The Shrewsbury and Telford Hospital NHS Trust

Ockenden Report Assurance Committee
AGENDA

Meeting Details

Date **Tuesday 21st June 2022**
Time **14.30 – 16.30**
Location **Via MS Teams – to be live streamed to the public**

AGENDA

Item No.	Agenda Item	Paper / Verbal	Lead	Required Action	Time
2022/26	Welcome and Apologies	Verbal	**Chair**	Noting	14.30 (15 min)
2022/27	Declarations of Interest relevant to agenda items	Verbal	**Chair**	Noting	
2022/28	Minutes of meeting on 15th March 2022	Enc. Verbal	**Chair**	Approval	
2022/29	Receipt of the final Ockenden Report (March 2022) Hyperlink below	Verbal	**Catriona McMahon (Chair)** **Louise Barnett (CEO)**	Verbal	14.45 (10 min)
2022/30	Update on progress against actions from first Ockenden Report (2020)	Presentation	**Martyn Underwood** Medical Director Women and Children's Division	Discussion/ For Assurance	14.55 (20 min)
2022/31	Progress against actions from the final Ockenden Report (2022)	Presentation	**Annemarie Lawrence** Director of Midwifery Women and Children's Division **Carol McInnes** Divisional Director of Operations Women and Children's Division	Discussion/ For assurance	15.15 (45 min)
2022/32	Structure and format of future ORAC Meetings	Discussion	**All**	Approval	16.00 (15 min)
2022/33	Discussion and reflection: • Feedback from Stakeholders on progress to date • Key messages for the Board of Directors • Key messages for service users - women and families	Verbal	**Chair** **All**	Discussion	16.15 (15 min)

	• Any other steps we need/wish to take				
2022/34	Meeting closes: Date of Next Meeting: Tuesday 19th July 2022 – 1430-1700hrs Via MS Teams – to be live streamed to the public	Verbal	**Chair**		16.30

Enclosures:

- Board of Directors, June 2022 - Ockenden Report Action Plan Report & Appendix
- Hyperlink to the final Ockenden Report (March 2022) – [web accessible version from www.GOV.UK]:

Findings, conclusions and essential actions from the indepedendent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust - final Ockenden report (publishing.service.gov.uk)

*Note – the misspelling within the hyperlink cannot be corrected as it is copied directly from the GOV.UK webpage

The Shrewsbury & Telford Hospital NHS Trust

Ockenden Report Assurance Committee meeting in PUBLIC

Tuesday 15th March 2022 via MS Teams

Minutes

NAME	TITLE
MEMBERS	
Dr C McMahon	Co-Chair
Ms J Garvey	Co-Chair
Dr J Jones	Acting Medical Director (Trust)
Mr A Bristlin	Non-Executive Director (Trust) and Non-Executive Director lead for Maternity Services
Professor Trevor Purt	Non-Executive Director (Trust) and Chair, Audit and Risk Committee
Ms H Flavell	Director of Nursing (Trust)
Dr A Wilson	Member, Powys Community Health Council
ATTENDEES	
Mr M Wright	Programme Director Maternity Assurance (Trust)
Mr T Baker	Senior Project Manager Maternity Transformation Programme (Trust)
Dr M-S Hon	Clinical Director – Obstetrics / Maternity (Trust)
Ms Rhia Boyode	Director of People and Organisational Development
Ms C Eagleton	Matron Inpatient Services
Mr K Haynes	Independent Governance Consultant
Ms Cristina Knill	Senior Project Manager - Maternity Transformation Programme
Ms Annemarie Lawrence	Directory of Midwifery (Trust)
Ms L MacLeod	Maternity Voices Partnership Development CoordinatorTelford & Wrekin
Ms Sharon Fletcher	Perinatal Quality Lead and Patient Safety Specialist, Shropshire, T&W CCG and LMNS
Ms Julie Richards	Head of Midwifery - Powys
Mr Simon Meighen	
Ms Kath Preece	Assistant Director of Nursing, Quality Governance
Ms Claire Roche	Executive Director of Nursing and Midwifery - Powys
Mr David Brown	Non-Executive Director (Trust)
Ms Cherry West	Improvement Director (SaTH)
Mr M Underwood	Divisional Medical Director for Women & Children (Trust)
Ms Lynn Cawley	Healthwatch
Dr Patricia Cowley	Clinical Director, Neonates (SaTH)
Mr Clive Deadman	Non-Executive Director (Trust)
Ms Tina Hymas-Taylor	Head of Corporate Nursing (Sherwood Forest)
Ms Jane Turner-Bragg	Healthwatch
Mr Nigel Lee	Chief Operation Officer (SaTH)
Mr Nick McDonnell	Programme Manager - CCG
Ms Katie Steyn	Communications Lead – Maternity (SaTH)
Ms Helen Troalen	Director of Finance (SaTH)
Dr Wendy Tyler	Consultant Neonatologist (SaTH)
APOLOGIES	

Mrs Louise Barnett	Chief Executive (Trust)
Mrs Louise MacLeod	
Dr David Lee	

No. 2020	ITEM	ACTION
Procedural Items		
19/22	**Welcome, introductions and apologies**. Ms. Jane Garvey welcomed everyone to the meeting. Apologies were received from Mrs Louise Barnett, Ms. Louise MacLeod and Dr David Lee. Ms. Garvey asked new attendees at the meeting to introduce themselves. These included Ms. Claire Roach, the new Executive Director for Nursing and Midwifery at Powys Teaching Health Board (who attended for part of the meeting) and Dr Patricia Cowley, the Clinical Director for Neonates. Dr. Catriona McMahon highlighted that there were more attendees from the Board of the Trust taking part in the meeting, including Mr. David Brown, Ms. Cherry West and Mr. Clive Deadman.	
20/22	**Declarations of Conflicts of Interests** Professor Trevor Purt declared that his wife had been appointed to the review of the Nottingham University Hospitals Trust Maternity Services.	
21/22	**Minutes of the previous meeting and matters arising** The minutes of the previous meeting were accepted as an accurate record. Mr. Mike Wright confirmed that there had been some issues with the publication of the second Ockenden Report which was due on 22 March 2022. It had now been advised that the date of publication would be 30 March 2022. It was anticipated that the report would be presented in Parliament on that day, notwithstanding other Parliamentary business. Ms. Garvey asked if there was any chance that the Report would not be published on 30 March, Mr Wright responded that he is advised that is always a possibility, but is unlikely. In response to a question from Ms. Garvey about the date of the next ORAC meeting, Mr Wright stressed the importance of the Trust being able to consider the second Report before coming back to ORAC and that some time would be needed for this before ORAC commenced its consideration of the final report. Dr. Catriona McMahon assured the meeting that the Trust's Public Board will still be meeting, whilst the actions from the first and second Ockenden Reports were amalgamated, and that there would be continued scrutiny of activities currently in place via the Board, plus the initial review of the actions, with plans, from the second report. Ms. Hayley Flavell added that the Maternity Transformation Assurance Committee (MTAC) continues to meet monthly and reports to the Board,	

	so there would continue to be an assurance mechanism in place in advance of the re-convened ORAC meeting in June. Dr. McMahon also added that the Board meetings will be public, so there is an option for public scrutiny of those meetings in the absence of the ORAC meeting. Ms. Garvey asked Ms. Flavell to comment on current staff morale ahead of the publication of the final Ockenden Report. Ms. Flavell explained there is anticipation amongst clinical colleagues, and invited Dr. Mei-See Hon and Mr. Martyn Underwood to comment. Dr. Hon confirmed that people were anxious and the delay has caused an extra level of anxiety. She added that staff are still working in difficult conditions nationally because of Covid, and then there is the added scrutiny staff are under as a result of the Ockenden investigation. Ms. Lynn Cawley from Healthwatch asked what steps were being taken to support families whilst they await the publication of the final report. Dr. McMahon explained that families who have been engaged with the Ockenden review may not necessarily want to relate with the Trust in terms of support, very reasonably. However, those families who are in contact with the Trust are being supported through mental health programmes. Mr. Wright added that the Trust was in discussion with NHS England about understanding what support arrangements there are for families available from the Ockenden Review team, but there had been no clarity on that yet.	
22/22	**The first Ockenden Report (2020)** Mr. Martyn Underwood explained that in the presentation he would endeavour to respond to the invited questions that had been helpfully posed by Dr Anthea Wilson of Powys Community Health Council, and which sought to explore the extent of the progress made in implementing the actions arising from the first Ockenden Report and its sustainability. Q1. “How confident are you that the improvements made as a result of the Ockenden Report can be maintained, after all failings in care occur repeatedly throughout the NHS and it can seem as though lessons learned are readily forgotten.” By way of response in his presentation Mr Martyn Underwood cited and discussed the following improvements which had been made, reflecting of the service impact they had made. He also explained that many of these improvements had also been the subject of discussion of meetings of ORAC during the preceding twelve months. In particular, Mr Underwood emphasised the extent to which the service was listening to service users and families. 1. Listening to women and families 2. Rolling Ockenden case notes audit tool 3. Strong partnership with Maternity Voices Partnership (MVP)/Local Maternity and Neonatal Systems (LMNS)	

	4. Maintaining dedicated project management team 5. Ongoing training PRactical Obstetric Multi Professional Training (PROMPT) 6. Continuous improvement and embedding of lessons learnt 7. Dedicated and ongoing funding and people to do the work 8. Embedding new clinical governance team/structure 9. Implementation of NHSE/I Patient Safety Incident Response Framework (PSIRF) 10. Staff buy-in (e.g., ImproveWell, User Experience (UX) system) 11. Evolving maternity and neonatal dashboards 12. Externally validated feedback and peer review 13. Care Quality Commission (CQC) Inspections 14. Use of reverse Red, Amber, Green (RAG) rating, robust governance processes in place and evidence storing (Monday.com) Q2. “Are there any further cultural changes required to enable the service users to become equal partners in care?” Ms. Annemarie Lawrence explained that cultural change relies on a continuous improvement process that is supported from the top down and bottom up. She presented a slide showing the following points. 1. Maternity Transformation Programme (MTP) as foundation for improvement 2. Leading by example 3. Doing the right thing even when no one is looking 4. Calling out poor behaviour 5. Ethos of leadership within Trust 6. A culture of escalation at all times 7. Psychological safety 8. Transparency and duty of candour 9. Listening to service users and staff 10. Co-production of services (e.g., to continue to involve MVP in recruitment processes) In addition, Ms Lawrence explained that there have been some new appointments to the senior leadership team. In collaboration with the Maternity Voice Partnership (MVP) representatives and the new Consultant Midwife there will be a new observational approach to understanding what service users have experienced as they access local maternity care. There will also be co-produced social media live Q&A sessions and fortnightly one-to-ones with the Director of Midwifery and Consultant Midwife. Staff and service users are also listened to through the introduction of the user experience (UX) system and the ImproveWell app. Q3. “To an extent risk is subject to individual interpretation. How have the measures implemented as a result of the Ockenden Report helped to bring a team approach to the interpretation of risk and have any additional necessary measures been identified during the improvement process?”	

