Department of Health & Social Care

National Maternity and Neonatal Taskforce: meeting note

14 July 2026, 2.30pm to 4pm, 39 Victoria Street, London

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Overview

The Secretary of State for Health and Social Care, the Rt Hon James Murray MP, chaired the third meeting of the National Maternity and Neonatal Taskforce. The purpose of this meeting was to begin work to translate specific recommendations from the National Maternity and Neonatal Investigation and the Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust to action, and to discuss areas that the Taskforce felt they should explore that were not covered by recommendations made by Baroness Amos or Donna Ockenden.

Members discussed the proposed role and scope of the Maternity and Neonatal Commissioner, including themes of accountability, independence, oversight and public confidence. The Taskforce also considered the development of a Modern Service

Framework for maternity and neonatal services, exploring how it could provide a long-term, evidence-based vision for improving care and outcomes across the health system.

The Taskforce reflected on areas not covered by recent maternity reports (following up from the discussions at the joint Taskforce and expert reference group event held on 7 July). It was announced that Shirley Peterson, Chief Midwife at Lewisham and Greenwich Trust, would join the Taskforce.

Opening discussion

In his opening remarks, the Secretary of State announced the addition of Shirley Peterson, Chief Midwife at Lewisham and Greenwich Trust, to the Taskforce, emphasising the importance of ensuring a broad range of perspectives. There was a brief discussion about the role of the Taskforce in relation to decisions about taking forward Baroness Amos' recommendations, and on the relationship of NHS England's 10-point plan with the work of the Taskforce.

Maternity and Neonatal Commissioner: initial reflections on role and scope

The Secretary of State confirmed his intention to seek to create a statutory Maternity and Neonatal Commissioner via the Health Bill that is currently making its way through Parliament, subject to required approvals. He noted that the Commissioner's role needs to champion and advocate for women's and families' voices, and to hold a mirror to government and challenge us, including by reporting to Parliament. They should also be focused on driving action by strengthening delivery accountability, and the role should be tightly defined.

Taskforce members discussed the potential scope and focus of the role, and the type of background and experience of the role-holder. There was support for the Commissioner being a statutory independent role, being accountable to the public via Parliament, and to focus on accountability within the maternity and neonatal system. There was some discussion about potential conflict if the Commissioner led implementation of work (for example, the action plan) whilst also holding Government to account for that implementation.

The Taskforce agreed the Commissioner needed to be adequately resourced to deliver their role, including a team supporting them. Some members suggested that the Commissioner role would be better fulfilled by a team of people (say 2-3 people) rather than one single individual.

The Taskforce emphasised that the role would need to have clear focus and not be symbolic, as well as ensuring alignment with the Patient Safety Commissioner. There was discussion about whether the Commissioner, as well as championing the voice of women and families, should also champion maternity and neonatal staff voices. The Taskforce also considered whether the role focuses primarily on safety or whether it also includes a focus on women and families' experiences of maternity and neonatal care. It was suggested that the Commissioner's powers could include gathering data and evidence, and ensuring that recommendations are implemented. The Taskforce also recognised that the role could not deliver everything and some prioritisation was required, and that there should not be duplication with other parts of the system such as regulators – although some members noted families' concerns with regulators. Another suggestion was for the Commissioner to provide a link to local maternity and neonatal voices partnerships.

The Secretary of State thanked Taskforce members for their valuable contributions. It was set out that DHSC officials will share a proposal for the role at the next Taskforce meeting ahead of it being put forward into the Bill process, which includes consideration of members' points.

Modern Service Framework

Professor Ramani Moonasinghe, Deputy National Medical Director for NHS England, introduced the concept of a Modern Service Framework and its potential role in supporting long-term improvement across maternity and neonatal services. She explained that Modern Service Frameworks provide an ambitious vision for a service over the longer term, particularly where responsibility falls across different levels of the system. Development is led by strong clinical leadership in partnership with families, academics, clinicians and industry. Professor Moonasinghe also noted the need to consider the building blocks for local level implementation.

Taskforce members discussed how a Modern Service Framework could help address wider system challenges that influence maternity and neonatal outcomes. There was support for taking a whole-system approach that considers the full pathway before, during and after pregnancy – and recognising the wider life course – and how pregnancy should be considered in the wider context of primary care, mental health services, local authorities and emergency care. The Taskforce also emphasised the need to consider how future service design can and should respond to changing population needs, advances in digital technology and estates requirements.

The discussion highlighted the importance of ensuring that any future framework leads to meaningful and consistent improvements for women, babies and families and that it would

be important to ensure that trusts implemented it. Taskforce members reflected on the role of education and shared ownership in supporting any implementation of a Modern Service Framework, as well as the need to build consensus. They also discussed the need to agree the outcome i.e. “what does good look like” and the priorities, recognising that some interventions might be rapid and others take longer.

The Secretary of State confirmed that a plan for the development of the Modern Service Framework would be considered as part of the Taskforce’s future work.

Taskforce Action Plan

The Secretary of State invited Taskforce members to reflect on additional areas to be considered by the Taskforce which were not covered by recent maternity reports. Gaps identified at the 7 July event included neonatal care, perinatal mental health, postnatal support, health inequalities, the experiences of families affected by harm, normal birth ideology and the importance of considering the wider pathway and services that influence outcomes for women, babies and families.

Taskforce members suggested a range of additional issues, including optimising women’s health through the life course, the experience of ‘secondary victims’ of harm, opportunities to improve clinical negligence frameworks, pre-pregnancy health and prevention, workforce education and training (including quality and breadth of midwifery training), mortuary care, and the importance of recognising and building on examples of excellent care and practice. There was also discussion about culture, behaviours and the ways in which families experience the system when seeking answers, support and redress following harm. Ensuring implementation and accountability was also raised, as was looking at the process for when things go wrong from the family perspective without the onus being on them, the system response (e.g. NHS Resolution, trusts’ legal representatives, professional regulators) and tackling unprofessional behaviour. The organisation of mat-neo services and regulatory framework was raised.

Closing remarks and any other business

Michelle Welsh MP, Maternity and Neonatal Adviser, thanked the Secretary of State for his approach.

Representation on the Taskforce was raised, to ensure it has members with first hand understanding of the disparities across maternity and neonatal services.

The Secretary of State confirmed that a work plan for the Taskforce would be drawn up and shared with the Taskforce over the summer to support members' engagement with their expert reference groups.

Reflections on how some questions had been responded to at the 7 July event were highlighted which Department of Health and Social Care officials were following up.

A member presented a letter to the Secretary of State, signed by over 160 people and organisations, calling for a statutory public inquiry into maternity and neonatal services.

The Secretary of State thanked the Taskforce for their insights, guidance and contributions.