Department of Health & Social Care

Government response to the Health and Social Care Committee's third report of session 2024 to 2026: Black maternal health

CP 1437

Government of the United Kingdom
Department of Health & Social Care

Government response to the Health and Social Care Committee's third report of session 2024 to 2026: Black maternal health

Presented to Parliament by the Secretary of State for Health and Social Care by Command of His Majesty

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Contents

Introduction 2
Culture, leadership and racism 4
Workforce 14
Data 17
Funding 21

Introduction

This is the government's formal response to the recommendations made by the Health and Social Care Committee's report on Black maternal health, which was published on 17 September 2025.

The government welcomes this report and we thank the committee for its thoughtful inquiry. We are grateful to everyone who contributed their time and expertise to the inquiry. We especially value the personal experience testimony of witnesses. The government has carefully considered the committee's report and responded to each recommendation below.

We share the committee's view about the unacceptability of the significant disparities and inequalities experienced by Black women and their babies. While the vast majority of births in England are high quality, and we have teams providing good and outstanding maternity and neonatal care every day, we also know that many Black women have negative experiences of maternity services, including not being listened to, lack of culturally competent care and racism.

We need to urgently address the systemic issues behind why so many Black women, babies and families are experiencing unacceptable care, and are committed to closing the Black, Asian and minority ethnic maternal mortality gap.

The government is urgently taking a range of actions to address disparities in maternal outcomes for Black women, while recognising that there is more to be done.

We announced a range of measures in June 2025 to address these inequalities. Progress is already being made against the actions. We have set strong and consistent expectations for trust chairs, chief executives and boards, with overhauled oversight and performance frameworks.

NHS England is implementing a new Perinatal Equity and Anti-Discrimination Programme, which aims to ensure all:

- service users and their families will receive care free from discrimination and racism
- staff will experience a work environment free from discrimination and racism

All NHS trusts are expected to have completed the programme by 2027. This programme will be a crucial component of a wider set of national and local measures to drive out discrimination, and embed equity in care and workplace culture.

NHS England is also developing a Maternity and Neonatal Equity and Equality Dashboard, which aims to support the identification of areas where specific populations face the greatest disparities, enabling tailored interventions and more equitable support.

In addition, a primary objective in NHS England's Three-year delivery plan to improve maternity and neonatal services is to reduce inequalities for all in maternity access, experience and outcomes, seeking to improve equity for mothers and babies. As part of this, all local areas have published Equity and Equality Action Plans, which set out tailored interventions that will tackle inequalities for women and babies from ethnic minority backgrounds and those living in the most deprived areas.

All NHS trusts are implementing the Saving Babies' Lives Care Bundle, which:

- provides maternity units with guidance and interventions to reduce stillbirths, neonatal brain injury, neonatal death and preterm birth

- includes initiatives to reduce inequalities, such as those that focus on reducing smoking in pregnancy

To tackle leading causes of maternal mortality and morbidity, we expect to publish a 'Maternal Care Bundle' shortly, to set clear standards focused on the main causes of maternal death and harm, with a specific focus on ensuring that data is examined and work is driven through the lens of equality of outcomes.

We recognise there is much more to do. That is why, in June 2025, we announced a rapid, national independent Investigation into NHS maternity and neonatal services, led by Baroness Amos, to help us to understand the systemic issues behind why so many women, babies and families experience unacceptable care.

The investigation will look at the maternity and neonatal system nationally, bringing together the findings of past reviews into one clear national set of recommendations. This will also include rapid reviews of maternity and neonatal services in selected trusts. A focus on inequalities is threaded throughout the work of the investigation. This includes identifying the drivers and impact of inequalities that are faced by women, babies and families from Black and Asian backgrounds, deprived groups and other marginalised groups when receiving maternity and neonatal care.

On 9 December 2025, Baroness Amos published reflections on what she has heard so far as part of the National Maternity and Neonatal Investigation, following engagement with women and families. The Secretary of State has agreed with Baroness Amos that the investigation will publish its final report and recommendations in spring 2026.