	In response, Mr Tom Baker explained the following improvements that had been made and the impact they had had. 1. New governance team structure in place (we identified the need to strengthen leadership within the team) 2. Robust governance processes being followed 3. Stability within the team enabling us to look back at historic cases and also look forwards to maintaining safety with the current day to day incidents and escalation to investigations 4. Audit midwife recruited 5. Clear lines of accountability 6. PSIRF: Quality governance 7. External reviews conducted Q4. “To what extent do the risk assessments carried out at each appointment contribute to the whole picture? Do the information systems allow clinicians to easily view past assessments and take them into account?” Dr Hon explained the new electronic notes system, BadgerNet, asks the clinician to confirm identified risks and conduct a risk assessment, including the place of birth, at each antenatal clinic appointment and on admission to hospital. She also explained other ways to additionally assess risk including: 1. Rolling Ockenden Case notes audit 2. Birth Options clinic 3. Multidisciplinary Team personalised care meeting 4. Continuous risk assessments 5. Positive feedback examples Q5. “Does the emphasis on training and working together go far enough to support truly collaborative team working? Have you identified further needs or measures that would help?” Mr. Underwood explained there has been a significant investment in training and he presented a slide showing areas of collaborative team working. 1. PROMPT 2. Skills drills 3. Multidisciplinary Team (MDT) governance feedback meetings 4. MDT ward rounds 5. New Learning Management System (LMS) in place 6. Visiting other units to enhance learning 7. Further measure identified: • To create a learning and development meeting to signal extra training required, identify outliers or identify colleagues who may require extra support. • Sharing lessons learnt with region/ special interest group. Mr Underwood also presented a slide showing positive independent	

	feedback from a recently held Safety Oversight Assurance Group (SOAG) meeting. He then invited questions from the meeting attendees on this section of the presentation. Ms. Garvey invited Dr Anthea Wilson to comment. Dr Wilson thanked everyone for thinking so carefully about the questions and for going to so much effort to answer them. In response, Dr Wilson emphasised the need for the Trust to continue to progress the improvements, observing that it was sometimes harder to carry on with the governance when the spotlight had moved on. In conclusion and in response to a question from Ms Garvey, Dr Wilson indicated that she felt that there had been a shift in attitudes which needed to continue. Professor Purt commented that Datix has now been accepted as a unified approach to risk management across the Trust. In the past there have been different systems across the organisation. Ms. Flavell commented that the MTAC (Maternity Transformation Assurance Committee) is the foundation for everything that is being done as an organisation now and moving forward. She explained that when the first report came out the 52 actions were crossed referenced into the MTP (Maternity Transformation Programme). She also explained the Review and Learning from Incidents Group (RALIG) meets every Thursday to discuss all incidents within the Trust. She emphasised that the systems and processes are now embedded across the whole organisation, not just Women's and Children's Division. Ms Garvey asked if BadgerNet was the safest possible way for patients' notes to be recorded, and in response Dr. Hon commented that she felt that it was. Dr Hon explained that the system is used across many maternity units in the UK and is well-established. It means the team member can see everything that has been written about the care of the patient throughout the whole pregnancy and it is all in one place. Ms Garvey also asked if service users can see the notes too. Mei-See Hon explained that they get a slightly different view, but they can see their named Consultant and their named Midwife. Mr Underwood then went on to provide a detailed update on the progress of the Ockenden Report actions to date, explaining there are 52 actions in total, 27 local actions for learning (LAFLs) specific to SaTH and seven immediate and essential actions for NHS Providers (IEAs). From the IEAs there are a total of 25 sub-actions, giving the total of 52. Of the 52 actions, 45 have been delivered, with 35 of these being delivered and assured. Of the seven actions not yet delivered, each of these are beyond the control of SaTH. 100% of the actions that are fully within the control of SaTH have been delivered. Of the seven undelivered actions they are all dependent on external agencies, however, there is confidence that these seven actions will be delivered this year.	

	Mr Underwood presented a slide showing a breakdown of benchmarking by Trust for the 12 clinical priority IEAs. SaTH is just one of four trusts within the region that have delivered on all 12 of these clinical priorities. All priorities aim to promote patient safety, to learn from events and reduce tragic happenings in the future. Dr Hon then described the progress and impact of the improvements for each of the LAFLs as follows: Theme 1: Maternity care 1. Multi-disciplinary twice daily ward rounds on Delivery Suite 2. Two foetal monitoring lead midwives and one lead consultant brought into post 3. Clinical Referral Team established and updated birth information 4. Cardiotocography (CTG) guidelines validated by Clinical Network and audit completed to prove compliance 5. Three additional specialist midwives recruited to the team. 6. New clinical governance team structure in place 7. Partnered clinical governance review by Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) received 8. Full delivery of Saving Babies' Lives care bundle version 2 (SBLv2) Dr Hon also reminded the meeting that the stillbirth and neonatal death charity, Sands, conducted a review of the care being provided and they awarded a score of 90 or champion level. Feedback was positive and this was shared on a slide with the meeting. Theme 2: Maternal death 1. Escalation policy for obstetric staff and midwives on when to involve the consultant has been updated and implemented, which goes beyond the Royal College of Obstetricians and Gynaecologists (RCOG) minimum standards 2. Audited compliance with escalation policy 3. Named consultant identified for all high risk cases 4. More than 100 midwives and obstetricians undertaking Baby Lifeline's 'Improving Outcomes for those with Comorbidities in Pregnancy' and 'Enhanced Maternity Care' courses Engagement with the soon-to-be established (April 2022) specialist regional maternal medicine centres is in place and will inform referral pathways. Mr Underwood described the progress and impact of the improvements for the following LAFL: Theme 3: Obstetric anaesthesia 1. Anaesthetists involved in the multi-disciplinary ward rounds on the Delivery Suite 2. Anaesthetic audit requirements included in the bespoke Ockenden	

	Report case notes audit tool 3. Anaesthetic consultants >90% compliance with online PROMPT training achieved 4. Multi-disciplinary skills drills and simulation training taking place. 5. Evidenced compliance with anaesthetics related sections of Clinical Negligence Scheme for Trusts (CNST) Safety Action 8 Mei-See Hon described the progress and impact of the improvements for the following LAFL: Theme 4: Neonatal service 1. Combined nursing and medical notes implemented 2. Escalation policy to tertiary units in line with Neonatal Operational Delivery Network, British Association of Perinatal Medicine and NHSE guidelines; externally checked and validated (by NHSE/I regional colleagues) 3. Rotational attachments for consultants to tertiary units in place Work in progress includes: 1. Rotational attachments for Advanced Neonatal Nurse Practitioners (ANNPs) to tertiary units 2. Paperless on neonatal unit 3. Separation of Tier 2 rota from paediatrics Dr Hon explained that rotational attachments for consultants to tertiary units was implemented in September. Benefits were outlined as: 1. Reassurance that current practice remains up to date 2. Exposure to different ventilators and new forms of respiratory support 3. Experience of management of babies with conditions outside our pathway 4. Reassurance that MDT meeting formats are similar 5. Observation of shared decision making possible due to two neonatal consultants of the day in Neonatal Intensive Care Units (NICUs) 6. Exposure to different forms of handover/safety huddles leading to introduction of some of these ideas locally, e.g., nurse led handover, ‘what went well/what was challenging in the last 24 hours’ 7. Team building ideas 8. Opportunity to see the Badger Electronic Patient Record (EPR) system in action 9. Idea of daily “bite size” teaching 10. Opportunity to share good practice recommendations Ms Annemarie Lawrence went on to present a summary of achievements on the immediate and essential actions (IEAs). Theme 1: Enhanced safety 1. Strong links with LMNS/ Clinical Commissioning Group (CCG). 2. Involvement of external clinical experts in investigations and Perinatal	

	Mortality Review Tool (PMRT). 3. Standard Operating Procedure (SOP) in place for involving external clinical specialists in reviews. 4. Maternity and Neonatal Safety Champions group in place and conducting regular safety walkabouts: 5. Trust medical director is a key member of the monthly safety champions meeting chaired by Non-Executive Director (NED). 6. You said, we did' information fed back to staff via poster. Dr. Hon continued with presenting the achievements for the next theme. Theme 2: Listening to women and families 1. Maternity Voices Partnership (MVP) SaTH co-produced 'User Experience (UX) System' now in 4th cycle with numerous inputs received from staff and service users in total 2. Positive CQC maternity survey results 3. Active Non-Executive Director and Board level Executive participation in Safety Champions group Work in progress includes improvements underway to SaTH's information technology platforms (for example, the website). Dr. Hon shared a slide with the meeting showing some verbal feedback from a service user and also from the Deputy Chief Inspector of Hospitals. Ms. Annemarie Lawrence continued with presenting the achievements for the next theme. Theme 3: Staff training and working together 1. Pilot of Learning Management System in maternity to facilitate staff to access training 2. LMNS funded £360k investment including simulation kit for multi-disciplinary training (MDT) 3. Investment of £190k in external training, including 'Improving Outcomes for those with Comorbidities in Pregnancy', 'Enhanced Maternal Care', 'Learning from Adverse Events ', 'CTG masterclass' and more 4. PROMPT yearly package, including 'train the trainer' acquired 5. Ringfenced funding for MDT and Electronic Foetal Monitoring (EFM) training 6. Rollout of engagement app ImproveWell to enhance staff engagement and boost morale Ms. Annemarie Lawrence went on to talk in more detail about the ImproveWell app: 1. Launched in early Feb 22. Initiative well received by staff 2. 150 activated users 3. >50 ideas submitted	

