Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 29 July 2026

TB2026.58b

Title:	**Care Quality Commission Maternity Assessments 2025: Outcome and Action Plan**

Status:	**For Discussion**
History:	

Board Lead:	**Chief Nursing Officer / Chief Medical Officer**
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Confidential:	**No**
Key Purpose:	Assurance.

Executive Summary

1. The Care Quality Commission published two reports on 4 June 2026 following unannounced assessments of maternity services at the John Radcliffe Hospital between 7 and 10 October 2025 and at the Horton General Hospital midwifery led unit on 7 and 8 October 2025.
2. Both maternity services were rated Good overall, each improved from Requires Improvement at the previous inspection.
3. At the John Radcliffe, maternity was rated Good for Effective, Caring, Responsive and Well led, and Requires Improvement for Safe.
4. The CQC identified breaches of four regulations at the John Radcliffe, all within the Safe domain: Regulation 12 safe care and treatment, Regulation 15 premises and equipment, Regulation 17 good governance, and Regulation 18 staffing.
5. Three matters were acted on during the assessment. The Observation Area was reconfigured to give staff a clear line of sight, skill mix in that area was reviewed and addressed, and the expectation that high risk women are reviewed face to face in the delivery room was reinforced with obstetric staff.
6. At the Horton, the midwifery led unit was rated Good in all five domains and is in breach of no regulation, the breaches identified at the October 2023 inspection having been fully addressed.
7. The action plan has been submitted to the CQC. It addresses each of the matters identified, with a named lead, a measure of success and a completion date against every action.
8. Completion dates are 30 September 2026 for Regulation 17, 31 October 2026 for Regulations 12 and 15, and 30 November 2026 for Regulation 18. The further improvements identified at the Horton are delivered alongside them.
9. The action plan forms part of the Perinatal Improvement Programme and is not delivered as a separate CQC plan. Progress is reported to the Perinatal Assurance Group and the Quality and Performance Committee, with a quarterly update report to the Trust Board.

Recommendations

10. The Trust Board is asked to:
    - Receive the CQC maternity assessment reports for the John Radcliffe Hospital and the Horton General Hospital;
    - Note the action plan submitted to the CQC in section 5, and its delivery through the Perinatal Improvement Programme; and

- Note the governance and reporting route in section 6, including the quarterly update report to the Trust Board.

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Care Quality Commission Maternity Assessments 2025: Outcome and Action Plan

1. Purpose

1.1. This paper reports the outcome of the CQC's unannounced assessments of maternity services at the John Radcliffe Hospital and the Horton General Hospital, and presents the action plan the Trust has submitted to the CQC in response.

1.2. The action plan summarised in this paper form part of the Perinatal Improvement Plan. They are reported here so that the Trust Board can see the regulatory position in one place, but they are owned, delivered and monitored within that single programme rather than as a separate CQC plan.

2. Background

2.1. Both assessments were unannounced, taking place at the John Radcliffe between 7 and 10 October 2025 and at the Horton on 7 and 8 October 2025. Both reports were published on 4 June 2026.

2.2. At the John Radcliffe the CQC assessed 35 quality statements across the five key questions, covering maternity assessment and triage, fetal medicine, the obstetric led delivery suite, maternity theatres, the Spires midwifery led unit, bereavement services, the antenatal and postnatal wards, transitional care, and the standalone midwifery led units at Wantage, Wallingford and the Cotswold Birth Centre. The CQC spoke with 39 members of staff and 13 women.

2.3. At the Horton the CQC assessed 32 quality statements across the five key questions to determine whether improvements had been made since the October 2023 inspection, at which maternity was rated Requires Improvement.

3. The Assessment Outcome

3.1. Both maternity services were rated Good overall; each improved from Requires Improvement.

3.2. At the John Radcliffe, maternity was rated Good for Effective, Caring, Responsive and Well led, and Requires Improvement for Safe. The four regulatory breaches sit within the Safe domain and are the focus of the action plan in section 5.

3.3. At the Horton, the midwifery led unit was rated Good in all five domains. The breaches of safe care and treatment and good governance identified at the October 2023 inspection have been resolved, and the service is in breach of no regulation.

