10-Point Plan for Maternity & Neonatal Services

How to Use This Template

Name of trust or organisation: d University Hospitals NHS Foundatior
Report prepared by: :or of Regulatory Compliance and Assu
Report date: 25 November 2026
Reporting period covered: Current position 16/11/2026

Baseline Assessment		
Key Metrics		
Total deliverables		**26**
Compliance	0. Not applicable	2
	1. Non-compliant	3
	2. Partially compliant	7
	3. Compliant	14
Regional Match	Regional match - Yes	22
	Regional match - No	4

Summary by Action - Baseline	Total	Compliance			
Action		Not applicable	Non-compliant	Partially compliant	Compliant
1. Listening to women and families by rolling out Martha's Rule	**1**	0	0	0	1
2. Listen to women and their families using real-time and transparently reported outcomes and experience and clinical audit that are acted upon at board level	**3**	0	1	2	0
3. Dual board-level accountability between medical directors and chief nursing officers for maternity and neonatal care	**2**	0	0	0	2
5. Addressing inequalities in maternity and neonatal outcomes	**3**	0	2	1	0
6. Ensuring 24/7 safety and responsiveness of services	**7**	1	0	0	6
7. Trust review of homebirth services	**2**	1	0	0	1
8. Responding to incidents, complaints and concerns with humanity and candour	**3**	0	0	2	1
9. Deliver safe and effective triage in maternity services	**3**	0	0	2	1
10. Post death care	**2**	0	0	0	2

Trust Board Assurance Template							To be completed by regions			
No.	Deliverable / Scoping Prompt	Baseline Compliance Rating	Baseline Evidence Reference Please input reference number as listed in 3. Evidence Log tab	Gaps in Assurance Please provide detail of any gaps in assurance	Improvement Actions (Including Temporary Mitigations)	Comments	Regional Compliance Rating	Baseline vs Regional Compliance Match?	Comments	Follow up actions and improvements required
1.1	Has the trust commenced rollout of Martha's Rule across maternity and neonatal services?	Compliant	EV-01 - EV-04	None			Compliant	Yes	No evidence required	
2. Listen to women and their families using real-time and transparently reported outcomes and experience, and clinical audit that are acted upon at board level.										
2.1	Has the trust established a monthly cycle of collecting and analysing the latest available maternity and neonatal clinical audit and patient outcome & experience data representative of the local population, including but not limited to, FFT, CQC survey findings when available, local intelligence from MNVPs and targeted outreach?	Partially compliant	EV-05- EV-07	Neonatal service patient feedback mechanisms and volumes, hence partially compliant.	Perinatal patient engagement and experience improvement plan now in place - implementation of plan trajectory will continue to be monitored through Perinatal Improvement Programme and Perinatal Assurance Group.		Partially compliant	Yes	PQOM reports demonstrate regular review of safety, workforce, patient experience, complaints, clinical audit findings and operational metrics. Evidence shows strong maternity reporting but ongoing limitations remain regarding neonatal experience feedback response rates and full population-representative intelligence.	Complete self-assessed improvement actions.
2.2	Does the trust board receive and publish a regular summary report that brings these sources of intelligence together, and can it demonstrate the decisions, actions or escalation resulting from its scrutiny, including how progress and impact are tracked?	Partially compliant	EV-08 - EV-13	Review of board papers and minutes support elements of review across sources and presentation of information together. However Board papers do not systematically prompt: Decision / Action or highlight specific areas for escalation. As a result minutes demonstrate some consideration of scrutiny but infrequently record decision / action or provide any opportunity for the board to track impact (at Board level)	Future Board papers to include recommendation to: decide, action or escalations to enable the minutes to show this explicitly		Partially compliant	Yes	Evidence confirms regular Board and Integrated Assurance Committee review of PQOM reports with documented scrutiny and actions. However, decisions, escalations, action ownership and impact monitoring are not consistently explicit within Board reporting or minutes.	Complete self-assessed improvement actions.
2.3	Does the report identify variation in outcomes and experience by ethnicity and deprivation, including any important gaps or limitations in the available data, and can the board demonstrate how the trust is responding to the variation identified?	Non-compliant	n/a	Note see comments in relation to inequalities dashboard in section 5.			Non-compliant	Yes	No evidence was referenced for this deliverable within the baseline return. Although some inequalities activity, community engagement and acknowledgement of outcome variation are reported, evidence does not demonstrate a Board report routinely identifying variation by ethnicity and deprivation together with Board scrutiny and	Complete self-assessed improvement actions.
3. Dual board-level accountability between medical directors and chief nursing officers for maternity and neonatal care										
3.1	Has the trust board established clear joint accountability for maternity and neonatal services with Medical Directors and Chief Nurses holding a shared responsibility?	Compliant	EV-07 & EV-13	None			Compliant	Yes	Evidence demonstrates joint executive accountability through Chief Nursing Officer and Chief Medical Officer leadership, supported by governance reporting arrangements and clearly defined senior maternity leadership roles.	No further action identified from the evidence reviewed.
3.2	Do Directors of Midwifery and Clinical Directors leading maternity and neonatal services attend boards and take part in discussions when maternity and neonatal matters are on the agenda?	Compliant	EV-08 - EV-10, EV-13,EV-14, EV-15, EV-19	None			Compliant	Yes	Board and committee minutes demonstrate participation of maternity leaders in Board and Integrated Assurance Committee discussions. Job descriptions and job plans provide evidence of formal leadership responsibilities and Board-facing roles.	No further action identified from the evidence reviewed.
