Cover Sheet

Trust Board Meeting in Public: Wednesday 25 November 2026

TB2026.97

Title:	**National Maternity and Neonatal Investigation: Ten-Point Plan December Progress Update**

Status:	**For Decision**
History:	**Trust Management Executive (TME) 12/11/2026**
	Maternity Clinical Governance Committee 16/11/2026

Board Lead:	**Chief Nursing Officer and Chief Medical Officer**
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Confidential:	**No**
Key Purpose:	**Assurance and Approval**

National Maternity and Neonatal Investigation: Ten-Point Plan December Progress Update

Executive Summary

1. This report presents the Trust's December progress update against the national Maternity and Neonatal Ten-Point Plan for approval by the Trust Board before submission to NHS England South-East by 31 December 2026.
2. NHS England letter PRN02631 of 12 August 2026 requires every trust to submit a standardised return to its region at two points: a baseline assessment by 25 September 2026 and a progress update by 31 December 2026. Both submissions must be approved by the trust board.
3. The progress update reports that, of the 24 applicable deliverables, 14 are complete, 9 are in progress with a named owner and completion date for each, and 1 is on hold pending the national Perinatal Equity and Anti-Discrimination Programme, which commences for South-East trusts from April 2027. Two further deliverables are not applicable. The region also rated the on hold deliverable (5.1) not applicable, reflecting the national programme position. No deliverable carries a red delivery confidence rating.
4. Eleven deliverables were compliant at baseline and have been reconfirmed against current evidence. Three are newly complete since September: Board reporting of perinatal intelligence, the homebirth review and the triage benchmarking audit. The latter two respond to the evidence gaps identified by the regional review on 29 October 2026.
5. Nine deliverables remain in progress under Actions 2, 5, 6, 8 and 9. The principal areas requiring completion are a formal Board review of internal resource deployment, the maternity and neonatal health inequalities dashboard, the triage improvement plan and more explicit recording of Board actions in minutes. Each outstanding deliverable has a named owner and completion date, set out in Table 2.
6. The regional review agreed with the Trust's rating on 22 of the 26 deliverables and gave a different rating on four. Two of the differences, 7.1 and 9.1, reflect a gap in evidence of Trust Board scrutiny, which has now been provided. The third, 6.7, requires a formal Board review of internal resource deployment, scheduled for January 2027. The fourth moved one deliverable to not applicable, reflecting the national programme position.
7. The Board was advised in September that baseline equity data and a working dashboard by 31 December 2026 would be the test of this return. Dashboard development is proceeding to a dated plan, with the supporting evidence pack due by 15 December 2026.

8. The Board can take reasonable assurance on the Trust's delivery of the Ten-Point Plan, conditional on closure of the deliverables set out in Table 2. The return has been through the Trust's six-stage review and sign-off process, set out in Section 7.

Recommendation:

9. The Trust Board is asked to:

    - Approve the Ten-Point Plan progress update at Appendix 1, including the homebirth review at Appendix 2 and the triage benchmarking audit position, for submission to NHS England South-East by 31 December 2026.
    - Delegate to the Chief Nursing Officer and Chief Medical Officer, jointly, authority to make factual updates before submission. Any change to a rating is approved by the Chair and ratified by the Board.
    - Note the movement from baseline in Table 1 and the deliverables not yet complete in Table 2 and note delivery against the position reported to the Board in Table 3.
    - Agree that the Board receives quarterly assurance on each deliverable not yet complete until it is closed, with immediate escalation to the Board if a Table 2 completion date is missed, a rating moves backwards or the region raises a significant concern.

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Appendix 1: NHS England Maternity and Neonatal Ten-Point Plan assurance template, Trust progress update, including the supporting evidence log (separate document, circulated with the Board pack). 14
Appendix 2: Homebirth Service Urgent Review Report, considered by the Integrated Assurance Committee on 29 April 2026 (separate document, circulated with the Board pack). 14

National Maternity and Neonatal Investigation: Ten-Point Plan December Progress Update

1. Background

1.1. The National Maternity and Neonatal Investigation was published on 30 June 2026. A national Ten-Point Plan of urgent actions for maternity and neonatal services was drawn from the investigation and from the Ockenden review of Nottingham University Hospitals.

