


Board of Directors Meeting in Public
14 April 2022

Agenda item	059/22			
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:	N/A			
Dependent upon	N/A			
Executive summary:	<p>This report presents an update to the Trust’s Ockenden Report Action Plan and other related matters. Most of the actions set out in the first Ockenden Report (Emerging Findings and Recommendations from the Independent Review) have been implemented, with work ongoing to complete the remaining actions and gain the required assurance.</p> <p>The Board of Directors is requested to receive and review:</p> <ul style="list-style-type: none"> • This report, and the Ockenden Report Action Plan at Appendix One. There are no exception reports this month. • Decide if any further information, action and/or assurance is required 			
Appendices	Appendix One: Ockenden Report Action Plan as at 8 March 2022			
				

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 10 March 2022.

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 the Ockenden actions (LAFL's and IEA's) have been cross-referenced to the Trust's Maternity Transformation Plan (MTP).
- 2.3 Since the last update to the Board of Directors, eight further actions (two IEA's and six LAFL's) have been accepted by the Maternity Transformation Assurance Committee (MTAC) as 'Evidenced and Assured', as follows:
 - 2.3.1 **IEA 7.2: "Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care"**. MTAC had accepted this action as 'Delivered, Not Yet Evidenced' in April 2021 based on evidence that included minutes from the Birth Options Clinic and achievements resulting from co-produced initiatives with the MVP, including the 'User Experience (UX) System'. At its March 2022 meeting, MTAC received the results of the recent CQC Service User Survey, which showed that the Trust was one of seven of a total of 121 trusts to receive a 'better than expected' rating, with a 'much better than expected' rating attributed to a question relating to the level to which women felt listened to in the intrapartum period. MTAC also noted further co-produced documents including the Visual Birth Preferences Card.
 - 2.3.2 **IEA 7.3: "Women's choices following a shared and informed decision-making process must be respected"**. MTAC accepted this as 'Evidenced and Assured' based on similar evidence to that provided for IEA 7.2, plus additional co-produced items including the 'Ask Me' posters (designed to encourage women to ask a midwife if they have any queries, at any time) and the Terms of Reference and Standard Operating Procedure (SOP) for the Personalised Care and Support Planning Group.

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.

- 2.3.3 **LAF 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”**. MTAC accepted this item as ‘Evidenced and Assured’ based on description of the structure that has been put in place. The team has three specialist governance midwives (including the team lead), two patient safety experts, plus a speciality governance paediatric nurse. As described in the February 2022 ORAC meeting, the division reports to all relevant Trust-level governance committees, including the Review and Learning from Incidents Group. The division complies with the Trust-wide Quality Governance Framework. MTAC noted an improved trajectory in the completion of investigations in a timely way (though noted more work remains to be done) and the improved method of disseminating and closing out associated action plans (via the Datix system).
- 2.3.4 **LAF 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”**. MTAC was content to accept this item as ‘Evidenced and Assured’ based on evidence seen to date which shows that the division is compliant with the Trust-wide Quality Governance framework (which meets national standards). The Committee also noted the updates discussed at the February 2022 ORAC meeting at which a discussion of the receipt and partial completion of the Sherwood Forest Hospitals peer review of governance was covered. The Committee also received confirmation that a review had been completed to cross-reference past Datix entries with records in the Medway and Badgernet electronic patient records system.
- 2.3.5 **LAF 4.63 “Complex cases in both the antenatal and postnatal wards need to be identified for consultant obstetric review on a daily basis”**. MTAC accepted the evidence of an updated handover sheet that had been introduced in Spring 2021 and an audit showing the appropriate completion of this document. The audit checked and confirmed that multi-disciplinary handovers are taking place at the correct times, all emergency admissions are seen and thoroughly assessed by a suitable consultant as soon as possible (and not later than 14 hours from admission) and consultant review at least once every 24 hours.
- 2.3.6. **LAF 4.65: “The maternity service must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion the development and improvement of the practice of bereavement care within maternity services at the Trust”**. MTAC accepted evidence which included confirmation that the Trust is compliant with (and championing) the National Bereavement Care Pathway (NBCP), has two specialist bereavement care midwives in post, and now has a nominated consultant lead with bereavement care formally included in their job plan.

2.3.7 **LAF 4.66: “The Lead Midwife and Lead Obstetrician must adopt and implement the National Bereavement Care Pathway.”** Linked to LAF 4.65, MTAC accepted this as 'Evidenced and Assured' based on sight of the Sands (Stillbirth and Neonatal Death Society) feedback from its November 2021 review, which shows that the Trust is not only compliant with, but also championing the NBCP. There are nonetheless further recommendations to make the care even more effective, and these will be considered for inclusion in the MTP in the coming months.

2.3.8 **LAF 4.74 “There must be a named consultant with demonstrated expertise with overall responsibility for the care of high-risk women during pregnancy, labour and birth and the post-natal period”.** MTAC accepted a document entitled 'Consultant Clinic Allocation' which sets out the names of obstetric consultant leads for mental health, pre-term birth, endocrine, maternal medicine, obstetric risk, haematology, renal and emergency clinic. This was backed up with evidence from the Clinical Risk Assessment SOP², which sets out the point in antenatal care at which the woman must be informed of the names lead professional and, also, the requirement for women requiring antenatal consultant clinical appointments to be allocated a named obstetrician.

