive about Antenatal care. • 82% were positive about Intrapartum care. • 77% were positive about Postnatal care.



	<ul style="list-style-type: none"> Positive and negative themes in September included quality of treatment, staff attitudes, communication and waiting times. A deep dive is being undertaken into complaints in relation to staff attitudes and communication.
Maternity and Neonatal Improvement Programme (MNIP) highlight reports and overview of programme	<p>A programme level highlight report and six individual reports including culture, safety culture, clinical pathways, listening to women and families, workforce and infrastructure were shared at MNAB in the month of November. The DoM and senior leadership team were invited to present the improvement work at the British Intrapartum Care Society Conference in Belfast.</p> <p>The report demonstrates that 75% of the overall programme has been completed. A Year 3 engagement day is scheduled for the 17 December to prioritise outstanding actions and plan for service improvements at the end of the three year programme.</p> <p>Highlights for September include:</p> <ul style="list-style-type: none"> Band 7 away days with a focus on organisational values and behaviours. Triage Multidisciplinary Team (MDT) away day. FFT response rate improved and sustained at around 40% compliance. <p>Areas of focus:</p> <ul style="list-style-type: none"> Deep dive into complaints linked to attitudes and communication. Increased presence of Freedom to Speak Up Guardian (FTSUG) team. CNST compliance and challenges in relation to anaesthetic staffing.
Matters to escalate to Quality & Safety Committee (Q&SC) and Board	<ul style="list-style-type: none"> Increase in Stillbirth rate - although still beneath the MBRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK threshold. One Maternity Outcomes Signal System (MOSS) trigger in September reviewed and reported to Integrated Care Board (ICB). Awaiting agreed national process in relation to MOSS. National Maternity Review - initial feedback positive. Next steps will include individual interviews with senior leaders and data request submissions. MIS Year 7 – Anaesthetic staffing agreement has been obtained from NHSR that one month of compliance within the reporting period is sufficient evidence to declare compliance. Lead Consultants at QEQM and WHH have provided compliant rotas for the month of October 2025 which will be used as evidence to support this requirement.



Other items of business: None

Items to come back to the Committee outside its routine business cycle:

There was no specific item over those planned within its cycle that it asked to return.

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
MNAB asks the Board of Directors to discuss and NOTE this MNAB Chair Assurance Report.	Assurance	4 December 2025

