

Maternity triage specification benchmarking audit tool

Please enter the name of your trust below:

Leeds Teaching Hospitals NHS Trust

Please enter the trust site below:

St James' University Hospital

Guidance for completion

Purpose

This benchmarking tool has been developed to support maternity services in assessing alignment with the Maternity Triage Specification and identifying opportunities for improvement. The tool should be used as both a self-assessment and quality improvement resource, enabling organisations to evaluate the effectiveness, safety, accessibility, equity and responsiveness of their maternity triage service.

The objective is not solely to determine compliance, but to support continuous service improvement through reflection, evidence review, gap analysis and action planning.

Principles for completion

The Benchmarking Audit Tool must be completed for **each site** within a Trust where maternity triage is operational. This ensures that benchmarking reflects local service delivery arrangements and enables site-specific identification of strengths, gaps and improvement opportunities.

Consider the maternity triage service as a whole, including telephone triage, face-to-face assessment, ongoing care, governance, workforce, environment, equity and measurement.

Base responses on evidence rather than individual opinion.

Dashboard

The Dashboard Tab brings together information from across the benchmarking audit tool into a single, easy-to-view summary. It provides an overview of implementation against each Maternity Triage Specification principle, displaying the number of standards assessed as Fully in Place, Partially in Place, Not in Place, Not Relevant, or where Data is Not Complete. It also includes the estimated cost to progress compliance against the specification standard, enabling organisations to quickly identify areas of strength, prioritise improvement activity, and monitor progress without having to review each individual principle tab separately.

Specification standard

The individual standards within the Maternity Triage Specification have been broken down into specific benchmarking criteria to support a structured assessment of your maternity triage service.

Benchmarking suggestions in line with the specification

This column outlines the minimum standards for benchmarking your maternity triage service against the Maternity Triage Specification. It supports consistent assessment, identification of good practice and improvement opportunities, and consideration of how standards are evidenced, embedded, monitored and continuously improved.

Benchmark rating

This column supports benchmarking against each standard within the Maternity Triage Specification. Each site within the Trust should consider the evidence available to demonstrate implementation, monitoring and continuous improvement, focusing on how standards are embedded in practice and contributing to improved outcomes for women and families.

There is a drop down menu incorporating the following:

Fully in place, evidenced and embedded

Partially in place, but inconsistent or not fully evidenced

Not in place, significant gaps or limited evidence

Not relevant to local pathway/context

Support required from Trust board to progress compliance

This column supports organisations in identifying local improvement needs and the actions, resources and support required to achieve compliance with the Maternity Triage Specification. It should be used to inform prioritisation, action planning and ongoing service development.

What happens if selecting:

Partially in place, but inconsistent or not fully evidenced

Not in place, significant gaps or limited evidence

There is automatic functionality built in that takes you to the Support required from trust board column.

Metrics

This column outlines the metrics for each standard within the Maternity Triage Specification, supporting performance monitoring, assurance and continuous improvement. Where metrics are not currently captured, organisations should identify actions required to enable future data collection.

Data captured per site

This column supports organisations in identifying gaps in data collection and reporting, and the actions required to enable future measurement and monitoring.

There is a drop down menu incorporating the following:

Site captures this data

Site partially captures this data

Site doesn't capture this data

Support required from Trust board to progress the metric

What happens if selecting:

Site partially captures this data

Site doesn't capture this data

There is automatic functionality that takes you to the support required to progress this metric column

Evidence requirements have not been prescribed within this tool to enable each site within the Trust to reflect on local arrangements and identify the most appropriate evidence to demonstrate implementation and compliance. Assessments should be based on documented evidence and demonstrated practice. Benchmarking should be undertaken as a multidisciplinary exercise to support continuous improvement, with actions identified where standards are not fully achieved.

Estimated financial requirements to support compliance

Where assessed as Partially in place, but inconsistent and not fully evidenced or Not in place, significant gaps or limited evidence, each site within the Trust should estimate the financial investment required to achieve compliance, including any workforce, training, digital, infrastructure or operational costs.

Principles Menu

This functionality will enable you to navigate between the principles tabs more easily.

Maternity Triage Specification Benchmarking Audit Tool Dashboard

Click below to link through to each principle

		Fully in place	Partially in place	Not in place	Not relevant	Data not complete	Estimated cost to progress compliance of specification standard
Principle 1: <u>Access and integration</u>	Clear, local 24/7 pathways so women know where to go and are supported between services.	9%	91%	0%	0%	0%	£0.00
Principle 2: <u>Recognition as urgent care</u>	Maternity triage is the safety-critical emergency front door for urgent and unscheduled care and must be recognised and treated as such.	0%	100%	0%	0%	0%	£0.00
Principle 3: <u>Assessment and care of women</u>	Every woman receives timely assessment, prioritisation and a clear plan of care.	0%	80%	20%	0%	0%	£0.00
Principle 4: <u>Clear information for women</u>	Information and messaging must be clear, welcoming and unambiguous: contact triage if you are worried.	0%	100%	0%	0%	0%	£0.00
Principle 5: <u>Telephone maternity triage</u>	A dedicated 24/7 maternity helpline must be answered promptly and not diverted to labour ward.	25%	75%	0%	0%	0%	£0.00
Principle 6: <u>Service user voice and experience</u>	Women's feedback must shape service design, improvement and experience.	20%	60%	20%	0%	0%	£0.00
Principle 7: <u>Facilities and estates</u>	Triage needs safe, visible, fit-for-purpose space designed for urgent care.	10%	70%	20%	0%	0%	£0.00
Principle 8: <u>Staffing</u>	Staffing must support timely assessment and prompt midwifery and medical review when escalation is needed.	33%	67%	0%	0%	0%	£0.00
Principle 9: <u>Equity and equality</u>	Services must use data and targeted action to identify and reduce inequalities.	0%	80%	20%	0%	0%	£0.00
Principle 10: <u>Data and measurement</u>	Data must drive oversight, learning from incidents and continuous improvement.	0%	43%	57%	0%	0%	£0.00