2.4 Also, since the last report, MTAC has accepted two further actions (one IEA and one LAF) as 'Delivered, Not Yet Evidenced', as follows:

2.4.1 **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 LMS agendas at least every 3 months”.** MTAC has already seen the evidence requirements set out by NHSE England and NHS Improvement (NHSEI) comprising a copy of the Maternity Dashboard, minutes and an organogram showing how this data is shared with Local Maternity and Neonatal Systems (LMNS), and confirmation from an LMNS representative that the data is shared regularly. The final item required is an SOP to demonstrate how the Trust reports this data both internally and externally. A draft SOP has been created, and, notwithstanding the fact that amendments and formal ratification of this are pending, MTAC was content to accept this action as 'Delivered, Not Yet Evidenced'.

2.4.2 **LAF 4.90: “The Trust must ensure appropriately trained and appropriately senior/experienced anaesthetic staff participate in maternal incident investigations and that there is dissemination of learning from adverse events”.** MTAC accepted evidence demonstrating that one of the lead consultants for obstetrics anaesthesia is a qualified Human Factors practitioner and has contributed to several incident investigations. MTAC has already received evidence of middle grade anaesthetists taking on lead roles for quality improvement, risk, and training. MTAC directed that it needs to see full evidence of associated learning from investigations being disseminated adequately before it can consider this action as 'Evidenced and Assured'.

² SaTH Clinical Risk Assessment v12.2 (025) June 2021-October 2024

3.0 Status of the required actions

3.1 The **'Delivery Status'** position of each of the 52 actions as at 8 March 2022 is summarised in the following table. Thirty-five actions (67%) are now at 'Evidenced and Assured' status with 10 (19%) at 'Delivered, Not Yet Evidenced' – an overall implementation of 86%.

Delivery Status							
	Total # recommendations	Not yet delivered		Delivered, Not Yet Evidenced		Evidenced and Assured	
		Mar 22	Current	Mar 22	Current	Mar 22	Current
LAFI	27	2	1	13	8	12	18
IEA	25	7	6	3	2	15	17
Total	52	9	7	16	10	27	35

3.2 Using the same approach, the **'Progress Status'** position of each action as at 8 March 2022, is summarised in the following table:

Progress Status											
	Total # recs.	Not Started		On Track		At Risk		Off Track		Completed	
		Mar 22	Current	Mar 22	Current	Mar 22	Current	Mar 22	Current	Mar 22	Current
LAFI	27	0	0	14	9	0	0	1	0	12	18
IEA	25	2	0	7	8	1	0	0	0	15	17
Total	52	2	0	21	17	1	0	1	0	27	35

3.3 Since the February 2022 MTAC meeting, the following LAFI has been moved from a progress status of 'Off Track' to 'On Track', with a new agreed delivery date of 30th April 2022 and date to be evidenced by of 31 October 2022 – the reasons for the selection of these dates are expanded upon below.

3.3.1 **LAFI 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.** MTAC was satisfied with evidence that measures the Trust can put into place now have been implemented. This includes ongoing engagement with the clinical network. However, the main action required to complete this action is the establishment of the regional (West Midlands) Maternal Medicine Specialist Centre. This is expected to be in place by the end of April 2022. The Maternity Transformation Programme Group (MTPG) considers that, following this, at least three full months of auditable referral data will be needed before compliance can be tested, hence the agreement with MTAC for an evidence deadline of October 2022.

4 There are two Immediate and Essential Actions which, to date, had been marked as 'Not Yet Started'. Following a presentation from SaTH's LMNS colleagues, MTAC agreed that these actions are now well underway. The actions in question are as follows:

- 3.5.1. **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;**
- 3.5.2. **IEA 1.4 “An LMS cannot function as one maternity service only”.**

The LMNS colleague shared details of the robust governance structure that has been put in place with the Perinatal Quality Surveillance Group, as well as a Memorandum of Understanding that has been drafted to put in place a system whereby knowledge sharing and governance oversight between Trusts across different Local Maternity and Neonatal Systems is achieved.

4.0 Ockenden Report Assurance Committee (ORAC)

- 4.1 The ninth ORAC took place on Tuesday 15th March 2022. This session comprised a review of all achievements to date in implementing the actions set out in the first Ockenden Report (2020), focusing on tangible benefits for service users and staff. The presenters also addressed several questions that had been put forward from service users and other stakeholders, kindly collated by a member of Powys Community Health Council.
- 4.2 The next scheduled ORAC meeting will take place in June 2022. The final Ockenden Report was published on 30 March 2022, so this will allow time for the Trust to consider fully the new actions arising from this new report. There is a separate item on today's meeting agenda that will consider formally the receipt of the final Ockenden Report.

5.0 Summary

- 5.1 The Trust re-affirms its commitment to implement the actions arising from the Independent Maternity Review (IMR) in good faith, to improve the quality of care provided to women and families.
- 5.2 Whilst much work remains to be done, the Trust can confirm that:
 - 45 of the 52 actions set out in the first report have been implemented (86%)
 - The remaining 7 actions are outside the ability of the Trust to deliver, as they have external dependencies. Therefore, the Trust has implemented all the actions it is the lead agent for.
- 5.3 This will be the final version of this report in this format. All remaining actions from the first report will be merged with those from the final report into a new format going forward. The Trust's assessment against all the new actions will be presented to the Board of Directors at its meeting in May 2022. This will be discussed further down the agenda at today's meeting.