5. Addressing inequalities in maternity and neonatal outcomes										
5.1	Has the trust board ensured that provision is in place to allow staff to be released for the Perinatal Equity and Anti-Discrimination Programme with full participation across multidisciplinary teams?	Non-compliant	n/a	Outline of Perinatal Equity and Anti-Discrimination Programme is currently unknown so planning activity limited.	Clear action recorded and Lead assigned and awaiting programme outline prior to planning.		Not applicable	No	NHSE has confirmed that all SE trusts are expected to join the programme as part of Intake 5, with onboarding and programme participation currently planned from April 2027. National programme onboarding has not yet commenced.	Complete self-assessed improvement actions.
5.2	Can the trust board demonstrate that the trust is regularly reviewing and acting on trends identified by their inequalities data dashboards every 6 months?	Non-compliant	n/a	The Maternity and Neonatal health inequalities dashboard is a gap. Existing patient data can be used, but the dashboard is not yet a connected whole-service product and does not include staff measures.	Clear action noted on Task and Finish Group Action Log and to be followed up in Evidence Review Group and Perinatal Assurance Group.		Non-compliant	Yes	Evidence demonstrates inequalities activity and outreach work, but no integrated maternity and neonatal inequalities dashboard or evidence of six-monthly Board review and actioning of dashboard trends was provided. The Trust identifies this as a current gap.	Complete self-assessed improvement actions.
5.3	Has the trust board approved a plan to implement the Maternal Care Bundle by March 2027?	Partially compliant	EV-07	Regular updates scheduled into Board reporting cycle and included in latest Board report, however Maternal Care Bundle Plan has not yet been approved by Board.	Maternal Care Bundle Plan to be included in next Board report for approval.		Partially compliant	Yes	Evidence demonstrates active implementation planning, governance reporting and regular Board updates regarding the Maternal Care Bundle. However, the Trust confirms that Board approval of the implementation plan had not yet been obtained at baseline.	Complete self-assessed improvement actions.
6. Ensuring 24/7 safety and responsiveness of services										
6.1	Is the trust complying with the RCOG "Roles and Responsibilities of the Consultant providing acute care" standard? In line with MIS Year 8, is there a minimum ≥80% consultant presence in defined acute care situations?	Compliant	EV-16 to EV-20	None			Compliant	Yes	Evidence demonstrates compliance with RCOG consultant presence requirements, 100% consultant attendance at relevant clinical incidents and Board oversight of workforce compliance.	No further action identified from the evidence reviewed.
6.2	Is the trust ensuring locum certification and maintaining a local (trust-specific), continuously updated database of all short-term locums (≤2 weeks) working on tier 2/3 obstetric rotas? (In line with MIS Year 8)	Not applicable		n/a		Trust only uses locums rarely and none are temporary.	Not applicable	Yes	Trust states short-term locums are not used and no evidence suggests the requirement currently applies.	No further action identified from the evidence reviewed.
6.3	Does the trust have a clear plan for a fully funded neonatal nursing and medical establishment that aligns with the relevant BAPM standards for their unit designation and the neonatal nursing workforce calculator output (2020)? (In line with MIS Year 8)	Compliant	EV-16 to EV-20	None			Compliant	Yes	Evidence demonstrates a fully funded neonatal medical and nursing establishment aligned with BAPM standards and the Neonatal Workforce Calculator, supported by Board-approved workforce plans, recruitment activity and regular governance oversight. Although a resident medical workforce shortfall remained at the time of reporting, evidence demonstrates a clear funded plan, mitigation arrangements and trajectory towards full compliance.	Complete self-assessed improvement actions. Continue recruitment and monitoring to achieve full resident medical rota compliance against BAPM standards.
6.4	Does the trust have a fully funded midwifery establishment that aligns with a Birthrate Plus (BR+) review completed within the last three years as a minimum baseline, with further adjustments based on the professional judgement of the Director and Head of Midwifery? (In line with MIS Year 8)	Compliant	EV-16 to EV-20	None			Compliant	Yes	Evidence confirms funded establishment aligned to Birthrate Plus recommendations, Board-approved workforce uplifts, ongoing reviews and workforce governance.	No further action identified from the evidence reviewed.
6.5	Do the trust's obstetric services have a duty anaesthetist available 24/7 in line with ACSA standards 1.7.2.1 and a trained anaesthetic assistant available 24/7 in line with ACSA standards 1.3.1.2? (In line with MIS Year 8)	Compliant	EV-16 to EV-20	None			Compliant	Yes	Evidence demonstrates 100% compliance with ACSA standards and continuous availability throughout the reporting period.	No further action identified from the evidence reviewed.
6.6	Does the trust board oversee workforce acuity, service pressures and escalation activity across maternity and neonatal services, ensuring they can a) respond to periods of increased demand, reduced workforce availability or changing clinical risk; b) address local gaps and c) eliminate siloed working, so that services can consistently and safely respond to the needs of women, babies and families?	Compliant	EV-16 to EV-20	None			Compliant	Yes	Evidence demonstrates daily staffing reviews, safety huddles, Board workforce reporting and structured escalation arrangements across maternity and neonatal services.	No further action identified from the evidence reviewed.

6.7	Has the trust board undertaken a review of internal resource deployment, including consideration of a) whether roles not directly supporting frontline delivery can be redirected to strengthen service provision; b) where specialist posts exist (including in bereavement care and infant feeding), what education and training is required to ensure other staff have the knowledge and skills to ensure that care is not compromised when the specialist midwives are not immediately available; c) the impact of redeployment across the service.	Compliant	EV-16 to EV-20	None			Partially compliant	No	Board-level reports demonstrate oversight of staffing deployment, escalation arrangements, specialist workforce utilisation, recruitment planning and mitigation of staffing pressures. However, there was no evidence submitted to show a formal board review as described.	Provide evidence of a formal board review as described.