The committee's report recommendations and our responses follow.

Culture, leadership and racism

Recommendation 1

> "We recommend the department works with the NHS, the Royal College of Midwives, and the NMC [Nursing and Midwifery Council] to introduce mandatory, ongoing cultural competency training for all midwives, informed by co-production. A working group should review and update training materials to ensure they meet the needs of all ethnic groups."

– paragraph 27

Government response
The government recognises that cultural competency is a critical skill for all maternity staff, including midwives.

The government is clear that demonstrable progress on reforming midwifery education must be made, to reflect modern maternity care needs. The Nursing and Midwifery Council (NMC) is the independent regulator of nurses and midwives in the UK, and nursing associates in England. It sets the standards that registrants must meet to demonstrate that they are capable of practising safely and effectively, which includes a standards framework for midwifery education and training.

Since the publication of an independent report into NMC's culture in July 2024, NMC has undergone a series of leadership changes (including appointing a new chair and chief executive) with increased external monitoring through the Professional Standards Authority's Independent Oversight Group on which Department of Health and Social Care (DHSC) officials sit. NMC has also undergone significant cultural changes to address these concerns.

NMC has developed a 3-year Culture Transformation Plan, which began earlier this year. This includes:

- embedding equality, diversity and inclusion throughout the organisation
- ensuring values-based decision-making that puts patient safety and modern care principles at the centre
- creating an environment where staff can challenge outdated practices

Cultural competency training for maternity services staff is part of the core competency framework, which sets out clear expectations for NHS trusts. It ensures that training to address significant areas of harm is included as a minimum core requirement and

standardised for every maternity and neonatal service. Over 20,500 maternity staff have completed the e-learning module to date. While this training is not mandated, NHS trusts are expected to cover the training from a list of topics included in the core competency framework, identified from:

- unit priorities
- audit report findings
- locally identified learning

Ensuring staff are providing culturally competent care requires a range of initiatives and responses, including but not limited to training. To address more systemic issues such as institutional racism, unequal access to care and biased policies, NHS trusts also need to ensure they are:

- listening to feedback from service users and their communities
- reviewing and updating guidelines
- tackling workforce issues

Some of this has been tested as part of the Race Health Observatory's Maternity and Neonatal Learning and Action Network programme. We are ensuring learning from this programme informs all our work going forward.

NHS England has also committed to better involving service users and ensuring service user voice is at the heart of decision-making in maternity and neonatal services. To achieve this, integrated care boards (ICBs) are expected to commission and fund maternity and neonatal voices partnerships (MNVPs) to cover each trust within their footprint, reflecting the diversity of the local population. MNVPs are there to listen to and reflect the views of local communities, including seldom-heard groups. To support this, NHS England provided additional funding to ICBs for their MNVPs in 2024 to 2025 and 2025 to 2026.

Providing culturally competent care will also form a core component of NHS England's Perinatal Equity and Anti-Discrimination Programme. The aim of the programme is to equip staff with the knowledge, skills and tools they need to bring about the behavioural, cultural and organisational changes required to tackle racism and discrimination, and sustain an inclusive culture. The programme has several elements, including:

- webinars to raise awareness and name racism
- support to identify specific local challenges

- engagement with senior leaders around how to lead an anti-racist and anti-discriminatory workplace

- empowerment for clinical leaders to act as role models and tackle poor behaviours

- guidance in co-creating policies through an anti-discriminatory lens

More generally, work is underway in NHS England to draft a new statutory and mandatory training competency framework for all NHS staff, which will replace the Core Skills Training Framework. This will set out all nationally recommended subjects to be mandated and is due to go live by April 2026.

Recommendation 2

> "The NHS leadership framework should set clear expectations for tackling racism and fostering an inclusive culture, reflected in chief executives' performance agreements.
>
> "It must also equip ministers to hold trust leaders accountable for creating anti-racist organisations and improving maternity outcome inequalities."

– paragraph 37

Government response
The government agrees with the committee that NHS trust leaders should set clear expectations for tackling racism and fostering an inclusive culture. The NHS needs and deserves the best leaders who foster an open, inclusive and compassionate culture.

