

## Board of Directors' Meeting 9 May 2024

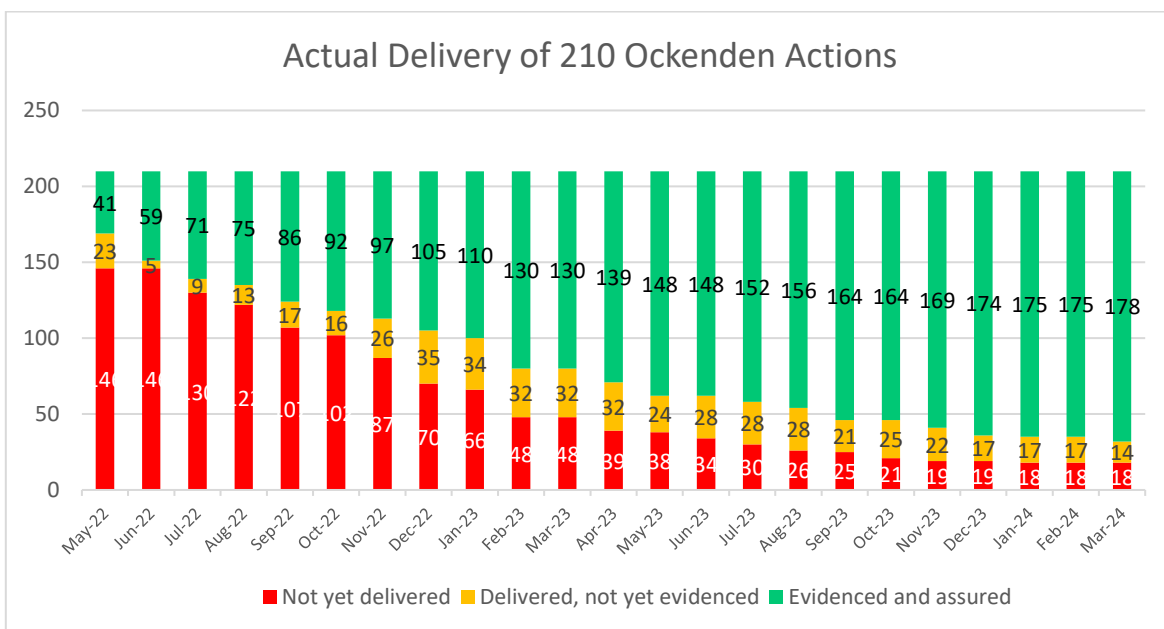
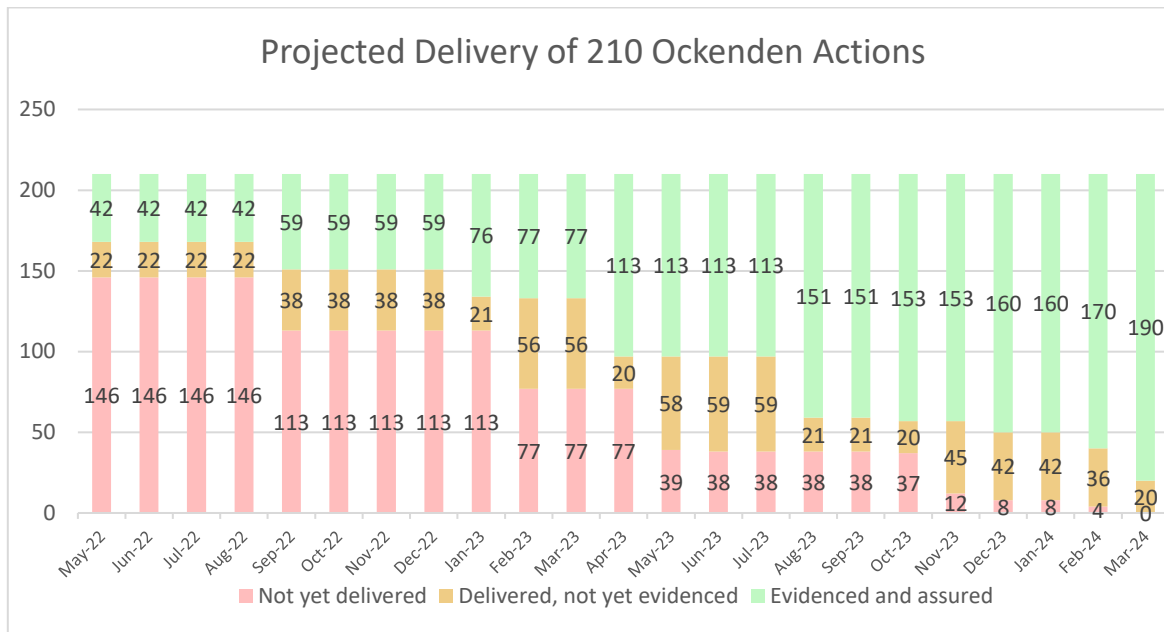
<b>Agenda item</b>	079/24		
<b>Report Title</b>	Integrated Maternity Report		
<b>Executive Lead</b>	Hayley Flavell, Executive Director of Nursing		
<b>Report Author</b>	Annemarie Lawrence, Director of Midwifery		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	BAF1, BAF4, BAF 3
Effective	√	Our people	
Caring	√	Our service delivery	<b>Trust Risk Register id:</b> CRR 16, 18, 19, 23, 27, 7, 31
Responsive	√	Our governance	
Well Led	√	Our partners	
<b>Consultation Communication</b>	Directly to the Board of Directors		
<b>Executive summary:</b>	This Integrated Maternity Report presents the latest position in relation to: the delivery of actions from the Independent Maternity Review, the Maternity Transformation Programme, NHS Resolutions MIS, SBLCBv3, the CQC Maternity Survey, the Score Survey and an overview of perinatal quality data.		
<b>Recommendations for the Board:</b>	<p>The Board of Directors is requested to:</p> <ul style="list-style-type: none"> <li>• Receive this report for information and assurance</li> <li>• Confirm in the minutes of this meeting that it has reviewed the Perinatal Locally Agreed Dashboard (contained at <b>Appendix Five</b> of the supplementary information pack) and is satisfied that a comprehensive level of check and challenge is applied by the Board level safety champions.</li> <li>• Decide if any further information, action and/or assurance is required</li> </ul>		
<b>Appendices:</b>	<p><u>All appendices are in the Board Supplementary Information Pack</u></p> <p><b>Appendix One:</b> Ockenden Report Progress Report Action Plan  <b>Appendix Two:</b> CNST MIS Year 6 Progress Report April 2024  <b>Appendix Three:</b> Saving Babies Lives Care Bundle v3 Too  <b>Appendix Four:</b> National Maternity Survey Overview of Results  <b>Appendix Five:</b> Safety Champions' Locally Agreed Dashboard  <b>Appendix Six:</b> Perinatal Culture and Leadership Programme Board Report</p>		