Principle 1: Access and integration		Principles menu												Estimated cost to progress compliance or specification standard	
Clear, local 24/7 pathways so women know where to go and are supported between services.		Dashboard	Previous	2	3	4	5	6	7	8	9	10	Next		
Specification standard	Benchmarking suggestions in line with the specification	Benchmark Rating	Support required from Trust Boards to progress compliance												
Work closely with Emergency Departments, Primary Care, Early Pregnancy, Gynaecology and wider maternity services, so women can easily access the right care from early pregnancy to six weeks postnatal.	1. Local guidance agreed by stakeholders is in place ensuring consistent, clearly defined referral pathways for women presenting 24/7 in care areas outside of acute maternity services 2. The pathway defines where women should present based on gestation, symptoms, urgency and clinical need and this is shared with women, healthcare professionals and partner services. 3. The guidance in place covers early pregnancy, antenatal, intrapartum concerns and the postnatal period, up to 6 weeks and includes clearly defined of handover procedures between services.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Audit use of guideline ID1738 across non-maternity services. Shared CSU and Trust Board Actions- Assess EPUU service effectiveness and provision - Review the gap created by EPUU not using the BSOTS triage system.												
Provide clearly defined 24/7 access routes so women always know where to go with urgent concerns.	1. All access routes are clearly described including via telephone, walk-in and professional referral routes and that these are available and monitored 2. All information related to access routes is consistently applied to all areas of your organisation, including the Emergency Dept 3. Clear information is provided to women identifying appropriate access routes for all gestations of pregnancy and postnatal period	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Audit compliance with guidelines ID6996 and ID3120 - Assess staff awareness and consistent application of access pathways. Gather patient and MNPV feedback on whether communications meet language, health-literacy and accessibility needs. Shared Actions- Audit compliance with ED guidelines ID1738 - Assess staff awareness and consistent application of access pathways.												
Agree the most appropriate place of care for women at different stages of pregnancy and with different clinical needs; share this with women, staff and partner services including primary care, ambulance services and NHS 111, supporting seamless care from early pregnancy to six weeks postnatal.	1. A documented, system-wide agreement exists defining the most appropriate place of care for women with differing clinical needs 2. The agreed place of care guidance covers the entire maternity journey from early pregnancy to 6 weeks postnatal 3. Criteria are clearly defined for escalation, transfer, and place of care decisions for different clinical need and pregnancy stages. 4. Pathways have been formally agreed between maternity providers, primary care, ambulance services, NHS111, and other relevant partner organisations	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Audit compliance with maternity pathways and guidelines ID1738, ID6996 and ID3120. Review escalation, transfer and place-of-care criteria across all pregnancy stages through six weeks postnatal. Shared Actions- Audit compliance with ED guidelines ID1738- Assess staff awareness and consistent application of access pathways. Trust Board Actions- Liaise with primary care, NHS 111 and other partner services to confirm awareness and formal agreement of pathways.												
Ensure inclusive access arrangements so all women can use maternity triage safely and equitably, regardless of language, disability, race, ethnicity, socioeconomic status, digital literacy or GP registration; pathways should be clear and accessible to women with no prior system knowledge.	1. A documented policy exists to ensure equitable access to maternity triage for ALL women. 2. Professional interpretation and translation services are available and routinely used within maternity triage services. 3. Information about how to access maternity triage is available in multiple formats, including easy read, large print, audio, digital and translated versions. 4. Reasonable adjustments for women with physical, sensory, learning, cognitive or communication disabilities have been made 5. Triage pathways have been reviewed, and where necessary, amended to identify and reduce barriers related to race, ethnicity, culture, socioeconomic deprivation and inclusion health needs 6. Pathways in place identifying different access routes for women without digital access and literacy and women who have no known GP registration status, immigration status or previous engagement with maternity services. Clear self referral and direct access routes exist without requiring women to navigate complex healthcare systems 7. Information is designed to be understandable for women with no prior knowledge of maternity services.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Work alongside the Health Equity and Haemts teams to identify improvements to triage systems for underserved women. Gather feedback from women with no prior knowledge of maternity services. Shared Actions- Fully embed the equitable-access policy and address recurring issues identified through complaints and incidents. Expand accessible information, including Easy Read and printed translated materials. Begin collecting maternity-triage equity data to identify and reduce barriers Improve reliable access to professional interpreters in the required languages.												
Maintain access routes such as telephone, walk-in and community referral, with an open-door policy for anyone attending with concerns or needing urgent care; initial assessment should be equitable regardless of route of access or previous attendance.	1. All access routes are clearly defined through pathway documents including telephone triage, walk-in, community referral, ambulance conveyance and professional referral. 2. A guideline is in place defining an open door policy, ensuring women are not turned away when presenting with concerns 3. A guideline is in place defining how women can access maternity assessment without unnecessary barriers or requiring appointment. 4. A guideline is in place defining initial assessment processes are consistent regardless of route of access.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Audit the effectiveness and consistent use of telephone, walk-in, community, ambulance and professional referral routes. Maintain patient communications through the Leeds Maternity website, handheld notes and information leaflets. Confirm guidelines ID1738, ID6996 and ID3120 are embedded in practice. Continue monitoring the open-door, no-appointment access and consistent initial-assessment processes.												
Provide accessible and consistent guidance and signposting for staff and service users, with onward referral and coordinated handover responsibility resting with healthcare professionals in the presenting service. Providing support for women to navigate between services.	1. The service has clearly defined pathways and guidance to support staff and service users in accessing the appropriate service 2. Information and signposting has been provided to staff and service users 3. Guidance is provided in all accessible formats required for your service. 4. Clear handover procedures are in place for effective handover of care between services.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below Shared Actions- Audit compliance with access, signposting and handover guidance. Confirm information is consistently communicated to staff and service users. Review whether guidance is available in all required accessible formats. Test the effectiveness of handovers under guidelines ID1738, ID6996, ID3120, ID516 and ID2284.												
Define referral criteria across local maternity services including community midwifery, antenatal clinics and day assessment services.	1. Agreed referral criteria are in place across local maternity services, including community midwifery, antenatal clinics, maternity triage and day assessment services.	Fully in place, embedded and evidenced	No further action required												
Establish communication and referral pathways between triage, primary care, emergency departments, ambulance services, perinatal mental health and safeguarding teams.	1. Documented communication pathways exist between maternity triage and key partner services - including those listed within the specification standard.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below Shared Actions- Develop and evidence a formal communication and referral pathway with primary care. Maintain existing pathways with YAS, non-maternity acute services, perinatal mental health and safeguarding teams.												
Plan ongoing care, including sufficient bed capacity to support timely and safe admission for women requiring inpatient care from maternity triage services.	1. Defined pathways are in place to support the ongoing management and care of women following maternity triage assessment. 2. Clear criteria are established for admission, observation, transfer, discharge and follow up care following triage assessment. 3. The service has a process to assess, monitor and manage maternity bed capacity to support timely admission from triage. 4. The service has provision in place for women requiring admission to be transferred to appropriate inpatient setting without avoidable delay. 5. Formal escalation processes exist when bed capacity is constrained, including operational and clinical escalation arrangements.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Audit admission, observation, transfer, discharge and follow-up criteria. Continue monitoring bed capacity and escalation processes under ID3081, ID3120 and ID1805.												
Share information and discharge summaries in a timely way with relevant care partners, including primary care and community midwifery, with clear accountability for communicating outcomes, actions and next steps to the woman's usual care provider.	1. A formal process exists for sharing discharge information and outcomes following triage attendance, tailored to the individual need. 2. A formal process exists for sharing discharge summaries/assessments and clinical outcomes to relevant care providers and to the women.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below Shared Actions- Establish a formal process for sharing triage discharge summaries and outcomes with primary care. Ensure communication occurs even when a patient is not admitted and no eDAM is produced. Confirm women and all relevant care providers receive outcomes and next steps promptly.												
Provide a postnatal pathway to six weeks postnatal, including guidance on care of the baby where required; where the baby does not need separate neonatal or paediatric care, avoid separating baby from mother wherever possible.	1. A clearly defined pathways exists for women accessing maternity services from birth to 6 weeks postnatal. 2. The pathway describes ongoing assessment, follow-up, escalation and support requirements throughout the postnatal period 3. Guidance is available to support assessment and care of the baby where this is relevant to the reason for attendance. 4. Processes are in place to support the needs of both the woman and baby during postnatal assessment and care. 5. Clear referral process are in place for babies requiring neonatal or paediatric review and ongoing care. 6. Guidance is in place to reflect a family centred approach to minimise separation of mother and baby.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Audit postnatal pathways from birth to six weeks under ID2220, ID1738, ID3120, ID6996, ID7017, ID5548, ID7439, ID856 and ID857. Audit baby assessment, care and neonatal/paediatric referral processes under ID2220, ID1218 and ID9240. Confirm these guidelines support both mother and baby and minimise unnecessary separation.												
Metrics	Data captured per site	Support required from Trust Boards to progress the metric												Total estimated cost to implement this principle	
Metric: Rate of triage presentations per 1,000 births. Why: Helps services understand demand and plan capacity.	Site Partially captures this data	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHF I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts												£0.00	
Metric: Frequency of unplanned maternity triage service closures per month. Why: Tracks service resilience and identifies risks to 24/7 access, informing contingency planning and capacity improvements.	Site Partially captures this data	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHF I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts													
Metric: Ethnicity, deprivation and language data for each woman presenting, including English as a first language and need for interpretation services. Why: Identifies groups more likely to face access barriers or worse outcomes, supporting targeted action to reduce inequalities.	Site doesn't capture this data	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHF I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts													
Metric: Proportion of women who attend without prior telephone triage. Why: Helps services understand use of different access routes and confirm open-door policies are working as intended.	Site Partially captures this data	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHF I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts													
Principles menu															
Dashboard	Previous	2	3	4	5	6	7	8	9	10	Next				