7. Trust review of homebirth services										
7.1	Has the trust board received, scrutinised and actioned an urgent review of homebirth services in line with the letter of the Chief Midwifery Officer and the regional chief midwife of 26 November 2025?	Compliant	EV-21	Community staffing model in relation to sustainable homebirth services.	Homebirth recommendations on shift standardisation, senior oversight, complex births and fatigue escalation are included in staffing consultation document.		Partially compliant	No	Evidence demonstrates a review of homebirth services covering staffing, training, transfers, escalation, governance and outcomes, with review through governance committees and reporting to Board-level structures. No significant safety concerns were identified. However, evidence demonstrating that the completed review was received by the Trust Board as planned for 11th March 2026 was not identified within the evidence reviewed.	Provide evidence that the completed homebirth review was reported to, scrutinised and actioned by the Trust Board, including any resulting actions, recommendations or assurances.
7.2	Where significant risks and mitigations have been identified, has an action plan with agreed timescales to mitigate and remove the risks been agreed and shared with the Regional NHSE team?	Not applicable	n/a	n/a			Not applicable	Yes	Evidence demonstrates structured risk assessment, MDT review of out-of-guidance births, transfer planning, monitoring of homebirth outcomes and governance oversight. Opportunities for further enhancement have been identified and incorporated into an action plan. No significant risks requiring regional escalation were identified within the evidence reviewed.	Complete self-assessed improvement actions.
8. Responding to incidents, complaints and concerns with humanity and candour										
8.1	Does the trust have the Patient Safety Incident Response Framework (PSIRF) embedded within Maternity and Neonatal Services through clearly defined governance processes? Is the learning, any actions and outcomes regularly reviewed, shared with women and families, and routinely monitored at trust board through board safety reporting?	Compliant	EV-22	None			Compliant	Yes	Evidence demonstrates a Trust-wide PSIRF-compliant incident reporting, investigation and learning framework with defined governance arrangements, learning responses, escalation processes and action monitoring. Evidence supports implementation of a structured learning system.	No further action identified from the evidence reviewed.
8.2	Does the trust review complaints and concerns thematically, with learning actions and improvement plans monitored for impact? Are the themes and learning actions routinely reported to the trust board?	Partially compliant	EV-23, EV-05 to EV-07	Thematic analysis provided to Board March 2026 and complaints themes are routinely reported as part of PQOM reports to Board and IAC. There is some evidence to support learning actions and improvement - however they are more often process related while some links to the complaints action plan can be drawn from PQOM reports there is not an explicit link drawn in these in all cases.	Further develop complaint reporting in PQOM to draw clear links to theme, actions and outcomes		Partially compliant	Yes	Evidence demonstrates Board-level triangulation of complaints, FFT and patient experience data, with thematic analysis and improvement actions identified. The Trust has self-identified gaps in communication, listening, information sharing and patient experience monitoring, and acknowledges that further work is required to evidence sustained improvement and impact.	Complete self-assessed improvement actions.
8.3	Does the Trust have embedded processes for open learning and compassionate debriefing, with staff supported to engage effectively with women and families, use feedback to inform practice, provide each family with a key contact, and ensure early duty of candour by a senior manager?	Partially compliant	EV-05 to EV-07	Potential gap in assurance in terms of openness and embedded practice in terms of compassionate debriefing.	Board level review of openness, humanity and duty of candour responses to families will be incorporated into public trust board reporting by January 2027.		Partially compliant	Yes	Evidence demonstrates learning from complaints and safety intelligence being translated into improvement programmes and action plans. The Trust has already identified further improvement requirements and established nine actions through the Perinatal Improvement Programme; however, much of the evidence relates to planned or ongoing implementation, with limited evidence of completed actions and sustained impact at baseline.	Complete self-assessed improvement actions.
9. Deliver safe and effective triage in maternity services										
9.1	Has the trust board completed and reported to NHSE regions an audit, including dedicated staffing and clinical capacity with a focus on ensuring that maternity triage services are consistently safe, responsive and appropriately resourced?	Compliant		None			Partially compliant	No	A benchmarking audit has been completed covering both maternity sites and all specification principles. The assessment identifies service gaps, improvement actions, resource requirements and areas requiring Board support, demonstrating an established review process. However, there was no evidence of Trust Board sign off.	Evidence of presentation, discussion and agreement at Trust Board.
9.2	Does the board have clear oversight of triage quality and performance, supported by regular data on waiting times, assessment and review times, redeployment, delays and outcomes with a focus on inequalities?	Partially compliant	EV-05 to EV-07	Gap in relation to inequalities data reported see section 5.			Partially compliant	Yes	The Trust captures and reviews a broad range of activity, timeliness and performance measures; however, the workbook repeatedly identifies gaps in reporting of inequalities data, attendance routes, demographic analysis, outcome measures and automated reporting processes. The Trust has self-identified these limitations.	Complete self-assessed improvement actions.
9.3	Is the trust on track to implement improvements in line with national triage guidance to ensure women have consistent access to high-quality, responsive triage across the NHS within 12 months?	Partially compliant	EV-05 to EV-07	Maternity Triage Project to incorporate additional gaps highlighted by completion of national benchmark audit tool (9.1)	Maternity Triage Project to incorporate additional gaps highlighted by completion of national benchmark audit tool (9.1)		Partially compliant	Yes	The benchmarking tool contains extensive gap analysis, proposed actions, Board support requirements and identified resource needs. However, a single consolidated implementation plan with clear milestones, progress monitoring, delivery trajectory and measurable implementation reporting across all identified gaps was not evidenced.	Complete self-assessed improvement actions.
10. Post death care										
10.1	Has the trust board completed an assurance statement and submitted it by 31 July 2026?	Compliant	EV-24	None			Compliant	Yes	Evidence demonstrates that a formal Board assurance statement was completed in response to the NHS England request and considered by Trust Board prior to the 31 July 2026 deadline. The Board identified a small number of outstanding actions and areas requiring further assurance, which have associated action plans.	Complete self-assessed improvement actions.
