

10-Point Plan for Maternity & Neonatal Services

How to Use This Template



The adoption and implementation of the 10 point plan in response to Baroness Amos' Independent Investigation into Maternity and Neonatal Services in England is the responsibility of each organisation and trusts must demonstrate compliance with the 10 Point Plan.

The reporting template is a tool designed to support a baseline assessment against the 10 point plan and support reporting to region and national teams. It is ordered as per the 10 point plan and allows for evidence of compliance, gaps in compliance, mitigations and comments to be recorded in text format. This template is intended to be built around existing governance structures. The use of the reporting tool is compulsory and should be used by Trust Boards to assure against the actions.

Trust boards should complete tab 1. Submission A-Baseline once only and returned to regional teams by **Friday 25 September 2026**. Tab 2. Submission B-Progress Report, should be completed by **Thursday 31 December 2026**. Each return should be completed once and returned regionally for assurance. Regional teams will provide further detail on their submission process. Both submissions must be signed off by the trust board. Boards should provide visible ownership and scrutiny of the 10 Point Plan actions and should continue to use existing board or committee governance for detailed review of progress, evidence improvement and risk management, in line with the MIS. Regional teams will review returns and, where necessary, provide constructive challenge, identify where trusts might need additional support and escalate significant concerns for discussion at national level.

Action 4 of the 10 point plan 'Amos into action' an NHS-wide open conversation for all our staff to help shape real and sustainable change in services will be led by the NHS England national team. Although this is not featured within the reporting template, Trust Boards should ensure staff are supported and enabled to engage with this work.

The Evidence Log should be used to reference or embed the evidence for each action. The location or link reference should clearly identify where the evidence can be found; assurance notes should explain what the evidence demonstrates; and the evidence quality field should indicate whether the evidence is strong, adequate, limited or not available. Evidence may span more than one deliverable where appropriate.

The compliance rating column allows for the selection of a RAG rating for each criteria using a drop-down list. Specifically: not applicable, non-compliant, partially compliant and compliant.

Source: <https://www.england.nhs.uk/long-read/publication-of-baroness-amos-independent-investigation-into-maternity-and-neonatal-services-in-england/>

- Summary tab: Provides instructions for completion and an overview of the key metrics for 1. Baseline assessment and 2. Progress Report. Please note all tables are automated and the information should pull directly from the relevant tabs.
- Submission A Baseline Assessment tab: Record the trust's starting position against each of the 10 actions before improvement work begins. To be completed once and returned **Friday 25 Sept 2026**
- Submission B Progress Report tab: One row per deliverable/scoping prompt (24 in total); Baseline Compliance tab updated automatically, all other columns to be manually updated. To be completed once and returned **Thursday 31 Dec 2026**
- Evidence Log tab: Log supporting evidence against each action number; reference the Evidence ID in the Baseline Assessment and Progress Tracker tabs as required.
- Evidence examples: Provides some example areas of evidence submission to be considered.

Rating definitions:

RAG guide: Red = no route to compliance or immediate safety risk. Amber = plan in place but gaps/risks remain. Green = evidence confirms requirement met or on track.

The **baseline compliance / compliance ratings** should be used to provide a consistent assessment of the current level of compliance against each requirement. Ratings should be based on available evidence, professional judgement and the extent to which the requirement has been fully implemented, embedded and sustained.

Not applicable: The requirement does not apply to the service, pathway, function or organisation being assessed. *For example, trusts may not yet be eligible for onboarding onto the PEADP programme at the time of submission therefore 'Not applicable' would be apply.*

Non-compliant: There is no, or very limited, evidence that the requirement has been met.

Partially compliant: There is evidence that some elements of the requirement have been met, but implementation is incomplete, inconsistent or not yet fully embedded.