Principle 2: Recognition as urgent care		Principles menu												
Maternity triage is the safety-critical emergency front door for urgent and unscheduled care and must be recognised and treated as such.	Dashboard	Previous	1	2	3	4	5	6	7	8	9	10	Next	Estimated cost to progress compliance or specification standard
	Specification standard	Benchmark Rating	Support required from Trust Boards to progress compliance											
Maternity triage services must be recognised across the whole system as a safety-critical environment and the primary access point for urgent and emergency care and advice for pregnant women, and those up to six weeks postnatal, experiencing unexpected or urgent concerns or problems.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions: Strengthen ID3120 to formally recognise maternity triage as a safety-critical service and primary urgent-care access point. Clearly document and communicate pathways: EPAU for under 14 weeks and maternity triage from 14 weeks onwards, including postnatal care to six weeks.												
Design maternity triage to provide rapid assessment and care, ensuring every woman receives initial triage assessment within 15 minutes of arrival regardless of time of day or service pressures.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions: Audit compliance with the 15-minute initial assessment standard in ID3120. Implement validated monitoring across all access routes, times, clinical conditions and service pressures. Confirm minimum assessment requirements are clearly defined in ID3120. Test workforce contingency and escalation arrangements under ID3120, ID10805 and ID3081, particularly during peak demand or increased acuity.												
Ensure maternity triage is accessible to all women presenting with unscheduled pregnancy, labour or postpartum concerns without requiring an appointment or referral.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions: Clarify under-14-week access and assessment pathways in ID6996. Extend the open-door and consistent initial-assessment provisions in ID3120 to under-14-week presentations. Align all access routes across ID1738, ID6996 and ID3120. Trust Actions: Review EPAU's professional-referral requirement to remove unnecessary access barriers.												
Embed a culture that validates and responds to women's concerns, reinforcing that seeking care was the right decision and that accessing triage is appropriate whenever women have concerns.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions: Evidence that staff listen to women's concerns, respond appropriately and reassure them that seeking assessment was appropriate. Establish and promote feedback routes specifically covering maternity triage. Add triage location and access directions to paper notes and patient information leaflets. Provide directions in relevant translated and accessible formats. Ensure digital and paper information is consistent.												
Provide information on expected waiting times based on risk categorisation on arrival, including real-time updates where feasible.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions: Confirm ID3120 clearly defines waiting-time expectations aligned with BSOTS risk categories. Introduce a process for regularly updating women about current delays and clinically driven waiting times. Shared Actions: Replace static waiting-area information with timely, service-specific updates.												
Operate as a safety net with an open-door approach: women can attend in-person maternity triage without prior contact; attendance is accepted without judgement; concerns are assessed promptly and without assumptions, including latent labour and apparently non-urgent issues.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions: Define under-14-week access and assessment arrangements in ID6996. Align all access routes across ID1738, ID6996 and ID3120. Shared Actions: Extend open-door and consistent assessment requirements in ID3120 to under-14-week presentations. Trust Actions: Review EPAU's professional-referral requirement to remove unnecessary barriers.												
Keep maternity triage distinct from scheduled or day assessment activity and, where possible, physically separate.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions: Implement and monitor the transfer of all BSOTS attendances to MAC from 7 September 2026. Update ID3120 and ID5488 to clearly define maternity triage as a distinct unscheduled-care service. Confirm MAC is operationally and physically separate from scheduled antenatal, outpatient and day-assessment activity.												
Define maternity triage through a Standard Operating Procedure that clearly distinguishes it from day assessment, including scope, exclusions and navigation between services; scheduled reviews, tests and treatments should be managed separately by separate staff in a separate location.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions: Develop and formally approve a maternity triage SOP, supplementing ID3120. Define the service's purpose, scope and function. Specify presentations and conditions appropriate for maternity triage. Clearly exclude scheduled reviews, planned assessments, routine monitoring, tests and treatments.												
Clearly signpost maternity triage throughout the hospital with information and maps available electronically and/or in paper form.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions: Provide directions in relevant translated and accessible formats. Align paper information with the Leeds Maternity website and other digital channels. Shared Actions: Audit and improve hospital-wide signs to maternity triage from entrances, emergency departments, outpatient areas and maternity services. Trust Actions: Ensure signage is visible, consistent and easy to understand.												
Recognise maternity triage as a core part of the urgent and emergency care system, working with ambulance and emergency services on escalation, conveyance decisions, structured handover and assessment in the safest setting.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions: Audit compliance with place-of-care guidance in ID1738, ID6996 and ID3120. Confirm guidance covers early pregnancy through six weeks postnatal. Review escalation, transfer and place-of-care criteria across all clinical needs and pregnancy stages. Shared Actions: Formally agree and evidence pathways with primary care and NHS 111; maintain the existing YAS agreement.												
Participate in a system-wide network that supports neighbouring Trusts during periods of high demand to enhance safety across the wider geography.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions: Continue evidencing active participation in LMNS, Maternal Medicine, PMRT and MNSI through governance minutes. Trust Actions: Local or establish formal mutual-support agreements with neighbouring trusts. Define and document clear triggers for requesting or offering system-wide support.												
Metric		Data shared from Trust Boards to progress the metric											Total estimated cost to implement this principle	
Metric: Reason for attendance, categorised by urgency and type of concern, including non-triage-specific concerns.		Please outline what support you require from your trust board below Trust Actions: Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access.											£0.00	
Why: Helps identify common urgent issues and monitor whether triage is being used appropriately as the first point of urgent care.		Data analysis and PowerBI training for BSOTS Q&A posts												

