


Agenda item	302/21			
Report	The Ockenden Report – Progress Report			
Executive Lead	Director of Nursing			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance	√	BAF 1, BAF 2 BAF 3, BAF 4 BAF 7, BAF 8	
	For decision / approval		Link to risk register:	
	For review / discussion		CRR 16	
	For noting		CRR 18	
	For information		CRR 19	
	For consent		CRR 23 CRR 27 CRR 31	
Presented to:	Directly to the Board of Directors			
Dependent upon	N/A			
Executive summary:	<p>This report presents an update to the Trust's Ockenden Report Action Plan and other related matters. Good progress continues to be made against the required actions from the first Ockenden Report (2020), and this work continues at pace.</p> <p>The Board of Directors is asked to review and take assurance from:</p> <ul style="list-style-type: none"> • This report, the Ockenden Report Action Plan at Appendix One and Exception Reports at Appendix Two • Decide if any further information, action and/or assurance is required 			
Appendices	<p>Appendix One: Ockenden Report Action Plan at 4 November 2021 Appendix Two: Ockenden Report Action Plan Draft Exception Reports</p>			
				

1.0 Purpose of this report

1.1 This report presents an update on all 52 actions in the Trust's Ockenden Report¹ Action Plan since the last meeting of the Board of Directors in Public on 11th November 2021. Updates are provided on other related matters.

2.0 The Ockenden Report (Independent Maternity Review – IMR)

2.1 The Board of Directors received the first Ockenden Report - Emerging Findings and Recommendations from the Independent Review of Maternity Services at Shrewsbury and Telford NHS Trust; Our First Report following 250 Clinical Reviews, at its meeting in public on 7 January 2021

2.2 The report sets out 52 specific actions for the Trust to implement comprising twenty-seven Local Actions for Learning (LAFL), and seven Immediate and Essential Actions (IEA's) which, in turn, comprise a further 25 related actions. In total, there are 52 actions for the Trust to implement. All of the Ockenden actions (LAFL's and IEA's) have been cross-referenced to the Trust's Maternity Transformation Plan.

2.3 Since the last update to the Board of Directors, two further IEAs have been accepted by the Maternity Transformation Assurance Committee as 'Evidenced and Assured'. These are 4.1 ("Women with Complex Pregnancies must have a named consultant lead") and 6.2 ("The [fetal monitoring] Leads must plan and run regular departmental fetal heart rate (FHR) monitoring meetings and cascade training. They should also lead on the review of cases of adverse outcome involving poor FHR interpretation and practice"). The current version of the first Ockenden Report Action Plan is presented at **Appendix One**, for information.

2.4 Of note, the Trust has received initial feedback from NHS England / Improvements regarding the level to which the minimum evidence requirements submitted by the Trust in May 2021 are judged to show completion of the IEAs. In SaTH's case, the overall total is in the region of 90%. It should be noted that this is data as of May 2021, and a final position is yet to be announced. MTAC will be guided by these findings, but continue to review all evidence in the usual way.

3.0 Status of the required actions

3.1 The '**Delivery Status**' position of each of the 52 actions as at 4th November 2021 is summarised in the following table:

Delivery Status							
	Total # recommendations	Not yet delivered		Delivered, Not Yet Evidenced		Evidenced and Assured	
		Sep 21	Current	Sep 21	Current	Sep 21	Current
LAFL	27	12	12	5	5	10	10
IEA	25	8	8	10	8	7	9
Total	52	20	20	15	13	17	19

¹ www.gov.uk/official-documents. (2010) Ockenden Report – Emerging Findings and Recommendations from the Independent Review of Maternity Services at Shrewsbury and Telford NHS Trust; Our First Report following 250 Clinical Reviews.