Compliant: There is sufficient evidence that the requirement has been fully met and is being implemented consistently

Name of trust or organisation: York and Scarborough NHS FT
Report prepared by: Joe Hague and Sascha Wells-Munro
Report date: 23/09/2026
Reporting period covered: 30/06/2026 to 23/09/2026

Baseline Assessment		
Key Metrics		
Total deliverables		26
Compliance	0. Not applicable	0
	1. Non-compliant	0
	2. Partially compliant	7
	3. Compliant	19
Regional Match	Regional match - Yes	0
	Regional match - No	0

Summary by Action - Baseline		Compliance			
Action	Total	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	0	1	2
3. Dual board-level accountability between medical directors and chief nursing officers for maternity and neonatal care	2	0	0	2	0
5. Addressing inequalities in maternity and neonatal outcomes	3	0	0	1	2
6. Ensuring 24/7 safety and responsiveness of services	7	0	0	1	6
7. Trust review of homebirth services	2	0	0	0	2
8. Responding to incidents, complaints and concerns with humanity and candour	3	0	0	0	3
9. Deliver safe and effective triage in maternity services	3	0	0	2	1
10. Post death care	2	0	0	0	2

Submission A: Baseline Assessment (Starting Position Against the 10-Point Plan)

This template should be completed once and submitted on the Friday 25th September 2026. It is intended to provide a baseline assessment of delivery against the 10-point plan online and is separate to the task.



Report signed off by Trust Board (named Exec):

Joseph Hague
Executive Chief
Nurse
23/09/2026

Trust Board sign off date:

Trust Board Assurance Template						
No.	Deliverable / Scoping Prompt	Baseline Compliance Rating	Baseline Evidence Reference <i>Please input reference number as listed in 3. Evidence Log tab</i>	Gaps in Assurance <i>Please provide detail of any gaps in assurance</i>	Improvement Actions (Including Temporary Mitigations)	Comments
1. Listening to women and families by rolling out Martha's Rule						
1.1	Has the trust commenced rollout of Martha's Rule across maternity and neonatal services?	Compliant	N/A			
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?	Compliant	EV-00 EV-01 EV-02 EV-03 EV-05			
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?	Compliant	EV-04 EV-05 EV-06 EV-07 EV-08			
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?	Partially compliant	EV-00 EV-01 EV-02 EV-03	Gaps in local data on inequalities	Plans to develop a health inequalities dashboard to improve oversight of data including deprivation data and ethnicity.	Maternity and Neonatal Assurance Group slides include reporting on NHS equalities dashboard. Demographic data provided in survey report though not deprivation data - there is a plan in place to obtain this for future reports.
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?	Partially compliant		Evidence through Maternity and Neonatal Assurance Group (subcommittee of Trust Board) however not formally recorded in Trust Board Minutes	Confirming responsibilities are defined in job descriptions.	
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?	Partially compliant	EV-38 EV-39 EV-40 EV-52 EV-53 EV-54	Clinical Director does not typically attend	Clinical Director will be invited from December onwards	
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?	Compliant	EV-09 EV-10			The Programme commenced in September 2026 and is still ongoing
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?	Partially compliant	EV-01 EV-14	No local inequalities dashboard however this is in development	Trust utilises national inequalities dashboard in absence until development of local dashboard for oversight	
5.3	Has the trust board approved a plan to implement the Maternal Care Bundle by March 2027?	Compliant	EV-11 EV-12 EV-51			
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-13 EV-42			
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)	Compliant	EV-13 EV-48			

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)? <i>(In line with MIS Year 8)</i>	Partially compliant	EV-13 EV-46		Nursing workforce review has been completed cross site based on the ODN workforce calculators and BAPM standards. A business case has been written to request the required nursing establishment which is in progress.	
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? <i>(In line with MIS Year 8)</i>	Compliant	EV-13 EV-14			
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? <i>(In line with MIS Year 8)</i>	Compliant	EV-13			
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-01 EV-02 EV-03 EV-13			
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-01 EV-02 EV-03 EV-13			
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-15 EV-16 EV-43 EV-45			
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?	Compliant	EV-16 EV-18 EV-44			
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-19 EV-20 EV-21 EV-22 EV-23 EV-24			
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?	Compliant	EV-25 EV-26 EV-27			
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?	Compliant	EV-28 EV-29 EV-30			
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?	Partially compliant	EV-32 EV-33 EV-47		National benchmarking exercise complete. Will be shared with the region on the 25th September 26, expecting this action to be compliant for December submission.	
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-01 EV-02 EV-03 EV-37 EV-41	Quality and performance data including assessment and review times, redeployment, delays and outcomes with a focus on inequalities needs developing into routine reporting around waiting times.	From July 26, NHSE has requested additional reporting information which will be included through Trust Governance process from October 26 onwards.	
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?	Compliant	EV-32 EV-33 EV-34 EV-35 EV-55	Investment requirements around medical workforce and estates - Business case to be developed and reviewed via Trust Governance processes		