There is significant work underway to ensure that NHS leaders are equipped to deliver transformation in the NHS and to ensure that they are held accountable should their actions consistently fall short of the standards expected of them. This includes initiatives within NHS England, the Care Quality Commission (CQC) and NHS Resolution.

NHS leadership and expectations
The government committed in its manifesto to establish a College of Executive and Clinical Leadership within this Parliament, which will:

- play an important role in managing and championing the new NHS management and leadership standards, and code of practice

- provide access to development for managers and leaders that is aligned with the leadership and management framework

The manifesto also committed the government to introducing a regulatory system for senior NHS leaders, as there is in place for clinicians, within this Parliament, which will hold senior NHS leaders accountable for their actions. In July 2025, the government set out plans to achieve this through a disbarring mechanism, which will prevent senior NHS managers who commit serious misconduct from working in senior roles within the NHS again.

The forthcoming new NHS Management and Leadership Framework's code and standards will include clear and measurable expectations around:

- inclusion
- valuing diversity
- embedding inclusivity, equity and safety for all
- tackling health inequalities

Board members and trust leaders
All board members, including chief executives, have specific objectives for equality, diversity and inclusion as per the Board member appraisal guidance.

All board members are assessed against the NHS leadership competency framework for board members, which includes a specific domain to ensure leaders are promoting equality and inclusion, and reducing health and workforce inequalities.

Embedding diversity in leadership
In terms of holding NHS trust leaders accountable for creating anti-racist organisations and improving maternity outcome inequalities, the public sector equality duty (PSED) sets out the main statutory duty that all public authorities must, in the exercise of their functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

NHS organisations are required to publish their PSED reports in quarter one of each new financial year, reporting on outcomes from data in the previous financial year.

Regulation and inspection
To further enhance CQC's role in effectively holding to account trusts that fail to make progress, NHS England has established a quarterly meeting with colleagues from CQC, as

well as the Equality and Human Rights Commission, General Medical Council, Health and Care Professionals Council and NMC, to share intelligence on system progress on the implementation of the NHS equality, diversity and inclusion (EDI) improvement plan and its 6 high-impact actions, along with system compliance with regulatory frameworks.

In addition to the programme, there is a specific requirement in the 2025 to 2026 NHS Standard Contract. Delivery of the implementation of the EDI improvement plan is mandated in England. Therefore, there is a requirement for NHS organisations to deliver the high-impact actions and measure progress and impact on organisational culture and delivery of services.

Furthermore, NHS England is developing a Maternity and Neonatal Equity and Equality Dashboard. The first iteration will contain 12 important data metrics relating to inequalities. Bringing together a range of inequalities metrics will allow trusts to see data in one place and track progress of initiatives against metrics in real time. This will help to change culture to one where tackling inequalities is seen as a priority. Trust leaders will be expected to use the dashboard when considering progress and ongoing initiatives.

As has been demonstrated in various reports, CQC recognises the critical roles that leadership and organisational culture play in:

- improving the quality of maternity services and outcomes for Black women
- tackling the structural inequality that contributes to poor experiences

This is assessed through the 'well-led' inspection criteria, which looks at whether there is an inclusive and positive culture of continuous learning and improvement that is based on meeting the needs of service users.

As part of its trust-level assessment process, CQC has invested in specialist advisers with a specific focus on population health inequalities and workplace equality, diversity and inclusion, strengthening how we probe and evidence trusts' progress in addressing health care inequalities more broadly. Through this work, CQC aims to develop a clearer and more consistent understanding of how leaders are prioritising equity and inclusion within their organisations, including their response to racism and cultural issues that impact care.

In relation to health inequalities affecting women and their babies, CQC's quality statements have health equity domains and it is looking to strengthen these through its new single assessment framework.