6.0 Action required of the Board of Directors

6.1 The Board of Directors is requested to receive and review:

- This report, and the Ockenden Report Action Plan at **Appendix One**.
- Decide if any further information, action and/or assurance is required

Hayley Flavell
Executive Director of Nursing

08 April 2022

Appendix One: Ockenden Report Action Plan as at 8 March 2022.

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 1: Enhanced Safety													
Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight													
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 LMS agendas at least every 3 months.	Y	10/12/20	28/02/22	Delivered, Not Yet Evidenced	On Track	Review at LMNS Board in order to consider what data is required and in what format Work being scoped with NHSEI to develop national maternity dashboard with SaTH as a key stakeholder MTAC agreed that the recommendation for this action to remain 'not yet evidenced' at their November-21 meeting. An exception report will be produced with the aim of extending the deadline to Feb-22. MTAC accepted the exception report and agreed to extend the deadline to Feb-22, allowing time for the SOP demonstrating how the Trust reports the Maternity and neonatal dashboards both internally and externally via the LMNS, to be finalised and embedded effectively. MTAC agreed at the 03/02/22 meeting for the progress status to move to 'at risk' until LMNS provide guidance on the SOP. MTAC accepted this action to move to 'delivered, not yet evidenced' at the Mar-22 MTAC, based on draft SOP produced in collaboration with LMNS. The action will be proposed to move to 'evidenced and assured' at the May-22 MTAC, once the SOP has been finalised and ratified through Maternity Governance Meeting.	08/03/2022	31/03/22		Hayley Flavell	Annemarie Lawrence	
1.2	External clinical specialist opinion from outside the Trust (but from within the region), must be mandated for cases of intrapartum foetal death, maternal death, neonatal brain injury and neonatal death.	Y	10/12/20	31/05/21	Evidenced and Assured	Completed	MTAC (at July meeting) approved this as 'Delivered, Not Yet Evidenced' based on compliance with the minimum evidence requirements published for this action by NHSEI in May, which proves that all cases which fulfil PMRT criteria are currently reviewed with external panel member present (typically an obstetrician from Walsall NHS Trust); an audit having been carried out to assure this and proof given that the presence of the external person is clearly set out in the relevant guidelines. Subsequently, an audit was carried out to check that an external specialist had been a panel member at the relevant meetings was conducted and proved compliance. MTAC therefore accepted the action as 'Evidenced and Assured' at their August meeting.	13/07/21	31/07/21	10/08/21	Hayley Flavell	Annemarie Lawrence	
1.3	LMS must be given greater responsibility and accountability so that they can ensure the maternity services they represent provide safe services for all who access them.	Y	10/12/20	30/04/22	Not Yet Delivered	On Track	SaTH have embarked on a review of membership of LMNS with a view to joining a larger LMNS - this includes a review of current structure and work streams to ensure adequate and effective oversight. LMNS and CCG have implemented the Perinatal Clinical Quality Surveillance Model, which includes SaTH, and have supplied plus minutes and organograms showing the formal receipt of information pertaining to maternity issue including SIs, Continuity of Carer roll-out and MVP co-production. However, the NHSEI minimum evidence requirements for IEAs, published in May 2021, do not allude to this specific action. MTAC agreed on 08/03/2022 meeting to set the delivery date to Apr-22 as advised by LMNS colleagues. The progress status moved to 'on track' based on work that is currently underway.		30/04/22		Hayley Flavell	Hayley Flavell	
1.4	An LMS cannot function as one maternity service only.	Y	10/12/20	30/04/22	Not Yet Delivered	On Track	SaTH currently a single trust LMNS. Issue raised with NHS/E regional office. Review of membership of LMNS with a view to joining a larger LMNS. Review of current structure and work streams to ensure adequate effective oversight. To mitigate against any shortfalls that may result from being a single-service LMNS, SaTH is benefitting from its strategic partnership with Sherwood Forest Hospitals NHS Trust. Work to formalise a regional partnership is ongoing. At their August meeting, MTAC acknowledged that this is a major strategic decision for SaTH and is also dependent on a significant number of external deliverables and partners. In order to avoid arbitrary deadlines, MTAC agreed that the delivery and evidence dates for this should be marked as 'to be confirmed', pending greater clarity. All actions with no assigned date will be reviewed on at least a monthly basis to check whether enough clarity has been obtained to be able to move forward with the action. MTAC agreed on 08/03/2022 meeting to set the delivery date to Apr-22 as advised by LMNS colleagues. The progress status moved to 'on track' based on work that is currently underway.		30/04/22		Hayley Flavell	Hayley Flavell	
1.5	The LMS Chair must hold CCG Board level membership so that they can directly represent their local maternity services which will include giving assurances regarding the maternity safety agenda.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	MTAC accepted this as 'Evidenced and Assured' at their August-21 meeting, based on the evidence provided: CCG Terms of reference and published list of members; showing that the LMNS chair is a member of the CCG's board. Subsequently, SaTH's Maternity and Neonatal Safety Champion now benefits from the addition of the CCG's Senior Quality Lead and Patient Safety Specialist, further strengthening the promotion of the safety agenda between CCG, LMNS and the Trust.	31/01/21	30/06/21	10/08/21	Hayley Flavell	Hayley Flavell	

Colour	Status	Description
Not yet delivered	Not yet delivered	Recommendation is not yet in place, there are outstanding tasks.
Delivered, Not Yet Evidenced	Delivered, Not Yet Evidenced	Recommendation is in place with all tasks complete, but has not yet gone through the assurance and sign-off process.
Evidenced and Assured	Evidenced and Assured	Recommendation is in place, evidence proving this has been approved by executive and signed off by committee.