## 1.0 Purpose of this report

- 1.1 The Board of Directors is familiar with the requirements for it to receive regular updates relating to the Trust's maternity services. This is in order to continue to monitor progress relating the delivery and sustainability of the actions arising from the Independent Maternity Review, chaired by Donna Ockenden, comply with some of the actions therein and, also, receive other key 'set pieces' of information. The specific requirements were set out in previous iterations of this report.
- 1.2 This report provides information on the following:
- 1.3 The current progress with the delivery of actions arising from the Independent Maternity Review (IMR), chaired by Donna Ockenden
- 1.4 A summary of progress with the Maternity Transformation Programme (MTP)
- 1.5 The publication of NHS Resolutions Maternity (and perinatal) Incentive Scheme – Year 6 and an update on the status of the Trust declaration of compliance against CNST MIS Year 5
- 1.6 An update on the delivery status of the Saving Babies Lives Care Bundle v3
- 1.7 The formal findings of the 2022 CQC Maternity Survey results
- 1.8 Maternity and neonatal quality data and the score survey results
- 1.9 To support this paper, more detailed information is provided in the Board supplementary information pack. **Appendix One** provides the Ockenden Report Action Plan. Further information on any of the topics covered is available on request, also.

## 2.0 The Ockenden Report Progress Report

- 2.1 This section provides the position against all actions from the two Ockenden reports as validated by the Maternity Transformation Assurance Committee (MTAC) at its meeting on 9 April 2024. The 210 actions from the Independent Maternity Review, chaired by Donna Ockenden, are incorporated into relevant workstreams within the Trust's Maternity Transformation Programme (MTP). However, as this Trust was the subject to the IMR, this section presents this information separately.
- 2.2 The following graphs show the projected versus actual trajectories for the delivery of the 210 actions from both reports.