Additionally, NHS Resolution's Maternity Incentive Scheme supports the delivery of safer maternity and neonatal care by providing a financial incentive to trusts to meet 10 safety actions, which are agreed at system level as critical areas required for safe care. The

Maternity Incentive Scheme encourages board assurance of maternity and neonatal safety, culture and data collection (including ethnicity data), which helps to support improvement and increase board accountability in this area.

NHS Resolution's Practitioner Performance Advice ('Advice') also provides impartial advice to healthcare organisations to help them effectively manage and resolve concerns raised about the practice of individual doctors, dentists and pharmacists. Advice recognises that staff may experience prejudice and discrimination - directly and indirectly - that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. It is committed to supporting employers and practitioners so that all practitioners working in the NHS have an equitable and fair experience of the management of concerns about their practice, which is not affected by their characteristics.

In support of this aim, NHS Resolution has published:

- lived experience research
- EDI initiatives of healthcare partners
- Principles and Framework for Fairness and Proportionality, which is aimed at healthcare organisations managing performance concerns
- specific Insights publications to share EDI analysis of Advice cases

This is important because resolving cultural and behavioural issues with staff can contribute to the success of services.

The Advice service makes available to individual NHS organisations their own organisational activity reports containing information about the demographic profile of their Advice cases, including where there have been cases in particular groups of staff. The reports, supported by facilitated discussions, are aimed at generating insights to help enable providers to ensure the fair and effective management and resolution of individual and team performance concerns.

The Advice service also offers a Board Level Assurance For Resolving Performance Concerns programme. This programme is designed to support board members in fulfilling their responsibilities under the Maintaining high professional standards in the modern NHS framework. It equips executive and non-executive directors, designated board members, and senior leaders with the knowledge and practical insights needed to oversee practitioner performance concerns fairly, transparently, safely and compassionately.

Recommendation 3

> "The government should also ensure the forthcoming workforce plan explicitly includes targets and strategies to diversify NHS leadership, specifically maternity service leaders and educators.
>
> "This must be accompanied with robust monitoring mechanisms that can be used to track progress and hold trusts to account for their performance."

– paragraph 39

Government response
We agree with the committee that it is important to diversify NHS leadership, including maternity service leaders and educators.

The 10 Year Workforce Plan will ensure the NHS has the right people in the right places, with the right skills to care for patients, when they need it. We are working through how the plan will articulate the changes for different professional groups. We are committed to working with partners to ensure the plan meets its aims, and will engage independent experts to make sure it is ambitious, forward looking and evidence based.

In September, we launched our formal call for evidence for the 10 Year Workforce Plan, to provide stakeholders with the opportunity to contribute directly to the plan's development. The government asked to hear from anyone with relevant evidence, including trade unions, royal colleges, employers, charities and those with expertise by experience.

NHS England has commissioned the NHS Employers' Diversity in Health and Care Partners Programme, which has empowered over 375 organisations to tackle inequality in the workplace. This provides organisations with access to:

- leading industry experts
- good practice, guidance and resources
- networking opportunities

This will help them to develop the necessary equality capacity and capability at a systems level to specifically deliver the requirements of the NHS EDI improvement plan, 10 Year Health Plan for England and forthcoming 10 Year Workforce Plan.

The national Perinatal Equity and Anti-Discrimination Programme, which all trusts are expected to complete by 2027, will also play an important role in supporting leadership diversification. A core aim of the programme is to help senior leaders understand the importance of inclusive leadership and the impact of diversity on:

- decision making
- service delivery
- staff experience

By embedding anti-racist and anti-discriminatory principles into leadership behaviours and organisational culture, the programme is expected to provoke reflection and action within trusts on how leadership opportunities are created and sustained.

The long-term success and sustainability of the programme will be closely tied to the presence of diverse leadership at all levels, including within maternity and neonatal services. For the last 2 years, NHS England has funded cohorts of aspiring midwifery and neonatal leaders to undertake a bespoke Rosalind Franklin leadership development programme delivered through the NHS Leadership Academy. This bespoke programme is aimed at mid-level healthcare leaders aspiring to lead large and complex services, including those in maternity and neonatal.