	4. Six embedded into practice so far 5. 32% survey uptake (quarterly staff engagement survey recently launched to benchmark) Dr Hon continued with presenting the achievements for the next theme. Theme 4: Managing complex pregnancy 1. Expansion of consultant workforce to cover 24/7 resident presence on labour ward 2. Partnership with LMNS to introduce innovative psychological support system for women experiencing loss and trauma occurring within the maternity, perinatal or neonatal context, as well as tokophobia 3. Rainbow clinic, where families are looked after following the loss of a baby 4. Specialist twins clinic in place with lead obstetricians and midwives Work in progress includes ongoing liaison with new soon-to-be established regional specialist maternal medicine centres to inform referral pathways. Theme 5: Risk assessments 1. Introduction of new Electronic Patient Records system (BadgerNet) with first bookings electronically recorded in August 2021 2. Bespoke audit tool created and in use to monitor compliance with risk assessment processes at antenatal appointments and during the intrapartum phase Work in progress includes rolling audit underway to ensure objectives are being met. Theme 6: Monitoring foetal wellbeing 1. Foetal monitoring lead consultant and two lead midwives in post 2. Active delivery of training and improving practice New monthly MDT face to face study day 3. Multiple staff have attended Baby Lifeline's 'CTG Masterclass' course since November 2021 4. Annual compliance to training competency package Work in progress includes rolling audits of compliance with CTG guidelines. Theme 7: Informed consent 1. Promotion of BabyBuddy app v2.0 in partnership with MVP; co-production of 'My Personal Care and Support Plan' 2. Co-produced MVP / SaTH 'User Experience (UX) System' yielding significant service user and staff input 3. New BadgerNet system providing digitalised content, providing prompts where information has not been accessed, triggering staff to	

	offer additional support 4. Increased capacity of Birth Options Clinic 5. Maternity personalised care and support planning group established with monthly meetings 6. 'Visual Birth Preferences Card' co-produced with the MVP Mr Underwood concluded the presentation by saying the team welcomes and accepts all of the recommendations from the independent maternity review and that the team is committed to fully implementing and sustaining them for the benefit of service users, families and staff. Jane Garvey thanked Martyn Underwood and the team for their presentation and opened up the meeting for questions.	
2322	**Observations and comments from relevant stakeholders and groups representing service users:** Dr McMahon explained that she wanted to take the opportunity to thank all of the Women's & Children's team for the progress that they had made to date in implementing and embedding the actions from the first Ockenden Report, and to thank them for their commitment for the on-going work that they will undertake over the next twelve months. Professor Purt also commented on the significant amount of work that has been undertaken and that although there are still some areas to pursue, he wished to acknowledge how far the team had come. Dr Wilson asked how the Trust has managed to recruit the obstetric consultants since there are reports about shortages of various consultants across the NHS. Dr Hon confirmed that the Trust has not struggled to recruit and that there has been a lot of high quality applicants. It appears they can see the changes that are happening and that there is a lot of forward thinking and they want to be part of that. Martyn Underwood added that job applicants can see that training is being invested in and the consultants are able to offer great supervision and training for the registrars and SHOs coming through the system. Ms. Garvey asked if a figure could be put on the percentage number of births at which a consultant would be present. Dr Hon responded that looking at caesarean sections and assisted deliveries the present number is around 40%. She wanted to clarify that this was about having a consultant present to support the registrar, rather than just the registrar. She was not able to give a percentage number for those births where a consultant was present, but she did stress that it is very appropriate for a registrar to not have a consultant with them. Mr Underwood confirmed that it would be routine practice at elective caesarean sections to have a consultant present, along with a consultant anaesthetist. In discussion, Mr Bristlin explained that he wished to echo the comments that had been made about the Women's & Children's team, mentioning the commitment and attitude of the maternity team and their leaders and all of the midwives who make the work happen.	

	Ms. Flavell commented that currently 30 student midwives are due to qualify in September 2022, and 20 of those have expressed an interest to stay within SaTH. Ms. Lawrence confirmed that the consultant presence within the unit is really appealing to midwives to know there is tier three support out of hours if needed. Dr Wendy Tyler, Consultant Neonatologist, explained that the neonatal team were hoping to learn from the obstetric and maternity teams to be able to provide the warm welcome and training opportunities in their own unit. Ms Garvey asked Dr Patricia Cowley to comment on how many very sick and/or premature neonates would be in the position of not being well enough to be transferred to the Stoke unit. Dr Cowley stated that she felt it was probably one or two per year, but she couldn't say categorically what that number was. Ms Garvey asked whether the mother and baby's notes on BadgerNet would be together in one place. Dr Cowley confirmed that there is a maternity Badger and a neonatal Badger but that the two do talk to each other. So, all information regarding the parents is pulled through onto the baby's record automatically. She confirmed that the team have started working with IT and are going to visit a unit that is fully paperless and hopefully this will happen before the end of the year. Mr Underwood wanted to add that any baby that is too unstable to transfer does still have direct input from the tertiary centre with a consultant. The unit is currently complying with the national and regional recommendations on this. Dr Cowley confirmed that as well as liaising with the tertiary unit, the neonatal team is also liaising with the transport team so there are three consultants making the decision as to whether the baby is safe to transfer.	
24/22	**Discussion and reflection:** Dr Garvey thanked all those in attendance, to those who had worked hard on the presentation and also to Dr Wilson for her questions. Mr Wright confirmed that once the second Ockenden Report is received it will be presented to the Trust Board, the Trust will require time to look at it properly, so there will be a short hiatus whilst the Report is considered and what actions are required. ORAC members will then be notified about the next schedule of meetings. It is likely this committee will meet in mid-June.	
25/22	**Date of next Ockenden Report Assurance Committee:** To be confirmed.	

CONFIRMED POSITION AS AT 10.05.2022
APPENDIX ONE - FIRST OCKENDEN REPORT ACTION PLAN (2020)

The Shrewsbury and Telford Hospital NHS Trust

LOCAL ACTIONS FOR LEARNING (LAFL): The learning and action points outlined here are designed to assist The Shrewsbury and Telford Hospital NHS Trust with making immediate and significant improvements to the safety and quality of their maternity services.

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date (action in place)	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Lead Executive	Accountable Person	Location of Evidence
Local Actions for Learning Theme 1: Maternity Care													
4.54	A thorough risk assessment must take place at the booking appointment and at every antenatal appointment to ensure that the plan of care remains appropriate.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	30/06/21	10/08/21	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint
4.55	All members of the maternity team must provide women with accurate and contemporaneous evidence-based information as per national guidance. This will ensure women can participate equally in all decision making processes and make informed choices about their care. Women's choices following a shared decision making process must be respected.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	30/06/21	10/08/21	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint
4.56	The maternity service at The Shrewsbury and Telford Hospital NHS Trust 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 fetal monitoring. Both colleagues must have sufficient time and resource in order to carry out their duties.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/07/21	31/08/21	10/08/21	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint
4.57	These leads must ensure that the service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 (2019) and subsequent national guidelines. This additionally must include regional peer reviewed learning and assessment. These auditable recommendations must be considered by the Trust Board and as part of continued on-going oversight that has to be provided regionally by the Local Maternity System (LMS) and Clinical Commissioning Group.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/07/21	15/07/21	14/09/21	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint
4.58	Staff must use NICE Guidance (2017) on fetal monitoring for the management of all pregnancies and births in all settings. Any deviations from this guidance must be documented, agreed within a multidisciplinary framework and made available for audit and monitoring.	Y	10/12/20	30/04/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	30/06/21	10/08/21	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint
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.	Y	10/12/20	31/12/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	07/12/21	31/03/22	28/02/22	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint

Colour	Status	Description
	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.

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date (action in place)	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Lead Executive	Accountable Person	Location of Evidence
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.	Y	10/12/20	31/12/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	07/12/21	31/03/22	08/03/22	Hayley Flavell	Annemarie Lawrence	
4.61	Consultant obstetricians must be directly involved and lead in the management of all complex pregnancies and labour.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	31/05/21	10/08/21	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint
4.62	There must be a minimum of twice daily consultant-led ward rounds and night shift of each 24 hour period. The ward round must include the labour ward coordinator and must be multidisciplinary. In addition the labour ward should have regular safety huddles and multidisciplinary handovers and in-situ simulation training.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	30/06/21	10/08/21	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint
4.63	Complex cases in both the antenatal and postnatal wards need to be identified for consultant obstetric review on a daily basis.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	28/02/22	28/02/22	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint
4.64	The use of oxytocin to induce and/or augment labour must adhere to national guidelines and include appropriate and continued risk assessment in both first and second stage labour. Continuous CTG monitoring is mandatory if oxytocin infusion is used in labour and must continue throughout any additional procedure in labour.	Y	10/12/20	30/04/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	28/02/22	03/02/22	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint
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.	Y	10/12/20	31/07/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	03/02/22	28/02/22	28/02/22	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint
4.66	The Lead Midwife and Lead Obstetrician must adopt and implement the National Bereavement Care Pathway.	Y	10/12/20	28/02/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	03/02/22	28/02/22	28/02/22	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint

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LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date (action in place)	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Lead Executive	Accountable Person	Location of Evidence
Local Actions for Learning Theme 2: Maternal Deaths													
4.72	The Trust must develop clear Standard Operational Procedures (SOP) for junior obstetric staff and midwives on when to involve the consultant obstetrician. There must be clear pathways for escalation to consultant obstetricians 24 hours a day, 7 days a week. Adherence to the SOP must be audited on an annual basis.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	28/02/22	03/02/22	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint
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.	Y	10/12/20	30/04/22	Not Yet Delivered	On Track	External dependency (National/ regional) on the establishment of maternal medicine specialist centres. NHSEI have advised that the action is 'on track'		31/10/22		Hayley Flavell	Guy Calcott	
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.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	28/02/22	28/02/22	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint

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Local Actions for Learning Theme 3: Obstetric Anaesthesia													
4.85	Obstetric anaesthetists are an integral part of the maternity team and must be considered as such. The maternity and anaesthetic service must ensure that obstetric anaesthetists are completely integrated into the maternity multidisciplinary team and must ensure attendance and active participation in relevant team meetings, audits, Serious Incident reviews, regular ward rounds and multidisciplinary training.	Y	10/12/20	31/03/22	Evidenced and Assured	Completed	Action complete - evidenced and assured .	07/12/21	31/03/22	10/05/22	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint
4.86	Obstetric anaesthetists must be proactive and make positive contributions to team learning and the improvement of clinical standards. Where there is apparent disengagement from the maternity service the obstetric anaesthetists themselves must insist they are involved and not remain on the periphery, as the review team have observed in a number of cases reviewed.	Y	10/12/20	31/03/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	07/12/21	31/03/22	10/05/22	Hayley Flavell	Vicki Robinson & Claire Eagleton	SaTH NHS SharePoint
4.87	Obstetric anaesthetists and departments of anaesthesia must regularly review their current clinical guidelines to ensure they meet best practice standards in line with the national and local guidelines published by the RCoA and the OAA. Adherence to these by all obstetric anaesthetic staff working on labour ward and elsewhere, must be regularly audited. Any changes to clinical guidelines must be communicated and necessary training be provided to the midwifery and obstetric teams.	Y	10/12/20	31/03/22	Delivered, Not Yet Evidenced	On Track	Action 'delivered, not yet evidenced' based on evidence of a guidelines update alert tracker, a nominated guidelines lead, and evidence of an audit plan. The action can become 'evidenced and assured' once the audit has been conducted. Exception report accepted at the May MTAC for new completion deadline of Oct-22.	07/12/21	30/10/22		Hayley Flavell	Annemarie Lawrence	
4.88	Obstetric anaesthesia services at the Trust must develop or review the existing guidelines for escalation to the consultant on-call. This must include specific guidance for consultant attendance. Consultant anaesthetists covering labour ward or the wider maternity services must have sufficient clinical expertise and be easily contactable for all staff on delivery suite. The guidelines must be in keeping with national guidelines and ratified by the Anaesthetic and Obstetric Service with support from the Trust executive.	Y	10/12/20	31/03/22	Delivered, Not Yet Evidenced	On Track	Action 'delivered, not yet evidenced'. For the action to become 'evidenced and assured', MTAC require governance approval of the guideline prior to upload and a minor change in wording. Exception report accepted at the May MTAC for new completion deadline of Dec-22.	07/12/21	30/12/22		Hayley Flavell	Annemarie Lawrence	Link to SaTH Anaesthetics Document Library
4.89	The service must use current quality improvement methodology to audit and improve clinical performance of obstetric anaesthesia services in line with the recently published RCoA 2020 ‘Guidelines for Provision of Anaesthetic Services’, section 7 ‘Obstetric Practice’.	Y	10/12/20	31/03/22	Delivered, Not Yet Evidenced	On Track	Action 'delivered, not yet evidenced' based on evidence of partial completion of ACSA 189 standards audit, a nominated audit lead within anaesthesia and a co-produced bespoke Ockenden case notes audit tool which is currently being completed. Exception report accepteed at the May MTAC for new completion deadline of Oct-22	07/12/21	30/10/22		Hayley Flavell	Annemarie Lawrence	
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.	Y	10/12/20	31/03/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	08/03/22	31/03/22	10/05/22	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint

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4.91	The service must ensure mandatory and regular participation for all anaesthetic staff working on labour ward and the maternity services in multidisciplinary team training for frequent obstetric emergencies.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	31/03/22	10/05/22	Hayley Flavell	Will Parry-Smith	SaTH NHS SharePoint

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Local Actions for Learning Theme 4: Neonatal Service													
4.97	Medical and nursing notes must be combined; where they are kept separately there is the potential for important information not to be shared between all members of the clinical team. Daily clinical records, particularly for patients receiving intensive care, must be recorded using a structured format to ensure all important issues are addressed.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	31/03/21	30/04/21	14/09/21	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint
4.98	There must be clearly documented early consultation with a neonatal intensive care unit (often referred to as tertiary units) for all babies born on a local neonatal unit who require intensive care.	Y	10/12/20	31/07/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	14/09/21	30/06/21	14/09/21	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint
4.99	The neonatal unit should not undertake even short term intensive care, (except while awaiting a neonatal transfer service), if they cannot make arrangements for 24 hour on-site, immediate availability at either tier 2, (a registrar grade doctor with training in neonatology or an advanced neonatal nurse practitioner) or tier 3, (a neonatal consultant), with sole duties on the neonatal unit.	Y	10/12/20	31/10/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/01/21	31/10/21	14/09/21	Hayley Flavell	Vicki Robinson & Claire Eagleton	SaTH NHS SharePoint
4.100	There was some evidence of outdated neonatal practice at The Shrewsbury and Telford Hospital NHS Trust. Consultant neonatologists and ANNPs must have the opportunity of regular observational attachments at another neonatal intensive care unit.	Y	10/12/20	31/03/21	Delivered, Not Yet Evidenced	On Track	Action 'delivered, not yet evidenced' based on the job plans devised to enable neonatal consultants and ANNPs regular observational attachments at NICUs and the honoury HR contracts in place with BWH and UHNM. Exception report accepted at the May MTAC for new completion deadline of Oct-22.	03/02/22	30/10/22		Hayley Flavell	Vicki Robinson & Claire Eagleton	SaTH NHS SharePoint

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IMMEDIATE AND ESSENTIAL ACTIONS (IEA): To improve Care and Safety in Maternity Services

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	External dependency linked to LMNS. Action 'delivered. not yet evidenced' based on draft SOP produced in collaboration with LMNS. The action can become 'evidenced and assured' once the final SOP has been ratified through Maternity Governance. Exception report accepted with completion deadline for Jun-22 at the May MTAC.	08/03/22	28/06/22		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 fetal death, maternal death, neonatal brain injury and neonatal death.	Y	10/12/20	31/05/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/07/21	31/07/21	10/08/21	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/22	30/04/22	30/04/22	Hayley Flavell	Hayley Flavell	SaTH NHS SharePoint
1.4	An LMS cannot function as one maternity service only.	Y	10/12/20	30/04/22	Not Yet Delivered	Off Track (see exception report)	External dependency linked to LMNS. Action set as 'off track' in the May MTAC as the presented evidence was incomplete, therefore not meeting the April deadline. An exception report will be presented at the June MTAC with proposed new deadlines for the action to move back 'on track'.		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	Action complete - evidenced and assured	31/01/21	30/06/21	10/08/21	Hayley Flavell	Hayley Flavell	SaTH NHS SharePoint
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	Action complete - evidenced and assured	31/01/22	28/02/22	03/02/22	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint

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CONFIRMED POSITION AS AT 10.05.2022
APPENDIX ONE - OCKENDEN REPORT ACTION PLAN

NHS
The Shrewsbury and Telford Hospital NHS Trust

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	External dependent action 'on track'. NHSEI have advised that the National Maternity team are taking the options through the Infrastructure oversight group on the 4th May for a decision, once this has been made, they will communicate out to the system what the plans are and implementation timelines.		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	External dependent action 'on track'. NHSEI have advised that the National Maternity team are taking the options through the Infrastructure oversight group on the 4th May for a decision, once this has been made, they will communicate out to the system what the plans are and implementation timelines.		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	Action complete - evidenced and assured	22/05/21	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	External dependency linked to CQC. Action advised to be 'on track'. Conversations between NHSEI and CQC taking place regarding the change of inspections.		TBC		Hayley Flavell	Annemarie Lawrence	

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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	Action complete - evidenced and assured	13/07/21	30/10/20	07/12/21	Hayley Flavell	Will Parry-Smith	SaTH NHS SharePoint
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	Action complete - evidenced and assured	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	Action complete - evidenced and assured	10/08/21	30/09/21	10/08/21	Hayley Flavell	Hayley Flavell	SaTH NHS SharePoint

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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	Action complete - evidenced and assured	13/07/21	29/10/21	04/11/21	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint
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	Action complete - evidenced and assured	13/07/21	28/02/22	03/02/22	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint
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	External dependency (National/ regional) on the establishment of maternal medicine specialist centres. NHSEI have advised that the action is 'on track'		30/10/22		Hayley Flavell	Guy Calcott	
4.4	This must also include regional integration of maternal mental health services.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	20/04/21	30/08/22	10/05/22	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint

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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	Action complete - evidenced and assured	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	Action complete - evidenced and assured	22/04/21	28/02/22	03/02/22	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint

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Immediate and Essential Action 6: Monitoring fetal 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 fetal monitoring.													
6.1	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on: * Improving the practice of monitoring fetal wellbeing * Consolidating existing knowledge of monitoring fetal wellbeing * Keeping abreast of developments in the field * Raising the profile of fetal wellbeing monitoring * Ensuring that colleagues engaged in fetal 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	Action complete - evidenced and assured	13/07/21	31/08/21	14/09/21	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint
6.2	The 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.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/07/21	30/10/21	04/11/21	Hayley Flavell	Will Parry-Smith	SaTH NHS SharePoint
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	Action complete - evidenced and assured	13/08/21	15/07/21	13/08/21	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint

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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	Action complete - evidenced and assured	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	Action complete - evidenced and assured	10/08/21	28/02/22	28/02/22	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint
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	Action complete - evidenced and assured	22/04/2021	28/02/22	28/02/22	Hayley Flavell	Guy Calcott	SaTH NHS SharePoint

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IMMEDIATE AND ESSENTIAL ACTIONS (IEA): To Improve Care and Safety in Maternity Services

LAFL 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
Local Actions For Learning Theme 1: Improving Management of Patient Safety Incidents													
14.1	Incidents must be graded appropriately, with the level of harm recorded as the level of harm the patient actually suffered and in line with the relevant incident framework.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established		TBC		H. Flavell	A. Lawrence	
14.2	The Trust executive team must ensure an appropriate level of dedicated time and resources are allocated within job plans for midwives, obstetricians, neonatologists and anaesthetists to undertake incident investigations.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	A. Lawrence	
14.3	All investigations must be undertaken by a multi-professional team of investigators and never by one individual or a single profession.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence	
14.4	The use of HRCRs to investigate incidents must be abolished and correct processes, procedures and terminology must be used in line with the relevant Serious Incident Framework.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence	
14.5	Individuals clinically involved in an incident should input into the evidence gathering stage, but never form part of the team that investigates the incident.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence	
14.6	All SIs must be completed within the timeframe set out in the SI framework. Any SIs not meeting this timeline should be escalated to the Trust Board.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	A. Lawrence	
14.7	All members of the governance team who lead on incident investigations should attend regular appropriate training courses not less than three yearly. This should be included in local governance policy. These training courses must commence within the next 12 months	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence	

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APPENDIX ONE - FINAL OCKENDEN REPORT ACTION PLAN (2022)

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14.8	The governance team must ensure their incident investigation reports are easier for families to understand, for example ensuring any medical terms are explained in lay terms as in HSIB investigation reports.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence	
14.9	Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	A. Lawrence	

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Local Actions For Learning Theme 2: Patient and Family Involvement													
14.10	The needs of those affected must be the primary concern during incident investigations. Patients and their families must be actively involved throughout the investigation process.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	A. Lawrence	
14.11	All feedback to families after an incident investigation has been conducted must be done in an open and transparent manner and conducted by senior members of the clinical leadership team, for example Director of Midwifery and consultant obstetrician meeting families together to ensure consistency and that information is in-line with the investigation report findings.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	A. Lawrence	
14.12	The maternity governance team must work with their Maternity Voices Partnership (MVP) to improve how families are contacted, invited and encouraged to be involved in incident investigations.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	A. Lawrence	