2.2.1 The Trust is no longer ahead of trajectory with its delivery plan, overall. 178/210 actions are now 'Evidenced and Assured' (Green/Green). Of the 35 actions that have yet to be delivered fully (Evidenced and Assured - Green/Green), the summary breakdown is detailed in the next section.

### 2.3 Actions yet to be delivered – summary

2.3.1 The fuller position with all actions from both reports is contained in the supplementary information pack provided for today's meeting. However, in summary, 35/210 actions from both reports have yet to be fully delivered, evidenced, and assured, with the full break down, as follows:

Progress Status	Number
Completed fully (Evidenced and Assured)	178
On track	10
Off track	0

<b>At Risk</b>	<b>12</b>
<b>De-scoped</b>	<b>10</b>
<b>Total</b>	<b>210</b>

2.3.2 The following section describes in summary detail the actions that are yet to be delivered.

## 2.4 'At Risk' Actions

### 2.4.1 Actions 'At Risk' that require additional funding

2.4.2 Eleven actions are 'at risk' awaiting additional, recurrent, investment to be able to deliver and embed them. Discussions are underway with both local system and regional colleagues regarding the funding required to fully deliver the identified actions. Additional information has been requested by system leads regarding the quality and equality impact assessment associated with the business case that has been produced following publication of the final report, which has been provided. The actions affected are summarised in the following table, with descriptions of any mitigating actions in place currently. To note, while mitigating actions have been taken where possible, sustainable delivery cannot be achieved without the provision of additional funding to the divisions.

Action ref.	Description	Delivery Status	Current Progress Status	Risk to service score
IEA 4.3 (Final Report)	<i>"Every trust must ensure they have a patient safety specialist, specifically dedicated to maternity services."</i>	Not Yet Delivered	At Risk	12
<b>Mitigation:</b> This action is not yet delivered as it is linked to the business case and requires investment funds which should be recurrent. In the meantime, the division has a governance support team in place.				
IEA 8.1 (Final Report)	<i>"Women with pre-existing medical disorders, including cardiac disease, epilepsy, diabetes, and chronic hypertension, must have access to preconception care with a specialist familiar in managing that disorder and who understands the impact that pregnancy may have."</i>	Not Yet Delivered	At Risk	20
<b>Mitigation:</b> This action is not yet delivered as it is linked to the business case and requires investment funds which should be recurrent. It is not possible to put any mitigation in place for this action, without having the additional resource in place.				
IEA 11.1 (Final Report)	<i>"Conditions that merit further follow-up include, but are not limited to, postdural puncture headache, accidental awareness during general anaesthesia, intraoperative pain, and the need for conversion to general anaesthesia during obstetric interventions, neurological injury relating to anaesthetic interventions, and significant failure of labour analgesia."</i>	Delivered Not Yet Evidenced	At Risk	9
<b>Mitigation:</b> The pathway for a post-anaesthetic follow up clinic has been ratified at Trust governance, and the clinics are running on an ad hoc basis, currently. Two anaesthetic consultants undertake clinic reviews at RSH, and patient feedback is monitored. However, funds are required to be able to job plan this clinic to sustain it in future.				
LAFL 14.32 (Final Report)	<i>"The Trust must develop a robust pregnancy diabetes service that can accommodate timely reviews for women with pre-existing and gestational diabetes in pregnancy. This service</i>	Delivered Not Yet Evidenced	At Risk	16

