Cover Sheet

Trust Board Meeting in Public: Wednesday 30 September 2026

TB2026.75

Title:	**National Maternity and Neonatal Investigation: Ten-Point Plan Baseline Return and Local Amos Report Progress**

Status:	**For Decision**
History:	**MCGC 07/09/2026** **Integrated Assurance Committee 09/09/2026** **Perinatal Assurance Group 22/09/2026**

Board Lead:	**Chief Nursing Officer; Chief Medical Officer**
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Confidential:	**Yes**
Strategic Pillar:	**Patient Care**

Executive Summary

1. The Trust Board is asked to note the Trust's baseline return against the national Maternity and Neonatal Ten-Point Plan, together with the Maternity Triage Specification Benchmarking Audit submitted alongside it. Both documents have been submitted to NHS England South East ahead of the Trust Board meeting on 30 September 2026. A further Board-approved progress update remains due by 31 December 2026. The paper also reports on the six themes of the Trust's own local report; these are set out separately in Section B, for discussion and information rather than approval, because they carry no national return and no national deadline.

Position at baseline against the national Ten-Point Plan

2. There are ten national actions. One, the Amos into Action staff listening exercise, is led nationally and requires no return from the Trust. The Trust has assessed itself against the remaining nine and can evidence full compliance on five of them. Four are not yet fully compliant: Action 2 on real-time outcomes and clinical audit, Action 5 on inequalities, Action 8 on responding to concerns, and Action 9 on triage.

3. The least developed position is Action 5, addressing inequalities, where two of three elements are non-compliant. The cause is single and identifiable: ethnicity, deprivation and language are not reported within maternity triage or the wider perinatal dashboards. The same absence leaves Principle 9 of the triage audit with no standard fully in place. Closing it is the programme's principal priority to December.

4. The triage audit, which meets the requirement of Action 9, confirms maternity triage is established as a safety-critical urgent care pathway, with dedicated staffing structurally separate from labour ward, BSOTS as the local methodology and 24/7 access arrangements in place. Further work is required on patient information, service-user voice, estates, and routine measurement of waiting times, delays, redeployment and outcomes.

Position on the local Amos report

5. All six themes of the Trust's local Amos report are moving. The antenatal scanning pathway, the midwifery establishment review and the immediate triage estates work give the strongest assurance. Equity in care and experience, and culture, leadership and staff voice, are the least mature and are set out below.

Matters for escalation

- **Equity data.** Ethnicity, deprivation and language are not reported in triage or the perinatal dashboards. This single gap drives non-compliance under Action 5 and the least developed principle in the triage audit. Delivery of baseline equity data and a working dashboard by 31 December 2026 is the test of whether this return has improved anything.

- **Triage environment.** The audit records that women may wait behind a locked swipe-access door without direct staff oversight. Immediate works are underway.
- **Board approval route.** The Integrated Assurance Committee, a sub-committee of the Trust Board approved the submission and provided delegated authority to the Trust Chair to sign the submission, on 9 September 2026. This was required ahead of the Trust Board meeting on 30 September 2026.
- **Requirements with earlier deadlines.** Two national requirements carried deadlines that preceded this return. The post-death care board assurance statement was due by 31 July 2026 and has been to Trust Board. The one outstanding action for full compliance has since been completed. The homebirth service review, requested by the Chief Midwifery Officer in November 2025, was reported to this Committee on 29 April 2026 and rated fully compliant in the return. The Committee is asked to note the position.

Recommendations

6. The Trust Board is asked to:
   - Note the Ten-Point Plan baseline return at Appendix 1 and the Maternity Triage Specification Benchmarking Audit at Appendix 2, both of which have been submitted to NHS England South East ahead of the Trust Board meeting on 30 September 2026.
   - Note the approval and submission of the baseline return and Maternity Triage Specification Benchmarking Audit.
   - Note the matters for escalation set out above and that the resource position will be confirmed through the Business Planning Group and reflected in the December progress update.
   - Note progress against the national Ten-Point Plan in Section A, including that ten of the twenty-six elements assessed are not yet fully compliant, and that a Board-approved progress update is due to NHS England South East by 31 December 2026.
   - Note progress against the six local Amos report themes in Section B.

Contents

National Maternity and Neonatal Investigation: Ten-Point Plan Baseline Return and Local Amos Report Progress

1. Purpose

1.1. This paper presents the Trust's baseline return against the national Maternity and Neonatal Ten-Point Plan, together with the completed Maternity Triage Specification Benchmarking Audit submitted alongside it. Both documents have been submitted to NHS England South East ahead of the Trust Board meeting on 30 September 2026. Two documents are presented at appendix: the NHS England assurance template, including the supporting evidence log (Appendix 1), and the completed triage benchmarking audit (Appendix 2). The return and the audit are complete. Completion and quality assurance of the evidence log is one of a small number of actions to be closed between this meeting and submission.