Principle 3: Assessment and care of women		Principles menu										Estimated cost to progress compliance of specification standard	
Every woman receives timely assessment, prioritisation and a clear plan of care.		Dashboard	Previous	1	2	4	5	6	7	8	9		10
Specification standard	Benchmark Rating	Support required from Trust Boards to progress compliance											
Align the clinical model with RCOG Good Practice guidance and ensure every attending woman is assigned a clinical priority based on physical, mental and social wellbeing.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Use the existing RCOG GPP17 baseline assessment to identify gaps, implement improvements and evidence that the maternity triage model aligns with current national guidance.											
Ensure triage assessment and clinical prioritisation are carried out by staff trained in the specific triage method.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Audit that only BSOTS-trained staff independently undertake triage assessment and prioritisation. Develop and approve a documented BSOTS competency framework. Evidence completion of structured induction, training and competency assessment before independent practice. Maintain and regularly reconcile the training register against current triage staff.											
Aim to adopt the Birmingham Symptom-Specific Obstetric Triage System (BSOTS), as recommended by RCOG Good Practice Paper No. 17.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below Shared Actions- Develop, approve and deliver a documented implementation plan for full adoption of the Birmingham Symptom-Specific Obstetric Triage System (BSOTS), using the baseline assessment to track progress- addressed by this baseline assessment but implementation requires support from trust board											
If not using BSOTS, ensure any adaptation or alternative model is evidence-based, clinically evaluated or piloted, demonstrates equivalent outcomes through audit, and is formally agreed by the Trust Board.	Not in place, significant gaps or limited evidence	Please outline what support you require from your trust board below CSU Actions- Define and implement an evidence-based triage model for under-14-week presentations within ID6996, including local testing and evaluation. Shared Actions- Review EPAU's healthcare-professional referral requirement to remove unnecessary access barriers.											
Ensure triage models and staff training address unconscious bias and support equitable escalation, recognising higher risk and later presentation patterns among Black and Asian women and ensuring timely, appropriate care based on clinical need.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Update ID3120 and its appendices to explicitly embed equity and health-inequality principles in assessment and prioritisation. Audit mandatory training records for all maternity triage staff. Ensure compliance with training on unconscious bias, cultural competence, equitable care and known maternal inequalities. Address and monitor any identified training gaps.											
Metrics	Support required from Trust Boards to progress the metric												Total estimated cost to implement this principle
Metric: Proportion of women triaged in each category of urgency. Why: Shows the spread of urgency levels, helping services understand case mix and plan staffing and escalation capacity.	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts												£0.00
Metric: Proportion of women for whom expected timeframes are met for initial assessment, waiting time to clinical review, and clinical review, based on their category of urgency. Why: Measures time to initial assessment, waiting times and review times, and whether urgent cases are escalated in line with triage standards, reducing the risk of harm.	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts												
Metric: Proportion of women who experience a delay in assessment, review or onward care, with outcome recorded. Why: Monitors the impact of delays on women's care and outcomes, supporting timely review, learning and targeted improvement where harm or increased risk is identified.	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts												
Metric: Proportion of women who leave without further reviews or care following initial triage, despite an identified need for further review or care. Why: Helps understand patterns of incomplete assessment and address barriers that cause women to leave early, improving experience and outcomes.	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts												
		Principles menu											
Dashboard		Previous	1	2	4	5	6	7	8	9	10	Next	

Principle 4: Clear information for women				Principles menu											Estimated cost to progress compliance of specification	
Information and messaging must be clear, welcoming and unambiguous: contact triage if you are worried.				Dashboard	Previous	1	2	3	5	6	7	8	9	10		Next
Specification standard	Benchmarking suggestions in line with the specification	Benchmark Rating	Support required from Trust Boards to progress compliance													
Provide clear, consistent guidance on how and when to contact maternity services and where to attend with concerns related to their pregnancy or postnatal concerns.	1. Women are provided with clear information on how to contact maternity services throughout pregnancy and up to six weeks postnatal. 2. Information clearly describes when women should seek advice, assessment or urgent care 3. The service has a single point of contact for maternity advice and triage is promoted consistently across the service.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Audit whether website and leaflet information clearly explains how, when and where to access maternity services throughout pregnancy and up to six weeks postnatal. Ensure the urgent MAC number 0113 392 6731 is consistent and prominent across all materials. Review and update leaflets LN004083, LN004406, LN004928, LN005465 and LN006179. Test the information with service users for clarity, accessibility and consistency.													
Offer information and advice in accessible formats, including plain language, easy-read materials, and culturally appropriate messaging. Information should clearly explain how to access care and reassure women of their entitlement to support.	1. Information about maternity triage and access to care is available in accessible formats, including plain language, easy-read and translated materials. 2. Information is designed to meet the needs of women with varying levels of health literacy, communication needs and accessibility requirements. 3. Information is culturally appropriate and reflects the needs of the local population 4. The service ensures women are given clear information on how to access maternity services, including telephone triage, face-to-face triage and urgent care pathways.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Review materials for health literacy, communication, accessibility and cultural needs. Ensure the website and leaflets LN004083, LN004406, LN004928, LN005465 and LN006179 clearly explain telephone, face-to-face and urgent-care routes. Keep the MAC number 0113 392 6731 prominent and consistent. Trust Actions- Produce printed translated and Easy Read maternity-triage information, not only digital ReachDeck versions.													
Provide timely access to effective interpretation services where needed; do not rely on family members or accompanying individuals to interpret; allow adequate time for accurate information exchange and decision-making while reducing communication-related bias and assumptions.	1. The service provides access to professional interpretation services for women who require language support. 2. There is guidance in place enabling access to interpretation services 24/7 with strengthened messaging regarding not relying on family members, friends or accompanying individuals to provide interpretation. 3. Triage assessments and decisions are based on accurate information exchange and not compromised by language barriers. 4. Staff are trained to understand communication related bias, assumptions and risks associated with language barriers.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Strengthen guidance not to use relatives, friends or accompanying individuals as interpreters. Audit triage records, complaints and incidents to identify assessments affected by language barriers. Audit staff compliance with training on communication bias, assumptions and language-related risks. Implement and monitor improvements arising from identified gaps. Shared Actions- Ensure reliable 24/7 professional interpretation in the correct language.													
Provide consistent and personalised discharge information, including asking women if they are happy to be discharged, checking understanding of next steps, and clearly outlining when and how to re-attend or seek further advice if symptoms or concerns change.	1. A standardised discharge process is in place tailored to the woman's individual clinical needs, concerns and circumstances. 2. A standardised discharge process includes actively seeking that the woman is happy to be discharged and that decision making has been informed and in partnership. 3. A standardised discharge process outlining information about follow-up arrangements, investigations, appointments and ongoing care needs.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Create an accessible, standardised MAC discharge process drawing on guidelines ID856, ID857, ID485, ID1360, ID1928, ID2146, ID2173, ID2178, ID2220, ID2382, ID7017, ID7439 and ID9992. Tailor discharge to each woman's clinical needs and circumstances. Confirm and document informed, shared agreement that the woman is ready for discharge. Clearly record follow-up, investigations, appointments and ongoing-care arrangements.													
Ensure effective signposting and discharge information through direct referral to the appropriate service, avoiding directing women elsewhere without coordinated handover or support.	1. A guideline exists for women requiring ongoing care from another service are directly referred by the maternity triage staff and not asked to self refer. 2. Clear handover processes are in place when care is transferred between services, and women are supported to understand their care plan and next steps.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Require maternity-triage staff to make direct referrals rather than asking women to self-refer. Ensure women understand their care plan, referral status and next steps. Shared Actions- Extend ID2284 to cover referrals and handovers when women transfer outside maternity services. Define clear cross-service handover responsibilities and documentation. Ensure women understand their care plan, referral status and next steps.													
Metric	Data captured per site		Support required from Trust Boards to progress the metric													Total estimated cost to implement this principle
Metric: Reason for attendance, categorised by urgency and type of concern, including non-triage-specific concerns. Why: Helps services understand why women seek care and ensure information provided addresses common concerns, improving early help-seeking.	Site Partially captures this data		Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting. Support from LTHt I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts													
																£0.00