NHS England is also updating and relaunching an Inclusive Reciprocal Mentoring Programme, which will be open access for all systems and regions to be able to use as they see fit. Based on the established evidence base, it is hoped that this will help to increase diversity across senior leadership roles and help current senior leadership have greater insight into the delivery of care to diverse patient and service user groups. Additionally, the NHS supported over 90 ethnic minority midwives, neonatal nurses and their managers through the Elevate and White Allies at Work programmes. The latter was co-designed with London South Bank University and won the Exceptional Programme of the Year Award at the Ethnic Minorities into Leadership Awards 2024.

There are local initiatives underway to improve the diversity of the maternity workforce leadership. For example, the CapitalMidwife Programme has been developed in response to the growing need to apply ‘once for London’ solutions to the challenges faced by over 6,000 midwives who make up the London midwifery workforce. Specifically, the programme formed an EDI advisory group made up of ethnic minority maternity leaders that designed and piloted the CapitalMidwife Anti-Racism Framework. The framework includes 9 initiatives, ranging from supporting ethnic minority staff into leadership roles through to debiasing people management processes. Trusts will receive accreditation and rewards for implementing the various initiatives on the framework.

Recommendation 4

> “We recommend that addressing racial disparities in maternal outcomes is one of the investigation’s core aims, and that this features prominently in the terms of reference for the second stage.

> "We recommend that the investigation aligns with the priorities outlined by the Health Services Safety Investigations Body, specifically the defining of an accountability framework for maternity and neonatal services.
>
> "Additionally, we recommend that the review carefully considers the impact of the significant reduction of ring-fenced funding as outlined in this report."

– paragraph 45

Government response

The government strongly agrees with the conclusion of the committee that progress has remained too slow in improving Black maternal health. Too many women and families have suffered trauma, harm and loss due to failures in maternity care, particularly in ethnic minority communities, including women from Black ethnic backgrounds.

That is why we announced, in June 2025, a national independent investigation into NHS maternity and neonatal services, which will help us to understand the systemic issues behind why so many women, babies and families experience unacceptable care. On 14 August 2025, the Secretary of State for Health and Social Care announced the appointment of Baroness Amos as chair of the investigation.

The investigation will gather evidence directly from women and families, including fathers and non-birthing partners, to ensure their lived experience is reflected and used to inform recommendations. The investigation will bring together the findings of past reviews into one clear national set of actions to ensure every woman and baby receives safe, high-quality and compassionate care. Baroness Amos will be working closely with families as the investigation develops and, on 9 December 2025, published reflections (linked previously in the introduction) on what she has heard so far. The investigation's final report and recommendations will be published in spring 2026.

The investigation is independent and the terms of reference for the investigation (linked previously in the introduction) were published on 15 September 2025, which include a focus on inequalities.

The investigation will aim to identify the drivers and impact of inequalities faced by women, babies and families from Black and Asian backgrounds, deprived groups, and other marginalised groups when receiving maternity and neonatal care. This will include:

- focusing on factors such as racism, discrimination, lack of culturally sensitive care and language barriers
- exploring how past experiences influence care-seeking behaviour
- seeking opportunities to reduce health inequalities and promote equity

We support the priorities outlined by the Health Services Safety Investigations Body, specifically the defining of an accountability framework for maternity and neonatal services. As set out in the terms of reference for the independent investigation, it will assess the quality of the response of NHS trusts and ICBs when things go wrong or harm occurs, including investigating and learning from incidents, and promoting honesty, transparency and candour.

Further, the investigation will examine the response of local and national healthcare organisations to women, babies and families when things go wrong or harm occurs, including preventable deaths and harm, during the delivery of maternity and neonatal care. This will include reviewing how healthcare investigations are undertaken, including establishing accountability.

The investigation did not include consideration of funding in its published terms of reference. The government has provided a detailed response to the commission's recommendations (9 and 10) in the section on 'Funding' below.

The recommendations made by the investigation will be addressed by the National Maternity and Neonatal Taskforce, which will be chaired by the Secretary of State for Health and Social Care and formed into a national action plan. The taskforce will work closely with families and stakeholders in developing the action plan, ensuring their voices are central to this work - including those from more marginalised groups and those experiencing worse outcomes.