1.2. The paper also reports progress against the six themes of the local Amos report, which are managed within the same consolidated action plan but carry no national return and no national deadline.

2. Background

2.1. The National Maternity and Neonatal Investigation final report and the OUH local Amos report were published on 30 June 2026, alongside a national Ten-Point Plan drawn from that investigation and from Donna Ockenden's review of Nottingham University Hospitals.

2.2. NHS England requires a standardised return to the region at two points, both approved at Board level: a September 2026 baseline assessment and a progress update by 31 December 2026. The baseline assessment and accompanying Maternity Triage Specification Benchmarking Audit have been submitted. Regions will review returns, provide challenge where required and escalate significant concerns nationally. A Baroness Amos Task and Finish Group reports to the Perinatal Assurance Group and holds a single consolidated action plan covering the national plan, the local Amos themes and Ockenden.

3. Section A: The National Ten-Point Plan

Basis of the return

3.1. A gap analysis was completed against the Ten-Point Plan and Annex 1 in August 2026, testing each requirement against evidence already held: board and committee papers, the maternity and neonatal dashboards, and

evidence collected for Maternity Incentive Scheme Year 8. Where a requirement could not be evidenced it was rated non-compliant or partially compliant, with an improvement action, owner and delivery date recorded.

3.2. The ratings were scrutinised and agreed at the Baroness Amos Task and Finish Group on 2 September 2026 and Maternity Clinical Governance on 7 September 2026.

3.3. The evidence log embedded in Appendix 1 records, for each item, the source document, its date, and the level of assurance it provides. The evidence log was completed and quality assured before submission.

3.4. Twenty-six elements sit beneath the ten national actions in the NHS England template. One action is not currently applicable and is excluded from this return: Action 4, the Amos into Action staff listening exercise, is a nationally led programme and does not require a Trust return within the template provided. Dates are to be confirmed by the national team.

3.5. Of the 26 elements referenced above, Action 5 is shown below as a significant gap where every element assessed under it carries a gap.

National action	Elements assessed	Elements with a gap	Baseline position
1. Listening to women and families by rolling out Martha's Rule	1	0	Compliant
2. Real-time outcomes, experience and clinical audit acted on at Board	3	3	Significant gap: 1 non-compliant, 2 partially compliant
3. Dual Board-level accountability between medical director and chief nurse	2	0	Compliant
4. Amos into Action staff listening exercise	–	–	Nationally led. No return required
5. Addressing inequalities in maternity and neonatal outcomes	3	3	Significant gap: 2 non-compliant, 1 partially compliant
6. Ensuring 24/7 safety and responsiveness of services	7	0	6 compliant, 1 not applicable
7. Trust review of homebirth services	2	0	Compliant in relation to Action 7, Element 7.2 is not applicable as no significant risks or mitigations identified in 7.1.
8. Responding to incidents, complaints and concerns with humanity and candour	3	2	1 element compliant, 2 elements partially compliant

National action	Elements assessed	Elements with a gap	Baseline position
9. Delivering safe and effective triage in maternity services	3	2	1 element compliant, 2 elements partially compliant
10. Post-death care	2	0	Compliant
Total	**26**, of which 24 rated and 2 not applicable	**10**	**14 compliant, 7 partially compliant, 3 non-compliant, 2 not applicable**

Table 1: Baseline position against each of the ten national actions

3.6. The three non-compliant elements are 2.3, 5.1 and 5.2. Reporting a non-compliant or partially compliant position at baseline is consistent with the purpose of the return: NHS England has been explicit that this is a statement of current position.

Requirements that fell due before this meeting

3.7. Two of the ten actions carried requirements with dates that have already passed. Both are rated compliant in the return, and the Committee is asked to confirm it is content.

- **Post-death care.** The board assurance statement required following the Fuller and Nottingham reviews was due by 31 July 2026. It was completed, reported to Trust Board on 29 July and submitted on 5 August 2026. The one outstanding action for full compliance has since been completed. The associated Human Tissue Authority requirement to review and assure the completeness of incident records over the past ten years has been completed and submitted and is tracked in the consolidated action plan. A summary of the findings and any actions required to address non-compliance will be presented to the Trust Management Executive and the Trust Board through the Quality and Performance Committee.
- **Homebirth services.** The review requested by the Chief Midwifery Officer for England in November 2025 was reported to the Integrated Assurance Committee on 29 April 2026 and shared with the NHS England regional team. No urgent significant safety concerns or risks were identified (see element 7 in the table above).