Principle 5: Telephone maternity triage			Principles menu											Estimated cost to progress compliance of specification	
A dedicated 24/7 maternity helpline must be answered promptly and not diverted to labour ward.			Dashboard	Previous	1	2	3	4	6	7	8	9	10		Next
Specification standard	Benchmarking suggestions in line with the specification	Benchmark Rating	Support required from Trust Boards to progress compliance												
Provide a well-publicised 24/7 single contact number, answered promptly by clinically active midwives trained and experienced in maternity triage; telephone maternity triage should not be diverted to labour wards where prompt response may not be possible.	1. A single, dedicated telephone number is available for maternity triage and advice services. 2. Telephone maternity triage service is available 24 hours a day, 7 days a week. 3. The contact number is well publicised and routinely shared with women, families, primary care, ambulance services, NHS111 and partner organisations. 4. Telephone triage is undertaken by clinically active midwives with responsibility for maternity triage assessment and advice. 5. Guidance is in place to support staffing arrangements to ensure telephone triage functions are delivered safely, including not diverting to labour ward due to unknown response times.	Fully in place, embedded and evidenced	No further action required CSU Actions- Audit and evidence that MAC telephone triage is continuously available 24/7, including failed or unanswered calls. Confirm the number 0113 392 6731 is routinely shared with primary care, ambulance services, NHS 111 and partner organisations. Audit that calls are handled by clinically active, BSOTS-trained midwives. Test safe staffing and escalation arrangements under ID3120, ID10805 and ID3081, ensuring calls are not diverted to labour ward. Keep the number consistent across the website and leaflets LN004083, LN004406, LN004928, LN005465 and LN006179.												
Encourage telephone triage use where appropriate but never make it the only route to care.	1. All access routes are clearly defined through pathway documents including telephone triage, walk-in, community referral, ambulance conveyance and professional referral. 2. A dedicated telephone triage service is available. 3. Communication is tailored to encourage women to contact telephone triage with clarity that telephone is not the only option available and they can access maternity triage via any route beneficial to them 4. Information provided to women consistently reinforces that telephone triage complements not replaces direct care.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Update ID1738, ID6996 and ID3120 to clearly describe all access routes. Revise the website and leaflets LN004083, LN004406, LN004928, LN005465 and LN006179 to state that telephone triage is optional, not the only route. Clearly explain that women may use walk-in, community, ambulance or professional-referral routes where appropriate. Reinforce that telephone triage complements rather than replaces direct clinical assessment and care.												
Ensure all women have open access to face-to-face maternity triage where a woman remains anxious or concerned after telephone triage, invite them to attend for in-person assessment.	1. All women and staff understand there is direct access to face to face maternity triage assessment regardless of previous telephone contact. 2. Women and staff are aware that if the woman remains anxious it is appropriate to encourage face to face attendance.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Update guidance and patient information leaflets to state that women can directly access face-to-face maternity triage without prior telephone contact. Clearly advise staff and women that persistent anxiety is a valid reason to encourage face-to-face attendance. Communicate and audit staff and service-user awareness of these access rights.												
Operate telephone triage from a protected, quiet, confidential space away from the main clinical area and clinical office space; the midwife's sole responsibility during this time should be telephone triage.	1. Telephone triage is delivered from a dedicated space specifically designed to support safe, effective telephone triage. 2. The telephone triage area is sufficiently designed that it is located in a quiet area and in an environment that protects confidentiality. 3. The telephone triage area is located away from busy and noisy clinical areas and in a dedicated space, not a shared office environment.	Fully in place, embedded and evidenced	No further action required												
Do not defer in-person attendance to manage service workload; give women clear information about clinical urgency of attending and operate a low threshold for attendance because telephone assessment is difficult and subjective.	1. Guidance is place to support the decision making around face to face attendance and based on the woman's need not service capacity. 2. The service has processes in place to ensure attendance to face to face is not discouraged or delayed based on awareness of service capacity and/or staffing pressures. 3. Processes are in place to ensure telephone triage promotes a low threshold for face to face review.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Update guidelines and patient information to state that face-to-face attendance decisions must be based on clinical need—not capacity or staffing pressures. Establish safeguards preventing staff from discouraging or delaying attendance during service pressure. Promote and audit a low threshold for face-to-face assessment after telephone triage.												
Do not allow telephone triage to provide definitive diagnosis, determine clinical priority before in-person assessment, make appointments for in-person triage or manage or limit the number or timing of women attending.	1. The service has a documented policy in place defining the purpose and limitations of telephone triage. 2. There is a guideline in place acknowledging that telephone triage is used to assess concerns, provide advice and determine next steps, but not provide a diagnosis. 3. There is guidance in place ensuring telephone triage does not replace formal prioritisation of clinical need. 4. Telephone triage is not used to schedule appointments for maternity triage assessment.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Maintain guidance ID10805-ID10808 and ID3120 defining telephone triage's purpose and limitations on clinical need. Reinforce that calls provide assessment, advice and next steps—not diagnosis or formal clinical prioritisation. Audit practice to confirm telephone triage is not used to schedule or restrict face-to-face attendance.												
Maintain clear pathways so suspected threatened preterm or extreme preterm birth is signposted to in-person maternity triage without delay, where this is the safest and most appropriate setting.	1. The service has a documented pathway for the assessment of suspected preterm labour and extreme preterm birth. 2. The service has a process to ensure all women with suspected preterm or extremely preterm birth are directed to face to face maternity triage without delay. 3. Referral criteria is in place to action this. 4. There are agreed pathways and communication in place with primary care, NHS111, emergency departments and community midwifery services for suspected preterm and extremely preterm birth.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Audit whether all suspected preterm or extremely preterm births receive immediate face-to-face triage. Obtain and review relevant audit data from the Preterm Team. Maintain referral criteria and partner-service pathways. Shared Actions- Confirm pathways remain agreed and communicated with primary care, NHS 111, emergency departments and community midwifery.												
Document all calls in real time using a standardised template within the woman's electronic patient record where available; audio-record calls with consent to support accuracy and safety; document requests for hospital attendance along with urgency and expected timeframe.	1. All telephone triage contacts are documented contemporaneously during or immediately after contact. 2. A standardised telephone triage template is used for all calls, including documentation supporting request for attendance and anticipated time frame. 3. Where available, telephone triage assessments are recorded in the woman's Electronic Patient Record.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Audit whether all telephone-triage contacts are recorded contemporaneously in the K2 MAC Contact Wizard. Update ID3120 Appendices 2 and 3 so the standard template records attendance urgency and expected timeframe. Audit consistent use of the template across all staff and departments. Confirm all relevant staff retain K2 access and training.												
Metric	Data captured per site		Support required from Trust Boards to progress the metric											Implement this principle	
Metric: Rate of calls to telephone triage per 1,000 births.			Please outline what support you require from your trust board below Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts.											£0.00	
Why: Helps services understand demand for telephone triage and plan staffing and resources effectively.	Site doesn't capture this data		Please outline what support you require from your trust board below Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts.												
Metric: Proportion of women who call telephone triage but do not attend in person.			Please outline what support you require from your trust board below Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts.												
Why: Monitors the effectiveness of telephone triage in identifying urgent care needs and whether barriers may be preventing attendance when needed.	Site Partially captures this data		Please outline what support you require from your trust board below Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts.												
Metric: Proportion of dropped or unanswered calls to telephone triage.			Please outline what support you require from your trust board below Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts.												
Why: Identifies service capacity issues and supports timely access for urgent concerns, reducing risk of harm.	Site Partially captures this data		Please outline what support you require from your trust board below Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts.												
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Principle 6: Service user voice and experience			Principles menu											Estimated cost to progress compliance of specification
Women's feedback must shape service design, improvement and experience.			Dashboard	Previous	1	2	3	4	5	7	8	9	10	
Specification standard	Benchmarking suggestions in line with the specification	Benchmark Rating	Support required from Trust Boards to progress compliance											
Develop a deeper understanding of their local populations, including social, cultural, and geographical contexts. To do this, maternity services should proactively engage and seek feedback from service users on their experiences of triage services and use it to improve service quality.	1.The service has processes in place to understand the social, cultural and geographical characteristics of the local population accessing maternity triage services. 2.The service routinely seeks feedback from women and families regarding their experiences of maternity triage, including telephone triage and face-to-face services.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below Shared Actions- Begin collecting and analysing maternity-triage-specific equity and population data. Establish a formal process to receive, review and report feedback from women and families. Include telephone and face-to-face triage experiences. Evidence quality-improvement actions resulting from feedback.											
Gather feedback regularly through multiple channels (e.g., surveys, focus groups, real-time tools) and review this regularly to inform continuous service improvement.	1.The service has a documented approach for routinely gathering feedback from women and families who use maternity triage services. 2.Patient experience data are reviewed at regular intervals through local governance and quality meetings. 3.The service routinely analyses data to identify themes, trends, risks and opportunities for improvement.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Regularly review feedback through governance and quality meetings. Analyse themes, trends, risks and improvement opportunities. Record, implement and monitor quality-improvement actions arising from feedback. Shared Actions- Establish a documented process for routinely gathering maternity-triage feedback from women and families.											
Present monthly data and quality improvement work in accessible patient-facing and staff-facing formats and use it to improve service quality.	1. The service has a documented approach for routinely gathering, analysing and acting on feedback from women and families using maternity triage services. 2. The service provides opportunity to provide feedback during or immediately following their care experience. 3. Feedback mechanisms are accessible and designed to capture the experiences of diverse population groups.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below Shared Actions- Establish a documented process to collect, analyse and act on maternity-triage feedback. Offer feedback opportunities during or immediately after care. Make feedback methods accessible in translated, Easy Read, digital and non-digital formats. Collect demographic and equity data to assess experiences across diverse population groups. Record and monitor resulting quality-improvement actions.											
