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Amos, Ockenden
& Thirlwall: Digital
Imperatives for
Safer Care

Introduction

Taken together, the Ockenden, Amos and Thirlwall reviews describe common failures in maternity and neonatal care.

Families were not heard, harm was not prevented, recommendations were not implemented consistently, and critical information was not always available, shared or acted upon in time.

Their conclusions extend well beyond technology, but they point in the same digital and data direction. Safer care depends on reliable records, interoperable systems, information that follows women and babies across organisational boundaries, and high-quality data that can be monitored continuously to identify risk, support learning and strengthen accountability.

As the supplier of BadgerNet, the perinatal digital records system used across much of the NHS, we have listened to the findings of all three reports and understand our responsibility to acknowledge where digital systems have a role to play and to be clear about the contribution we will make to support improvements.

Where the reviews do focus on digital capability, a recurring question is why capability that already exists has not been deployed more widely. In many cases the issue is not whether the technology works, but whether organisations have the capacity, funding and support to implement and optimise it effectively.

Where organisations have invested in clinical engagement, training and optimisation, we have seen strong adoption of digital workflows across antenatal, intrapartum, postnatal and neonatal care. Where those conditions have not existed, the benefits achieved have understandably been more limited.

Our Short-Term Priorities

The reviews call out five areas that carry direct digital implications - five imperatives for safer care.

The table below sets out what BadgerNet supports today and what we are working on now to support each imperative. Our longer-term direction is described in the sections that follow.

	What the reviews call out - Five Imperatives for Safer Care	What BadgerNet supports today	What we are working on now
	Documentation needs to be reliable and complete	• A structured maternity record covering approximately 60% of UK pregnancies • Antenatal, intrapartum, postnatal and neonatal workflows	• Ambient voice technology for antenatal consultations, in development
	Information needs to follow the woman and baby wherever they go	• One record across all BadgerNet sites • FHIR-based sharing into shared care records, as with the Great North Care Record • Read-only access for teams who do not use BadgerNet	• Ready to extend BadgerNet and shared care record integration to other units and regions where it is funded

	Women and families are not consistently listened to, heard or informed	• Badger Notes, providing women with access to their own record and supporting families through Baby Diary	• Ambient voice technology for antenatal consultations, so that what a woman says is recorded in her own words and shared with her • Digital support for the roll-out of Martha's Rule, giving women and families a route to escalate concerns
	Services must learn and improve continuously	• Maternity and neonatal data held in structured form across a large share of UK pregnancies and neonatal admissions	• A reviewed approach to training, clinical transformation and optimisation support, making it easier for services to adopt capability consistently and embed best practice
	Risk must be identified earlier and more consistently	• Risk assessment within the maternity and neonatal record	• Digital support for Martha's Rule in maternity and neonatal settings, the National Maternity Triage Specification and the Maternal Care Bundle

Supporting the National Action Plan - What We Are Committing to Now

We support the Government's commitment to publish a National Maternity and Neonatal Action Plan in December 2026 and we welcome the opportunity to align our roadmap with national priorities once they are established. However, we are not waiting for December to take action.

Through BadgerNet, Badger Notes, interoperability services, clinical safety processes and implementation expertise, many of the building blocks needed to support improvement are already in place. We will focus on strengthening and expanding those foundations.

Ambient Voice Technology Beginning with Antenatal Care

We will introduce ambient voice technology into antenatal consultations, capturing conversations between clinicians and women, generating structured, clinician-approved documentation that can be published directly to Badger Notes.

The objective is to enable clinicians to focus more fully on the woman in front of them while ensuring that her concerns, preferences and decisions are captured accurately and consistently. All three reviews are clear about the consequences of poor documentation and women feeling unheard.

One Record That Follows the Woman

BadgerNet already supports a longitudinal maternity and neonatal record covering approximately 60% of pregnancies across the UK, with that coverage continuing to grow. Where trusts use BadgerNet's Single Pregnancy Record, the record for a woman and her baby follows them between organisations rather than stopping at organisational boundaries.

Beyond BadgerNet, we strongly support the NHS ambition for a Single Patient Record and believe perinatal care provides one of the most compelling and achievable opportunities to demonstrate its value at scale. Pregnancy is a time-limited but highly complex journey that spans primary care, community services, maternity units, neonatal care, mental health services and, for some women and babies, multiple provider organisations.

BadgerNet already provides many of the characteristics that the Single Patient Record seeks to achieve: a longitudinal record, structured clinical information, access for women through Badger Notes and standards-based interoperability.

We would welcome the opportunity to support NHS England and national programme teams in making the Single Patient Record a near-term reality for maternity and neonatal services.

Putting Existing Interoperability into Practice

BadgerNet can already share structured maternity information into shared care records through FHIR-based interoperability and can provide read-only access to teams who do not use BadgerNet directly.