Maternity Triage Specification Benchmarking Audit

3.8. The audit tool was issued by NHS England alongside the assurance letter and completing it discharges the national requirement, under Action 9, for a

board-level triage audit by the September submission. The Trust has completed the tool in full, assessing current practice against each standard within the ten principles. Where evidence was not available the standard was recorded as not in place. The ratings were scrutinised at the Baroness Amos Task and Finish Group on 2 September 2026 and Maternity Clinical Governance on 7 September 2026.

Triage principle	Fully in place	Partially in place	Not in place	Not relevant	Data not complete
1. Access and integration	9%	91%	0%	0%	0%
2. Recognition as urgent care	50%	50%	0%	0%	0%
3. Assessment and care of women	60%	20%	0%	20%	0%
4. Clear information for women	33%	67%	0%	0%	0%
5. Telephone maternity triage	50%	50%	0%	0%	0%
6. Service user voice and experience	80%	0%	20%	0%	0%
7. Facilities and estates	30%	70%	0%	0%	0%
8. Staffing	75%	25%	0%	0%	0%
9. Equity and equality	0%	100%	0%	0%	0%
10. Data and measurement	14%	71%	14%	0%	0%

Table 2: Triage audit – proportion of standards at each rating, by principle

3.9. **Assurance provided.** Clear 24/7 pathways to maternity triage, an open-door approach for women with concerns, BSOTS as the local triage methodology, dedicated telephone triage, established escalation processes, access to diagnostics, and governance for safety event review through PSIRF. Dedicated triage staffing is structurally separate from labour ward staffing, with processes to monitor redeployment and escalation.

3.10. **Gaps identified.** Most standards under access and integration are partially rather than fully in place: the pathway operates, but its integration with the wider urgent care and ambulance routes is incomplete. Priorities across the audit are consistency of patient information and signposting; accessible information in alternative formats and languages; ambulance referral through a single senior clinical contact route; visibility of waiting times and delays for women; and reducing the use of maternity triage for planned or scheduled activity. On staffing, some non-core midwives deployed during escalation may not have completed formal triage training, and triage

recruitment remains outstanding. Estates and digital priorities include completing changes to the initial triage assessment area, improved access to equipment and computers, and system changes to support prioritisation by clinical urgency.

3.11. **Data and measurement.** Several metrics are not yet routinely reported, including ethnicity, deprivation, language, attendance without prior telephone contact, onward destination following triage, dropped or unanswered calls, and the diversity of service-user feedback. No standard under Principle 9 is yet fully in place and closing that gap depends on equity data becoming available. Principle 10 requires support from the Data Analytics Team to automate reporting and reduce reliance on manual review.

3.12. Board oversight of triage quality and performance is required on a continuing basis, supported by regular data on waiting times, assessment and review times, redeployment, delays and outcomes. Improvements in line with national triage guidance must be implemented within twelve months of submission.

Outstanding gaps and delivery to December

3.13. The ten elements that are not yet fully compliant fall under four actions. Element-level detail, with named owners and delivery dates, sits in the consolidated action plan and the evidence log at Appendix 1. Each gap is reported through the Perinatal Assurance Group, with exception reporting to the Quality and Performance Committee where delivery slips.

Action	Not yet compliant	What is outstanding	Lead	Next milestone
2. Real-time outcomes and clinical audit	1 non-compliant, 2 partially compliant	A monthly cycle of real-time outcome and experience data collected, published and acted on at public Board, and a reinvigorated clinical audit programme against the Ockenden and Amos recommendations.	Director of Midwifery with the Chief Medical Officer	31 December 2026 progress update
5. Addressing inequalities	2 non-compliant, 1 partially compliant	Routine ethnicity, deprivation and language reporting; review and action on inequalities dashboard trends; staff release for the Perinatal Equity and Anti-discrimination Programme; implementation of the Maternal Care Bundle.	Equality, Diversity and Inclusion Midwives and Obstetric Equity Lead	Baseline equity data and dashboard by 31 December 2026. Maternal Care Bundle by March 2027