Clearly inform women how to raise concerns or seek further review if dissatisfied with triage review outcomes, including local escalation routes and relevant safety processes, and awareness of Martha's Rule as implemented across maternity services.	1. The service has a documented approach on how women receive clear information on how to raise concerns about their care, assessment or triage outcome. 2. The service has a well documented approach on how women can request further clinical review. 3. There are clear pathways for women to raise concern about ongoing clinical review and care. This should also include progressing implementation of Martha's Rule.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Complete implementation of Martha's Rule across Women's CSU and maternity triage. Clearly communicate PALS, urgent escalation and Martha's Rule routes to women and staff. Shared Actions- Document an immediate escalation pathway for women concerned about their care, assessment or triage outcome. Establish a clear process for requesting further clinical review—not solely referral to PALS.											
Adopt the national maternity and neonatal Patient Reported Experience Measure (PREM) when available.	1. The service has adopted or plans to adopt the national Patient Reported Experience Measure (PREM) when available	Not in place, significant gaps or limited evidence	Please outline what support you require from your trust board below Shared Actions- Develop and document a plan to adopt the national maternity and neonatal Patient Reported Experience Measure (PREM) when available- not currently live (https://www.lshtm.ac.uk/research/centres-projects-groups/matneoprem#welcome)											
Value qualitative lived experience alongside quantitative data, recognising that small numbers of serious concerns can reveal system issues not visible in aggregated metrics.	1. The service formally recognises qualitative feedback as a key source of intelligence alongside quantitative data. 2. The service regularly gathers and uses intelligence through qualitative data capture.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Establish a formal process to capture and review qualitative maternity-triage feedback and patient stories. Evidence how lived experience informs triage decisions and quality improvement. Record resulting actions, owners, timescales and measurable outcomes. Give serious individual concerns appropriate weight even when case numbers are small.											
Work with local Maternity and Neonatal Voices Partnership (MNV/P) to co-produce improvements and embed service user voice in decision-making and service design; close the feedback loop through 'you said, we did' updates.	1. The service has an active and ongoing partnership with local Maternity and Neonatal Voices Partnership (MNV/P)	Fully in place, embedded and evidenced	No further action required CSU Actions- Maintain the active MNVP partnership, quarterly governance feedback and regular WQAG attendance. Evidence resulting recommendations, actions and service improvements through 'you said, we did' updates											
Metric	Data captured per site	Support required from Trust Boards to progress the metric											Total estimated cost to implement this principle	
Metric: Qualitative and quantitative data on the experience of women using maternity triage services, collected through existing local feedback methods and transitioning to the national maternity and neonatal Patient Reported Experience Measure when available. Why: Helps services understand women's experience, including whether they feel informed, respected and involved in their care, and target actions to improve experience.	Site Partially captures this data	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts											£0.00	
Metric: Frequency and diversity of feedback collected, including review by ethnicity to confirm feedback reflects the service population. Why: Ensures timely, representative feedback is available to support continuous improvement based on service user experience.	Site doesn't capture this data	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts												
Metric: Number of improvement actions implemented where issues are identified, including through service user feedback, performance data, incidents, audits, complaints or staff feedback, and the associated impact of these improvements. Why: Monitors whether identified issues lead to timely, measurable improvement actions, supporting continuous service improvement and accountability.	Site Partially captures this data	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts												
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Principle 7: Facilities and estates			Principles menu											Estimated cost to progress compliance of specification	
Triage needs safe, visible, fit-for-purpose space designed for urgent care.			Dashboard	Previous	1	2	3	4	5	6	7	8	9		10
Specification standard	Benchmarking suggestions in line with the specification	Benchmark Rating	Support required from Trust Boards to progress compliance												
The triage service, where possible, should be co-located with the central delivery suite or labour ward (or be positioned as close as possible to it), to support timely escalation and care and minimise transfer risks.	1.The maternity triage service is co-located with, or situated in close proximity to, the labour ward/central delivery suite wherever possible. 2.Where co-location is not possible, a formal risk assessment has been undertaken and mitigating actions implemented to ensure that delays in escalation, transfer and treatment for women requiring urgent or emergency care are minimised.	Fully in place, embedded and evidenced	No further action required												
Provide a suitably sized seated waiting area that is easily visible to clinical staff.	1. A designated waiting area is provided for women accessing maternity triage services	Not in place, significant gaps or limited evidence	Please outline what support you require from your trust board below												
Include a reception area where staff are notified of women's arrival and women can access help quickly if they require more urgent attention.	1. Maternity triage includes a clearly identified reception for women attending the service. 2. Processes are in place to ensure clinical staff are promptly notified when a woman arrives at the service. 3. Women have a clear and immediate means of alerting staff if they require more urgent attention.	Not in place, significant gaps or limited evidence	Please outline what support you require from your trust board below CSU Actions- Audit response times and incidents involving deterioration in waiting areas. Trust Actions- Provide clearly identified maternity-triage reception point. Standardise processes for promptly notifying clinical staff of every arrival. Urgently risk-assess SJUH lack of direct clinical sightlines for reception and waiting area. Introduce continuous active observation or monitored CCTV—not reliance on periodic checks. Provide a reliable two-way or audible alert system in addition to call bells.												
Maintain dedicated space protected for initial triage so a midwife can assess promptly and safely while maintaining privacy; ensure the space has appropriate equipment.	1. A dedicated space is available and protected for initial maternity triage assessment. 2. The assessment area is equipped with all equipment required to undertake maternity triage assessment.	Fully in place, embedded and evidenced	No further action required												
Ensure appropriate facilities for timely ongoing care, with sufficient space for healthcare staff, women and families while safeguarding privacy and confidentiality.	1. The maternity triage service has sufficient clinical space to support ongoing assessment, treatment, monitoring and observation. 2. The clinical environment facilities are designed to protect privacy during discussions, examinations, investigations and treatment.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Use acuity-tool data to monitor delays, capacity pressures and escalation effectiveness. Audit privacy and confidentiality compliance. Shared Actions- Review whether JMAC's 4 spaces meet demand and acuity. Develop a capacity plan for peak activity. Ensure environment and facilities enable sensitive discussions, examinations and treatment to occur in side or consultation rooms—not curtained bays.												
Include a well-equipped office space within the clinical area to support clear confidential handover and centralised oversight of workload.	1. A dedicated office space is located within or immediately adjacent to the maternity triage clinical area. 2. The office space supports confidentiality and oversight of workload.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below Shared Actions- Assess office provision at JMAC. Has office space used for telephone triage but not used to oversee clinical and workload oversight. Audit whether offices protect confidentiality while maintaining clinical and workload oversight.												
Ensure access to essential diagnostics including electronic fetal monitoring, blood tests, urine samples and ultrasound.	1. Maternity triage has timely access to diagnostic investigation equipment.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below Trust Actions- Repair or replace unreliable CTG machines and ensure sufficient equipment is consistently available. CSU Actions- Monitor CTG downtime, repair times and delays to assessment. Maintain timely access to maternal-observation and other diagnostic equipment.												
Meet accessibility standards including accessible WCs and clear signage in line with Health Building Note 09-02; provide quiet or private areas where possible, clear waiting process explanations, and systems showing women have been seen and are awaiting care.	1. The maternity triage environment meets relevant accessibility standards, including HBN 09-02. 2. Accessible WC arrangements are available and clearly signposted. 3. Signposting is clear and consistent 4. Women receive clear information explaining waiting processes and clinical prioritisation	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Complete an environmental accessibility audit/walkaround against HBN 09-02. Confirm accessible toilets are clearly signposted and accurately reflected in AccessAble. Gather service-user feedback and address identified accessibility gaps. Shared Actions- Audit signage for clarity and consistency. Complete translated and accessible-format information on triage, clinical prioritisation, waiting times and how to alert staff.												
Be physically separate from scheduled or day assessment activity to maintain focus on urgent and unscheduled care.	1. Maternity triage is provided in a dedicated area specifically designed for urgent and unscheduled care. 2. Maternity triage is physically separate from day assessment, antenatal clinic and other scheduled care areas.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Audit the change after implementation for compliance and effectiveness. Shared Actions- Implement the planned separation of acute maternity assessment from planned admissions from 7 September 2026. Confirm triage has a dedicated urgent and unscheduled-care area. Verify physical and operational separation from day assessment, antenatal clinics and other scheduled services.												
Design the physical environment to promote women's sense of safety and comfort.	1. The maternity triage area is designed to promote a sense of safety, comfort and reassurance for women and their families.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Obtain structured MNVP feedback on whether triage seating and clinical facilities provide safety, comfort and reassurance for women and families. Record and implement improvements arising from the review.												
Support maternity triage with modern interoperable digital solutions, including real-time documentation, escalation and timely information sharing across maternity and neonatal services.	1. Maternity triage is supported by a digital system that facilitates assessment, documentation, prioritisation and care coordination. 2. Clinical assessments, triage decisions, escalations and actions are documented in a timely way.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Continue monthly documentation audits, four-hourly acuity monitoring and safety huddles. Address delays in initial assessment, midwifery review and medical review. Track improvement actions through governance and incident reviews. Shared Actions- Improve consistent completion of the BSOTS wizard and contemporaneous documentation. Resolve K2/BSOTS data-quality issues and assess whether EPR replacement or configuration changes are required.												
Metric	Data captured per site		Support required from Trust Boards to progress the metric												Total estimated cost to implement this principle
Metric: Clinical area where the woman was admitted following triage, where relevant, for example Antenatal Ward, Labour Ward or Intensive Treatment Unit.	Site Partially captures this data		Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts												£0.00
Why: Supports estates planning by showing demand for specific areas and informing capacity requirements, inpatient flow and service user															