1.2. NHS England letter PRN02631 of 12 August 2026 set out the assurance process. Every trust is required to submit a standardised return to its region at two points: a baseline assessment by 25 September 2026 and a progress update by 31 December 2026. Both must be approved by the trust board. Regions review the returns, challenge where needed and escalate significant concerns nationally.

1.3. The Integrated Assurance Committee recommended the baseline submission on 9 September 2026. The Chair approved it in writing on behalf of the Board, and it was submitted on 28 September, in line with the agreed timescale. The approval was reported to the Board in public on 30 September 2026.

1.4. The Trust Management Executive considered the progress update on 12 November 2026 and recommended it to the Board for approval.

2. Purpose

2.1. The Trust is committed to delivering the Ten-Point Plan and to providing the Board with an accurate and evidenced account of its progress. The purpose of this report is to:

- Present the December progress update at Appendix 1 for approval before submission to NHS England South-East by 31 December 2026.
- Set out the movement from the September baseline and the deliverables that are complete.
- Set out the deliverables that are not yet complete, the outstanding requirement, the owner and the completion date for each.
- Report the regional review’s feedback on the baseline and the Trust’s response.
- Report delivery against the position reported to the Board in July and September.

3. Progress Against the Ten-Point Plan

3.1. Of the 24 applicable deliverables, 14 are complete. Eleven were compliant at baseline and have been reconfirmed against current evidence. Three are newly complete since September: Board reporting of perinatal intelligence (2.2), the homebirth review (7.1) and the triage benchmarking audit (9.1). Following the regional review, the perinatal workforce deliverable (6.7) is now reported as in progress. Table 1 sets out the movement for each national action.

National action	September baseline	December position	Change since September
1. Martha's Rule	1 compliant	1 complete	No change
2. Real-time outcomes, experience and clinical audit acted on at Board	1 non-compliant, 2 partially compliant	1 complete, 2 in progress	2.2 newly complete. 2.1 and 2.3 in progress.
3. Dual Board-level accountability	2 compliant	2 complete	No change
4. Amos into Action	Nationally led, no return	Nationally led, no return	No return required
5. Addressing inequalities	2 non-compliant, 1 partially compliant	1 on hold, 2 in progress	5.1 on hold until the national programme opens in April 2027. 5.2 and 5.3 in progress.
6. 24/7 safety and responsiveness	6 compliant, 1 not applicable	5 complete, 1 in progress, 1 not applicable	6.7 in progress following the regional review. A formal Board review of internal resource deployment is scheduled for January 2027.
7. Homebirth review	1 compliant, 1 not applicable	1 complete, 1 not applicable	7.1 newly complete following the regional review.
8. Incidents, complaints and concerns	1 compliant, 2 partially compliant	1 complete, 2 in progress	No change
9. Safe and effective triage	1 compliant, 2 partially compliant	1 complete, 2 in progress	9.1 newly complete following the regional review. 9.2 and 9.3 in progress.
10. Post death care	2 compliant	2 complete	No change
Total (24 rated, 2 not applicable)	**14 compliant, 7 partially compliant, 3 non-compliant**	**14 complete, 9 in progress, 1 on hold**	Three newly complete (2.2, 7.1 and 9.1). 6.7 moved to in progress and 5.1 to on hold after the regional review.

Table 1: Movement from the September baseline by national action

4. Deliverables Not Yet Complete

4.1. The Chief Nursing Officer and Chief Medical Officer are jointly the senior responsible officers for delivery of the Ten-Point Plan. Table 2 sets out each deliverable that is not yet complete, the outstanding requirement, the owner and the expected completion date. The return reports the position as at 16 November 2026 and states the planned completion date for each deliverable. It does not claim completion in advance.