Action	Not yet compliant	What is outstanding	Lead	Next milestone
8. Responding to incidents, complaints and concerns	2 partially compliant	Consistent evidence that responses to incidents, complaints and concerns are open, compassionate and trauma-informed, and that learning is acted on.	Director of Midwifery with maternity governance	31 December 2026 progress update
9. Safe and effective triage	2 partially compliant	Routine triage data and measurement reported to Board, including waiting times, delays, redeployment and outcomes, and equity data within triage.	Director of Midwifery with maternity triage and governance leads	Routine reporting from 31 December 2026. National triage guidance within 12 months of submission

Table 3: Gaps in the national return and the route to closing them

4. Section B: The Local Amos Report

Scope and relationship to Section A

4.1. The Trust's local Amos report, published on 30 June 2026 alongside the national investigation report, identified six interdependent themes requiring local action: the OUH antenatal scanning pathway; midwifery staffing; listening to service users, families and communities; equity in care and experience; estates; and culture, leadership and staff voice.

4.2. These themes are managed within the single consolidated perinatal improvement programme rather than as a separate workstream. Each has named ownership, evidence references and delivery milestones, and reports monthly to the Perinatal Assurance Group. Where a theme is also covered by a national requirement, the rating in Section A applies and is not repeated here.

Position against the six themes

Theme	Position at baseline	Lead	Next milestone
Antenatal scanning pathway	**On track.** The pathway has been revised to align with the standard national antenatal scanning pathway while retaining the universal 36-week scan. Revised growth and anomaly scan guidance has been ratified and submitted through the agreed assurance route. Implementation has moved from planning into delivery across JR and HGH. The current focus is sustained implementation, the impact on ultrasound capacity, and closing communication gaps identified through service-user feedback.	Chief Medical Officer and Chief Nursing Officer, supported by the Antenatal Scanning Pathway Task and Finish Group	Monitoring through September 2026, with external review outputs reported through the agreed governance route

Theme	Position at baseline	Lead	Next milestone
	Evidence: revised growth and anomaly scan guidelines; extraordinary Maternity Document Review Group, 22 July 2026; Trust Management Executive approval; PAG scan pathway update, 25 August 2026.		
Midwifery staffing	**Assured.** The line-by-line establishment review is complete and the Birthrate Plus position has been validated. The funded establishment is aligned to the Birthrate Plus benchmark of 332.45 WTE plus a 23 WTE maternity leave uplift. July data showed 341.76 WTE in post. *Evidence: Birthrate Plus validated report; Perinatal Integrated Workforce Report; Perinatal Quality Oversight Model July data; community on-call model establishment proposal.*	Director of Midwifery, with workforce oversight through the Chief People Officer route where required	Recruitment and establishment actions through September 2026, with monthly monitoring through PAG
Listening to service users, families and communities	**On track.** The Perinatal Community Partnership Programme is established and has completed listening sessions with women, families and communities across Oxfordshire, including targeted engagement with communities whose voices are less often heard. The OUH Perinatal Listening and Learning Framework is in place. The first improvement programme is co-designing maternity triage information with people who have recent experience of the service. Neonatal feedback assurance metrics remain in development. *Evidence: Perinatal Community Partnership Programme outputs; OUH Perinatal Listening and Learning Framework; community listening sessions April to July 2026; PAG action on neonatal FFT and alternative assurance metrics, 25 August 2026.*	Perinatal Experience Lead, working with OMNVP, community partners and corporate patient experience colleagues	90-Day Community Informed Improvement Programme concludes October 2026. Neonatal metrics return through PAG
Equity in care and experience	**Behind.** This remains the least mature element of the response. Dedicated equity roles are in place, and an outcome and experience measure set is being developed to make disparities visible. The gap is the absence of routine ethnicity, deprivation and language reporting within triage and the wider perinatal dashboards. This is the same gap that leaves Action 5 non-compliant in Section A and leaves Principle 9 of the triage audit with no standard fully in place. Priority work is ethnicity-stratified reporting, stronger language access, review of guidelines and decision tools for embedded bias, and preparation for the Perinatal Equity and Anti-discrimination Programme. *Evidence: Perinatal Assurance Group Ten-Point Plan Progress Report, 24 August 2026; Maternity Triage*	Equality, Diversity and Inclusion Midwives and Obstetric Equity Lead	Baseline equity data and dashboard development to 31 December 2026. Guideline review to January 2027. Maternal Care Bundle March 2027