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
1.6	All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months.	Y	10/12/20	28/02/22	Evidenced and Assured	Completed	<p>SaTH recognise the need to review and strengthen SI reporting process to Trust Board and LMNS - a quarterly report to Trust Board, using peer as example of reporting process, must be part of this.</p> <p>MTAC reviewed progress against this at their meeting on 22/04/2021, and decided there is not enough evidence of transparency (in terms of publishing), so this remained 'Not Yet Delivered'. At MTAC's August meeting, the committee still felt this action is not being met sufficiently. At their September report, they agreed a further exception report requesting a delivery and evidence extension to February-22 to give time for the ongoing governance review to be completed and embedded (this action will form a key part of the review). Next steps are for the Trust to consult with SFHNHST to learn from how they report safety matters in the public domain, with a view to adopting best practice.</p> <p>MTAC agreed on 03/02/22 for this action to move the 'evidenced and assured' based on evidence presented (SI action plans, Board minutes and SOP), plus the 100% scoring from NHSE/I. The LMNS were in agreement.</p>	31/01/2022	28/02/22	03/02/22	Hayley Flavell	Annemarie Lawrence	

Colour	Status	Description
Not yet delivered	Not yet delivered	Recommendation is not yet in place, there are outstanding tasks.
Delivered, Not Yet Evidenced	Delivered, Not Yet Evidenced	Recommendation is in place with all tasks complete, but has not yet gone through the assurance and sign-off process.
Evidenced and Assured	Evidenced and Assured	Recommendation is in place, evidence proving this has been approved by executive and signed off by committee.

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 2: Listening to Women and Families													
Maternity services must ensure that women and their families are listened to with their voices heard.													
2.1	Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.	Y	10/12/20	TBC	Not Yet Delivered	On Track	These roles are being developed, defined and recruited to nationally. It is understood that this process is underway. The NHSEI minimum evidence requirements for IEAs, published in May 2021, made clear that as no progress has been announced on the national initiative, Trusts are not expected to demonstrate any evidence of progress on this action. This not being within SaTH's control, there is no requirement or benefit in marking the action as 'Off Track', further, MTAC agreed at their August meeting to amend the delivery and evidence dates to 'to be confirmed' pending clarity on a national level as to when and how these roles will be created.		TBC		Hayley Flavell	Hayley Flavell	
2.2	The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome.	Y	10/12/20	TBC	Not Yet Delivered	On Track	Once in post, methodology for this is to be developed. The NHSEI minimum evidence requirements for IEAs, published in May 2021, made clear that as no progress has been announced on the national initiative, Trusts are not expected to demonstrate any evidence of progress on this action. MTPG therefore advise MTAC to re-baseline the delivery date until October or November at the earliest. This not being within SaTH's control, there is no requirement or benefit in marking the action as 'Off Track'.		TBC		Hayley Flavell	Hayley Flavell	
2.3	Each Trust Board must identify a non-executive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. They must work collaboratively with their maternity Safety Champions.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	SaTH has a Non-Executive Safety Champion in post with oversight of Maternity Services, and an Executive Safety Champion in post – Trust Executive Medical Director (Interim co-Medical Directors currently representing). All of these post-holders are active members of the Maternity and Neonatal Safety Champions Group, and participate on a monthly basis in this group's 'walkabouts' and meetings. The actions was approved to 'Delivered, Not Yet Evidenced' by MTAC on 22-May-21 and ORAC on 27-May-21 and to 'Evidenced and Assured' by MTAC on 8-Jun-21 based on CNST Safety Action 9 evidence and full compliance with the minimum evidence requirements set out in the NHSEI guidance for this criterion as published on 5 May 2021.	22/05/2021	30/04/21	08/06/21	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint - Maternity Safety Champions workspace
2.4	CQC inspections must include an assessment of whether women's voices are truly heard by the maternity service through the active and meaningful involvement of the Maternity Voices Partnership.	Y	10/12/20	TBC	Not Yet Delivered	On Track	Action to be discussed with CQC at relationship meeting. It is understood the MVP were not contacted by CQC at their most recent inspection of SaTH. SaTH enjoys an extremely positive and productive relationship with our much-valued MVP partners, who offer support, challenge and co-production. Highlights include the recently introduced 'UX' ('User Experience) card system to gather direct, actionable user feedback, and which has met with significant praise in local media and from the British Intrapartum Care Society. Notwithstanding this, the action is that CQC inspections must test this, and this aspect it outside our control. The action must therefore remain 'Not Yet Delivered'; there is no reason or benefit in marking 'Off Track' as the action is not within our control and there is no escalation route. MTAC agreed at their August meeting that the delivery and assurance dates should be left 'to be confirmed' until greater clarity can be obtained from CQC and other parties.		TBC		Hayley Flavell	Annemarie Lawrence	

Colour	Status	Description
Not yet delivered	Not yet delivered	Recommendation is not yet in place; there are outstanding tasks.
Delivered, Not Yet Evidenced	Delivered, Not Yet Evidenced	Recommendation is in place with all tasks complete, but has not yet gone through the assurance and sign-off process.
Evidenced and Assured	Evidenced and Assured	Recommendation is in place, evidence proving this has been approved by executive and signed off by committee.