10.2	Has the board assured itself that it is continuing regular oversight and implementations of national actions and recommendations around matters relating to mortuaries including review of incident records over the past 10 years?	Compliant	EV-25	None			Compliant	Yes	Evidence demonstrates ongoing Board oversight of mortuary governance, implementation of national recommendations and arrangements for review of incident records across relevant licensed services. The Trust has established processes to undertake the required retrospective review of incident records and respond to national HTA requirements.	Complete self-assessed improvement actions. Provide evidence of ongoing Board oversight of mortuary-related recommendations, outcomes of the 10-year incident review and monitoring of resulting actions.

No.	Deliverable	Baseline Compliance Rating	Current Status	RAG	Evidence ID Please input reference number as listed in 3. Evidence Log tab	Key Gaps / Risks	Improvement action required	Due Date(s)
1. Listening to women and families by rolling out Martha's Rule								
1.1	Is the trust continuing to make progress with rollout of Martha's Rule across maternity and neonatal services?	Compliant	Completed at baseline	Green		None		
2. Listen to women and their families using real-time and transparently reported outcomes and experience and clinical audit that are acted upon at board level								
2.1	Has the trust continued to operate a monthly cycle of collecting and analysing the latest available maternity and neonatal clinical audit, patient outcome and experience data representative of the local population, including but not limited to, FFT, CQC survey findings when available, local intelligence from MNVPs and targeted outreach?	Partially compliant	In progress	Green	EV-26 to EV-29	The Perinatal Quality Oversight Model (PQOM) report covers the requirements of the deliverable. The assessment for September identified gaps relating to the neonatal experience feedback in terms of mechanisms and volumes. There is an improvement plan to increase the formal Friends and Family Test (FFT) responses. This has commenced and there was an increase in the number of FFT responses received in September 2026.	The Perinatal Experience and Engagement lead is working with the neonatal team to increase the formal FFT responses by August 2027. The Patient Experience team commenced the core questions of the new patient experience survey and will be adding questions for specific areas. The new Patient Experience and Engagement Lead will be working on the maternity / neonatal questions and the service are aiming to use questions from the national surveys and Patient Experience (PE) intelligence sources to identify hot spots for monitoring.	01/08/2027
2.2	Is the trust board continuing to receive and publish a regular summary report that brings these sources of intelligence together, and can it demonstrate the decisions, actions or escalation resulting from its scrutiny, including how progress and impact are tracked?	Partially compliant	Complete	Green	EV-27, EV-28	The Perinatal Quality Oversight Report is reported to Trust Board and to the Integrated Assurance Committee (now Quality and Performance Committee) on alternate months. The executive summary has been updated to request actions from the board / board subcommittee. Where actions are requested this will be reflected in minutes and tracked via committee action log.	NHSE feedback on improvement of minutes will be applied to future minutes of meetings.	
2.3	Does the report identify variation in outcomes and experience by ethnicity and deprivation, including any important gaps or limitations in the available data, and can the board demonstrate how the trust is responding to the variation identified?	Non-compliant	In progress	Amber	EV-30	Note see comments in relation to inequalities dashboard included against action point 5 below.	Note see comments in relation to inequalities dashboard in section 5. The Annual Patient Experience Report which includes information about maternity that has been to TME and will go to Trust Board. Additionally, the PEEP Outcome measures includes the 6 Patient Experience (PE) outcome measures that the Patient Experience team will be reporting to Board as well as planned outcome measures for divisional/directorate diagnostics. The Head of Patient Experience will be working with the Perinatal Experience and Engagement Lead on this for the maternity measures. The Patient Experience team have developed OUH Patient Population Census questions that they will be undertaking at the end of November and beginning of December. The	01/08/2027
3. Dual board-level accountability between medical directors and chief nursing officers for maternity and neonatal care								
3.1	Has the trust board established clear joint accountability for maternity and neonatal services with Medical Directors and Chief Nurses holding a shared responsibility?	Compliant	Completed at baseline	Green		None		
3.2	Do Directors of Midwifery and Clinical Directors leading maternity and neonatal services attend boards and take part in discussions when maternity and neonatal matters are on the agenda?	Compliant	Completed at baseline	Green		None		
5. Addressing inequalities in maternity and neonatal outcomes								
5.1	Have staff been released to complete the Perinatal Equity and Anti-Discrimination Programme with full participation across multidisciplinary teams?	Non-compliant	On hold	Green		NHSE has confirmed that all SE trusts are expected to join the programme as part of Intake 5, with onboarding and programme participation currently planned from April 2027. National programme onboarding has not yet commenced.		
5.2	Can the trust board demonstrate that the trust is regularly reviewing and acting on trends identified by their inequalities data dashboards every 6 months?	Non-compliant	In progress	Green	EV-31	Inequalities dashboard in development.	The October inequalities dashboard development paper sets out a multidisciplinary approach, a minimum dataset, data-quality requirements and a dated delivery and governance timetable. The Action 5 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. This was discussed at the Maternity Clinical Governance Committee on 19 October 2026 and the Baroness Amos Task and Finish Group meeting on 20 October 2026. The approved minutes of both meetings will be added to the evidence folder.	31/12/2026
5.3	Is the trust board receiving reviewing and acting on (through the relevant delegated committee) quarterly reports on implementation of the Maternal Care Bundle?	Partially compliant	In progress	Green	EV-28	The Maternal Care Bundle implementation plan is included in the Perinatal Quality Oversight Model (PQOM) October report (September data). This was approved at the Quality and Performance committee in October. A copy of the quarter 2 status is included in the PQOM. The minutes of the meeting will be approved in December.	Further work is underway to present the update more clearly in future reports.	31/03/2027
6. Ensuring 24/7 safety and responsiveness of services								
6.1	Is the trust complying with the RCOG "Roles and Responsibilities of the Consultant providing acute care" standard? In line with MIS Year 8, is there a minimum ≥80% consultant presence in defined acute care situations?	Compliant	Completed at baseline	Green		None		
6.2	Is the trust ensuring locum certification and maintaining a local (trust-specific), continuously updated database of all short-term locums (≤2 weeks) working on tier 2/3 obstetric rotas? (In line with MIS Year 8)	Not applicable				Not applicable. The Trust rarely uses locums and none are temporary. Confirmed as not applicable by the regional review at baseline. No change.		
