

CHAIR'S KEY ISSUES
ESCALATING TO BOARD

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP AND DATE:		Maternity & Neonatal Improvement Board – 17 March 2026
CHAIR:		Hussein Khatib, Chair of MNIB, NED & Safety Champion
LEAD EXECUTIVE DIRECTOR:		Catherine Morgan, Chief Nurse
Agenda Item	Details of Issue	Action*
Matters Arising	<p>The March MNIB meeting was well attended and quorate.</p> <p>As this was the Chair's last meeting of the MNIB, members of the Board collectively expressed thanks for his leadership and advocacy and the huge support he has been to the team</p>	Information
Assurance Report	<p>The Board reviewed many positive developments achieved including:</p> <ul style="list-style-type: none"> • QIS neonatal nursing levels consistently above 70%, demonstrating strong capability. • Transitional care progress with 34-week babies now consistently admitted without unnecessary separation. • MNVP activity strong; positive national recognition and enhanced co-production with African families. • CNST Year 7 fully compliant and Year 8 preparations are on track. • Enterobacter outbreak has been contained with no new cases since 17 February following effective IPC action. • Strengthened governance processes continue following the MSSP exit visit feedback. <p>The Board is asked to note the following risks relating to workforce resilience and equipment safety:</p> <p>Neonatal Medical Workforce There is non-compliance with BAPM standards across Tiers 1–3.</p> <ul style="list-style-type: none"> - Tier 1: Safe cover exists but rota structure is non-compliant with new BAPM standards; requires reconfiguration. - Tier 2: Peer review recommends two registrars overnight, requiring additional resource to strengthen resilience. - Tier 3: Significant non-compliance; additional consultants are needed to meet standards. 	<p>Assurance</p> <p>Alert</p>

	<p>Mitigations are in place including goodwill consultant cover, airway competency improvements, and seasonal funding. A business case for additional staffing including a phased approach, including total cost implications with risk based informed phasing is being prepared.</p> <p>Blood Gas Analyser Reliability Persistent discrepancy between point-of-care and laboratory results for bilirubin/electrolytes. This results in unnecessary sampling, occasional unnecessary phototherapy, and reduced clinical confidence. Workarounds are in place, and it is understood that this is wider issue than just neonatal. This has been escalated for an equipment review.</p> <p>Colchester Delivery Beds Faulty beds have been delivered to the maternity department. An escalation has taken place to EBME and actions are underway to address this, including a lifecycle review of all beds.</p> <p>Midwifery Workforce Midwifery and midwifery support worker staffing issues have been challenging at the start of the year due to high sickness, maternity leave and mandatory training for midwives also had an impact. This at times has resulted in delays in care such as induction of labour. A communication to all midwifery staff to address concerns about staff wellbeing and burnout symptoms and over establishment is planned which will also outline the process for management of bank staff.</p>	<p>Alert</p> <p>Alert</p> <p>Alert</p>
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Escalation	Support/decision required by reporting committee to resolve an issue within its remit	Alert	Proactive notification of subject matter/risk that reporting committee is currently dealing with or mitigating which may require future action/decision
Assurance	Evidence or information to demonstrate that appropriate action is being taken within a reporting committee's remit	Information	No action required. Reporting to update on discussion within a reporting committee's remit