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 3: Staff Training and Working Together													
Staff who work together must train together													
3.1	Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	MDT Practical Obstetric Multi-Professional Training (PrOMPT) training in place and occurring monthly (doctors and midwives) Weekly MDT simulation exercises take place on delivery suite with ad hoc sessions on Midwifery Led Unit Twice weekly Cardiocotograph (CTG) learning and feedback sessions on Delivery Suite – MDT delivered by CTG midwife and/or consultant Identified Obstetric anaesthetic lead with Human Factor specialist interest attends MDT training. MTAC (at July meeting) approved this as 'Delivered, Not Yet Evidenced' based on the (peer-reviewed) evidence supplied for Safety Action 8 of CNST and the minimum evidence requirements for IEAs published by NHSEI in May 2021, which comprises PrOMPT attendance records and training content. The approved MDT funding bid and MTP training allocation are being implemented - for example, SaTH has 25 places on both Baby Lifeline's Management of the Sick and Deteriorating Woman and Learning From Adverse Events courses in November. SaTH has also invested in enhanced Clinical Practice Educator roles and training backfill for midwives and consultants as well as PA to deliver PrOMPT and CTG training. Upon confirmation and evidencing that LMNS are receiving quarterly reports on this activity, the action will be recommended for acceptance as 'Evidenced and Assured'. The December-2021 MTAC accepted the action as 'evidenced and assured' based on NHSE/I minimum evidence required, score of 100%.	13/07/21	30/10/20	07/12/21	Hayley Flavell	Will Parry-Smith	
3.2	Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	There is a twice-daily ward round on the delivery suite with the delivery suite midwifery coordinator, duty anaesthetist and obstetric consultant in attendance. These occur at 08:30 and 20:30. If there is a change of consultant, there is an additional ward round at 17:00. 7-day working of consultant in place within maternity services; 7-day rota in place to ensure obstetric consultant cover meeting Consultant must a daily sheet that records the ward round and a Monthly audit of attendance at Ward Rounds has been introduced. SaTH has recruited a number of additional consultants over the summer of 2021, with more recruitment ongoing. Multidisciplinary Simulation (SIM) training and PrOMPT courses already take place. MTAC approved this action to 'Delivered, Not Yet Evidenced' on 22/04/2021, based on the same evidence as discussed for 4.62, as well as information provided on ongoing recruitment of locum consultant obstetricians, with some substantive roles also planned. Based on evidence of the audit mentioned above, MTAC accepted the action as 'Evidenced and Assured' in their August 21 meeting.	22/04/21	30/06/21	10/08/21	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint
3.3	Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	SaTH have 13 associated proposed business cases comprising investment of up to £5.1m across all Women and Children's specialties with a further £0.3m provided by the LMNS. Included in this request is up to 102 members of staff, of which 55 would be permanent additions. Of this, the Maternity Transformation Programme has been allocated £1.35m of which £190k (14% of the total) has been set aside for training, the bulk of which is multi-disciplinary. Further, the Trust has been awarded £55k of part of the national response, which has been ring-fenced for PrOMPT, foetal monitoring training and instruction, and associated backfill for clinical time. All of this is being reported regularly to MTAC and has been approved by the Director of Finance. Accordingly, MTAC accepted this as 'Delivered and Evidenced' at their August 21 meeting.	10/08/2021	30/09/21	10/08/21	Hayley Flavell	Hayley Flavell	

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Not yet delivered	Recommendation is not yet in place; there are outstanding tasks.	
Delivered, Not Yet Evidenced	Recommendation is in place with all tasks complete, but has not yet gone through the assurance and sign-off process.	
Evidenced and Assured	Recommendation is in place; evidence proving this has been approved by executive and signed off by committee.	