Workforce

Recommendation 5

> "The government must give firm commitments in the refreshed Long Term Workforce Plan to deliver safe staffing levels for maternity services. Without this, safe and sustainable maternity care will remain out of reach.
>
> "As part of the workforce plan, the government must commit to rapidly reaching a level of staffing that will allow it to recommit to its continuity of carer target."

– paragraph 63

Government response
Over the last 10 to 15 years, there have been significant increases in the midwifery workforce. In 2010 to 2011, there were around 34 deliveries for each full-time equivalent (FTE) midwife. The number of qualified midwives has since increased by around a quarter and, in 2023 to 2024, there were around 25 deliveries per midwife. As of 31 August 2025, there are now 24,706 FTE midwives employed by the NHS. This is an increase of 1,249 (5.3%) compared with 31 August 2024. The qualified midwifery workforce has also been supplemented by the introduction of midwifery support workers.

Increasingly complex births and the increase in rate of deliveries by caesarean section has led to new and different demands on the whole maternity workforce. Between 2017 to 2018 and 2023 to 2024, the proportion of caesarean deliveries has risen from 28% of hospital deliveries to 42%. Additionally, the number of maternity outpatient attendances increased from 9.2 per delivery in 2014 to 2015 to 12.6 in 2022 to 2023 - this is equivalent to an annual growth rate of 4.1%.

NHS England remains committed to the enhanced continuity of carer model for those living in the most deprived areas. An independent evaluation of the enhanced model of continuity of carer model found that:

- service users and staff appreciated the model
- enhanced model of continuity of carer teams provided greater capacity for midwives to deliver enhanced care to the women that are most likely to experience poor outcomes

An evaluation of longer-term outcomes will be available in 2027. Funding that was provided for the pilot was moved into ICB baselines in line with other NHS England programmes for 2025 to 2026. Regional teams are working with trusts to understand how this funding is being used to tackle inequalities in outcomes.

There are considerable opportunities to provide midwives and women with digital tools to support care - these include:

- automated translation tools to provide specific maternity-related support to women whose first language is not English
- electronic health records to ensure all data about a women's wider health is shared with staff
- the use of digital tools to ensure more accurate diagnosis of complications

Work is ongoing to explore how best to introduce technology and support improved packages of care.

The 10 Year Workforce Plan will ensure the NHS has the right people in the right places, with the right skills to care for patients, when they need it. We are working through how the plan will articulate the changes for different professional groups, including midwives and obstetricians. You can read more about the 10 Year Workforce Plan in the previous government response to recommendation 3 in the 'Culture, leadership and racism' section above.

Recommendation 6

> "We urge the department [DHSC] to update and publish the tool produced by RCOG [the Royal College of Obstetricians and Gynaecologists] in time for the rollout of the upcoming refreshed workforce plan, so that every maternity unit can use it to plan effectively, ensure appropriate staffing and deliver consistent, safe care to all mothers and their babies."

– paragraph 65

Government response
NHS England is working in collaboration with the Royal College of Obstetricians and Gynaecologists (RCOG) to support trusts to ensure optimal staffing levels are in place to provide high-quality maternity care services.

RCOG provided a comprehensive census of the obstetric workforce at a trust level, including possible comparisons with unit acuity (a measure of the severity of a patient's condition and the urgency with which they need to be assessed). It demonstrated significant variation with no real guide as to what level of staffing is safe.

In collaboration with RCOG and regional maternity teams, NHS England is producing a set of principles and expectations to guide job planning for obstetric consultants at trust level,

which will lay out what activities must be covered to provide a safe maternity service. NHS England and RCOG will aim to share this work as soon as possible to support planning.

Data

Recommendation 7

> "We recommend that this plan should include details on staff training, support for data collection, and accountability measures to ensure trusts meet their responsibilities.
>
> "The government must establish transparent mechanisms to monitor compliance and address failures in timely, accurate reporting, and outline these in its response to this report."