What the CQC found working well

3.4. The CQC found care at both sites to be compassionate, person centred and aligned to national guidance. Feedback from women was generally positive, and the 2024 CQC maternity survey showed improvement, particularly in antenatal care and support for partners.

3.5. At the John Radcliffe the CQC highlighted the clinical psychology support for maternity staff, the increase in professional midwifery advocate roles, the Triangulation and Learning Committee, the Say on the Day feedback system, strengthened infection prevention and control, quality improvement work involving staff at all levels, and enhancements to the electronic maternity record including remote access for women. Leaders were described as committed and resilient.

3.6. At the Horton the CQC found a strong commitment to safety and collaborative working with people and healthcare partners, alongside delivery of the improvements required in 2023.

What the CQC found requires improvement at the John Radcliffe

3.7. Induction of labour flow resulted in some women experiencing long delays, and the Induction of Labour Shared Principles Framework introduced in 2025 was not yet fully embedded. Skill mix in the maternity observation area required strengthening, and staff did not have a clear line of sight to women needing close monitoring. Cardiotocography fresh eyes review was not always completed in view of women in labour, and staffing pressures affected timely reviews and staff breaks at peak periods. Planned equipment maintenance labelling and documentation checking were inconsistent, and medical gas storage did not consistently meet national guidance. Access to antenatal services varied, and bereavement care was not always delivered in appropriate settings. Governance systems were not fully effective in identifying and addressing risk, with gaps in audit and oversight.

3.8. Three matters were acted on during the assessment. The observation area was reconfigured to give staff a clear line of sight, skill mix in the observation area was reviewed and addressed, and the expectation that high risk women are reviewed face to face in the delivery room, in line with Ockenden, was reinforced with obstetric staff.

4. Regulatory Compliance Position

4.1. The CQC identified breaches of four regulations at the John Radcliffe, all within the Safe domain, comprising seven specific matters. Each is addressed by a named action in section 5.

4.2. Regulation 12, safe care and treatment, covers the lack of face-to-face review of women during childbirth, the use of hazard tape on resuscitaires creating an infection prevention and control risk, and medical gases not always stored safely. These are addressed in section 5.2.

4.3. Regulation 15, premises and equipment, covers the need to review the environment to improve fire evacuation and dignity for women in labour, and the absence of a clear line of sight to women in all areas together with door entry systems not always monitored to prevent tailgating. These are addressed in section 5.3.

4.4. Regulation 17, good governance, covers the systems for recording and monitoring incidents of induction of labour delayed beyond 24 hours. This is addressed in section 5.4.

4.5. Regulation 18, staffing, covers staff not always being deployed effectively in all areas, including bereavement and community. This is addressed in section 5.5.

4.6. The Horton midwifery led unit is in breach of no regulation, its breaches of Regulation 12 and Regulation 17 identified at the October 2023 inspection having been fully addressed.

5. The Action Plan

5.1. The action plan has been submitted to the CQC. It addresses each of the matters identified, with a named lead, a measure of success and a completion date against every action, and forms part of the Perinatal Improvement Programme rather than being delivered as a separate plan. Actions for the John Radcliffe are set out at 5.2 to 5.5, and those for the Horton at 5.6 to 5.8.

John Radcliffe Hospital

5.2. Regulation 12, safe care and treatment. Face to face clinical review during labour is reinforced as a mandatory standard, aligned to national guidance and Ockenden, supported by standardised escalation triggers for senior obstetric review and daily safety huddles. Resuscitaires are being modified so that all equipment is fully cleanable and compliant, with daily documented safety and cleanliness checks. Medical gas storage is being reconfigured to meet safety and fire regulations, with standard operating procedures included in routine environmental audit. Complete by 31 October 2026.

5.3. Regulation 15, premises and equipment. An environmental and fire safety survey with Estates and Fire Safety is in progress and will inform an improvement plan covering patient flow, evacuation routes and access, with zoning, screens and appropriate care spaces to protect privacy and dignity. The Observation Area has been reconfigured to include a dedicated recovery bay with clear lines of sight, and staffing and skill mix in the area have been fully addressed. Access control and door monitoring are being strengthened and included in routine environmental audit. Complete by 31 October 2026.