6.3	Does the trust have a clear plan for a fully funded neonatal nursing and medical establishment that aligns with the relevant BAPM standards for their unit designation and the neonatal nursing workforce calculator output (2020)? (In line with MIS Year 8)	Compliant	Completed at baseline	Green		None		
6.4	Does the trust have a fully funded midwifery establishment that aligns with a Birthrate Plus (BR+) review completed within the last three years as a minimum baseline, with further adjustments based on the professional judgement of the Director and Head of Midwifery? (In line with MIS Year 8)	Compliant	Completed at baseline	Green		None		
6.5	Do the trust's obstetric services have a duty anaesthetist available 24/7 in line with ACSA standards 1.7.2.1 and a trained anaesthetic assistant available 24/7 in line with ACSA standards 1.3.1.2?	Compliant	Completed at baseline	Green		None		
6.6	Does the trust board oversee workforce acuity, service pressures and escalation activity across maternity and neonatal services, ensuring they can a) respond to periods of increased demand, reduced workforce availability or changing clinical risk; b) address local gaps and c) eliminate siloed working, so that services can consistently and safely respond to the needs of women, babies and families?	Compliant	Completed at baseline	Green		None		
6.7	Has the trust board undertaken a review of internal resource deployment, including consideration of a) whether roles not directly supporting frontline delivery can be redirected to strengthen service provision; b) where specialist posts exist (including in bereavement care and infant feeding), what education and training is required to ensure other staff have the knowledge and skills to ensure that care is not compromised when the specialist midwives are not immediately available; c) the impact of redeployment across the service.	Compliant	In progress	Amber	EV-32, EV-48	NHSE feedback: Board-level reports demonstrate oversight of staffing deployment, escalation arrangements, specialist workforce utilisation, recruitment planning and mitigation of staffing pressures. However, there was no evidence submitted to show a formal board review as described. OUH update: Extracts from the Trust Board in public minutes of 29 July 2026 (Perinatal Integrated Workforce Report Quarters 3 and 4) and 21 January 2026 (commissioning of a review of staff deployment) are provided. The Trust accepts that these evidence Board oversight of deployment rather than the formal review described, and reports this deliverable as in progress.	A formal Board review of internal resource deployment, covering a) whether roles not directly supporting frontline delivery can be redirected to strengthen service provision, b) the education and training required so that care is not compromised when specialist midwives, including in bereavement care and infant feeding, are not immediately available, and c) the impact of redeployment across the service. To be presented to the Trust Board in public on 27 January 2027. Lead: Director of Midwifery.	27/01/2027
7. Trust review of homebirth services								
7.1	Is the board assured that any actions identified through the urgent review of homebirth services have been completed and services are safe and of high quality?	Compliant	Complete	Green	EV-33, EV-44, EV-45	NHSE feedback: Evidence demonstrates a review of homebirth services covering staffing, training, transfers, escalation, governance and outcomes, with review through governance committees and reporting to Board-level structures. No significant safety concerns were identified. However, evidence demonstrating that the completed review was received by the Trust Board as planned for 11th March 2026 was not identified within the evidence reviewed. OUH update: The Homebirth Service Urgent Review Report went to the Integrated Assurance Committee (IAC) on 29 April 2026, with papers circulated to all Board members. The IAC review was reported to the Trust Board in public on 27 May 2026 (TB2026.52). The approved minutes of the IAC on 29 April 2026 are included in the evidence folder. The homebirth review is presented to the Trust Board at its November 2026 meeting with the December progress update, and the approved minute will be added to		
7.2	Where significant risks and mitigations have been identified, has an action plan with agreed timescales to mitigate and remove the risks been agreed and shared with the Regional NHSE team?	Not applicable				Not applicable, confirmed by the regional review at baseline. No change.		
8. Responding to incidents, complaints and concerns with humanity and candour								
8.1	Does the trust have the Patient Safety Incident Response Framework (PSIRF) embedded within Maternity and Neonatal Services through clearly defined governance processes? Is the learning, any actions and outcomes regularly reviewed, shared with women and families, and routinely monitored at trust board through board safety reporting?	Compliant	Completed at baseline	Green		None		
8.2	Does the trust review complaints and concerns thematically, with learning actions and improvement plans monitored for impact? Are the themes and learning actions routinely reported to the trust board?	Partially compliant	In progress	Green	EV-26 to EV-29, EV-34	See comments relating to the patient experience work. Further work on the patient survey and outcomes is included against action 2.3 above.	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.	01/08/2027
8.3	Does the Trust have embedded processes for open learning and compassionate debriefing, with staff supported to engage effectively with women and families, use feedback to inform practice, provide each family with a key contact, and ensure early duty of candour by a senior manager?	Partially compliant	In progress	Amber	EV-26 to EV-28, EV-38 to EV-43	The gap identified at baseline in relation to openness and embedded practice in compassionate debriefing remains.	Board level awareness of openness, humanity and duty of candour responses to families will be incorporated into public Trust Board reporting by January 2027. From January onwards the reports will include more specific reference to debriefing and Duty of Candour compliance.	31/01/2027
9. Deliver safe and effective triage in maternity services								
9.1	Has the trust board completed and reported to NHSE regions an audit, including dedicated staffing and clinical capacity with a focus on ensuring that maternity triage services are consistently safe, responsive and appropriately resourced?	Compliant	Complete	Green	EV-37, EV-46, EV-47	NHSE Feedback: A benchmarking audit has been completed covering both maternity sites and all specification principles. The assessment identifies service gaps, improvement actions, resource requirements and areas requiring Board support, demonstrating an established review process. However, there was no evidence of Trust Board sign off.		