– paragraph 81

Government response
We strongly agree with the committee that collecting robust, consistent and equity-focused data on ethnicity and maternal morbidity is essential to enable health services to monitor and improve their service delivery, thus guiding improvements in maternal outcomes.

NHS England has worked closely with stakeholders, including ICBs and trusts, voluntary sector partners and national bodies such as the Office for National Statistics, to develop an Ethnicity Recording Improvement Plan. The plan sets out 5 areas for action by ICBs and providers that are essential to drive improved ethnicity recording practice, accurate recording and robust analysis to understand inequalities between groups. This includes:

- providing clinical administrative staff with resources and training to support direct yet culturally sensitive conversations with patients about ethnicity recording
- regularly reviewing completion of ethnicity fields across different services and carrying out improvement work to drive up completion where necessary
- working to optimise patient record systems and forms to ensure that recording ethnicity is the easiest thing to do and supported by a user-friendly interface
- using the data collected to:
    - understand ethnic health inequalities across services
    - carry out targeted interventions to remove barriers to access, experience and outcomes

To support implementation of the plan when it is published, NHS England will work with systems and providers to disseminate good practice resources and remove barriers to improvement that can be addressed nationally, such as outdated ethnicity codes and fragmented data sets that require repeated recording of ethnicity for the same patient across services.

The plan contains example measures that can be monitored at ICB and provider level to track progress on improving the quality of ethnicity data. Alongside this, NHS England is working to embed monitoring of the completeness of ethnicity data into accountability mechanisms, with a focus on reducing the number of blank records, and inappropriate use of 'not known' and 'not stated' codes.

NHS England is developing a Maternity and Neonatal Equity and Equality Dashboard to strengthen transparency and accountability in addressing health inequalities. The initial iteration, scheduled for launch in January 2026, will present 12 important metrics relating to disparities in outcomes and experiences. This will enable the identification of areas where Black and Asian women, and women from socioeconomically deprived backgrounds, experience the greatest inequities in care quality and health outcomes.

By consolidating a range of inequality indicators into a single platform, the dashboard will support trusts in:

- monitoring performance
- assessing the impact of improvement initiatives
- driving targeted action

Data will be published with the shortest feasible time lag to promote a culture in which tackling inequalities is prioritised across maternity and neonatal services.

Importantly, the dashboard will be publicly accessible, enhancing transparency and strengthening accountability to service users. Subsequent iterations will seek to incorporate less routinely collected data and develop more sophisticated metrics on patient experience and clinical outcomes, further supporting evidence-based improvement.

Ethnicity coding data completeness in the Maternity Services Data Set has improved year on year: from 92% in 2021 (when data was first considered robust) to 96% in 2024. This is important as it helps the NHS better understand health outcomes and, from there, how effective action is to address inequalities.

These improvements in data quality have been supported by safety action 2 of NHS Resolution's Maternity Incentive Scheme, which supports data quality improvement. 'Not

stated', 'missing' and 'not known' are not valid records for the ethnicity coding data quality standard as they are only to be used in exceptional circumstances.

As a result of the committee's recommendations, a new system of surveillance for severe maternal morbidity is also being developed. PReventing Severe Maternal Morbidity and mortality (PRiSMM) is a new data-driven approach that is being developed to monitor pregnancy complications in real time using linked patient care records. This system will provide deeper insights into the causes and pathways of harm, enabling targeted interventions to reduce unequal risks and improve outcomes for all women and babies.

Central to this effort is the development of a 'Maternal Care Bundle', which will standardise care across 5 core clinical areas and be implemented from April 2026. A supporting measurement strategy will track implementation and ensure the bundle is having the intended impact, particularly in reducing ethnic inequalities.

The first data from this new surveillance system is expected in the first quarter of 2026.

Additionally, NHS England is due to launch a Maternity and Neonatal Equity and Equality Dashboard in January 2026. This will support the identification of areas where Black and Asian women and women from deprived backgrounds face the greatest disparities in care quality and health outcomes.