5.4. Regulation 17, good governance. A single standardised reporting system will capture all induction of labour delays exceeding 24 hours, aligning incident reporting, NICE Red Flag metrics and local performance data. An enhanced dashboard will show the volume and duration of delays, the associated clinical risk and outcomes, and trend analysis, reviewed at every Maternity Clinical Governance Committee, with named clinical and operational leads accountable for performance and risk. Complete by 30 September 2026.

5.5. Regulation 18, staffing. A revised medical and midwifery staffing model aligned to RCOG guidance and BSOTS will redesign deployment against acuity, flow and demand, including bereavement and community pathways. Bereavement and community provision is being strengthened with dedicated staffing, clearer on call arrangements and improved escalation. A standardised escalation framework with senior midwifery led daily staffing reviews is being implemented, and the Birthrate Plus business case will support the additional midwifery workforce required. Complete by 30 November 2026.

Horton General Hospital Midwifery Led Unit

5.6. The Horton midwifery led unit was rated Good in all five domains and is in breach of no regulation, the improvements required at the October 2023 inspection having been fully addressed.

5.7. Further improvements were identified at unit level and will be delivered through the Perinatal Improvement Programme alongside the John Radcliffe actions above. These cover local governance and escalation of risk, audit of telephone advice contacts, documentation and MEOWS escalation, the on call and second midwife model, unit level equality, diversity and inclusion action plans, and visible local quality improvement.

5.8. The CQC recorded that the line-of-sight risk in the waiting area, identified at the previous inspection, had not been mitigated, and that during the assessment a woman became unwell while waiting. This has been addressed through the refurbishment of the maternity outpatient area, which

is now complete and includes a new midwifery station to improve visibility and communication.

6. Governance

6.1. The actions in section 5 form part of the Perinatal Improvement Programme, held in one maternity action plan with one set of owners alongside the Trust response to the National Maternity and Neonatal Investigation reported in TB2026.58. There is no separate CQC plan or reporting route. Where an action addresses both the CQC and the Investigation, including midwifery staffing and the Birthrate Plus establishment review, maternity triage, and the estates work in the maternity assessment and observation areas, it is held once with a single owner, measure and date.

6.2. Progress is reported to the Perinatal Assurance Group and the Quality and Performance Committee, with exception reporting on anything off track, and a quarterly update report to the Trust Board.

6.3. Resources required are clinical workforce time for training, supervision and audit; compliant replacement equipment through Trust capital and maintenance programmes; estates and facilities support for environmental redesign, fire safety and medical gas storage; digital support for the reporting system and dashboard; and governance and audit capacity. Additional requirements are reviewed through divisional and Trust business planning, prioritised by patient safety risk.

6.4. Completion of these actions does not of itself change the rating. The Safe domain rating for John Radcliffe maternity remains Requires Improvement until the CQC carries out a further assessment, and confirmation of compliance is a matter for the CQC.

7. Conclusion

7.1. Both maternity services were rated Good overall, each improved from Requires Improvement. Care at both sites was found to be compassionate and person centred, evidence based and aligned to national guidance.

7.2. The Horton midwifery led unit is in breach of no regulation, the breaches identified at the October 2023 inspection having been fully addressed, and the line of sight risk in the waiting area resolved through the completed refurbishment of the maternity outpatient area.

7.3. The John Radcliffe is in breach of four regulations, all within the Safe domain. Three matters were acted on during the assessment, and the action plan submitted to the CQC addresses the remainder, with completion between 30 September and 30 November 2026.

7.4. Delivery is through the Perinatal Improvement Programme, reported to the Perinatal Assurance Group and the Quality and Performance Committee, with a quarterly update report to the Trust Board.

8. Recommendations

8.1. The Trust Board is asked to:

- Receive the CQC maternity assessment reports for the John Radcliffe Hospital and the Horton General Hospital;
- Note the action plan submitted to the CQC in section 5, and its delivery through the Perinatal Improvement Programme; and
- Note the governance and reporting route in section 6, including the quarterly update report to the Trust Board.