9.2	Does the trust board have clear oversight of triage quality and performance, supported by regular data on waiting times, assessment and review times, redeployment, delays and outcomes with a focus on inequalities?	Partially compliant	In progress	Amber	EV-26 to EV-29 EV-31	Gap in relation to inequalities data reported see comments in relation to question 5 above.	See action in relation to question 5 above.	31/12/2026
9.3	Is the trust on track to implement improvements in line with national triage guidance to ensure women have consistent access to high-quality, responsive triage across the NHS within 12 months?	Partially compliant	In progress	Amber	Evidence reference to follow with the single implementation plan.	A single consolidated implementation plan with clear milestones, progress monitoring, delivery trajectory and measurable implementation reporting across all identified gaps	Single costed implementation plan in progress, to be presented in December 2026. This will be monitored through the Maternity Service Triage Project, with quarterly assurance to the Trust Board.	01/09/2027
10. Post death care								
10.1	Has the trust board completed an assurance statement and submitted it by 31 July 2026?	Compliant	Completed at baseline	Green		None		
10.2	Has the board assured itself that it is continuing regular oversight and implementations of national actions and recommendations around matters relating to mortuaries including review of incident records over the past 10 years?	Compliant	Completed at baseline	Green		None		

Evidence ID	Action No	Evidence Type	Document / Meeting / Dataset	Date	Owner	Location / Link Reference	Assurance Notes	Evidence Quality
EV-01	1.1	Intranet page extract	1.1 Martha's Rule - intranet text v3.pdf	8/31/2026	Assurance Team	Assurance ev	Accessible staff resource in relation to roll-out and resources	Strong
EV-02	1.1	Email	1.1 Martha's Rule launched at OUH (all staff email).msg	8/31/2026	Assurance Team		all staff email in relation to roll-out and resources	Adequate
EV-03	1.1	Intranet page extract	1.1 Martha's Rule perinatal flowcharts from Trust Intranet.pdf	8/31/2026	Assurance Team		Co-produced processes for each service	Strong
EV-04	1.1	Board paper	1.1 TB2026.58a NMNI Progress Against the National Ten-Point Plan & Local Report meeting date 29-07-26.pdf	8/31/2026	Assurance Team		Summary board report outlining progress across all 10 actions.	Strong
EV-05	2.1	Board level paper	2.1 IAC2026.45 PQOM Report (May data) meeting date 27-06-26.pdf	8/31/2026	Assurance Team	3.1, 3.2, 5.3	TB2026.59 pg2, pg8 and slides 37 & 38 reference Maternal Care Bundle progress	Strong
EV-06	2.1	Board paper	2.1 TB2026.42 Perinatal Quality Oversight Report (March data) meeting date 27-05-2026.pdf	8/31/2026	Assurance Team	3.1, 3.2, 5.3		Strong
EV-07	2.1	Board paper	2.1 TB2026.59 Perinatal Quality Oversight Model Report (June data) meeting date 29-07-2026.pdf	8/31/2026	Assurance Team	3.1, 3.2, 5.3		Strong
EV-08	2.2	Minutes	2.2 IAC2026.40 Draft Integrated Assurance Committee Minutes 29 April 2026.pdf	8/31/2026	Assurance Team	3.2		Strong
EV-09	2.2	Minutes	2.2 TB2026.38 Trust Board in Public Minutes 11 March 2026 DRAFT.pdf	8/31/2026	Assurance Team	3.2		Strong
EV-10	2.2	Minutes	2.2 TB2026.55 Trust Board in Public Minutes 27 May 2026 DRAFT.pdf	8/31/2026	Assurance Team	3.2		Strong
EV-11	2.2	Action Log	2.2 TB2026.56 Trust Board in Public Action Log presented to 29-07-2026.pdf	8/31/2026	Assurance Team			Strong
EV-12	2.2	Board paper	2.2 TB2026.68 Integrated Assurance Committee Report.pdf	31/08/2026	Assurance Team			Strong
EV-13	2.2	Minutes	2.2 TB2026.71 Trust Board in Public Minutes 29 July 2026 DRAFT.docx	31/08/2026	Assurance Team	3.1, 3.2		Strong
EV-14	3.2	Job role	3.2 Clinical Director Maternity Job Plan May26.pdf	31/08/2026	Assurance Team			Adequate
EV-15	3.2	Job role	3.2 Director Of Midwifery Job Description and Person Spec 2026.docx	31/08/2026	Assurance Team			Strong
EV-16	6.1	Board paper	6.1 MPIS presentation Year 7.pptx	31/08/2026	Assurance Team			Strong
EV-17	6.1	Board paper	6.1 TB2026.04 Perinatal Quality Oversight Model Report.pdf	31/08/2026	Assurance Team	3.1, 3.2, 5.3		Strong
EV-18	6.1	Board paper	6.1 TB2026.05 Maternity Safe Staffing Biannual Report meeting date 21-01-2026.pdf	31/08/2026	Assurance Team	6.2 - 6.7		Strong