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Local Actions For Learning Theme 3: Support for Staff													
14.13	There must be a robust process in place to ensure that all safety concerns raised by staff are investigated, with feedback given to the person raising the concern.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	A. Lawrence	
14.14	The Trust must ensure that all staff are supported during incident investigations and consideration should be given to employing a clinical psychologist to support the maternity department going forwards.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	A. Lawrence	

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Local Actions For Learning Theme 4: Improving Complaints Handling													
14.15	Complaint responses should be empathetic and kind in their nature. The local MVP must be involved in helping design and implement a complaints response template which is relevant and appropriate for maternity services	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established		TBC		H. Flavell	A. Lawrence	
14.16	Complaints themes and trends should be monitored at the maternity governance meeting, with actions to follow and shared with the MVP.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence	
14.17	All staff involved in preparing complaint responses must receive training in complaints handling.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	A. Lawrence	

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Local Actions For Learning Theme 5: Improving Audit Process													
14.18	There must be midwifery and obstetric co-leads for audits.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	A. Lawrence & M. Underwood	
14.19	Audit meetings must be multidisciplinary in their attendance and all staff groups must be actively encouraged to attend, with attendance monitored.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		J. Jones	A. Lawrence & M. Underwood	
14.20	Any action that arises from a SI that involves a change in practice must be audited to ensure a change in practice has occurred	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence	
14.21a	Audits must demonstrate a systematic review against national/local standards ensuring recommendations address the identified deficiencies. Monitoring of actions must be conducted by the governance team.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	A. Lawrence	
14.21b	Matters arising from clinical incidents must contribute to the annual audit plan.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	A. Lawrence	

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Local Actions For Learning Theme 6: Improving Guidelines Process													
14.22	There must be midwifery and obstetric co-leads for developing guidelines.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence & M. Underwood	
14.23	A process must be put in place to ensure guidelines are regularly kept up-to-date and amended as new national guidelines come into use.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence	

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Local Actions For Learning Theme 7: Leadership and Oversight													
14.24	The Trust Board must review the progress of the maternity improvement and transformation plan every month.		30/03/22	31/07/22	Not Yet Delivered	On Track	Proposal to MTAC on 10th May 2022 to move this to Delivered Not Yet Evidenced was rejected. While some of the MTP work is presented to the Board every month, the progress against the whole MTP does not. Work has commenced to address this.		30/09/22		H. Flavell	H. Flavell	
14.25	The maternity services senior leadership team must use appreciative inquiry to complete the National Maternity Self-Assessment235 Tool published in July 2021, to benchmark their services and governance structures against national standards and best practice guidance. They must provide a comprehensive report of their self-assessment, including any remedial plans which must be shared with the Trust Board.		30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	C. McInnes	
14.26	The Director of Midwifery must have direct oversight of all complaints and the final sign off of responsibility before submission to the Patient Experience team and the Chief Executive		30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence	

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NHS
The Shrewsbury and Telford Hospital NHS Trust

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Local Actions For Learning Theme 8: Care of Vulnerable and High Risk Women													
14.27	The Trust must adopt a consistent and systematic approach to risk assessment at booking and throughout pregnancy to ensure women are supported effectively and referred to specialist services where required.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	A. Lawrence	

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Local Actions For Learning Theme 9: Fetal Growth Assessment and Management													
14.28	The Trust must have robust local guidance in place for the assessment of fetal growth. There must be training in symphysis fundal height (SFH) measurements and audit of the documentation of it, at least annually.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence	
14.29	Audits must be undertaken of babies born with fetal growth restriction to ensure guidance has been followed. These recommendations are part of the Saving Babies Lives Toolkit (2015 and 2019).	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	A. Lawrence	

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Local Actions For Learning Theme 10: Fetal Medicine Care													
14.30	The Trust must ensure parents receive appropriate information in all cases of fetal abnormality, including involvement of the wider multidisciplinary team at the tertiary unit. Consideration must be given for birth in the tertiary centre as the best option in complex cases.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established		TBC		H. Flavell	M. Underwood	
14.31	Parents must be provided with all the relevant information, including the opportunity for a consultation at a tertiary unit in order to facilitate an informed choice. All discussions must be fully documented in the maternity records.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established		TBC		H. Flavell	M. Underwood	

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Local Actions For Learning Theme 11: Diabetes Care													
14.32	The Trust must develop a robust pregnancy diabetes service that can accommodate timely reviews for women with pre-existing and gestational diabetes in pregnancy. This service must run on a weekly basis and have internal cover to permit staff holidays and study leave	Y	30/0322	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	C. McInnes	

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Local Actions For Learning Theme 12: Hypertension													
14.33	Staff working in maternity care at the Trust must be vigilant with regard to management of gestational hypertension in pregnancy. Hospital guidance must be updated to reflect national guidelines in a timely manner particularly when changes occur. Where there is deviation in local guidance from national guidance a comprehensive local risk assessment must be undertaken with the reasons for the deviation documented clearly in the guidance	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	A. Lawrence	

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Local Actions For Learning Theme 13: Consultant Obstetric Ward Rounds and Clinical Review													
14.34	All patients with unplanned acute admissions to the antenatal ward, excluding women in early labour, must have a consultant review within 14 hours of admission (Seven Day Clinical Services NHSE 2017237). These consultant reviews must occur with a clearly documented plan recorded in the maternity records	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	M. Underwood	
14.35	All women admitted for induction of labour, apart from those that are for post-dates, require a full clinical review prior to commencing the induction as recommended by the NICE Guidance Induction of Labour 2021.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	M. Underwood	
14.36	The Trust must strive to develop a safe environment and a culture where all staff are empowered to escalate to the correct person. They should use a standardised system of communication such as an SBAR to enable all staff to escalate and communicate their concerns.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	A. Lawrence & C. McInnes	

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Local Actions For Learning Theme 14: Escalation Of Concerns													
14.37	The Trust's escalation policy must be adhered to and highlighted on training days to all maternity staff.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	A. Lawrence	
14.38	The maternity service at the Trust must have a framework for categorising the level of risk for women awaiting transfer to the labour ward. Fetal monitoring must be performed depending on risk and at least once in every shift whilst the woman is on the ward.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	A. Lawrence	
14.39	The use of standardised computerised CTGs for antenatal care is recommended, and has been highlighted by national documents such as Each Baby Counts and Saving Babies Lives. The Trust has used computerised CTGs since 2015 with local guidance to support its use. Processes must be in place to be able to escalate cases of concern quickly for obstetric review and likewise this must be reflected in appropriate decision making. Local mandatory electronic fetal monitoring training must include sharing local incidences for learning across the multi-professional team.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence	

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Local Actions For Learning Theme 15: Multidisciplinary Working													
14.40	The labour ward coordinator must be the first point of referral and be proactive in role modelling the professional behaviours and personal values that are consistent with positive team working and providing timely support for midwives when asked or when abnormality in labour presents.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	C. McInnes	
14.41	The labour ward coordinator at the Trust must be supernumerary from labour care provision and provide the professional and operational link between midwifery and the most appropriately trained obstetrician.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence	
14.42	There must be a clear line of communication from the duty obstetrician and coordinating midwife to the supervising consultant at all times. Consultant support and on call availability are essential 24 hours per day, 7 days a week.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence & M. Underwood	
14.43	Senior clinicians such as consultant obstetricians and band 7 coordinators must receive training in civility, human factors and leadership.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	A. Lawrence, M. Underwood & C. McInnes	
14.44	All clinicians at the Trust must work towards establishing a compassionate culture where staff learn together rather than apportioning blame. Staff must be encouraged to speak out when they have concerns about safe care	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	A. Lawrence & C. McInnes	

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Local Actions For Learning Theme 16: Fetal Assessment and Monitoring													
14.45	Obstetricians must not assess fetal wellbeing with fetal blood sampling (FBS) in the presence of suspected fetal infection.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	M. Underwood	
14.46a	The Trust must provide protected time to ensure that all clinicians are able to continuously update their knowledge, skills and techniques relevant to their clinical work	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence, M. Underwood & C. McInnes	
14.46b	Midwives and obstetricians must undertake annual training on CTG interpretation taking into account the physiological basis for FHR changes and the impact of pre-existing antenatal and additional intrapartum risk factors.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrece & M. Underwood	

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Local Actions For Learning Theme 17: Specific to Midwifery-Led Units and Out-Of-Hospital Births													
14.47	Midwifery-led units must complete yearly operational risk assessments.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established		TBC		H. Flavell	A. Lawrence	
14.48	Midwifery-led units must undertake regular multidisciplinary team skill drills to correspond with the training needs analysis plan.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established		TBC		H. Flavell	A. Lawrence	
14.49	It is mandatory that all women are given written information with regards to the transfer time to the consultant obstetric unit when choosing an out-of-hospital birth. This information must be jointly developed and agreed between maternity services and the local ambulance trust.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established		TBC		H. Flavell	A. Lawrence	

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The Shrewsbury and Telford Hospital NHS Trust

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Local Actions For Learning Theme 18: Maternal Deaths													
14.50	In view of the relatively high number of direct maternal deaths, the Trust's current mandatory multidisciplinary team training for common obstetric emergencies must be reviewed in partnership with a neighbouring tertiary unit to ensure they are fit for purpose. This outcome of the review and potential action plan for improvement must be monitored by the LMS.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	M. Underwood	

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Local Actions For Learning Theme 19: Obstetric Anaesthesia													
14.51	The Trust's executive team must urgently address the deficiency in consultant anaesthetic staffing affecting daytime obstetric clinical work. Minimum consultant staffing must be in line with GPAS at all times. It is essential that sufficient consultant appointments are made to ensure adequate consultant cover for absences relating to annual, study and professional leave.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		John Jones		
14.52	The Trust's executive team must urgently address the impact of the shortfall of consultant anaesthetists on the out-of-hours provision at the Princess Royal Hospital. Currently, one consultant anaesthetist provides out-of-hours support for all of the Trust's services. Staff appointments must be made to establish a separate consultant on-call rota for the intensive care unit as this will improve availability of consultant anaesthetist input to the maternity service.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	John Jones	
14.53	The Trust's executive team must support the anaesthetic department to ensure that job planning facilitates the engagement of consultant anaesthetists in maternity governance activity, and all anaesthetists who cover obstetric anaesthesia in multidisciplinary maternity education and training as recommended by RCoA in 2020.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	John Jones	
14.54	The Trust's anaesthetists have responded to the first report with the development of a wide range of new and updated obstetric anaesthesia guidelines. Audit of compliance with these guidelines must now be undertaken to ensure evidence-based care is being embedded in day-to-day practice.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	John Jones	