Theme	Position at baseline	Lead	Next milestone
	Specification Benchmarking Audit; inequalities dashboard actions; language access incidents and improvement work.		
Estates	**On track.** Immediate improvements have been made to support maternity triage and flow, including additional triage spaces, enabling works, asbestos checks and ordering of CTG equipment. The triage-space action was closed at PAG on 25 August 2026 following confirmation that enabling actions were underway, with an options and cost paper to be shared with the Chief Nursing Officer. The triage audit records a current concern that women may wait behind a locked swipe-access door without direct staff oversight; the interim mitigation and residual risk are to be confirmed to this Committee. Wider work continues on MAU flow, waiting areas, equipment and computer access, and delivery suite ensuite scoping. Estates and digital requirements are not yet costed. *Evidence: Maternity Triage Specification Benchmarking Audit; PAG minutes and action log, 25 August 2026; MAU refurbishment and triage-space records; estates options and cost paper in development.*	Maternity operational leadership and Estates leads, overseen through PAG and divisional governance	Immediate triage estates actions through September 2026. Costed options through the Business Planning Group, reflected in the December progress update
Culture, leadership and staff voice	**Behind.** This theme is active but less mature than others. The National Perinatal Staff Psychological Support Programme is not yet available at the Trust; implementation is planned. Freedom to Speak Up capacity is being strengthened through additional Guardian time and a wider champion network. Trust-led staff listening events began in August 2026 across hospital and community settings, targeted at groups whose voices were least heard. An independent review of racism, misogyny and workforce functioning is being commissioned, with terms of reference finalised through the Baroness Amos Task and Finish Group. Progress is monitored through staff survey, pulse survey, Freedom to Speak Up themes, behavioural concerns, turnover, vacancy, sickness absence, exit interview themes and psychological support uptake. *Evidence: Perinatal Improvement Programme June 2026 report; PAG Ten-Point Plan Progress Report, 24 August 2026; staff listening event plans; Freedom to Speak Up reporting.*	Chief People Officer and Director of Midwifery, with Freedom to Speak Up and psychology leads	External review commissioning and terms of reference finalised September 2026. Quarterly Board reporting and monthly PAG oversight

Table 4: The six local Amos report themes and the Trust's position

4.3. Progress is evident across all six themes. The strongest assurance is in the antenatal scanning pathway, the establishment review, the triage-related estates actions and the development of structured listening and learning arrangements. The two themes requiring the Committee's attention are equity in care and experience, and culture, leadership and staff voice.

5. Governance, risk and resources

5.1. Delivery reports monthly to the Perinatal Assurance Group, which holds delivery to account and escalates slippage, and from there to the Quality and Performance Committee with exception reporting on anything off track. The Trust Board receives a quarterly report.

5.2. The Committee should note in approving this return that the evidence log is not yet complete for every element, that equity data are not available within triage or the wider perinatal dashboards, and that delivery depends on the release of staff to support it. Each is addressed by a dated action within the consolidated plan, with delivery reported monthly through the Perinatal Assurance Group.

Approval and Board accountability

5.3. Both the September baseline return and December progress update require Board-level approval. The Integrated Assurance Committee recommended approval of the baseline return and Maternity Triage Specification Benchmarking Audit on 9 September 2026. As the next Trust Board meeting (30 September) fell after the NHS England deadline, written Chair approval was obtained on behalf of the Board before submission on 28 September 2026. A Board-approved progress update will follow to NHS England South East by 31 December 2026

Risk

5.4. Risks are reviewed at each meeting of the Baroness Amos Task and Finish Group and reported to the Perinatal Assurance Group, with scores reviewed in line with the Trust's Risk Management Policy. Workforce capacity and the release of staff to support delivery is the principal risk and is actively managed through those routes.

Resources and financial implications

5.5. The financial and workforce implications of the plan are being quantified and will be taken through the Business Planning Group. The costed position is owned by the Director of Midwifery and will be reflected in the December progress update.

6. Recommendations

6.1. The Trust Board is asked to:

- Note the Ten-Point Plan baseline return at Appendix 1 and the Maternity Triage Specification Benchmarking Audit at Appendix 2, both of which have been submitted to NHS England South East ahead of the Trust Board meeting on 30 September 2026.
- Ratify the approval and submission of the baseline return and Maternity Triage Specification Benchmarking Audit.
- Note the matters for escalation set out in the paper and that the resource position will be confirmed through the Business Planning Group and reflected in the December progress update.
- Note progress against the national Ten-Point Plan in Section A, including that ten of the twenty-six elements assessed are not yet fully compliant, and that a Board-approved progress update is due to NHS England South East by 31 December 2026.
- Note progress against the six local Amos report themes in Section B.

7. Appendices – Reading Room

- Appendix 1 — NHS England Maternity and Neonatal Ten-Point Plan assurance template: Trust baseline return, including the supporting evidence log.
- Appendix 2 — Maternity Triage Specification Benchmarking Audit Tool: completed Trust assessment.