Recommendation 8

> "We are concerned that progress on developing a maternal morbidity indicator has been unacceptably slow, despite a government commitment to do so over 2 years ago. We recommend the department [DHSC] work with the National Institute for Health and Care Research to accelerate development and provide a clear timetable in response to this report."

– paragraph 82

Government response
We agree that the development of a severe maternal morbidity indicator is critical to our work to tackle maternal inequalities - enabling us to better understand trends at pace, including at a local level, and what interventions are working, as well as being an important measure in its own right. We expect this indicator to regularly report by June 2026.

Researchers in the National Perinatal Epidemiology Unit at the University of Oxford and the National Institute for Health and Care Research's Policy Research Unit in Maternal and Neonatal Health and Care have updated the existing English maternal morbidity outcome indicator to include a more comprehensive list of conditions and results have already been released demonstrating the variation in the indicator by ethnicity and deprivation.

From June 2026, the new PRiSMM system will regularly report this indicator by region, ethnicity and area deprivation scores in a data dashboard. This report will be updated each time new national data is released, providing an up-to-date snapshot of maternal morbidity.

In parallel, this research team will create a new data platform that will gather more detailed information from individual electronic patient records. This will enable trusts to monitor and respond to changes in rates of severe maternal morbidity.

Funding

Recommendation 9

> "We strongly recommend that the government restore the dedicated ring-fenced funding for the service development fund for maternity care to £95 million. Properly targeted, we believe this investment has the potential to reduce the substantial cost of maternity negligence claims to the NHS and more than pay for itself."

– paragraph 91

Government response
This government has instructed the NHS to improve maternity services, as part of a drive to improve quality, as a priority in the Medium Term Planning Framework.

Maternity funding has not been cut. The same level of funding is being delivered, but the ring-fence has been removed to allow local healthcare system leaders more autonomy to meet the needs of their local population.

Maternity, which formed part of the Service Development Funding (SDF) in 2024 to 2025, has been transferred to ICB core allocations for 2025 to 2026 to allow local leaders more flexibility to serve the needs of their local populations. NHS England does not commission or budget for maternity services - this is the responsibility of ICBs.

This approach is consistent with our wider intention to give local healthcare leaders - who are best placed to decide how to serve their local community - more flexibility. This type of approach is also normal practice across the NHS - ring-fenced SDF funding is provided to embed a new initiative with future funding then rolled into ICB baselines, which can then progress with the initiative in a way that works best locally.

Recommendation 10

> "More broadly, the government must ensure that maternity services continue to be a priority within ICB funding allocations. We ask the government to set out, in its response to this report, how it will monitor ICB investment in these services, including the impact of the removal of the ring-fence, if that decision is not reversed, and how it will intervene if it sees evidence that ICBs are underinvesting in maternity services."

– paragraph 92

Government response
Maternity services must continue to be a core priority for ICBs, which is why improving outcomes (including safety) in maternity and neonatal services remains a core priority as set out in the Medium Term Planning Framework. The government will continue to monitor ICB investment in these services.

While the ring-fence for maternity funding has been removed, the same level of funding is still being provided as part of wider ICB allocations. You can read more about this in the previous government response to recommendation 9 above.

NHS England sets national priorities for ICBs to improve access to timely care for patients, while increasing productivity, living within allocated budgets and driving reform.

We are aware that many health behaviours and risk factors for poor maternity and birth outcomes are established prior to pregnancy - notably smoking and obesity. We will be looking closely at how other parts of the health system and government can be brought together to tackle these issues. Equity and equality action plans detail local interventions, for example:

- targeted weight management sessions
- stop smoking services
- enhanced pre-conception health support
- equitable access to transport
- tailored maternal needs for pregnant asylum seekers and refugees

The National smoke-free pregnancy incentive scheme is supporting pregnant smokers by offering financial incentives for those who quit and remain smoke-free throughout their pregnancy and 3 months after birth.

There is also considerable opportunity to improve the efficiency of maternity services, with a strong role for technology in supporting this.

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