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 4: Managing Complex Pregnancies													
There must be robust pathways in place for managing women with complex pregnancies.													
Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.													
4.1	Women with Complex Pregnancies must have a named consultant lead.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	<p>All women with complex pregnancies have a named consultant lead. Appropriate risk assessment documented at each contact</p> <p>A formal auditing process has commenced and will be report to respective local governance meetings. This includes a review of Midwifery led cases for appropriate referral onwards, to be undertaken. Based on this, as well as the evidence already reviewed and accepted for LAFL 4.54, MTAC approved this as 'Delivered, Not Yet Evidenced' at their July meeting.</p> <p>MTAC accepted this as 'Evidenced and Assured' at their November-21 meeting, based on the 100% rating from NHSEI in their minimum evidence return. However, the group requested further evidence of audit to be circulated via email.</p>	13/07/21	29/10/21	04/11/21	Hayley Flavell	Guy Calcott	
4.2	Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the women and the team.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	<p>Antenatal risk assessments to continually reassess care pathway incorporated and being further developed, including integration with Badgernet.</p> <p>Foetal monitoring a priority, with specific leads in place to champion awareness.</p> <p>Individual pathways incorporating pre-existing morbidities created.</p> <p>Process already in place including specialist antenatal clinics for diabetes and endocrine, haematology, cardiac disease, rheumatology, respiratory, gastro, neurology and mental health. Review of women with additional needs at monthly multidisciplinary meetings. This may include specific medical conditions but, also, for individualised birth plans. Business case submitted for additional consultant hours to staff an "Urgent" Antenatal clinic to see women developing complex obstetric conditions.</p> <p>An audit has commenced to test that correct referrals are being made at all times. Connections to the regional maternal medicine specialist centres, which are being rolled out, are being developed in order to achieve holistic solution. Based on this, and the fact the NHSEI minimum evidence requirements were the same as for IEA 4.1 (and similar to LAFL 4.54, which has already been delivered), MTAC approved this as having been 'Delivered, Not Yet Evidenced' at their July 2021 meeting.</p> <p>MTAC agreed that the recommendation for this action to remain 'not yet evidenced' at their November-21 meeting.</p> <p>MTAC accepted the exception report and agreed to extend the deadline to Feb-22 in the December-21 meeting, in order to complete the data collection and data analysis for the Ockenden-specific case notes audit and review.</p> <p>MTAC agreed at the 03.02.22 meeting for this action to move to 'evidenced and assured', based on evidence provided (SOP in place and audit of 1% of notes captured in Ockenden case notes audit review).</p>	13/07/21	28/02/22	03/02/22	Hayley Flavell	Guy Calcott	
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.	Y	10/12/20	30/04/22	Not Yet Delivered	On Track	<p>The location of the regional centres has been divided upon by the clinical network, but the centres have not yet been set up. SaTH will act to formalise connections with specialist maternal medical centres once established</p> <p>This action was one of six that MTAC, at their August 21 meeting, accepted as being outside of the direct control or ability of SaTH to implement - the specialist centres are being established under the oversight of the regional clinical network. Therefore, MTAC agreed that the delivery and evidence dates should be set as 'to be confirmed' pending an update from the network. This is to be monitored closely by divisional clinical and managerial leads, and as soon as the details are known, the action plan must be updated and implemented with urgency.</p> <p>Given that we do not have a clear indication of timeline for this action, there is no benefit in marking it 'off track' hence status has reverted to 'on track'.</p> <p>MTAC agreed that the recommendation for this action to remain 'not yet delivered' at their November-21 meeting. Deadline date to be agreed.</p> <p>MTAC accepted the exception report and agreed to extend the deadline to Apr-22 in the December-21 meeting, as the Maternal Medicine Centres will be expected to go live in April-22.</p>		30/04/22		Hayley Flavell	Guy Calcott	
4.4	This must also include regional integration of maternal mental health services.	Y	10/12/20	30/06/21	Delivered, Not Yet Evidenced	On Track	<p>Obstetric Clinical Director engaged with network on this topic. Perinatal mental health guidelines and referral pathways have been shared as evidence, and this was accepted as 'Delivered, Not Yet Evidenced' in April 2021. Since then, SaTH has become an early implementor of the Perinatal Mental Health Service, under the leadership of one of the Transformation Midwives. The clinic is now in the course of being set up, with specialist midwives and psychologists recruited. Once this has had time to establish itself, an update will be shared (to include details of how it is integrated regionally); this is likely to be suitable evidence to move the action to 'Evidenced and Assured'.</p> <p>MTAC agreed that the recommendation for this action to remain 'not yet evidenced' at their November-21 meeting. An exception report will be produced with the aim of extending the deadline to Feb-22.</p> <p>The December-21 MTAC accepted the exception report and agreed to the recommendation of unlinking IEA 4.3 and 4.4, and to re-evaluate the delivery date in Jan-22 MTAC.(leaving as Aug-22 in the meantime)</p>	20/04/21	30/08/22		Hayley Flavell	Guy Calcott	

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Not yet delivered	Recommendation is not yet in place, there are outstanding tasks.	
Delivered, Not Yet Evidenced	Recommendation is in place with all tasks complete, but has not yet gone through the assurance and sign-off process.	
Evidenced and Assured	Recommendation is in place, evidence proving this has been approved by executive and signed off by committee.	