Action and deliverable	Outstanding requirement	Lead	Expected completion
2. Real-time outcomes and clinical audit [2.1]	Neonatal Friends and Family Test response mechanisms and volumes, and rollout of the new patient experience survey questions across maternity and neonatal services.	Director of Midwifery with the Clinical Director, Maternity	01/08/2027
2. Real-time outcomes and clinical audit [2.3]	Reporting of variation in outcomes and experience by ethnicity and deprivation. This is progressed through Action 5 development of a related dashboard, with patient experience work including a patient population census in November and December.	Director of Midwifery with the Clinical Director, Maternity	01/08/2027
5. Addressing inequalities [5.1, 5.2, 5.3]	Inequalities dashboard and routine Board reporting of ethnicity, deprivation and language data. Maternal Care Bundle plan reporting. Staff release for the Perinatal Equity and Anti-Discrimination Programme is on hold until the national programme opens.	Director of Midwifery, supported by the Equality, Diversity and Inclusion Midwives and the Obstetric Equity Lead	Dashboard by 31/12/2026. Maternal Care Bundle by 31/03/2027. National programme from April 2027.
6. 24/7 safety and responsiveness [6.7]	A formal Board review of internal resource deployment, covering roles not directly supporting frontline delivery, education and training so that care is not compromised when specialist midwives, including in bereavement care and infant feeding, are unavailable, and the impact of redeployment across the service.	Director of Midwifery	27/01/2027
8. Incidents, complaints and concerns [8.2]	A clear line of sight from complaint themes to learning actions and their impact in Board reporting, linked to the patient experience survey work under Action 2.	Director of Midwifery	01/08/2027

Action and deliverable	Outstanding requirement	Lead	Expected completion
8. Incidents, complaints and concerns [8.3]	Consistent evidence that responses to families are open, compassionate and trauma-informed, and that learning is acted on. A Board level review of openness, humanity and duty of candour (DoC) in responses to families will be incorporated into public Trust Board reporting. Working towards reporting full compliance in January.	Director of Midwifery	31/01/2027
9. Safe and effective triage [9.2, 9.3]	Inequalities data within triage oversight (9.2). A single consolidated implementation plan with milestones, monitoring, delivery trajectory and measurable reporting across all identified gaps (9.3).	Director of Midwifery	9.2 by 31/12/2026. 9.3 by 31/12/2026, with full implementation of national triage guidance by September 2027.

Table 2: Deliverables not yet complete and the route to closure

4.2. Action 5 remains the most significant area requiring completion and is the test the Board set for this return. An October dashboard development paper sets out a multidisciplinary approach, a minimum dataset, data-quality requirements and a dated delivery and governance timetable, building on the existing Trust Health Inequalities Dashboard. The supporting evidence pack is due by 15 December 2026. This is a planned milestone, not a completed deliverable. Manual exception reporting provides interim assurance while automated reporting develops.

4.3. For Action 9, the benchmarking audit assessed both sites against the ten principles of the national maternity triage specification. The strongest areas were service user voice and experience, staffing, and assessment and care of women. The main gaps were in equity and equality, data and measurement, access, estates and information for women. The support the audit requests from the Board, principally on equity and data, will be considered with the triage improvement plan in December 2026.

4.4. September performance for initial assessment within 15 minutes was 63.2%, compared with 64.7% in August. The October performance report sets a local improvement target of at least 85% by the end of December. The benchmarking audit set a twelve-month window, to September 2027, for implementation of national triage guidance. A single costed, time-bound triage improvement plan will be presented in December 2026, and

the Trust will reassess against the benchmarking tool in January 2027 so that movement is visible to the Board before the twelve-month point. Routine triage data are reported monthly to the Board through the Perinatal Quality Oversight Model report. Swipe access was moved to the front doors of the Maternity Assessment Unit on 6 November 2026. The final element of the estates works needed to open additional triage space completed on 6 November 2026. The new triage room has been operational since 9 November 2026, with a CTG lounge and three additional CTG machines.

