Bundle BSW Group Board 3 September 2026

4.3.1 Maternity & Neonatal 10-point plan development report
- Item 4.3.1_RR Appendix 1 PRN02631_i_Letter_Maternity and Neonatal 10 Point Plan assurance process_120826-final

4.3.2 Maternity & Neonatal quarterly safety reports (RUH, SFT, GWH)
- Item 4.3.2 RR SFTQ4 - Maternity and Neonatal Q&S Report Q4 Jan-March 2026
- Item 4.3.2 RR SFT APPENDIX 1 - PMRT Report Q1 Apr - June 26
- Item 4.3.2 RR SFT APPENDIX 2 - Training Report Q1 Apr - Jun 26 (1)
- Item 4.3.2 RR SFT APPENDIX 3 - Patient and staff experience Q1 Apr - Jun 26 (1)
- Item 4.3.2 RR SFT APPENDIX 4 - Saving Babies Lives Report Q1 Apr - Jun 26
- Item 4.3.2 RR SFT APPENDIX 5 - Workforce Report Q1 Apr - Jun 26
- Item 4.3.2 RR SFT APPENDIX 6 - ATAIN and TC Report Q1 Apr - Jun 26
- Item 4.3.2 RR RUH Appendix 6 Q4 25-26 quality report

4.3.3 Fuller Inquiry: Board Assurance Statements (RUH, GWH, SFT)
- Item 4.3.3 RR_Appendix A_BSW Hospitals Group_Board Assurance Statement_GWH_31.07.26_V1.0
- Item 4.3.3_RR_Appendix B_BSW Hospitals Group_Board Assurance Statement_RUH_31.07.26_V1.0
- Item 4.3.3_RR_Appendix C_BSW Hospitals Group_Board Assurance Statement_SFT_31.07.26_V1.0

4.3.4 Directors of Infection Prevention & Control Report
- Item 4.3.4_RR_Appendix B GWH DIPC Annual Report 25_26V1.0
- Item 4.3.4_RR_Appendix C RUH 2025-26_DIPC Annual Report_Ratified
- Item 4.3.4_Appendix D RR_SFT_DIPC Annual Report 25_26V1.0

4.5.1 Annual Responsible Officer Report (Medical Revalidation & Appraisal Annual Report)
- Item 4.5.1.1_SFT RR Responsible officer report 2526
- Item 4.5.1.1_GWH_RR_Annex A FQAI updated 2025 26_MASTER Final

4.6 Group Digital Report
- Item 4.6 RR_Group Board (Public) SIRO Annual Data

4.6.1 Annual Cyber Report
- Item 4.6 RR_Appendix A1 - BSW Group - Group Board (Public) - Cyber Annual Report - August 2026
- Item 4.6 RR_Appendix A2 - BSW Group - Group Board (Public) - Group Cyber Report Summary - August 26

5.1 GWH Managing Director's Report
- Item 5.1 RR Appendix A- QS Assurance Committee Report july 2026 gwh
- Item 5.1 RR Appendix B People_Culture_Assurance_Committee_Report_Draft_July 2026
- Item 5.1 RR Appendix C - FP&I July 2026 Assurance Committee Escalation Report
- Item 5.1 RR Appendix D SLT_Escalation_Report_Board_Assurance_23_July_2026

5.3 RUH Managing Director's Report
- Item 5.3 RR Appendix RUH - Upward Report to COMC FPC - July 26 - 2.0JPfinal
- Item 5.3 RR Appendix RUH- Upward Report to COMC Q&S - July 26 - 1.0
- Item 5.3 RR Appendix RUH_People_Culture_Assurance_Committee_Report_Draft_v2

7.1 Corporate Services Transformation
- Item 7.1 RR_Appendix B - Digital Enablement of Corporate Services Update - September 2026

Item 7.1 RR Appendix C - Acacium Group Change of Ownership Notice (Bank Partners)

7.2 Digital Report: EPR Programme

Item 7.2 B - RR Appendix B. EPR Go-Live Activity Approach Workshop 03 Jul'26 Decisions

To: NHS trust:

- chief executives
- chairs
- chief nursing officers
- medical directors
- chief operating officer
- communications directors

cc. Integrated care bard (ICB):

- chief executives
- chief nursing officers
- medical directors

NHS England:

- regional directors
- regional chairs
- regional chief nurses
- regional chief midwives
- regional medical directors
- regional obstetricians

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

12 August 2026

Dear colleagues,

Maternity and Neonatal 10 Point Plan assurance process

Following the publication of Baroness Amos' independent investigation into maternity and neonatal services in England and Donna Ockenden's independent review of maternity services at the Nottingham University Hospitals NHS Trust, our chief executive, chief nursing officer, and medical director leadership community came together to discuss a 10 Point Plan of urgent actions for maternity and neonatal services.

We are now writing to outline the assurance process and the expectations for trusts.

While trusts will want to reflect on the findings of both reports, the immediate priority is delivery of the 10 Point Plan. This sets out the most urgent actions arising from the reports and should be the focus of local leadership, improvement activity and board oversight while the Maternity and Neonatal Taskforce develops a comprehensive national action plan by the end of the year.