10. Post death care					
10.1	Has the trust board completed an assurance statement and submitted it by 31 July 2026?	Compliant	EV-49		
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-50 EV-36		

Evidence Log - Supporting Evidence Submission

Evidence ID	Action No	Evidence Type	Document / Meeting / Dataset	Date	Owner	Location / Link	Assurance Notes	Evidence Quality
EV-00	2.1	Report	Maternity Feedback Survey	28/08/2026	Lucy Flatley	2.1		Strong
EV-01	2.1	Highlight report	Maternity and Neonatal Assurance Group slides June 27	28/08/2026	Lucy Flatley	2.1		Strong
EV-02	2.1	Highlight report	Maternity and Neonatal Assurance Group slides July 27	28/08/2026	Lucy Flatley	2.1		Strong
EV-03	2.1	Highlight report	Maternity and Neonatal Assurance Group slides August 26	28/08/2026	Lucy Flatley	2.1		Strong
EV-05	2.1	Report	2026 02 11 CQC Maternity Survey 2025 Headline Report	28/08/2026	Lucy Flatley	2.1	2026 CQC Maternity Survey is currently embargoed, analysis is ongoing and action plan to be developed for latest themes.	Strong
EV-05	2.2	Report	One year post implementation review of the Community Midwife for Equitable Health role	28/08/2026	Lucy Flatley	2.2		Strong
EV-06	2.2	Report	2026 02 11 CQC Maternity Survey 2025 Headline Report	28/08/2026	Lucy Flatley	2.2		Strong
EV-07	2.2	Action plan	Maternity & Neonatal Single Improvement Plan CQC Survey 2025 actions	29/08/2026	Lucy Flatley	2.2		Strong
EV-08	2.2	Report	Maternity Feedback Survey July 2026	28/08/2026	Lucy Flatley	2.2		Strong
EV-09	2.2	Report	MNVP annual overview 2025	28/08/2026	Lucy Flatley	2.2		Strong
EV-00	2.3	Report	Maternity Feedback Survey	28/08/2026	Lucy Flatley	2.3		Limited
EV-01	2.3	Highlight report	Maternity and Neonatal Assurance Group slides June 27	28/08/2026	Lucy Flatley	2.3		Limited
EV-02	2.3	Highlight report	Maternity and Neonatal Assurance Group slides July 27	28/08/2026	Lucy Flatley	2.3		Limited
EV-03	2.3	Highlight report	Maternity and Neonatal Assurance Group slides August 26	28/08/2026	Lucy Flatley	2.3		Limited
EV-38	3.2	Minutes	PUBLIC BoD minutes 2026-04-29 APPROVED	10/09/2026	Jo Hadley	3.2		Adequate
EV-39	3.2	Minutes	PUBLIC BoD minutes 2026-05-27 APPROVED	10/09/2026	Jo Hadley	3.2		Adequate
EV-40	3.2	Minutes	PUBLIC BoD minutes 2026-06-24 APPROVED	10/09/2026	Jo Hadley	3.2		Adequate
EV-52	3.2	Minutes	Maternity Assurance Group Minutes - July 26	24/09/2026	Sascha Wells-Munro	3.2		Adequate
EV-53	3.2	Minutes	Maternity Assurance Group Minutes - August 26	24/09/2026	Sascha Wells-Munro	3.2		Adequate
EV-54	3.2	Minutes	Maternity Assurance Group minutes - March 26	24/09/2026	Sascha Wells-Munro	3.2		Adequate
EV-09	5.1	Report	Paper D 20260615 Board Report PEADP Exec Briefing	27/08/2026	Jo Hadley	5.1		Strong
EV-10	5.1	Dataset	PEADP Participation List	27/08/2026	Jo Hadley	5.1		Strong