3.2 Using the same approach, the ‘**Progress Status**’ position of each action as at 4th November 2021, is summarised in the following table:

Progress Status											
	Total # recs.	Not Started		On Track		At Risk		Off Track		Completed	
		Sep 21	Current	Sep 21	Current	Sep 21	Current	Sep 21	Current	Sep 21	Current
LAF L	27	0	0	14	16	0	0	3	1	10	10
IEA	25	2	2	16	14	0	0	0	4	7	9
Total	52	2	2	30	30	0	0	3	5	17	19

3.3 It was reported in the September 2021 update that three Local Actions for Learning were off track. Two of these have received a deadline extension for both delivery and evidencing dates to March 2022. These are:

3.3.1. **AFL 4.59 - The maternity department clinical governance structure and team must be appropriately resourced so that investigations of all cases with adverse outcomes take place in a timely manner.**

The partnered governance review is nearing completion. Additionally, the clinical governance team is now fully resourced with both midwifery, nursing and patient safety specialists. The Neonatal and Obstetric Incident Review and Divisional Oversight and Assurance Groups are fully operational. The team has devised a new workflow to efficiently progress investigations and associated action plans. Accordingly, the Maternity Transformation Programme Group (MTPG) will propose this action for acceptance as ‘Delivered, Not Yet Evidenced’ at the December meeting of the Maternity Transformation Assurance Committee.

3.3.2. **AFL 4.60 - The maternity department clinical governance structure must include a multidisciplinary team structure, trust risk representation, clear auditable systems of identification and review of cases of potential harm, adverse outcomes and serious incidents in line with the NHS England Serious Incident Framework 2015.**

The delivery of this action is linked to 4.59 above. The new patient safety model for the Trust has been implemented under the guidance of the Assistant Director of Nursing Quality Governance. A patient safety specialist is embedded as part of the Divisional Risk and QI team. Accordingly, MTPG will propose this action for acceptance as ‘Delivered, Not Yet Evidenced’ at the December meeting of the Maternity Transformation Assurance Committee.

3.4 The third LAFL remains off track, as detailed below:

3.4.1 **LAFL 4.73 - Women with pre-existing medical co-morbidities must be seen in a timely manner by a multidisciplinary specialist team and an individual management plan formulated in agreement with the mother to be. This**

must include a pathway for referral to a specialist maternal medicine centre for consultation and/or continuation of care at an early stage of the pregnancy.

This is a complex action as some of the actions falls within the Trust to deliver, whilst other components are dependent upon national action being taken to establish specialist maternal medicine centres, which is out of the Trust's control

The exception report for this action was provided at the October meeting. MTPG will propose a delivery and evidence date of April 2022 to MTAC, based on likely timelines for the establishment of the regional Maternity Medicine Centre (MMC) upon which this action is contingent.

3.5 Additionally, four IEA's have now missed their October deadline.

3.5.1 IEA 1.1 - Clinical change where required must be embedded across Trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMNS agendas at least every 3 months.

The Divisional Information Officer along with Divisional Governance Leads are working to produce an SOP to demonstrate how the Trust reports the Maternity and neonatal dashboards both internally and externally via the LMNS (This is a requirement the Trust has self-identified and is also explicitly required under IEA 1 Q1 of the NHSE/I minimum evidence requirements). The Trust will ensure co-production is achieved in partnership with the LMNS.

Of note, the NHSE/I assessment was that this action is 75% complete, with the SOP being the final remaining task. MTPG have asked for a deadline extension of February 2022 to complete this: whilst the SOP should be ready this calendar year, the group will look to provide assurance that it is being correctly followed, before submitting for approval by MTAC.

3.5.2 IEA 4.2 - Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the women and the team.

The feedback from NHSE/I minimum evidence indicates the following 2 pieces of evidence required:

3.5.2.1 Audit that demonstrates referral against criteria has been implemented that there is a named consultant lead, and early specialist involvement and that a Management plan that has been agreed between the women and clinicians in place.

3.5.2.2 Audit of 1% of notes, where women have complex pregnancies to ensure women have early specialist involvement and management plans are developed by the clinical team in consultation with the woman.