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14.55	The Trust's department of anaesthesia must reflect on how it will ensure learning and development based on incident reporting. After discussion within the department, written guidance must be provided to staff regarding events that require reporting.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	John Jones	

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Local Actions For Learning Theme 20: Neonatal													
14.56	The Trust must ensure that there is a clearly documented, early consultation with a tertiary NICU for babies who require, or are anticipated to require, continuing intensive care. This must be the subject of regular audit.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	M. Underwood	
14.57	As the Trust has benefitted from the presence of Advanced Neonatal Nurse Practitioners (ANNPs), the Trust must have a strategy for continuing recruitment, retention and training of ANNPs.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	C. McInnes	
14.58	The Trust must ensure that sufficient resources are available to provide safe neonatal medical or ANNP cover at all times commensurate with a unit of this size and designation, such that short term intensive care can be safely delivered, in consultation with a NICU.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	C. McInnes	
14.59	The number of neonatal nurses at the Trust who are “qualified-in-specialty” must be increased to the recommended level, by ensuring funding and access to appropriate training courses. Progress must be subject to annual review.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	C. McInnes	

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Local Actions For Learning Theme 21: Postnatal													
14.60	The Trust must ensure that a woman's GP is given complete, accurate and timely, information when a woman experiences a perinatal loss, or any other serious adverse event during pregnancy, birth or postnatal continuum.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established		TBC		H. Flavell	M. Underwood	
14.61	The Trust must ensure complete and accurate information is given to families after any poor obstetric outcome. The Trust must give families the option of receiving the governance reports, which must also be explained to them. Written summaries of any debrief meetings must also be sent to both the family and the GP.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	M. Underwood	

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Local Actions For Learning Theme 22: Staff Voices													
14.62	The Trust must address as a matter of urgency the culture concerns highlighted through the staff voices initiative regarding poor staff behaviour and bullying, which remain apparent within the maternity service as illustrated by the results of the 2018 MatNeo culture survey.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established		TBC		H. Flavell	C. McInnes	

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Local Actions For Learning Theme 23: Supporting Families After the Review is Published													
14.63	Maternity care must be delivered by the Trust recognising that there will be an ongoing legacy of maternity related trauma within the local community, felt through generations of families.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established		TBC		J. Jones	H. Flavell	
14.64	There must be dialogue with NHS England and Improvement and commissioners and the mental health trust and wider system locally, aiming to secure resources which reflect the ongoing consequences of such large scale adverse maternity experiences. Specifically this must ensure multi-year investment in the provision of specialist support for the mental health and wellbeing of women and their families in the local area.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established		TBC		J. Jones	H. Flavell	

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IMMEDIATE AND ESSENTIAL ACTIONS (IEA): To improve Care and Safety in Maternity Services

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Immediate and Essential Action 1: Workforce planning And Sustainability The recommendations from the Health and Social Care Committee Report: The safety of maternity services in England must be implemented. We state that the Health and Social Care Select Committee view that a proportion of maternity budgets must be ring-fenced for training in every maternity unit should be implemented.													
1.1	The investment announced following our first report was welcomed. However to fund maternity and neonatal services appropriately requires a multi-year settlement to ensure the workforce is enabled to deliver consistently safe maternity and neonatal care across England.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		J. Jones	H. Flavell	
1.2	Minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the LMNS. This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational CNST and CQC requirements.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		J. Jones	H. Flavell	
1.3	Minimum staffing levels must include a locally calculated uplift, representative of the three previous years' data, for all absences including sickness, mandatory training, annual leave and maternity leave.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	C. McInnes	
1.4	The feasibility and accuracy of the BirthRate Plus tool and associated methodology must be reviewed nationally by all bodies. These bodies must include as a minimum NHSE, RCOG, RCM, RCPCH	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		J. Jones	H. Flavell	
1.5	All trusts must implement a robust preceptorship programme for newly qualified midwives (NQM), which supports supernumerary status during their orientation period and protected learning time for professional development as per the RCM (2017) position statement for this.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence	
1.6	All NQMs must remain within the hospital setting for a minimum period of one year post qualification. This timeframe will ensure there is an opportunity to develop essential skills and competencies on which to advance their clinical practice, enhance professional confidence and resilience and provide a structured period of transition from student to accountable midwife.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	A. Lawrence	

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1.7	All trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence	
1.8	All trusts to ensure newly appointed labour ward coordinators receive an orientation package which reflects their individual needs. This must encompass opportunities to be released from clinical practice to focus on their personal and professional development.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	A. Lawrence	
1.9	All trusts must develop a core team of senior midwives who are trained in the provision of high dependency maternity care. The core team should be large enough to ensure there is at least one HDU trained midwife on each shift, 24/7.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	A. Lawrence	
1.10	All trusts must develop a strategy to support a succession-planning programme for the maternity workforce to develop potential future leaders and senior managers. This must include a gap analysis of all leadership and management roles to include those held by specialist midwives and obstetric consultants. This must include supportive organisational processes and relevant practical work experience.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	C. McInnes, M. Underwood, A. Lawrence	
1.11	The review team acknowledges the progress around the creation of Maternal Medicine Networks nationally, which will enhance the care and safety of complex pregnancies. To address the shortfall of maternal medicine physicians, a sustainable training programme across the country must be established, to ensure the appropriate workforce long term.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		J. Jones	H. Flavell	

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Immediate and Essential Action 2: Safe Staffing All trusts must maintain a clear escalation and mitigation policy where maternity staffing falls below the minimum staffing levels for all health professionals.													
2.1	When agreed staffing levels across maternity services are not achieved on a day-to-day basis this should be escalated to the services' senior management team, obstetric leads, the chief nurse, medical director, and patient safety champion and LMS.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	C. McInnes	
2.2	In trusts with no separate consultant rotas for obstetrics and gynaecology there must be a risk assessment and escalation protocol for periods of competing workload. This must be agreed at board level	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	
2.3	All trusts must ensure the labour ward coordinator role is recognised as a specialist job role with an accompanying job description and person specification.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	A. Lawrence	
2.4	All trusts must review and suspend if necessary the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts. This will preserve the safety of all pregnant women and families, which is currently compromised by the unprecedented pressures that MCoC models place on maternity services already under significant strain.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence	
2.5	The reinstatement of MCoC should be withheld until robust evidence is available to support its reintroduction	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence	
2.6	The required additional time for maternity training for consultants and locally employed doctors must be provided in job plans. The protected time required will be in addition to that required for generic trust mandatory training and reviewed as training requirements change.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	M. Underwood	
2.7	All trusts must ensure there are visible, supernumerary clinical skills facilitators to support midwives in clinical practice across all settings.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	A. Lawrence	
2.8	Newly appointed Band 7/8 midwives must be allocated a named and experienced mentor to support their transition into leadership and management roles.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	A. Lawrence	

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2.9	All trusts must develop strategies to maintain bi-directional robust pathways between midwifery staff in the community setting and those based in the hospital setting, to ensure high quality care and communication.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	A. Lawrence	
2.10	All trusts should follow the latest RCOG guidance on managements of locums. The RCOG encourages the use of internal locums and has developed practical guidance with NHS England on the management of locums. This includes support for locums and ensuring they comply with recommended processes such as pre-employment checks and appropriate induction.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	M. Underwood	

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Immediate and Essential Action 3: Escalation and Accountability Staff must be able to escalate concerns if necessary. There must be clear processes for ensuring that obstetric units are staffed by appropriately trained staff at all times. If not resident there must be clear guidelines for when a consultant obstetrician should attend.													
3.1	All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence	
3.2	When a middle grade or trainee obstetrician (non-consultant) is managing the maternity service without direct consultant presence trusts must have an assurance mechanism to ensure the middle grade or trainee is competent for this role.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	
3.3	Trusts should aim to increase resident consultant obstetrician presence where this is achievable.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	A. Lawrence	
3.4	There must be clear local guidelines for when consultant obstetricians' attendance is mandatory within the unit.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	M. Underwood	
3.5	There must be clear local guidelines detailing when the consultant obstetrician and the midwifery manager on-call should be informed of activity within the unit	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood, C. McInnes, A. Lawrence	

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Immediate and Essential Action 4: Clinical Governace - Leadership Trust boards must have oversight of the quality and performance of their maternity services. In all maternity services the Director of Midwifery and Clinical Director for obstetrics must be jointly operationally responsible and accountable for the maternity governance systems.													
4.1	Trust boards must work together with maternity departments to develop regular progress and exception reports, assurance reviews and regularly review the progress of any maternity improvement and transformation plans.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	A. Lawrence, C. McInnes, M. Underwood	
4.2	All maternity service senior leadership teams must use appreciative inquiry to complete the National Maternity Self-Assessment Tool if not previously done. A comprehensive report of their self-assessment including governance structures and any remedial plans must be shared with their trust board.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	C. McInnes	
4.3	Every trust must ensure they have a patient safety specialist, specifically dedicated to maternity services.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		J. Jones	H. Flavell	
4.4	All clinicians with responsibility for maternity governance must be given sufficient time in their job plans to be able to engage effectively with their management responsibilities	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	A. Lawrence	
4.5	All trusts must ensure that those individuals leading maternity governance teams are trained in human factors, causal analysis and family engagement	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence	
4.6	All maternity services must ensure there are midwifery and obstetric co-leads for developing guidelines. The midwife co-lead must be of a senior level, such as a consultant midwife, who can drive the guideline agenda and have links with audit and research.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	A. Lawrence, M. Underwood	
4.7	All maternity services must ensure they have midwifery and obstetric co-leads for audits.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	A. Lawrence, M. Underwood	

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Immediate and Essential Action 5: Clinical Governance - Incident Investigation and Complaints Incident investigations must be meaningful for families and staff and lessons must be learned and implemented in practice in a timely manner.													
5.1	All maternity governance teams must ensure the language used in investigation reports is easy to understand for families, for example ensuring any medical terms are explained in lay terms	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	A. Lawrence	
5.2	Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood, A. Lawrence	
5.3	Actions arising from a serious incident investigation which involve a change in practice must be audited to ensure a change in practice has occurred.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	A. Lawrence, M. Underwood	
5.4	Change in practice arising from an SI investigation must be seen within 6 months after the incident occurred.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood, A. Lawrence	
5.5	All trusts must ensure that complaints which meet SI threshold must be investigated as such.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	A. Lawrence	
5.6	All maternity services must involve service users (ideally via their MVP) in developing complaints response processes that are caring and transparent	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	A. Lawrence	
5.7	Complaints themes and trends must be monitored by the maternity governance team.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	A. Lawrence	