The capability exists today, but adoption is uneven. The Great North Care Record (GNCR)[1] is one example where it is already delivering value. We will work with organisations and regional partners to increase adoption so that information follows women and babies between the services caring for them.

Training and Optimisation Support

Training and optimisation support are essential components of safe implementation. We will review how we provide training, clinical transformation and optimisation support, making it easier for organisations to adopt capability consistently, embed best practice and realise measurable benefits from their digital investment.

Supporting the 10 Point Plan

Like other suppliers, we are waiting for the detailed action plan in December before setting our final priorities. In the meantime, we are working on digital support for the urgent actions already set out in Sir Jim Mackey's 10 Point Plan for Maternity and Neonatal Services.

Martha's Rule is the clearest example. NHS England has asked NHS trusts to begin rolling it out across all maternity and neonatal services during 2026/27, and we are developing support for it within BadgerNet so that services adopting it can do so within the record they already use rather than alongside it. We are also developing digital support for the National Maternity Triage Specification and the Maternal Care Bundle.

Specifications for this work are in development and will go through national review before delivery is scheduled. We will confirm timescales once that process is complete.

From Recording Care to Improving It

Our ambition is to evolve BadgerNet from a system that records care into a platform that actively supports safer, more connected and continuously improving care. A system where women have meaningful access to their own information, where clinicians spend more time caring and less time documenting, where information follows women and babies across organisational boundaries, and where emerging risks can be identified before harm occurs.

The foundations already exist. The challenge now is not to start again, but to connect, optimise and build upon what is already working.

What We Would Like to See in the National Plan

Funded and Standards-Based Connectivity and Information Sharing

Adoption remains inconsistent because implementation is frequently dependent on local funding and priorities.

We would welcome funded maternity integration into shared care records and the NHS Single Patient Record, ensuring that interoperability capabilities that already exist are implemented consistently across the NHS.

The Ockenden Review specifically identified the need for improvements in the way maternity information is shared between organisations and systems. The Thirlwall Inquiry has since gone further, recommending that NHS England set out by 31 March 2027 a clear and timed route to harmonising computer systems across the NHS by December 2028, and that a mandatory information standard for interoperability be taken forward as soon as possible. Without common standards, each integration is built differently, which is a direct cause of the variation both reviews identify and of information being lost when care transfers between teams.

We would welcome national interoperability standards for maternity and neonatal electronic patient records, including nationally defined maternity handover standards that provide clarity and consistency for providers, suppliers and integrated care systems. These would reduce unwarranted variation while still allowing organisations flexibility where local circumstances genuinely require it. We stand ready to support NHS England and national programme teams in developing these standards.

A Modern Maternity and Neonatal Dataset

Learning from data remains one of the most significant themes running through all reviews.

We would welcome a refreshed and future-proofed national maternity dataset, supported by common definitions and standards that enable meaningful benchmarking, epidemiology, population health management and safety surveillance. Neonatal data is currently collected through several routes, including the National Neonatal Research Database and the Neonatal Critical Care Minimum Dataset, but not in a form that allows maternity and neonatal care to be understood as a single perinatal pathway. Bringing the two together would let services see the whole picture.

Investment in Adoption, Training and Optimisation

We would welcome funded training time and adoption support that recognises the realities facing maternity and neonatal services. Staff must be able to access training and optimisation programmes without compromising frontline service delivery, with dedicated funding and protected time for frontline teams. Alongside this, sustained and ring-fenced digital investment should reflect both the complexity of perinatal care and the significant financial impact of avoidable harm and litigation.

We would also welcome national investment in turning the data services already hold into usable insight. Data on its own does not improve care. Services need the tools and the analytical support to see emerging risk, unwarranted variation and inequalities as they develop, and that should be funded through digital investment rather than left to individual organisations to solve alone.

Success should not be measured solely by implementation milestones or system go-live dates, but by sustained adoption, improved experience for staff, women and families, and demonstrable improvements in quality, safety and outcomes.

Conclusion

We will share updates on these commitments with our customers and, following publication of the National Maternity and Neonatal Action Plan in December 2026, we will publish our roadmap, in line with our usual timelines for the next financial year, demonstrating how our future priorities align with the national direction of travel.

The individuals who contributed to these recent reviews, as well as historic equivalents, have consistently asked for action rather than another set of recommendations. This document is our contribution to that call. Our passion for supporting excellence across perinatal services is unwavering, and we are committed to working alongside local, regional and national NHS teams, providers, clinicians, professional bodies and service users to help deliver meaningful and lasting improvement in maternity and neonatal care.

If you would like to respond to this paper or discuss any of the commitments outlined, please contact pr@systemc.com

Our System C Mission

Technology with the power to connect and transform health and care outcomes for all.

Need more information?

We're happy to help.

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