Appendix 2 to AIMS Campaigns Team article 'Making Modern Service Frameworks: methodology, methods and transparency - a view from maternity' By Catherine Williams, on behalf of the AIMS Campaigns Team

Extract from the Final Report and Recommendations | National Maternity and Neonatal Investigation 2026 (pp.17-19)

"4. **DHSC/NHSE must design a Modern Service Framework for maternity and neonatal services within 12 months and begin rollout within 18 months**.

The maternity and neonatal service model needs to be redesigned to consistently achieve high-quality maternal and neonatal care: improving outcomes, meeting core safety standards and ensuring excellent family experience, which meets the demands and requirements of a modern service.

We recommend:

- The Modern Service Framework takes a safety systems approach to design a set of national standards which will deliver responsive, safe and improved services and outcomes across the whole care pathway – from preconception care to postnatal and neonatal care, including investigations and reviews when things go 18 wrong. The Modern Service Framework must shift the maternity service to a more agile design which can respond to the demands of both planned and unplanned (urgent and emergency) care. This must be developed in collaboration with women, families, staff and experts.
- Maternity triage must be formally designated as a safety-critical clinical environment, with binding national standards rather than guidance.
- A set of unified national standards for clinical, professional and operational guidance for maternity and neonatal services must be produced. This must be developed in partnership with national professional organisations, including the National Institute for Health and Care Excellence (NICE), Royal Colleges and professional bodies.
- A redesigned workforce model must be developed and implemented, underpinned by a new multidisciplinary workforce tool for maternity and neonatal services. This must include:
  - Specific consideration of the need for obstetric consultants and anaesthetists to be available on a delivery unit for timely critical senior decision making and intervention 24 hours a day, seven days a week and a formal review of rota models. In the interim, trusts must mandate adherence to current Royal College of Obstetricians and Gynaecologists (RCOG) guidance on consultant and senior presence in and out of hours.

  - Balancing the skill mix of midwives across the 24-hour period, ensuring care is not compromised when specialist midwives are unavailable and that senior midwifery staff are supported to remain visible and clinically active alongside their managerial responsibilities. This must take into account the need to support midwives with career progression.
  - Developing the workforce model in collaboration with midwives, obstetricians, neonatologists, anaesthetists, Directors of Public Health and others.
- DHSC/NHSE must review the optimal size and configuration of maternity and neonatal units to deliver reliable safe care. Neonatal Operational Delivery Networks (ODNs) should match geographically with NHS regions. This should include consideration of whether neonatal and maternity services should be commissioned together.
- DHSC/NHSE must ensure that existing research funding is targeted at the issues where an improved evidence base will support delivery of the new Modern Service Framework. This must include:
  - An independent study of the accuracy of different growth charts available for measuring fetal growth and their ability to reduce adverse outcome.
  - Ensuring there is a sound evidence base when implementing new policies and guidance. This should include stopping mandatory initiatives which lack evidence and feasibility."

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