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 5: Risk Assessment Throughout Pregnancy													
Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.													
5.1	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	<p>For Intrapartum care, high risk women will have risk re-assessed hourly throughout labour with "fresh eyes" review. A separate risk assessment tool is being developed for women receiving low risk care in all birth settings to clearly document a regular review of risk status. Documentation contained within each woman's handheld PSCP/notes requires risk assessment to be reviewed at each contact</p> <p>MTAC were satisfied to approve this to 'Delivered, Not Yet Evidenced' on 22/04/2021 based on the evidence provided for LAFI 4.54. They specified that they require to see evidence of risk assessment being made a mandatory field in Badgernet, and audit evidence to show that Place of Birth choice is reviewed at each appointment, in order to progress this to the next delivery stage.</p> <p>This latter evidence was still not available as of the MTAC meeting in September. Accordingly, an exception report was provided. This explained that the evidence collated on this point from the pilot Ockenden Report case notes audit was inconclusive, and that accordingly the tool is in process of being modified preparatory to a second audit as soon as possible. This combines with the implementation of Badgernet in mid-August 21 to give confidence that the evidence will be available in the next few weeks. However, a significant deadline extension (to February 2022 from June 2021) for evidencing this was requested, to ensure the audit data can be analysed and acted upon before reporting back to the committee.</p> <p>MTAC agreed on 03/02/22 for this action to move to 'evidenced and assured' based on the 100% score from NHSE/I, plus further evidence provided (Ockenden case notes audit review and risk assessments made mandatory field on Badgernet)</p>	22/04/21	28/02/22	03/02/22	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint
5.2	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	<p>Place of birth revalidated at each contact as part of ongoing risk assessment</p> <p>Mother's choices based on a shared and informed decision-making process respected</p> <p>MTAC approved this as 'Delivered, Not Yet Evidenced' on 22/04/2021, based on evidence seen for elements of LAFI 4.54 and 4.55 (specifically, the monthly review clinic, from which minutes were provided, and the birthplace choices leaflet and online information).</p> <p>The audit evidence to support this action's move to 'Evidenced and Assured' status was still not available as of the MTAC meeting in September. Accordingly, an exception report was provided. This explained that the evidence collated on this point from the pilot Ockenden Report case notes audit was inconclusive, and that accordingly the tool is in process of being modified preparatory to a second audit as soon as possible. This combines with the implementation of Badgernet in mid-August 21 to give confidence that the evidence will be available in the next few weeks. However, a significant deadline extension (to February 2022 from June 2021) for evidencing this was requested, to ensure the audit data can be analysed and acted upon before reporting back to the committee.</p> <p>MTAC agreed on 03/02/22 for the action to move to 'evidenced and assured' based on evidence provided (evidence of referral to birth options clinics; out with guidance pathway, SOP in place and audit conducted) and 100% score result from NHSE/I.</p>	22/04/21	28/02/22	03/02/22	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint

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Delivered, Not Yet Evidenced	Delivered, Not Yet Evidenced	Recommendation is in place with all tasks complete, but has not yet gone through the assurance and sign-off process.
Evidenced and Assured	Evidenced and Assured	Recommendation is in place, evidence proving this has been approved by executive and signed off by committee.

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 6: Monitoring Foetal Wellbeing													
All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in foetal monitoring.													
6.1	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on: <ul style="list-style-type: none"> Improving the practice of monitoring foetal wellbeing Consolidating existing knowledge of monitoring foetal wellbeing Keeping abreast of developments in the field Raising the profile of foetal wellbeing monitoring Ensuring that colleagues engaged in foetal wellbeing monitoring are adequately supported Interfacing with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice. 	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	Lead obstetrician in place with allocated time and job description – 1 SPA per week incorporating PROMPT, Foetal monitoring (0.5) & education and training. Two midwife champions have now been substantively appointed as CTG champions. This action was accepted as 'Delivered, Not Yet Evidenced' at the July 2021 MTAC meeting, with evidence including proof that a dedicated obstetrician and two specialist midwives are now in substantive posts; all with suitable allocation of time to devote to training and knowledge update of EFM. Job descriptions and person specifications showing the expertise and experience required, and evidence of training provision and continuous professional development were also provided. It was noted that the requirements are closely linked to those of LAFL 4.56, which has also been accepted. MTAC accepted the action as 'Evidenced and Assured' at their September meeting based on the evidence provided as part of the NHSE/I minimum evidence requirements for IEAs. The committee did note, however, that formal response from NHSE/I as to the level to which this evidence supports proven completion of the action is still pending, and this must be factored in upon receipt. Further, ongoing evidence of the CTG training and activities will be expected (as with all of the Ockenden Report actions).	13/07/21	31/08/21	14/09/21	Hayley Flavell	Annemarie Lawrence	
6.2	The Leads must plan and run regular departmental foetal 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.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	Twice weekly training and review MDT meetings in place reviewing practice and identifying learning. Lead Midwife attends weekly risk meetings to ascertain if CTG is a key or incidental finding in any incident. K2 training for midwives and obstetricians in place Incidents reviewed for contributory / causative factors to inform required actions. The two foetal monitoring midwife leads have now been in post for several months and have provided evidence of a multiple well-attended foetal monitoring training days throughout the spring and summer, and plans for more to follow soon. Examples of foetal monitoring champion input to relevant SIs, as provided by the nominated consultant lead, are also available. Based on this, MTAC (at their July meeting) accepted this as 'Delivered, Not Yet Evidenced'. MTAC accepted this as 'Evidenced and Assured' at their November-21 meeting, based on the 100% rating from NHSEI in their minimum evidence return.	13/07/21	30/10/21	04/11/21	Hayley Flavell	Will Parry-Smith	
6.3	The Leads must ensure that their maternity service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 and subsequent national guidelines.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	SaTH benefits from the close oversight of the SBL care bundle by a senior project midwife (1.0 WTE) who will remain in the post for at least another 24 months. The Trust declared compliance with all required elements of the Saving Babies Lives v2 Care Bundle for the year three CNST MIS scheme. The evidence for this was robustly tested at MTAC and other governance forums as well as specialist senior midwives from NHSE/I and our Sherwood Forest Hospitals NHS Foundation Trust partners. MTAC therefore accepted the action as 'Evidenced and Assured' at their August 21 meeting.	13/08/21	15/07/21	13/08/21	Hayley Flavell	Annemarie Lawrence	

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Evidenced and Assured	Evidenced and Assured	Recommendation is in place, evidence proving this has been approved by executive and signed off by committee.