EV-01	5.2	Highlight report	Maternity and Neonatal Assurance Group slides June 27	28/08/2026	Lucy Flatley	5.2		Limited
EV-14	5.2	Report	BR+ York Teaching Hospitals NHSFT Birthrate Plus Final Report 28.03.2024	27/08/2026	Jo Hadley	5.2		Limited
EV-11	5.3	Table	MCB - ability to implement	27/08/2026	Jo Hadley	5.3		Strong
EV-12	5.3	Report	MCB Interim Review Report June 26 for trust Board	27/08/2026	Jo Hadley	5.3		Strong
EV-51	5.3	Audit	MBC Implementation tool	24/09/2026	Sascha Wells-Munro	5.3		Strong
EV-13	6.1	Report	Bi-annual Maternity and Neonatal Staffing Report Q3 & Q4 2025-2026	27/08/2026	Jo Hadley	6.1		Strong
EV-42	6.1	Audit	Consultant_Attendance_Monthly_Audit_Too	11/09/2026	Sarah Harris	6.1		Strong
EV-13	6.2	Report	Bi-annual Maternity and Neonatal Staffing Report Q3 & Q4 2025-2026	27/08/2026	Jo Hadley	6.2		Strong
EV-48	6.2	Report	Triage National Specification Board Report 20260912	22/09/2026	Jo Hadley	6.2		Strong
EV-13	6.3	Report	Bi-annual Maternity and Neonatal Staffing Report Q3 & Q4 2025-2026	27/08/2026	Jo Hadley	6.3		Strong
EV-46	6.3	Business case	Neonatal Nursing Staffing Establishment Business Case V5	21/09/2026	Katie Mortimer	6.3		Strong
EV-13	6.4	Report	Bi-annual Maternity and Neonatal Staffing Report Q3 & Q4 2025-2026	27/08/2026	Jo Hadley	6.4		Strong
EV-14	6.4	Report	BR+ York Teaching Hospitals NHSFT Birthrate Plus Final Report 28.03.2024	27/08/2026	Jo Hadley	6.4		Strong
EV-13	6.5	Report	Bi-annual Maternity and Neonatal Staffing Report Q3 & Q4 2025-2026	27/08/2026	Jo Hadley	6.5		Strong
EV-01	6.6	Highlight report	Maternity and Neonatal Assurance Group slides June 27	28/08/2026	Lucy Flatley	6.6		Strong
EV-02	6.6	Highlight report	Maternity and Neonatal Assurance Group slides July 27	28/08/2026	Lucy Flatley	6.6		Strong
EV-03	6.6	Highlight report	Maternity and Neonatal Assurance Group slides August 26	28/08/2026	Lucy Flatley	6.6		Strong
EV-13	6.6	Report	Bi-annual Maternity and Neonatal Staffing Report Q3 & Q4 2025-2026	27/08/2026	Jo Hadley	6.6		Strong
EV-01	6.7	Highlight report	Maternity and Neonatal Assurance Group slides June 27	28/08/2026	Lucy Flatley	6.7		Strong
EV-02	6.7	Highlight report	Maternity and Neonatal Assurance Group slides July 27	28/08/2026	Lucy Flatley	6.7		Strong
EV-03	6.7	Highlight report	Maternity and Neonatal Assurance Group slides August 26	28/08/2026	Lucy Flatley	6.7		Strong
EV-13	6.7	Report	Bi-annual Maternity and Neonatal Staffing Report Q3 & Q4 2025-2026	27/08/2026	Jo Hadley	6.7		Strong
EV-15	7.1	Action plan	Action plan for Community Service Review	28/08/2026	Susie Kinsella	7.1		Strong
EV-16	7.1	Action plan	Home birth action plan	28/08/2026	Susie Kinsella	7.1		Strong
EV-43	7.1	Minutes	Maternity Assurance Group minutes - Dec 25	10/09/2026	Jo Hadley	7.1		Strong
EV-45	7.1	Paper	Home birth paper	10/09/26	Susie Kinsella	7.1		Strong
EV-16	7.2	Action plan	Homebirth action plan	28/08/2026	Susie Kinsella	7.2		Strong