5. Regional Feedback on the Baseline Submission

5.1. NHS England South-East provided feedback on the baseline on 29 October 2026. The regional review rated 11 deliverables compliant, 10 partially compliant, 2 non-compliant and 3 not applicable, agreeing with the Trust's rating on 22 of the 26 deliverables. The 26 deliverables comprise the 24 rated by the Trust at baseline and the 2 assessed as not applicable. The region gave a different rating from the Trust on four deliverables:

- 5.1 Perinatal Equity and Anti-Discrimination Programme: The region rated this not applicable, reflecting the national programme position, as onboarding for South-East trusts had not started at baseline. The programme opens to South-East trusts from April 2027.
- 6.7 Perinatal workforce report: The Trust rated this compliant and the region rated it partially compliant. Board reporting showed oversight of staffing deployment and escalation, but not the formal Board review of internal resource deployment the deliverable requires. The Trust accepts the regional rating and reports 6.7 as in progress, with a formal Board review covering roles not directly supporting frontline delivery, education and training to cover specialist posts, and the impact of redeployment, scheduled for January 2027.
- 7.1 Homebirth review: The Trust rated this compliant and the region rated it partially compliant. The review found no significant safety concerns, but evidence that the completed review was received at Board level, in the form of minutes, was not included in the baseline submission. The review was circulated to all Board members with the Integrated Assurance Committee papers, considered by the Committee on 29 April 2026 and reported to the Board in public on 27 May 2026 (TB2026.52). The minutes have been provided to the region, and the review is presented to the Board at Appendix 2.
- 9.1 Triage benchmarking audit: The Trust rated this compliant and the region rated it partially compliant. The audit was completed across both sites and against all principles of the national specification. It was considered by the Maternity Clinical Governance Committee on 7

September 2026 and by the Integrated Assurance Committee on 9 September, which recommended it for Board approval, with papers circulated to all Board members. It was approved with the baseline submission by Chair's Action on 24 September and presented to the Board in public on 30 September 2026 (TB2026.75). Evidence of this was not included in the baseline submission. The committee minutes and Board papers have been provided to the region, and the minute of the 30 September Board will follow its approval at this meeting. The audit is available to Board members in the reading room, and the audit position is presented to the Board for approval with this report.

5.2. The differences at 7.1 and 9.1 reflect a gap in evidence of Board oversight, and the evidence has been provided to the region. The minute of this meeting will provide further evidence for both. The difference at 6.7 reflects the need for a formal Board review, scheduled for January 2027.

6. Delivery Against the Position Reported to the Board

6.1. In July and September, the Board was advised what the December update would show. Of the eight items reported, four are delivered, two are on track and two are in progress. Table 3 reports the position against each.

Position reported to the Board	Status	Position
Baseline equity data (ethnicity, deprivation and language) and a working dashboard by 31 December 2026	On track	Development is proceeding to a dated plan, with the supporting evidence pack due by 15 December 2026 and manual exception reporting as interim assurance. This is a planned milestone, not a completed deliverable.
Interim mitigation and residual risk for the locked swipe-access door in maternity triage	Delivered	Swipe access was moved to the front doors of the Maternity Assessment Unit on 6 November 2026. Women no longer wait behind a locked door.
Costed resource position through the Business Planning Group	In progress	The overall triage costing has not been taken through the Business Planning Group. Individual initiatives have been approved through their own routes, set out in Section 8. The consolidated costed position will be presented with the triage improvement plan in December 2026.
Routine triage data reported to Board from 31 December 2026	Delivered	Reported monthly to the Board through the Perinatal Quality Oversight Model report, ahead of the reported date.
Evidence log complete and quality assured for every deliverable	On track	The evidence log was submitted with the baseline in September and has been updated following the regional review. Final quality assurance, including the Action 9 evidence references and the approved

Position reported to the Board	Status	Position
		Action 5 committee minutes, will be completed before the December submission.
Summary of Human Tissue Authority review findings to TME and Trust Board through the Quality and Performance Committee	Delivered	Reported to TME on 15 October 2026 and to the Quality and Performance Committee on 28 October 2026. The Trust Board receives the summary through this report.
Joint Chief Nursing Officer and Chief Medical Officer accountability written into terms of reference	Delivered	Completed.
Martha's Rule audit by December 2026, and inequalities measures in Board reporting from December 2026	In progress	The audit is under way, with the completion date set for mid-December. Inequalities measures enter Board reporting with the dashboard.