	<i>must run on a weekly basis and have internal cover to permit staff holidays and study leave.”</i>			
<b>Mitigation:</b> This action has been delivered but requires investment to sustain delivery as this is currently being provided from within the clinical establishment which is not sustainable.				
LAFI 14.52 (Final Report)	<i>“The Trust’s executive team must urgently address the impact of the shortfall of consultant anaesthetists on the out-of-hours provision at the Princess Royal Hospital. Currently, one consultant anaesthetist provides out-of-hours support for all the Trust’s services. Staff appointments must be made to establish a separate consultant on-call rota for the intensive care unit as this will improve availability of consultant anaesthetist input to the maternity service.”</i>	<b>Not Yet Delivered</b>	<b>At Risk</b>	12
<b>Mitigation:</b> The Trust has agreed to support the splitting of the Intensive Therapy Unit and Anaesthetic on call rotas, and the department is working the split rotas on a locum basis. New job adverts are being published with the new on call commitments added to the job descriptions, which is anticipated to support recruitment. Due to recent retirements and resignations within anaesthetics at PRH, this will mean there is a greater locum presence compared to permanent staff. Without the additional funds, the service will have to revert to a ‘non-split’ rota and the department simply cannot recruit with this arrangement in place.				
LAFI 14.57 (Final Report)	<i>“As the Trust has benefitted from the presence of Advanced Neonatal Nurse Practitioners (ANNPs), the Trust must have a strategy for continuing recruitment, retention, and training of ANNPs.”</i>	<b>Delivered, Not Yet Evidenced</b>	<b>At Risk</b>	20
<b>Mitigation:</b> A strategy for the continued recruitment, retention, and training for ANNP’s is in place. Non-recurrent funding has been used to commence delivery of this programme for 2023 - 2025. Further to this, additional funding would be required for the programme to be implemented sustainably.				
LAFI 14.59 (Final Report)	<i>“The number of neonatal nurses at the Trust who are “qualified-in-specialty” must be increased to the recommended level, by ensuring funding and access to appropriate training courses. Progress must be subject to annual review.”</i>	<b>Delivered Not Yet Evidenced</b>	<b>At Risk</b>	9
<b>Mitigation:</b> A workforce plan to ensure the number of neonatal nurses who are ‘qualified in specialty’ has been produced and non-recurrent funding has been used to commence delivery of this programme. The plan is subject to an annual review. To mitigate the short-term risk while staff are being trained, the Divisional Director of Nursing has established a process to review the department’s staffing plan aligned with acuity on a twice daily basis. If necessary, agency staff will be booked to ensure minimum QIS standards are met.				
IEA 14.8* (Final Report)	<i>“Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs) and nurses are available in every type of neonatal unit (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications.”</i>	<b>Not Yet Delivered</b>	<b>At Risk</b>	16
<b>Mitigation:</b> The key area where funding is required to fully deliver IEA 14.8 is in association with delivery of neonatal nurse staffing in line with the British Association of Medicine Services (BAPM) standards. BAPM stipulates those neonatal services should have several dedicated quality roles in place in addition to core clinical provision. To mitigate the risk of not having these posts in place, some elements of service provision have been implemented such as dedicated hours allocated for discharge planning and education and practice development. However, this risk cannot be fully mitigated without the required funding allocation.				
IEA 1.2 (Final Report)	<i>“Minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the LMNS. This must encompass the increased acuity and complexity of women,</i>	<b>Delivered, Not Yet Evidenced</b>	<b>At Risk</b>	5

	<i>vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational CNST and CQC requirements.”</i>			
<b>Mitigation:</b> This action has been delivered, but to get to a position of evidenced and assured requires additional funding to be made available which should be recurrent. This specifically relates to job plans for consultants within obstetrics whose mandatory training requirements are much greater than those of a medical or surgical consultant, and this needs to be reflected within job plans once sustained funding has been sourced.				
IEA 12.2 (Final Report)	<i>“Unwell postnatal women must have timely consultant involvement in their care and be seen daily as a minimum.”</i>	Delivered, Not Yet Evidenced	At Risk	12
<b>Mitigation:</b> This action has been delivered but to get to a position of evidenced and assured requires additional funding to be made available which should be recurrent, in line with requirements to deliver IEA 3.3 which increases overall Consultant capacity. To note, the medical workforce for obstetrics is managed as a hybrid service with gynaecology. To mitigate the short-term risk for delivery of IEA 12.2, a process has been established within the division whereby inpatient activity is prioritised over outpatient/ planned care activity. While this addresses the risk for delivery of this IEA, there is a consequent risk for delivery of gynaecology services, which cannot be fully mitigated.				
IEA 12.3 (Final Report)	<i>“Postnatal readmissions must be seen within 14 hours of readmission or urgently if necessary.”</i>	Delivered, Not Yet Evidenced	At Risk	12
<b>Mitigation:</b> This action has been delivered but to get to a position of evidenced and assured requires additional funding to be made available which should be recurrent, in line with requirements to deliver IEA 3.3 which increases overall Consultant capacity. To note, the medical workforce for obstetrics is managed as a hybrid service with gynaecology. To mitigate the short-term risk for delivery of IEA 12.3, a process has been established within the division whereby inpatient activity is prioritised over outpatient/ planned care activity. While this addresses the risk for delivery of this IEA, there is a consequent risk for delivery of gynaecology services therefore that cannot be fully mitigated.				