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 7: Informed Consent													
All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.													
7.1	All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	<p>Patient information leaflets available on the Internet (SaTH Homepage), including recently developed leaflet of choice for place of birth co-produced with the MVP. Also includes link to national PIL on Caesarean section (Tommy's) and Birth after previous caesarean section (RCOG). Work on-going as part Antenatal Care Pathway sub-project; videos, leaflet and Baby Buddy app available. Developing links for women to watch videos on relevant pregnancy topics such as IOL to assist in digesting information. Women requesting a caesarean section are referred to a consultant-led birth options clinic, where this is explored and management is individualised according to their choice.</p> <p>Patient feedback notice boards in place on inpatient areas (translation service available). Digitalisation of patient records, through the implementation of the Badgemet system (now introduced) will ensure this data is available in digital format. The system can also alert clinicians if a mother has not accessed the information, prompting a discussion as to whether further support is needed. The Communication and Engagement workstream includes MVP and patient representation; our MVP colleagues conducted a comparison of SaTH's online provision with that of other Trusts; this will inform ongoing digital improvements as part of the MTP.</p> <p>MTAC approved this to 'Delivered, Not Yet Evidenced' status based on the evidence referenced for LAFL 4.55, including online and handheld information. However, this action is slightly different from the corresponding LAFL as it emphasises the different points of the pregnancy, and the Trust is developing new leaflets on these specific areas in partnership with the MVP. Therefore, at their September meeting MTAC accepted an exception report explaining that the results on this point from the pilot case notes audit were inconclusive (the tool is being amended accordingly). Further, the digital updates have not been significantly progressed, and finally, SaTH have not yet agreed a method by which we can test service user feedback, via MVP data and with their input and support. For this reason, an evidence deadline extension to February 2022 was accepted.</p> <p>MTAC agreed on 03/02/22 for this action to move to 'evidenced and assured' based on evidence provided (up to date list of resources available on Badgemet, Ockenden pilot audit and evidence of promotion of Baby Buddy 2.0 app via social media).</p>	10/08/21	28/02/22	03/02/22	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint
7.2	Women must be enabled to participate equally in all decision making processes and to make informed choices about their care.	Y	10/12/20	31/07/21	Evidenced and Assured	Completed	<p>Work is on-going as part of the Antenatal Care Pathway sub-project. The Ockenden Report case notes audit and automatic audits from the Badgemet system will help us to ascertain whether the mother and partner / family have received and consumed the information as intended.</p> <p>MTAC decided in their meeting on 22/04/2021 that this should remain 'Not Yet Delivered', as they were not satisfied the Trust has yet done enough to hear from women whether they feel they have all the information they require. MTAC instructed the MTP to liaise more closely with the MVP, who in turn are recruiting a wider section of volunteers and conducting a postnatal survey. Further, WSS has been further reinforced with the appointment of the Clinical Director of Maternity Services as lead. Topics to explore have already been identified, and this area will be prioritised for the next phase of the project. MTAC accepted an exception report with revised delivery date 30/04/21 to 31/07/21 and evidence date from 30/06/21 to 30/09/21. In their August 21 meeting the accepted the action as 'Delivered, Not Yet Evidenced' based on audit data, minutes from the Birth Options clinic, and evidence of greater liaison and co-production with the MVP, including the new 'UX System'.</p> <p>The action was accepted as 'Evidenced and Assured' at the Mar-22 MTAC meeting based on the presented evidence, which included the results of the recent CQC service user survey, which showed that SaTH scored 'better than expected' overall (one of 7 out of 121 Trusts to achieve this) and 'much better than expected' on a question relating to the extent to which women felt listened to during the intrapartum period.</p>	10/08/21	28/02/22	28/02/22	Hayley Flavell	Guy Calcott	
7.3	Women's choices following a shared and informed decision making process must be respected	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	<p>A dedicated PALS officer has been appointed to Maternity Services to offer in-reach and provide real time feedback.</p> <p>MTAC approved this to 'Delivered, Not Yet Evidenced' in their April 21 meeting, having been provided with copious meeting minutes (anonymised) from the Birth Options Clinic, showing multiple instances of individualised care being put in place in order to enable the mother's chosen care pathway and place of birth. Further audits, including a review of the findings of the above-mentioned MVP-led survey will be examined once available.</p> <p>To move the action to 'evidenced and assured', MTAC require proof that women report, via MVP channels, that they feel empowered to make decisions about their care. The evidence deadline has not changed, because it is feasible to have this evidence ready for the next MTAC meeting (October), in which case the missed deadline will only be slightly out of tolerance. By this time, it is also likely the Trust will have received formal feedback as to the level to which the evidence submitted to the NHSE/I minimum evidence portal for IEAs is deemed by that organisation to have met the standard.</p> <p>It was agreed (without a formal exception report) that this action could have an extended evidencing deadline to Feb-22 as to answer it fully we require evidence from the MVP that women feel that their choices were respected and supported, this will be conducted by an MVP-led focus group comprising women who have attended the birth options clinic, this clinic is quite new - hence, we require this extension to allow a large enough dataset to accrue.</p> <p>The action was accepted as 'Evidenced and Assured' at the Mar-22 MTAC meeting based on the presented evidence, which included MVP co-production ('Ask Me' posters and Visual Birth preferences cards, and the positive results of the recent CQC Service User survey.</p>	22/04/2021	28/02/22	28/02/22	Hayley Flavell	Guy Calcott	

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Evidenced and Assured	Evidenced and Assured	Recommendation is in place, evidence proving this has been approved by executive and signed off by committee.