EV-18	7.2	Patient information leaflet	PI561 Home Birth v9 P	07/09/2026	Susie Kinsella	7.2		Strong
EV-44	7.2	Email	Correspondence with region	11/09/2026	Sascha Wells-Munro	7.2		Strong
EV-19	8.1	Guide	Brief-guide---involving-patients-and-families-in-learning-responses	31/08/2026	Jamie Broadbent	8.1		Strong
EV-20	8.1	Policy	Incident-Management-Policy-v10.1-Apr25	01/09/2026	Jamie Broadbent	8.1		Strong
EV-21	8.1	Agenda	PSII Group agenda 15th July	02/09/2026	Jamie Broadbent	8.1		Strong
EV-22	8.1	Minutes	PSII Minutes 15.07.26 Approved	03/09/2026	Jamie Broadbent	8.1		Strong
EV-23	8.1	Tool	PSIRF Decision-support-tool-v2	04/09/2026	Jamie Broadbent	8.1		Strong
EV-24	8.1	Flowchart	PSIRF-summary-of-response-options-at-a-glance (1)	05/09/2026	Jamie Broadbent	8.1		Strong
EV-25	8.2	Policy	Concerns-and-Complaints-Policy-and-Procedure-v14.2-revised-Oct-24	05/09/2026	Jamie Broadbent	8.2		Strong
EV-26	8.2	Minutes	Q&S minutes 27.07.26 Approved	05/09/2026	Jamie Broadbent	8.2		Strong
EV-27	8.2	Agenda	Quality and Safety Agenda 27.7.26	05/09/2026	Jamie Broadbent	8.2		Strong
EV-28	8.3	Policy	Duty-of-Candour-V2-June-24	31/08/2026	Jamie Broadbent	8.3		Strong
EV-29	8.3	Report	PSIRF Training Report for Quality and Governance Team	31/08/2026	Jamie Broadbent	8.3		Strong
EV-30	8.3	Report	Trust-DoC-presentation	31/08/2026	Jamie Broadbent	8.3		Strong
EV-32	9.1	Action plan	Benchmarking and action tracker	24/08/2026	Gill Locking	9.3		Strong
EV-33	9.1	Audit tool	National Benchmarking Audit Tool	24/08/2026	Gill Locking	9.3		Strong
EV-47	9.1	Agenda	Maternity and Neonatal Directorate agenda - September 26	24/08/2026	Gill Locking	9.1		Strong
EV-01	9.2	Highlight report	Maternity and Neonatal Assurance Group slides June 27	28/08/2026	Lucy Flatley	9.2		Adequate
EV-02	9.2	Highlight report	Maternity and Neonatal Assurance Group slides July 27	28/08/2026	Lucy Flatley	9.2		Adequate
EV-03	9.2	Highlight report	Maternity and Neonatal Assurance Group slides August 26	28/08/2026	Lucy Flatley	9.2		Adequate
EV-37	9.2	Report	Maternity Neonatal Safety Trust Board report Jun26 (see page 11 for Triage waiting times)	10/08/2026	Gill Locking	9.2		Adequate
EV-41	9.2	Report	M+N Safety Trust Board Report July 2026 FINAL	10/08/2026	Gill Locking	9.2		Adequate
EV-32	9.3	Action plan	Benchmarking and action tracker	24/08/2026	Gill Locking	9.3		Strong

Evidence: examples



This section is designed to support trust boards in identifying appropriate evidence to support their assurance assessments. We encourage trusts to make use of existing data sources and processes wherever appropriate to support their assurance. There may also be instances where an individual item e.g. board report may account for evidence against multiple deliverables. The model board report is available for use on the Futures platform. Trusts not already using the model board report may wish to adopt this template.

It should be noted that Trusts are not required to provide all suggested evidence to evidence compliance. **Trust should use the minimum amount of information to demonstrate compliance.**

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 understand process and next steps and continue work with the Martha's rule team to commence roll out.
	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
Action 2	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? <i>(In line with MIS Year 8)</i>	• 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)? <i>(In line with MIS Year 8)</i>	• 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? <i>(In line with MIS Year 8)</i>	• 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 oversight and implementations of national actions and recommendations around matters relating to mortuaries including review of incident records over the past 10 years?	• Board Report • Review report



baseline assessment. Where a deliverable has already been reported as achieved in the baseline there are no progress updates required.

erty risk; amber where a plan is in place but gaps or risks remain; and green where evidence confirms

Current Status	RAG	Evidence ID <i>Please input reference number as listed in 3. Evidence Log tab</i>	Key Gaps / Risks	Improvement action required	Due Date(s)