Both of these will be captured in the Ockenden specific case notes audit and review. This is now underway. The aim is to have completed the data collection and data analysis prior to the Christmas break. However, in order to avoid another deadline breach MTPG recommend to extend deadline to February 2022.

3.5.3 IEA 4.3 - The development of maternal medicine specialist centres as a regional hub and spoke model must be an urgent national priority to allow early discussion of complex maternity cases with expert clinicians.

This action links closely to LAFL 4.73, which is discussed above and is also 'off track'. Whilst the NHSE/I feedback is that SaTH are compliant with 86% of the actions required to meet IEA 4 (Managing Complex Pregnancy), MTPG feel that this particular action cannot be considered complete until the regional MMC is established, and the above audits are completed. They will therefore recommend an evidencing deadline extension to April 2022 to allow for the completion of the MMC

3.5.4 IEA 4.4 - This must also include regional integration of maternal mental health services [links to IEA 4.3]

The MTPG feel that a generous deadline extension, to August 2022, is required for this action. This is to allow for the establishment of the regional MMC (expected in April 2022), and for the fact that mental health referrals are likely to be relatively few in number. The August extension is calculated to allow for enough numbers of service users with these care needs to be referred to have a reliable data set to audit, to confirm that referral and integration is taking place appropriately.

This extension would push the milestone for completion of the 52 actions set out in the initial Ockenden report past the current agreed deadline of March 2022, hence if MTAC do support the extension, the 'Getting to Good' Operational Delivery Group will be formally notified via their own exception reporting process.

3.6 There are two Immediate and Essential Actions that are not yet delivered/not started. Again, these remain unchanged. These are:

3.6.1. IEA 1.3 – LMS must be give greater responsibility and accountability so that they can ensure that the maternity services they represent provide safe services for all that access them, and;

3.6.2. IEA 1.4 - An LMS cannot function as one maternity service only.

These two actions are linked closely. Efforts to try and resolve them are still underway; however, a final decision on the future model and arrangements is awaited. In the meantime the Trust and CCG are working together to improve the information flows and assurance mechanisms, albeit still within a single LNMS arrangement.

3.6.3. In summary, positive progress is being made in relation to the delivery of the actions from the first Ockenden Report. Whilst four more IEAs have slipped off track since the last report, two others have been fully completed. Moreover, those that are off track appear to be largely completed according to NHSE/I feedback, which gives some assurance. There are some sticking points in relation to those that are off track; however, all of these still have work being undertaken to try and address them.

4.0 Ockenden Report Assurance Committee (ORAC)

4.1 The seventh Ockenden Report Assurance Committee will take place in January 2022.

4.2 The schedule for the next ORAC meetings has now been set, as follows:

DATE	TOPICS (Provisional)
Monday 15 th November 2021 1430-1700 hrs	Postponed to January
December 2021	No Meeting
Tuesday 18 th January 2022 – 1430-1700 hrs	<ol style="list-style-type: none"> 1. Obstetric Anaesthesia Update 2. Implementation of the National Bereavement Care Pathway 3. W&C Governance update
Tuesday 15 th February 2022 – 1430-1700 hrs	<ol style="list-style-type: none"> 1. Culture update 2. Psychological support to families
Tuesday 15 th March 2022 – 1430-1700 hrs	<ol style="list-style-type: none"> 1. Safety Culture 2. User experience system (UX) 3. Board oversight and learning

5.0 Summary

5.1 Good progress continues to be made against the required actions from the first Ockenden Report (2020), and this work continues at pace. There are some challenges; however, work continues to address all of them.

6.0 Action required of the Board of Directors

- 6.1 The Board of Directors is asked to review and take assurance from:
- This report, the Ockenden Report Action Plan at **Appendix One** and Exception Reports at **Appendix Two**
 - Decide if any further information, action and/or assurance is required