



# National Maternity and Neonatal Taskforce: terms of reference

Published 19 May 2026

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## Aim

The aim of the National Maternity and Neonatal Taskforce ('the Taskforce') is to drive improvements to NHS maternity and neonatal care in England by:

- overseeing the development of a new national action plan ('the action plan') based on the findings and recommendations of the National Maternity and Neonatal Independent Investigation ('the investigation')
- holding the system to account for implementation of the action plan and for improvements in care and experiences for women, babies and families, and for the experiences of staff

# Responsibilities

## The action plan

The Taskforce will address the investigation's findings and recommendations by overseeing the development of the action plan. The action plan will consider all stages of the maternity and neonatal care pathway. This extends to care beyond maternity and neonatal services which also impacts maternity and neonatal experiences and outcomes including public health, primary and community care (for example, pre-pregnancy care and advice, pregnancy loss, postnatal care, mental health and bereavement support).

The Taskforce will consider whether any additional areas not addressed in the investigation should be included in the action plan.

In developing the action plan, the Taskforce will consider:

- the evidence base (including that provided by the investigation) of actions and the likely impact of actions on outcomes, experiences, and inequalities
- prioritisation of actions which reflects:
  - costs and benefits, including cost-effectiveness and affordability, to ensure deliverability by national and local services within the spending review envelope (2026 to 2027 to 2028 to 2029), funding beyond 2028 to 2029 is subject to the next spending review
  - the need to ensure that the system has sufficient capacity to properly implement actions and sustain improvements
- where change is needed, what are the obstacles, and what measures are required to enable change to take place (insofar as the investigation has not already considered this)
- how improvements for women, babies and families and staff will be measured
- how to ensure strong local and national accountability and support for delivery
- alignment between new and existing interventions and incentives
- interdependencies with other relevant areas and commitments, including the government's manifesto commitment to set an explicit target to close the Black and Asian maternal mortality gaps, delivery of the 10 Year Health Plan, improvements in patient safety, personalised care and ongoing work on clinical negligence

- recent developments in maternity and neonatal care, including findings and recommendations from the Thirlwall Inquiry and any other place-based reviews such as the independent review into maternity services at Nottingham University Hospital NHS Trust.

The timeline for publication of the action plan will be set by the Taskforce following their consideration of the investigation's final report and recommendations.

The Secretary of State for Health and Social Care maintains ultimate responsibility for the design and delivery of the action plan.

## **Holding the system to account**

The Taskforce will hold the system to account for implementation of the plan and improvements to care by:

- regularly reviewing progress against the plan
- considering progress towards improved maternal and neonatal outcomes, including the experiences of staff, women, babies and families, reducing inequalities and the achievement of any government targets

If and where problems are identified, the Taskforce will raise challenges with the delivery of care in the maternity and neonatal system directly with the Secretary of State for Health and Social Care as Taskforce chair and help identify any further actions and support needed.

## **Membership and expert reference groups**

The Taskforce members are set out on the National Maternity and Neonatal Taskforce GOV.UK page.

The Taskforce will draw on the following expert reference groups to ensure a representative breadth of voices inform its approach. The chair of each expert reference group will sit on the Taskforce to represent the group's views:

- 3 groups representing families who have lived experience of maternity and neonatal care, including families who have experienced harm or bereavement in maternity and/or neonatal care (chaired by Helen Gittos, Gary Andrews and Cathy Brewster)
- one Clinical and Academic group, including individuals representing those on the frontline of delivery (co-chaired by Nina Johns and Helen Cheyne)

- one Health Equity group, including those with lived experience of maternity and/or neonatal care (chaired by Habib Naqvi, with Lauren Caulfield as a family representative with lived experience sitting on the Taskforce)
- one charity and third sector group (chaired by Clea Harmer)
- one group of regulators and investigatory bodies operating within the maternity and neonatal landscape, including some family representatives (chaired by Baroness Merron)
- one Parliamentary and mayoral group (chaired by Michelle Welsh MP)

## **Ways of working and governance**

The Taskforce will meet every 6 to 8 weeks. This may vary based on the work needed between meetings to maintain progress of the Taskforce's aims.

Taskforce members will be respectful and considerate of the breadth of views represented within the Taskforce and its supporting expert reference groups.

The Taskforce's responsibilities and membership will be reviewed yearly.

The Taskforce will aim to conduct its work in a trauma-informed way and will have trauma-informed expertise available to support its work and meetings.

The Taskforce will ensure its work is transparent and accessible by:

- publishing a record of the Taskforce meetings on GOV.UK
- sending quarterly updates on progress to families and stakeholders

The Taskforce will have the full support of the Department of Health and Social Care (DHSC) and NHS England in its work.

## **Secretariat**

Secretariat for the Taskforce will be provided by the Maternity and Neonatal Policy team in DHSC.

## **Relationship with the investigation**

The investigation is independent of DHSC. The Taskforce may receive access to the investigation's timelines before publication, subject to agreement from the independent chair, and discuss existing publications with the independent chair.

Where warranted, the Taskforce may consider holding further discussions with the independent Chair of the investigation, and/or her expert advisors, following the conclusion of the investigation.

## **Conflicts of interest**

Taskforce members will be required to declare any conflicts of interest (including perceived conflicts) and appropriate mitigation to the Taskforce chair, where relevant.