EV-19	6.1	Board paper	6.1 TB2026.60 Perinatal Workforce Report Q3 Q4 meeting date 29-07-26.pdf	31/08/2026	Assurance Team	6.2 - 6.7	Pg 2 states fully compliant (nurse) pg. 14 states fully compliant Safety Action 4. Medical staff fully funded medical establishment. Pg 12 covers Obstetric Medical Workforce Section 13 Pg 13 & 14 notes compliant	Strong
EV-20	6.1	Board paper	6.1 To support Item 7a MPIS presentation Year 7 (1).pdf	31/08/2026	Assurance Team	6.2 - 6.7		Strong
EV-21	7.1	Board level paper	7.1 IAC2026.23 Homebirth Service Urgent Review Report meeting date 29-04-26.pdf	31/08/2026	Assurance Team	6.2 - 6.7	Per report to IAC no risks or concerns identified, IAC agreed to continuous monitoring via normal governance processes	Strong
EV-22	8.1	Procedure	8.1 Incident Reporting Investigation and Learning Procedure (7).pdf	31/08/2026	Assurance Team			Strong
EV-23	8.2	Board paper	8.2 TB2026.25 Thematic review of Maternity Complaints 2020 - 2025 Meeting date 11-03-2026.pdf	31/08/2026	Assurance Team		Board March 2026 and complaints theme: PQOM reports (July Board pg9,pg11, pg24 good link on slide 5 to new video re postnatal experience for families	Strong
EV-24	10.1	Board paper	10.1 TB2026.61 Nottingham maternity review findings on post death care and key actions required following the Fuller inquiry.pdf	31/08/2026	Assurance Team		Full submission included in report	Strong
EV-25	10.2	Email	10.2 Further info from the HTA regulatory update (email).msg	31/08/2026	Assurance Team		Email setting out process and agreed timeframes.	Adequate
EV-26	2.1	Board Paper	2.1 Perinatal Quality Oversight Model Report August Report (July data)	06/11/2026	Assurance Team	9.2	8.3 see slide 17	Strong
EV-27	2.1	Board Paper	2.1 Perinatal Quality Oversight Model Report September Report (August data)	06/11/2026	Assurance Team	2.1, 2.2,9.2	2.1 See slide 27 in relation to Maternity and slide 28 for the Neonatal feedback. 2.2 See slide 2 8.3 See slide 17	Strong
EV-28	2.1	Board Paper	2.1 Perinatal Quality Oversight Model Report October Report (September data)	06/11/2026	Assurance Team	2.1, 2.2, 5.3,9.2	2.1 See slide 28 in relation to Maternity and slide 29 for the Neonatal feedback. 2.2 See slide 2 5.3 See slide 2, slide 39 and appendix 5 (slides 61-66) 8.3 See slide 18	Strong
EV-29	2.1	PowerPoint Slide	2.1 Neonatal FFT Improvement trajectory	06/11/2026	Assurance Team	9.2		Adequate
EV-30	2.2, 2.3	Board Paper	Patient Experience, PALS and Complaints Annual Report 2025/26	06/11/2026	Assurance Team		See section 16 in relation to health inequalities.	Strong
EV-31	5.2	Paper	5.2 Equality, Diversity and Inclusion (EDI), Health Inequalities and Maternity Outcomes Dashboard development paper	06/11/2026	Assurance Team	9.2		Adequate
EV-32	6.7	Extract of minutes	6.7 Extract from Public Trust Board 29 July 2026	06/11/2026	Assurance Team			Strong
EV-33	7.1	Extract of minutes	7.1 Extract from approved minutes of the Integrated Assurance Committee on 29/04/2026	06/11/2026	Assurance Team			Strong
EV-34	8.2	Board Paper	8.2 MIS Year 8 Safety Action C and PMRT Quarterly Report Q1	06/11/2026	Assurance Team			Strong
EV-35	10.2	TME paper	10.2 TME2026.378 HTA ECA Assessment 2026 on Incident Reporting	06/11/2026	Assurance Team			Strong
EV-36	10.2	TME paper	10.2 TME2026.357 Fuller inquiry self assessment action plan	06/11/2026	Assurance Team			Strong
EV-37	9.1	Extract of minutes	9.1 Extract from approved minutes of the Integrated Assurance Committee on 09/09/2026 (IAC26/09/09, triage benchmarking audit)	06/11/2026	Assurance Team		Approved minute. The Committee recommended the baseline return and triage benchmarking audit for Board approval, which was given by Chair's Action on 24 September 2026.	Strong

Action		Deliverable	Suggested evidence
Action 1	1.1	The trust continuing to make progress with rollout of Martha's Rule across maternity and neonatal services?	▪ Trusts are not asked to submit any evidence for this action as data will be collected via the national Martha's rule programme team. It is however expected that providers attend the launch webinar to undertstand process and next steps and continue work with the Martha's rule team to commence roll out.