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Immediate and Essential Action 6: Learning from Maternal deaths Nationally all maternal post-mortem examinations must be conducted by a pathologist who is an expert in maternal physiology and pregnancy related pathologies. In the case of a maternal death a joint review panel/investigation of all services involved in the care must include representation from all applicable hospitals/clinical settings.													
6.1	NHS England and Improvement must work together with the Royal Colleges and the Chief Coroner for England and Wales to ensure that this is provided in any case of a maternal death	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		J. Jones	H. Flavell	
6.2	This joint review panel/investigation must have an independent chair, must be aligned with local and regional staff and seek external clinical expert opinion where required.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		J. Jones	H. Flavell	
6.3	Learning from this review must be introduced into clinical practice within 6 months of the completion of the panel. The learning must also be shared across the LMS.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		H. Flavell	M. Underwood, A. Lawrence	

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Immediate and Essential Action 7: Multidisciplinary Training Staff who work together must train together. Staff should attend regular mandatory training and rotas. Job planning needs to ensure all staff can attend. Clinicians must not work on labour ward without appropriate regular CTG training and emergency skills training.													
7.1	All members of the multidisciplinary team working within maternity should attend regular joint training, governance and audit events. Staff should have allocated time in job plans to ensure attendance, which must be monitored.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	C. McInnes	
7.2	Multidisciplinary training must integrate the local handover tools (such as SBAR) into the teaching programme at all trusts.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	C. McInnes, A. Lawrence, M. Underwood	
7.3	All trusts must mandate annual human factor training for all staff working in a maternity setting; this should include the principles of psychological safety and upholding civility in the workplace, ensuring staff are enabled to escalate clinical concerns. The content of human factor training must be agreed with the LMS.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	C. McInnes, A. Lawrence, M. Underwood	
7.4	There must be regular multidisciplinary skills drills and on-site training for the management of common obstetric emergencies including haemorrhage, hypertension and cardiac arrest and the deteriorating patient.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	
7.5	There must be mechanisms in place to support the emotional and psychological needs of staff, at both an individual and team level, recognising that well supported staff teams are better able to consistently deliver kind and compassionate care.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	C. McInnes, A. Lawrence, M. Underwood	
7.6	Systems must be in place in all trusts to ensure that all staff are trained and up to date in CTG and emergency skills	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	C. McInnes, A. Lawrence, M. Underwood	
7.7	Clinicians must not work on labour wards or provide intrapartum care in any location without appropriate regular CTG training and emergency skills training. This must be mandatory	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	C. McInnes, A. Lawrence, M. Underwood	

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Immediate and Essential Action 8: Complex Antenatal Care Local Maternity Systems, Maternal Medicine Networks and trusts must ensure that women have access to pre-conception care. Trusts must provide services for women with multiple pregnancy in line with national guidance. Trusts must follow national guidance for managing women with diabetes and hypertension in pregnancy.													
8.1	Women with pre-existing medical disorders, including cardiac disease, epilepsy, diabetes and chronic hypertension, must have access to preconception care with a specialist familiar in managing that disorder and who understands the impact that pregnancy may have.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	
8.2	Trusts must have in place specialist antenatal clinics dedicated to accommodate women with multifetal pregnancies. They must have a dedicated consultant and have dedicated specialist midwifery staffing. These recommendations are supported by the NICE Guideline Twin and Triplet Pregnancies 2019.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	
8.3	NICE Diabetes and Pregnancy Guidance 2020 should be followed when managing all pregnant women with pre-existing diabetes and gestational diabetes.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	
8.4	When considering and planning delivery for women with diabetes, clinicians should present women with evidence-based advice as well as relevant national recommendations. Documentation of these joint discussions must be made in the woman's maternity records.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	
8.5	Trusts must develop antenatal services for the care of women with chronic hypertension. Women who are identified with chronic hypertension must be seen in a specialist consultant clinic to evaluate and discuss risks and benefits to treatment. Women must be commenced on Aspirin 75-150mg daily, from 12 weeks gestation in accordance with the NICE Hypertension and Pregnancy Guideline (2019).	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	

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Immediate and Essential Action 9: Preterm Birth The LMNS, commissioners and trusts must work collaboratively to ensure systems are in place for the management of women at high risk of preterm birth. Trusts must implement NHS Saving Babies Lives Version 2 (2019)													
9.1	Senior clinicians must be involved in counselling women at high risk of very preterm birth, especially when pregnancies are at the thresholds of viability.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	M. Underwood	
9.2	Women and their partners must receive expert advice about the most appropriate fetal monitoring that should be undertaken dependent on the gestation of their pregnancies and what mode of delivery should be considered.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	
9.3	Discussions must involve the local and tertiary neonatal teams so parents understand the chances of neonatal survival and are aware of the risks of possible associated disability.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		H. Flavell	J. Jones	
9.4	The LMNS, commissioners and trusts must work collaboratively to ensure systems are in place for the management of women at high risk of preterm birth. Trusts must implement NHS Saving Babies Lives Version 2 (2019) There must be a continuous audit process to review all in utero transfers and cases where a decision is made not to transfer to a Level 3 neonatal unit and when delivery subsequently occurs in the local unit.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	

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Immediate and Essential Action 10: Labour and Birth Women who choose birth outside a hospital setting must receive accurate advice with regards to transfer times to an obstetric unit should this be necessary. Centralised CTG monitoring systems should be mandatory in obstetric units													
10.1	All women must undergo a full clinical assessment when presenting in early or established labour. This must include a review of any risk factors and consideration of whether any complicating factors have arisen which might change recommendations about place of birth. These must be shared with women to enable an informed decision re place of birth to be made.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	A. Lawrence, M. Underwood	
10.2	Midwifery-led units must complete yearly operational risk assessments.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence	
10.3	Midwifery-led units must undertake regular multidisciplinary team skill drills to correspond with the training needs analysis plan	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	A. Lawrence	
10.4	It is mandatory that all women who choose birth outside a hospital setting are provided accurate and up to date written information about the transfer times to the consultant obstetric unit. Maternity services must prepare this information working together and in agreement with the local ambulance trust	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence, M. Underwood	
10.5	Maternity units must have pathways for Induction of labour (IOL). Trusts need a mechanism to clearly describe safe pathways for IOL if delays occur due to high activity or short staffing.	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence, M. Underwood	
10.6	Centralised CTG monitoring systems must be made mandatory in obstetric units across England to ensure regular multi-professional review of CTGs.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	M. Underwood	

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Immediate and Essential Action 11: Obstetric Anaesthesia In addition to routine inpatient obstetric anaesthesia follow-up, a pathway for outpatient postnatal anaesthetic follow-up must be available in every trust to address incidences of physical and psychological harm. Documentation of patient assessments and interactions by obstetric anaesthetists must improve. The determination of core datasets that must be recorded during every obstetric anaesthetic intervention would result in record-keeping that more accurately reflects events. Staffing shortages in obstetric anaesthesia must be highlighted and updated guidance for the planning and provision of safe obstetric anaesthesia services throughout England must be developed.												
11.1	Conditions that merit further follow-up include, but are not limited to, postdural puncture headache, accidental awareness during general anaesthesia, intraoperative pain and the need for conversion to general anaesthesia during obstetric interventions, neurological injury relating to anaesthetic interventions, and significant failure of labour analgesia.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Further analysis required with colleagues from Anaesthetics Division before deadlines can be established.		TBC		H. Flavell	J. Jones	
11.2	Anaesthetists must be proactive in recognising situations where an explanation of events and an opportunity for questions may improve a woman's overall experience and reduce the risk of long-term psychological consequences	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Further analysis required with colleagues from Anaesthetics Division before deadlines can be established.		TBC		H. Flavell	J. Jones	
11.3	All anaesthetic departments must review the adequacy of their documentation in maternity patient records and take steps to improve this where necessary as recommended in Good Medical Practice by the GMC	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Further analysis required with colleagues from Anaesthetics Division before deadlines can be established.		TBC		H. Flavell	J. Jones	
11.4	Resources must be made available for anaesthetic professional bodies to determine a consensus regarding contents of core datasets and what constitutes a satisfactory anaesthetic record in order to maximise national engagement and compliance.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Further analysis required with colleagues from Anaesthetics Division before deadlines can be established.		TBC		H. Flavell	J. Jones	
11.5	Obstetric anaesthesia staffing guidance to include: The role of consultants, SAS doctors and doctors-in-training in service provision, as well as the need for prospective cover, to ensure maintenance of safe services whilst allowing for staff leave.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Further analysis required with colleagues from Anaesthetics Division before deadlines can be established.		TBC		H. Flavell	J. Jones	
11.6	Obstetric anaesthesia staffing guidance to include: The full range of obstetric anaesthesia workload including, elective caesarean lists, clinic work, labour ward cover, as well as teaching, attendance at multidisciplinary training, and governance activity	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Further analysis required with colleagues from Anaesthetics Division before deadlines can be established.		TBC		H. Flavell	J. Jones	

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11.7	Obstetric anaesthesia staffing guidance to include: The competency required for consultant staff who cover obstetric services out-of-hours, but who have no regular obstetric commitments.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Further analysis required with colleagues from Anaesthetics Division before deadlines can be established.		TBC		H. Flavell	J. Jones	
11.8	Obstetric anaesthesia staffing guidance to include: Participation by anaesthetists in the maternity multidisciplinary ward rounds as recommended in the first report.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Further analysis required with colleagues from Anaesthetics Division before deadlines can be established.		TBC		H. Flavell	J. Jones	

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Immediate and Essential Action 12: Postnatal Care Trusts must ensure that women readmitted to a postnatal ward and all unwell postnatal women have timely consultant review. Postnatal wards must be adequately staffed at all times.													
12.1	All trusts must develop a system to ensure consultant review of all postnatal readmissions, and unwell postnatal women, including those requiring care on a non-maternity ward.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	
12.2	Unwell postnatal women must have timely consultant involvement in their care and be seen daily as a minimum	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	
12.3	Postnatal readmissions must be seen within 14 hours of readmission or urgently if necessary	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood	
12.4	Staffing levels must be appropriate for both the activity and acuity of care required on the postnatal ward both day and night, for both mothers and babies.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action pending further analysis before deadlines can be established.		TBC		H. Flavell	M. Underwood, C. McInnes	