### 2.4.3 Actions ‘At Risk’ for logistical reasons

### 2.4.4 One action remains at risk for logistical reasons, as follows:

IEA 1.7 (Final Report)	<i>“All trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce.”</i>  Action ‘rescoped’ at the Jan-24 MTAC as the programme has been approved Nationally. However, it is unlikely that all staff will complete it by the Mar-24 deadline. Hence, the action flagged as ‘at risk’.	Delivered, Not Yet Evidenced	At Risk	5
<b>Mitigation:</b> The coordinators have undertaken the Trust programme which is the basis of the national programme therefore any risks are minimal. Logistically, it will take time to progress all coordinators through the new programme therefore it will remain at risk.				

## 2.5 ‘De-scoped’ Actions

2.5.1 Ten actions remain ‘de-scoped’, currently. These relate to nationally led external actions (led by NHS England, CQC, etc.), and are not within the direct control of the Trust to deliver. Eight remain ‘Not Yet Delivered,’ and one is

‘Delivered Not Yet Evidenced.’ These actions remain under review by the Trust at MTAC quarterly, to check on any progress.

2.5.2 The Board can be assured that all appropriate preparatory work to support full delivery of these actions is underway as far as is reasonably practicable.

### 3.0 Ockenden Report Assurance Committee (ORAC)

3.1 ORAC last met in February 2024. The final ORAC meeting is scheduled for 30 April 2024. Following this, the progress against and the sustainability of IMR actions will continue to be reported to the Quality, Safety and Assurance Committee, and via this paper to the Board of Directors.

### 4.0 Maternity Transformation Programme (MTP) – High Level Progress Report

4.1 The Trust’s Maternity Transformation Programme (MTP) comprises seven workstreams, each of which is led by a senior clinician or director.

4.2 The following table provides a high-level summary of each workstream, its progress and any risks to delivery. Further details are available on request.

MATERNITY TRANSFORMATION PROGRAMME WORKSTREAMS				
Workstream	Scope of Work	Status	Commentary	Associated Risks
<b>1. Clinical Quality and Choice</b>	Ockenden Actions	<b>On Track</b>	Ongoing delivery of Ockenden	Ockenden actions linked to external partners (e.g., IEA 1.4)  Three ‘at risk’ Ockenden action linked to business case
<b>2. People and Culture</b>	Ockenden Actions	<b>On Track</b>	Ongoing delivery of Ockenden and engagement events	Six ‘at risk’ Ockenden actions linked to business case, all workforce-related
<b>3. Governance and Risk</b>	Ockenden Actions	<b>On Track</b>	Ongoing development of the Maternity Transformation Assurance Tool	None identified
<b>4. Learning, Partnership and Research</b>	Ockenden Actions  Data Extraction for Epidemiological Research (DExtER) Project*	<b>On Track</b>	Ongoing delivery of Ockenden  Ongoing delivery of DEXTER	None identified
<b>5. Communication and Engagement</b>	Ockenden Actions  Comms and Engagement plan (including new website development and social media	<b>On Track</b>	Ongoing delivery of Ockenden  Ongoing delivery of new website  Maintenance of Comms plan	Capacity of communication team to deliver work

<p style="text-align: center;"><b>6. Maternity Improvement Plan (MIP)</b></p>	<p>Implementation of the 30 identified 'historical reviews' of maternity services</p>	<p><b>On Track</b></p>	<p>Closure reports being drafted</p>	
<p style="text-align: center;"><b>7. Anaesthetics</b></p>	<p>Ockenden Actions</p>	<p><b>On Track</b></p>	<p>Ongoing delivery of Ockenden</p>	<p>Two 'at risk' Ockenden actions linked to business case</p>

4.3 As described in section three, there is a potential risk to the ongoing delivery of some elements of the Maternity Transformation Programme and, as the Board is aware, the Mersey Internal Audit Assurance (MIAA) review of the governance and assurance of Ockenden action delivery in November 2022, highlighted the need for the Trust to continue the funding of the maternity transformation support resource, which was accepted by the Trust. This requirement continues pending the outcome of the Ockenden business case.