Principle 8: Staffing			Principles menu											Estimated cost to progress compliance of specification
Staffing must support timely assessment and prompt midwifery and medical review when escalation is needed.			Dashboard	Previous	1	2	3	4	5	6	7	8	10	
Specification standard	Benchmarking suggestions in line with the specification	Benchmark Rating	Support required from Trust Boards to progress compliance											Total estimated cost to implement this principle £0.00
Use dynamic staffing models informed by local activity data and aligned to the triage system used; consider unit size and activity levels so sufficient trained personnel are available.	1. The maternity triage service uses a staffing model informed by local activity and acuity information. 2. Staffing levels align to the maternity triage system in use.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Implement OPEL in MAC to provide reliable activity and acuity data for staffing decisions. Continue daily monitoring and escalation of staffing deficits. Increase frequency of establishment reviews to evidence and adjust staffing levels. Shared Actions- Review the staffing model against demand and the BSOTS triage system. Trust Actions- Address the absence of dedicated medical staffing for MAC.											
Ensure appropriate dedicated midwifery, medical and support staffing in line with RCOG Good Practice Paper No. 17 minimum standards, with capacity and escalation pathways at all times including nights and weekends; review staffing models regularly against local attendance data.	1. Dedicated maternity triage midwifery and obstetric staffing is provided in line with the RCOG Good Practice Paper No. 17. 2. Appropriate medical staffing is available to support timely assessment, review and escalation of clinical concerns 3. Staffing arrangements cover 24 hours 7 days a week 4. Staffing models are reviewed regularly utilising data relating to acuity, peak activity periods and service demand.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Obtain governance approval and implement the OPEL BSOTS acuity tool. Use OPEL data to review staffing rather than relying on unavailable BirthRate+ exports. Continue daily deficit escalation and increase frequency of establishment reviews. Shared Actions- Review whether funded midwifery staffing—three midwives and one MSW per shift per site—matches demand and peak activity. Trust Actions- Establish dedicated medical staffing for MAC in line with RCOG GPP17.											
Ensure dedicated triage staffing is structurally independent of labour ward midwifery staffing; treat redeployment from triage to other maternity areas as a formal escalation event and document, review and monitor through governance processes.	1. Maternity triage has dedicated staffing establishment that is separate from labour ward staffing requirements. 2. A formal process defines circumstances in which triage staff may be redeployed and identifies associated escalation requirements and recorded as a formal escalation event. 3. Redeployment events and triage staffing pressures are reviewed regularly through maternity governance processes.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Clarify when triage staff may be redeployed under ID3120, ID10805 and ID3081. Record every redeployment as a formal escalation event. Routinely review redeployment, staffing pressures and resulting safety impacts through maternity governance. Trust Actions- Maintain MAC's separate, funded 24/7 staffing establishment.											
Where possible, have a minimum of one midwife responsible for initial triage assessment and at least one other midwife carrying out subsequent care, informed by local demand, service need and RCOG birth-rate modelling.	1. Staffing arrangements support separation of initial assessment and ongoing care requirements.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Use acuity and activity data to ensure sufficient staff remain available for both initial assessment and ongoing care. Define escalation arrangements when demand prevents these functions from being separated. Shared Actions- Monitor and report occasions when separation cannot be maintained.											
Ensure initial triage assessment and telephone triage are undertaken by appropriately trained and experienced staff with clinical judgement to advise, assess urgency, escalate concerns and initiate urgent interventions.	1. Initial maternity triage assessment and telephone triage are undertaken only by staff who have completed training in the locally adopted maternity triage methodology.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Update the BSOTS training register and reconcile against all staff currently undertaking telephone and initial triage. Restrict independent triage duties to staff with current, evidenced BSOTS training. Audit compliance regularly and address training gaps.											
Define competency requirements for triage functions so staff are well supported and supervised.	1. A documented competency framework defines the knowledge, skills and behaviours required for all maternity triage roles	Fully in place, embedded and evidenced	No further action required											
Ensure staff working in triage receive appropriate training including rapid assessment, with clear competency frameworks and governance, and maintain regular experience in this setting.	1. All staff undertaking maternity triage complete a structured training programme appropriate to their role and responsibilities.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Update the training register and reconcile it against all staff currently undertaking triage. Verify completion of role-specific structured training and mandatory emergency/life-support training. Remove independent triage duties until required training is evidenced. Audit compliance regularly.											
Define escalation protocols and thresholds for peak activity and escalating midwifery and medical staffing when capacity is exceeded; base thresholds on attendance numbers and clinical urgency categories, embed in policies/governance and support with real-time activity monitoring.	1. A documented escalation framework exists for maternity triage, defining actions required during periods of increased activity, capacity pressures or workforce shortages.	Fully in place, embedded and evidenced	No further action required											
Where staffing is adjusted in response to critical workload and demand, make decisions carefully and promptly, balancing acuity and safety across the wider maternity service to maintain minimum safe staffing levels.	1. A documented policy defines how staffing adjustments are made during periods of critical workload, demand or capacity pressure, including wellbeing of staff needing to have regular breaks.	Fully in place, embedded and evidenced	No further action required											
Include locally agreed thresholds for senior or consultant attendance beyond twice-daily ward rounds to ensure timely senior input when required.	1. The maternity triage service has locally agreed criteria defining when senior midwifery, obstetric or consultant review is required in maternity triage. 2. Clear processes are in place for consultant attendance beyond the twice daily ward rounds.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Update ID3120, ID10805 and ID3081 with locally agreed triggers for senior midwifery, obstetric and consultant review. Define escalation urgency, response times and accountability. Document how consultants are contacted and attend outside twice-daily ward rounds. Audit response times and compliance with escalation criteria.											
Ensure the most senior obstetrician on call for labour ward and the midwifery coordinator jointly maintain oversight of triage activity and escalation, with clear communication to neonatal teams where required; review triage activity during consultant-led labour ward rounds twice daily, seven days a week.	1. The maternity service has locally agreed criteria to ensure the most senior obstetrician on call for labour ward and the midwifery coordinator jointly maintain oversight of maternity triage including activity, capacity, acuity and escalation requirements. 2. Processes exist to ensure timely communication with neonatal teams where required. 3. Processes are in place to ensure triage activity is reviewed during consultant led labour ward rounds twice daily, seven days a week.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Update ID3120, ID10805 and ID3081 to define joint oversight by the senior obstetrician and midwifery coordinator. Include activity, capacity, acuity and escalation in that oversight. Confirm and audit timely communication with neonatal teams. Require triage activity to be reviewed and documented during consultant-led labour ward rounds twice daily, seven days a week.											
Restrict midwifery-led unit triage-type activity to low-risk term labour assessment; promptly transfer women who present with concerns requiring triage care to the appropriate obstetric unit with a designated maternity triage service.	1. Local policy clearly defines the role of Midwifery Led Units (MLUs) in assessing unscheduled attendances. 2. Clear guidance exists defining triage type activity within MLUs including inclusion and exclusion criteria. 3. A clear documented pathway exists to facilitate prompt transfer of women requiring maternity triage assessment to the designated obstetric unit.	Fully in place, embedded and evidenced	No further action required											
Metrics	Data captured per site	Support required from Trust Boards to progress the metric												
Metric: Proportion of women assessed, including initial triage and medical clinical review, within expected timeframes based on the category of urgency. Why: Monitors whether triage standards are met and flags delays linked to staffing or capacity, guiding targeted improvements.	Site Partially captures this data	Please outline what support you require from your trust board below Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT &I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS QA posts												
Metric: Frequency of staff being redeployed from maternity triage to other maternity care areas within the unit. Why: Monitors how often triage staffing is compromised, supporting improvements to staffing plans.	Site Partially captures this data	Please outline what support you require from your trust board below Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT &I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS QA posts												
			Principles menu											
			Dashboard	Previous	1	2	3	4	5	6	7	8	10	Next