Table 3: Delivery against the position reported to the Board

7. Assurance on the Return

7.1. The return follows a six-stage review and sign-off process: evidence owner review, service-level review, division-level challenge, a central assurance check against the evidence log, joint executive sign-off by the Chief Nursing Officer and Chief Medical Officer, and submission control following Board approval. Each stage has been signed off on a consolidated sheet, which is retained with the submission and is available to the Board on request.

7.2. Ratings rest on evidence the Trust already holds, including Board and committee papers, dashboards and Maternity Incentive Scheme Year 8 evidence. Every item in the evidence log is graded strong, adequate, limited or not available, and no rating is improved without closure evidence. The Action 9 evidence references, and the approved Action 5 committee minutes will be completed before submission.

7.3. The Director of Midwifery and the clinical directors for maternity and neonatal services attend for this item, as Action 3 requires.

8. Governance and Assurance

8.1. Delivery is overseen by the Baroness Amos Task and Finish Group, with exception reporting to the Quality and Performance Committee. The Board reviews maternity and neonatal outcomes and experience data monthly, in public, through the Perinatal Quality Oversight Model report, as Action 2 requires. Subject to the Board's agreement, a quarterly report will provide

assurance on each deliverable not yet complete until it closes. Each deliverable in Table 2 has a named owner accountable for closing it by the date stated.

8.2. Resources approved to date are:

- funding for the maternity triage estates works from the Chief Nursing Officer cost centre
- three CTG machines, approved by the Capital Management Group on 1 July 2026
- 2.00 WTE resident doctor posts, approved by the Trust Management Executive on 1 October 2026 and starting in February 2027
- 2.64 WTE added to the Maternity Assessment Unit midwifery establishment, phased from October 2026.

9. Conclusion

9.1. This report sets out the Trust's progress against the Ten-Point Plan: 14 of the 24 applicable deliverables are complete, 9 are in progress with named owners and dates, and 1 is on hold pending a national programme. The regional review's feedback has been addressed, and the minutes the region identified as missing have been provided, with the minute of this meeting to follow for 7.1 and 9.1. A formal Board review for 6.7 is scheduled for January 2027.

9.2. The Board can take reasonable assurance on delivery of the Ten-Point Plan, conditional on closure of the deliverables in Table 2, which will be monitored through quarterly assurance reporting with defined escalation.

9.3. The Maternity and Neonatal Taskforce is expected to publish its national action plan in December 2026. The Trust will refresh its gap analysis on publication and report to the Board.

10. Recommendations

10.1. The Trust Board is asked to:

- Approve the Ten-Point Plan progress update at Appendix 1, including the homebirth review at Appendix 2 and the triage benchmarking audit position, for submission to NHS England South-East by 31 December 2026.
- Delegate to the Chief Nursing Officer and Chief Medical Officer, jointly, authority to make factual updates before submission. Any change to a rating is approved by the Chair and ratified by the Board.
- Note the movement from baseline in Table 1 and the deliverables not yet complete in Table 2.
- Note delivery against the position reported to the Board in Table 3.

- Agree that the Board receives quarterly assurance on each deliverable not yet complete until it is closed, with immediate escalation to the Board if a Table 2 completion date is missed, a rating moves backwards or the region raises a significant concern.

Appendix 1: NHS England Maternity and Neonatal Ten-Point Plan assurance template, Trust progress update, including the supporting evidence log (separate document, circulated with the Board pack).
Appendix 2: Homebirth Service Urgent Review Report, considered by the Integrated Assurance Committee on 29 April 2026 (separate document, circulated with the Board pack).