## 5.0 NHS Resolutions Maternity (and perinatal) Incentive Scheme

5.1 Published on 2 April 2024 and now in its sixth year of operation, NHS Resolutions Maternity (and perinatal) Incentive Scheme (MIS) continues to support safer maternity and perinatal care by driving compliance with ten Safety Actions which support the national maternity ambition to reduce the number of stillbirths, neonatal and maternal deaths, and brain injuries by 50% before the end of 2025.

5.2 The MIS applies to all acute Trust that deliver maternity services and are members of the Clinical Negligence scheme for Trusts (CNST). As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST MIS fund.

5.3 The original ten safety actions have been updated annually since 2017 and Trusts that can demonstrate they have achieved all ten safety actions in full will recover the element of their contribution relating to the CNST MIS fund and they will also receive a share of any unallocated funds.

5.4 The Trust received formal notification from NHS Resolution on 23 March 2024 that its submission against Year 5 of the scheme had been externally verified and would shortly receive reimbursement of funds. To date, this has not been received therefore we are unable to advise the total sum at the point of publication.

5.5 An initial review of the new safety actions that make up year six of the scheme has been undertaken and a progress report detailing each action can be found at appendix two.

## 6.0 Saving Babies Lives Care Bundle Version 3 (SBLCBv3)

6.1 As the Board of Directors is aware, the SBLCBv3 standards are incorporated within the NHS Resolutions MIS, and there are minimum targets and stretch targets that Trusts must achieve to be fully compliant.

6.2 The Trust made great progress against these standards under Year 5 of the MIS and continued to work towards the additional stretch targets following the scheme end. This



continued work has enabled the service to evidence 100% compliance against all six elements of the care bundle, and at the Quarterly Assurance Meeting held with the ICB in March 2024, our position was externally verified and uploaded to the NHS Futures Platform (see appendix three).

6.3 The Board of Directors will continue to receive regular progress reports for ongoing assurance as part of the scheme reporting requirements via this integrated maternity report as part of the supplementary information pack.

6.4 As a point of excellence, the Trusts Lead Midwife for Saving Babies Lives and Pre-term Birth, Ms Lindsey Reid has been announced as Chair of the Midlands Regional SBL Community of Practice Forum; for the last 2 years, Ms Reid has been a keynote speaker at both National and Regional SBL webinars, sharing SaTH's journey to implementation to support others.

## **7.0 Care Quality Commission (CQC) Maternity Survey Results**

7.1 The 2023 CQC Maternity Survey results have now been published, which show trend data between years in addition to the national trend data (appendix four).

7.2 In summary, the 2023 findings are very positive, indicating that overall SaTH performed 'Much Better' than other Trusts in 1 of the 8 sections relating to 'labour and birth'.

7.3 SaTH's performance rated favourably to other Trusts for 3 questions, with results showing SaTH performed "Much Better" than other Trusts in 1 of the 54 individual questions, "better" than other Trusts in 1 of the 54 individual questions and "somewhat better" than other Trusts in 1 of the 54 individual questions.

7.4 When comparing SaTH's 2023 results to the previous 2022 results, there was a significant improvement in two key areas: involving people in decisions about their antenatal care and treating people with dignity and respect during their pregnancy.

7.5 Whilst SaTH's performance showed a statistically significant decline for 5 questions it is important to note that the scores for these questions remained "about the same" as those for other Trusts. These will be key areas of focus for improvement by the maternity leadership team.

7.6 As part of next steps, and in-line with the NHS Resolutions MIS, a gap analysis will be carried out with the Maternity and Neonatal Voices Partnership (MNVP) on the qualitative data underpinning the free text element of the survey to ensure we have a co-produced action plan that addresses our service user feedback. This action plan will be monitored via safety champions and the LMNS Board.

## **8.0 Maternity and Neonatal Quality Data**

8.1 The Trust Board must review a minimum data set pertaining to maternity and neonatal quality at every meeting in keeping with the requirements of the Perinatal Clinical Quality Surveillance Model (PQSM).