Action 2	2.1	The trust continued to operate a monthly cycle of collecting and analysing the latest available maternity and neonatal clinical audit, patient outcome and experience data, including but not limited to, FFT, CQC survey findings when available, local intelligence from MNVPs and targeted outreach?	▪ Analytical reports
	2.2	The trust board continuing to receive and publish a regular report that brings these sources of intelligence together, and can it demonstrate the decisions, actions or escalation resulting from its scrutiny, including how progress and impact are tracked?	▪ Board report and minutes
	2.3	The insight and audit data presented by ethnicity and deprivation and does the board scrutinise variation?	▪ Board report and minutes ▪ Quarterly MIS thematic report
Action 3	3.1	Has the trust board established clear joint accountability for maternity and neonatal services with Medical Directors and Chief Nurses holding a shared responsibility?	▪ Board ToR ▪ Job plans
	3.2	Do Directors of Midwifery and Clinical Directors leading maternity and neonatal services attend boards and take part in discussions when maternity and neonatal matters are discussed?	▪ Job plans ▪ Minutes of Executive board meetings
Action 5	5.1	Have staff been released to complete the Perinatal Equity and Anti-Discrimination Programme with full participation across multidisciplinary teams?	▪ Board report and minutes
	5.2	The trust board regularly reviewing and acting on trends identified by their inequalities data dashboards every 6 months?	▪ Board report ▪ Quarterly MIS thematic report ▪ Equity dashboard reports ▪ Core20PLUS5 reporting ▪ Maternity equity action plans
	5.3	Is the trust board receiving reviewing and acting on (at the relevant delegated committee) quarterly reports on implementation of the Maternal Care Bundle?	▪ Maternal Care Bundle implementation plans. ▪ Board Report ▪ MIS return
Action 6	6.1	Is the trust complying with the RCOG "Roles and Responsibilities of the Consultant providing acute care" standard? In line with MIS Year 8 is there a minimum ≥80% consultant presence in defined acute care situations?	▪ Workforce plan ▪ Biannual workforce papers ▪ Staff experience survey ▪ Cappuccini-style assurance exercise
	6.2	The trust ensuring locum certification and maintaining a local (trust-specific), continuously updated database of all short-term locums (≤2 weeks) working on tier 2/3 obstetric rotas? (In line with MIS Year 8)	▪ Database
	6.3	The trust have a clear plan for a fully funded neonatal nursing and medical establishment that aligns with the relevant BAPM standards for their unit designation and the neonatal nursing workforce calculator output (2020)? (In line with MIS Year 8)	▪ Workforce plan ▪ Biannual workforce papers ▪ BAPM workforce standards compliance ▪ Staff experience survey
	6.4	The trust have a fully funded midwifery establishment that aligns with a Birthrate Plus (BR+) review completed within the last three years as a minimum baseline, with further adjustments based on the professional judgement of the Director and Head of Midwifery? (In line with MIS Year 8)	▪ BR+ review and workforce plan ▪ Biannual workforce papers ▪ Staff experience survey
	6.5	The trust's obstetric services have a duty anaesthetist available 24/7 in line with ACSA standards 1.7.2.1 and a trained anaesthetic assistant available 24/7 in line with ACSA standards 1.3.1.2?	▪ Workforce plan ▪ Biannual workforce papers ▪ Cappuccini-style assurance exercise
	6.6	Does the trust board oversee workforce acuity, service pressures and escalation activity across maternity and neonatal services, ensuring they can a) respond to periods of increased demand, reduced workforce availability or changing clinical risk; b) address local gaps and c) eliminate siloed working, so that services can consistently and safely respond to the needs of women, babies and families?	▪ Board report and minutes ▪ Biannual workforce papers ▪ Cappuccini-style assurance exercise
	6.7	Has the trust board undertaken a review of internal resource deployment, including co sideration of a) whether roles not directly supporting frontline delivery can be redirected to strengthen service provision; b) where specialist posts exist (including in bereavement care and infant feeding), what education and training is required to ensure other staff have the knowledge and skills to ensure that care is not compromised when the specialist midwives are not immediately available; c) the impact of redeployment across the service.	▪ Board report and minutes ▪ Biannual workforce papers ▪ Cappuccini-style assurance exercise
Action 7	7.1	Is the board assured that any actions identified through the urgent review of homebirth services have been completed and services are safe and of high quality?	▪ Board report and minutes
	7.2	Where significant risks have been identified, have they been communicated with the Regional NHSE team?	▪ Correspondence
Action 8	8.1	Does the trust have the Patient Safety Incident Response Framework (PSIRF) embedded within Maternity and Neonatal Services through clearly defined governance processes? Is the learning, any actions and outcomes regularly reviewed, shared with women and families, and routinely monitored at trust board through board safety reporting?	▪ Board report and minutes ▪ A Trust-wide SOP for PSIRF is implemented across Maternity and Neonatal Services ▪ PSIRF implementation within Maternity and Neonatal Services, governance and review processes. ▪ Process for sharing outcomes and learning from PSIRF reviews with women and families. ▪ Mechanisms to identify, monitor and learn from positive practice and areas of improvement.
	8.2	Does the trust review complaints and concerns thematically, with learning actions and improvement plans monitored for impact? Are the themes and learning actions routinely reported to the trust board?	▪ Board report and minutes ▪ Thematic reviews of complaints and concerns using a learning-focused and inquisitive approach. ▪ Recommendations arising from thematic reviews are monitored, reviewed and acted upon.
	8.3	Does the Trust have embedded processes for open learning and compassionate debriefing, with staff supported to engage effectively with women and families, use feedback to inform practice, provide each family with a key contact, and ensure early duty of candour by a senior manager?	▪ Board report and minutes ▪ Debrief guidance ▪ Education and Training for Staff involved in debriefing women and families
Action 9	9.1	Has the trust board completed and reported to NHSE regions an audit, including dedicated staffing and clinical capacity with a focus on ensuring that maternity triage services are consistently safe, responsive and appropriately resourced?	▪ Triage Benchmarking tool completed template
	9.2	Does the trust board have clear oversight of triage quality and performance, supported by regular data on waiting times, assessment and review times, redeployment, delays and outcomes?	▪ Board paper
	9.3	Is the trust on track to implement improvements in line with national triage guidance to ensure women have consistent access to high-quality, responsive triage across the NHS within 12 months?	▪ Plan and progress reports
Action 10	10.1	Board assurance statement completed and submitted by 31 July 2026	▪ Assurance statement
	10.2	Has the board assured itself that it is continuing regular overersight and implementations of national actions and reccomendations around matters relating to morturaries including review of incident records over the past 10 years?	▪Board Report ▪Review report