University Hospitals of Leicester NHS
NHS Trust

Meeting title:	Trust Board				**Trust Board Paper J**	
Date of the meeting:	9th October 2025					
Title:	National Maternity Investigation					
Report presented by:	Julie Hogg, Group Chief Nurse & Andrew Furlong, Medical Director					
Report written by:	Julie Hogg, Group Chief Nurse & Andrew Furlong, Medical Director					
Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
Where this report has been discussed previously	N/A					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
N/A

Impact assessment

Acronyms used:
CQC – Care Quality Commission
MBRRACE – Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries

Purpose of the Report

The Secretary of State for Health and Social Care announced in June 2025 a rapid, national, independent investigation into NHS maternity and neonatal services. Baroness Valerie Amos was appointed as the independent Chair on 14 August 2025.

The National Maternity and Neonatal Investigation aims to develop one set of national recommendations to drive improvements in maternity and neonatal care across England.

Recommendation

The Board is asked to:

- Note UHL's inclusion in the national investigation.
- Support the Trust's commitment to full cooperation and transparency.
- Receive regular updates on progress and emerging findings.

Main report detail

1. UHL Inclusion

Baroness Amos has confirmed that University Hospitals of Leicester NHS Trust (UHL) is one of 14 NHS Trusts selected for local investigation.

The decision was based on a range of factors, including:

- CQC maternity survey results
- MBRRACE-UK perinatal mortality data
- Family feedback
- Diversity of case mix and population served
- Previous investigations and learning opportunities

2. Scope and Approach

The investigation will put families at the heart of its work, gathering evidence from women, families, fathers, and birthing partners.

Local investigations will involve on-site visits between October and December 2025, with interviews and document reviews.

Trusts will receive at least two weeks' notice for information requests and site visits.

An initial set of findings and recommendations will be published by December 2025, with full recommendations in 2026.

3. UHL Response and Preparation

A dedicated internal coordination group has been established to manage engagement, data collation, and staff/family support.

A communications plan is in place to ensure clear, compassionate messaging to colleagues, patients, and the public.

Oversight will be through the Perinatal Assurance Committee and Quality Committee, with regular updates to the Board.

4. Risks and Mitigations

Risk	Mitigation
Public and stakeholder concern	Transparent communication and proactive media handling
Colleague anxiety	Wellbeing support and clear briefings
Operational burden	Dedication investigation team and digital evidence platform

5. Recommendation

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