8.2 Trust Safety Champions (including Executive and Non-Executive Directors) already see this data monthly as part of a locally agreed dashboard that incorporates the minimum

data set requirements of the PQSM which enables early action to be taken and support to be provided, should the data identify an area of concern or need.

- 8.3 Following the publication of the new NHS Resolution MIS – safety action 9 stipulates that this data should be presented to the Trust Board by a member of the perinatal leadership team to provide supporting context. The data is incorporated into the ‘Safety Champions’ Locally Agreed Dashboard which can be found at appendix five (contained in the Board supplementary information pack).
- 8.4 Additionally, the Maternity Services System Learning Self-Assessment Tool advises that the Trust Board minutes must reflect the check and challenge on maternity and neonatal services from the non-executive safety champion for maternity services. The Board are therefore asked to review this dashboard each month, taking key points from the presentation by the perinatal leadership team member and ensure the check and challenge applied by the safety champions is evidently documented within the minutes of every Board meeting moving forwards.

## **9.0 Score Survey**

- 9.1 In the Autumn of 2023, the Trust was required to participate in a Score Survey as part of the Perinatal Culture and Leadership Programme which is aligned to NHS Resolutions MIS. This was to be the second iteration of the survey, with the first survey being carried out in 2018.
- 9.2 The survey was running in tandem to the NHS Staff Survey which is reflected within the response rates of both surveys as the Score Survey response rate was only 25%, alongside the staff survey response rate of 31% (2022 NHS staff survey response rate was 50%). Typically, a minimum response rate of 40% is required to return a result on the survey, however this was waived for SaTH to return a report, alongside a caveat that the results may not be statistically significant.
- 9.3 The findings from the survey have been incorporated into the Divisional cultural improvement plan, alongside the findings from the staff survey (which are very similar) to ensure they are captured; the improvement plan will be shaped with staff to ensure accountability and monitored via the divisional people and culture workstream as part of the maternity transformation programme.
- 9.4 A copy of the Perinatal Culture and Leadership Programme Board Report can be found at appendix six.

## **10.0 Summary**

- 10.1 Progress continues to be made with the actions arising from the Independent Maternity Review chaired by Donna Ockenden. Some potential risks remain to several outstanding actions, but these will continue to be reviewed and any risks mitigated where possible.
- 10.2 Although no longer ahead of trajectory against the delivery plan, the Maternity Transformation Programme continues to make progress, notwithstanding the acknowledgement of some actions being at risk currently.
- 10.3 The Trust has received formal notification from NHS Resolution that compliance with CNST MIS Year 5 has been externally verified with all ten safety actions being

delivered. At the time of writing this report, the CNST MIS contribution had yet to be returned and the Trusts allocation of additional funds had not been confirmed therefore the total sum received will be confirmed formally in next iteration of this paper.

- 10.4 The 2023 CQC Maternity Survey results have now been published, which are positive overall and indicate an increased response rate compared to previous years. A full breakdown of the findings can be found within appendix three of the Board supplementary information pack.
- 10.5 Maternity and neonatal quality data continues to be presented to the safety champions meeting which enables a comprehensive check and challenge from the medical director John Jones and the associate non-executive director Sarah Dunnett.

### **11.0 Action required of the Board of Directors**

- 11.1 The Board of Directors is requested to:
  - 11.2 Receive this report for information and assurance.
  - 11.3 Confirm in the minutes of this meeting that it has reviewed the Safety Champions' Locally Agreed Dashboard and is satisfied that a comprehensive level of check and challenge is applied by the Board level safety champions.
  - 11.4 Decide if any further information, action and/or assurance is required.

**Annemarie Lawrence**  
**Director of Midwifery**  
April 2024

All appendices are in the Board Supplementary Information Pack

**Appendix One:** Ockenden Report Progress Report Action Plan, as of 9 April 2024

**Appendix Two:** CNST MIS Year 6 Progress Report April 2024

**Appendix Three:** Saving Babies Lives Care Bundle v3 Tool

**Appendix Four:** National Maternity Survey Overview of Results

**Appendix Five:** The Safety Champions' Locally Agreed Dashboard – Q3 2023/4

**Appendix Six:** Perinatal Culture and Leadership Programme Board Report