Principle 10: Data and measurement			Principles menu										Estimated cost to progress compliance of specification	
Data must drive oversight, learning from incidents and continuous improvement			Dashboard	Previous	1	2	3	4	5	6	7	8		9
Specification standard	Benchmarking suggestions in line with the specification	Benchmark Rating	Support required from Trust Boards to progress compliance											
Collect and review all data outlined in the measurement strategy wherever feasible, ensuring a robust and representative sample; at minimum include attendance patterns, peak times and waiting times and examine inequalities for initial triage.	1. The service routinely collects and reviews all metrics identified in the measurement strategy, where feasible. 2. Processes are in place to ensure data are accurate, complete, timely and representative of maternity triage activity.	Not in place, significant gaps or limited evidence	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts											
Where a metric cannot be captured, identify improvements needed to enable future capture, including timescales and whether the process is manual or automated.	1. The service has assessed all metrics within the maternity triage specification measurement strategy and identified those that cannot be currently captured. 2. Improvement plans are in place for all metrics that cannot currently be captured.	Not in place, significant gaps or limited evidence	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts											
Review data at appropriate intervals—daily, weekly, monthly and quarterly—to identify trends, patterns and improvement areas.	1. The service has an agreed schedule for reviewing maternity triage data at daily, weekly, monthly and quarterly intervals. 2. The service has a process to utilise findings from data analysis to highlight areas for improvement.	Not in place, significant gaps or limited evidence	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts											
Establish processes for teams to frequently review data, reflect on insights or changes, and respond to support continuous improvement.	1. The service has an agreed schedule for reviewing maternity triage data at daily, weekly, monthly and quarterly intervals. 2. The service has a process to utilise findings from data analysis to highlight areas for improvement.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below Trust Actions- Implement routine collection and review of all feasible maternity-triage metrics. Define metric owners, sources, reporting frequency and governance oversight. Introduce data-quality validation for accuracy, completeness, timeliness and representativeness. Resolve current validation gaps before using the data for performance decisions. Commencing BSOTS Quality & Audit Posts (2 x WTE) to enable effective data extraction, analysis and reporting Support from LTHT I&I to extract data from K2 as unable to extract from Archive access. Data analysis and PowerBI training for BSOTS Q&A posts											
Embed maternity triage within robust governance arrangements, including routine safety event review through the Patient Safety Incident Response Framework (PSIRF).	1. Maternity triage is explicitly included within the organisations maternity governance framework with defined leadership, accountability and reporting arrangements. 2. Maternity triage incidents and safety events are managed in line with the Trust's Patient Safety Incident Response Framework (PSIRF) policy and processes.	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Formalise MAC and ANDU Working Group reporting within the maternity governance framework, with clear leadership and accountability. Standardise Data reporting of triage delays, incidents and safety events under PSIRF. Audit reporting completeness and review trends monthly. Trust Actions- Commence 2WTE BSOTS Quality & Audit posts, LTHT I&I support and Power BI training to improve extraction, analysis and reporting.											
Include demographic variables such as ethnicity, language, deprivation and disability, as outlined in the measurement strategy, to understand local population needs and address inequalities in access and outcomes.	1. The service routinely collects demographic data for women accessing maternity triage in line with the measurement strategy. 2. The service can identify groups experiencing differences in access, timeliness, experience, escalation and outcomes. 3. Equity and demographic data are routinely reviewed through governance structures with clear accountability for improvement.	Not in place, significant gaps or limited evidence	Please outline what support you require from your trust board below Shared Actions- Implement routine collection of maternity-triage demographic and equity data under ID3164. Analyse differences in access, timeliness, experience, escalation and outcomes across population groups. Regularly review findings through governance with named accountability. Develop targeted improvements with the Health Equity Team and monitor their impact.											
Be transparent with women about why data is collected and how it will be used to improve care, especially in communities with lower trust in the healthcare system.	1. Women are provided with clear information about what data are collected, why they are collected and how they support care delivery and service improvement	Partially in place, but inconsistent or not fully evidenced	Please outline what support you require from your trust board below CSU Actions- Update the MAC information page and patient materials to clearly explain what data and call recordings are collected, why, how they are used, stored and protected, and how they support care and improvement. Obtain evidence that women receive and understand this information.											
Dashboard			Principles menu										Total estimated cost to implement this standard	
Dashboard			Previous	1	2	3	4	5	6	7	8	9	Next	£0.00