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Immediate and Essential Action 13: Bereavement Care Trusts must ensure that women who have suffered pregnancy loss have appropriate bereavement care services.													
13.1	Trusts must provide bereavement care services for women and families who suffer pregnancy loss. This must be available daily, not just Monday to Friday	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence	
13.2	All trusts must ensure adequate numbers of staff are trained to take post-mortem consent, so that families can be counselled about post-mortem within 48 hours of birth. They should have been trained in dealing with bereavement and in the purpose and procedures of post-mortem examinations.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	A. Lawrence	
13.3	All trusts must develop a system to ensure that all families are offered follow-up appointments after perinatal loss or poor serious neonatal outcome.	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	A. Lawrence, M. Underwood	
13.4	Compassionate, individualised, high quality bereavement care must be delivered for all families who have experienced a perinatal loss, with reference to guidance such as the National Bereavement Care Pathway	Y	30/03/22	31/07/22	Delivered, Not Yet Evidenced	On Track	Action already in place (Apr-22 gap analysis) - Action accepted as 'delivered, not yet evidenced' at May MTAC		30/09/22		H. Flavell	A. Lawrence, M. Underwood	

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Immediate and Essential Action 14: Neonatal Care There must be clear pathways of care for provision of neonatal care. This review endorses the recommendations from the Neonatal Critical Care Review (December 2019) to expand neonatal critical care, increase neonatal cot numbers, develop the workforce and enhance the experience of families. This work must now progress at pace.													
14.1	Neonatal and maternity care providers, commissioners and networks must agree on pathways of care including the designation of each unit and on the level of neonatal care that is provided.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		J. Jones	H. Flavell	
14.2	Care that is outside this agreed pathway must be monitored by exception reporting (at least quarterly) and reviewed by providers and the network. The activity and results of the reviews must be reported to commissioners and the Local Maternity Neonatal Systems (LMS/LMNS) quarterly.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	M. Underwood	
14.3	Maternity and neonatal services must continue to work towards a position of at least 85% of births at less than 27 weeks gestation taking place at a maternity unit with an onsite NICU.	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	M. Underwood	
14.4	Neonatal Operational Delivery Networks must ensure that staff within provider units have the opportunity to share best practice and education to ensure units do not operate in isolation from their local clinical support network. For example senior medical, ANNP and nursing staff must have the opportunity for secondment to attend other appropriate network units on an occasional basis to maintain clinical expertise and avoid working in isolation.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		J. Jones	H. Flavell	
14.5	Each network must report to commissioners annually what measures are in place to prevent units from working in isolation.	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		J. Jones	H. Flavell	
14.6	Neonatal providers must ensure that processes are defined which enable telephone advice and instructions to be given, where appropriate, during the course of neonatal resuscitations. When it is anticipated that the consultant is not immediately available (for example out of hours), there must be a mechanism that allows a real-time dialogue to take place directly between the consultant and the resuscitating team if required	Y	30/03/22	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	M. Underwood	

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14.7	Neonatal practitioners must ensure that once an airway is established and other reversible causes have been excluded, appropriate early consideration is given to increasing inflation pressures to achieve adequate chest rise. Pressures above 30cmH2O in term babies, or above 25cmH2O in preterm babies may be required. The Resuscitation Council UK Newborn Life Support (NLS) Course must consider highlighting this treatment point more clearly in the NLS algorithm	Y	30/03/22	31/12/22	Not Yet Delivered	Not Started			30/04/23		H. Flavell	M. Underwood	
14.8	Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs) and nurses are available in every type of neonatal unit (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications.	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	C. McInnes, M. Underwood	

Colour	Status	Description
	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.

CONFIRMED POSITION AS AT 10.05.2022

APPENDIX ONE - FINAL OCKENDEN REPORT ACTION PLAN (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 15: Supporting Families Care and consideration of the mental health and wellbeing of mothers, their partners and the family as a whole must be integral to all aspects of maternity service provision. Maternity care providers must actively engage with the local community and those with lived experience, to deliver services that are informed by what women and their families say they need from their care													
15.1	There must be robust mechanisms for the identification of psychological distress, and clear pathways for women and their families to access emotional support and specialist psychological support as appropriate.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		H. Flavell	C. McInnes	
15.2	Access to timely emotional and psychological support should be without the need for formal mental health diagnosis, as psychological distress can be a normal reaction to adverse experiences.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		H. Flavell	C. McInnes	
15.3	Psychological support for the most complex levels of need should be delivered by psychological practitioners who have specialist expertise and experience in the area of maternity care	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		H. Flavell	C. McInnes	

Colour	Status	Description
	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.

Glossary and Index to the Ockenden Report Action Plan

Colour coding: Delivery Status

Colour	Status	Description
	Not yet delivered	Action is not yet in place; there are outstanding tasks to deliver.
	Delivered, Not Yet Evidenced	Action is in place with all tasks completed, but has not yet been assured/evidenced as delivering the required improvements.
	Evidenced and Assured	Action is in place; with assurance/evidence that the action has been/continues to be addressed.

Colour coding: Progress Status

Colour	Status	Description
	Not started	Work on the tasks required to deliver this action has not yet started.
	Off track	Achievement of the action has missed or the scheduled deadline. An exception report must be created to explain why, along with mitigating actions, where possible.
	At risk	There is a risk that achievement of the action may miss the scheduled deadline or quality tolerances, but the owner judges that this can be remedied without needing to escalate. An exception report must nonetheless be created to explain why exception may occur, along with mitigating actions, where possible.
	On track	Work to deliver this action is underway and expected to meet deadline and quality tolerances.
	Complete	The work to deliver this action has been completed and there is assurance/evidence that this action is being delivered and sustained.

Accountable Executive and Owner Index

Name	Title and Role	Project Role
Hayley Flavell	Executive Director of Nursing	Overall MTP Executive Sponsor
John Jones	Executive Medical Director	Overall MTP Executive co-sponsor
Martyn Underwood	Medical Director, Women & Children's Division	Senior Responsible Officer, MTP and Accountable Action Owner
Guy Calcott	Obstetric Consultant	Lead: Clinical Quality and Choice Workstream
Vicki Robinson & Claire Eagleton	W&C HRBP / Deputy Director of Midwifery	Co-Leads: People and Culture Workstream
Annemarie Lawrence	Director of Midwifery	Lead: Risk and Governance Workstream and Maternity Improvement Plan and Accountable Action Owner
William Parry-Smith	Obstetric Consultant	Lead: Learning, Partnerships and Research Workstream
Mei-See Hon	Clinical Director, Obstetrics	Lead: Communications and Engagement Workstream
Carol McInnes	Director of Operations, Women & Children's Division	Accountable Action Owner

The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting
9 June 2022

Agenda item	106/22			
Report	Ockenden Report Action Plan			
Executive Lead	Hayley Flavell, 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	√	BAF1, BAF2, BAF3	
	For decision / approval		**Link to risk register:**	
	For review / discussion		CRR 16, 18, 19, 23, 27, 7, 31	
	For noting			
	For information	√		
	For consent			
Presented to:	Directly to the Board of Directors			
Dependent upon (if applicable)**:**	N/A			
Executive summary:	This report provides the following information: • An update on outstanding actions from the first Ockenden Report (2020) • The current position in relation to the actions from the final Ockenden Report (2022), as at 10th May 2022 • Next steps being taken to progress this work The Board of Directors is requested to: • Receive this report for information and assurance • Decide if any further information, action and/or assurance is required.			
Appendices:	Appendix One: Ockenden Report Action Plan at 10th May 2022 (confirmed)			
Lead Executive:	HFlavell			

1.0 PURPOSE OF THIS REPORT

1.1 This report provides the following information:

- An update on outstanding actions from the first Ockenden Report (2020)
- The current position in relation to the actions from the final Ockenden Report (2022), as at 10th May 2022.
- Next steps being taken to progress this work

2.0 THE OCKENDEN REPORTS (2020) AND (2022)

2.1 The First Ockenden Report 2020

2.2 The Board of Directors received the first Ockenden Report – *"Emerging Findings and Recommendations from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust: our first Report following 250 clinical reviews"* [1] at its meeting in public on 7th January 2021.

2.3 The Board of Directors received the final Ockenden Report – "*Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust – Our Final Report"* [2] at its meeting in public on 14th April 2022.

2.4 The numbers of actions for the Trust to implement from the two reports are, as follows:

Report	Local Actions for Learning (LAFL's) - SATH only	Immediate and Essential Actions (IEA's) - All providers of maternity care in England	Total no. of actions
First – Dec 2020	27	7 Themes – (25 sub actions)	52
Final – Mar 2022	66	15 Themes – (92 sub actions)	158
Totals	**93**	**117**	**210**

3.0 STATUS OF REQUIRED ACTIONS

3.1 On receipt of the final report, the Women and Children's Division commenced work to review all the new actions to determine how best to address them fully. These actions are large in number, many have several 'sub-component' actions to deliver, and some are complex to address. As at 10th May 2022, the anticipated delivery and completion dates have been set for 101/158 actions, which leaves fifty-seven yet to be dated. These actions will require more detailed consideration, negotiation, and discussion with various stakeholders (e.g., Local Maternity and Neonatal System (LMNS), specialist networks, the Anaesthetics Division, etc.) before the delivery and completion dates can be determined for them. This work is being planned for.

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[1] www.gov.uk/official-documents. (2020) 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] www.gov.uk/official-documents. (2022) Ockenden Report – Final. Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital HS Trust.

3.2 Of the 101 that are dated, the current delivery profile is, as follows:

Financial year	Number of actions expected to be fully implemented during this period
2022-23	38
2023-24	63
Yet to be determined	57

3.3 With regards to the overall responsibility for leading on the delivery of the required actions, the breakdown is, as follows:

Lead agent	Number of Actions
Internal (Trust only)	132
External (combined Trust- external agencies)	26

3.4 Current position with all actions

3.5 All the actions from both reports are summarised in one single Action Plan at **Appendix One**. More detail in relation to any of the actions can provided on request or as required.

3.6 At its meeting on 10th May 2022, the Board of Directors was given provisional ratings for actions that were yet to be approved and validated by the Maternity Transformation Assurance Committee (MTAC). This meeting took place on 10th May 2022, and (MTAC) confirmed the following changes to action ratings:

3.6.1 **First Report (2020)**

Approved to move to next level rating

Action Ref.	Theme	Previous Rating	MTAC Approved Rating 10/05/22
LAFL 4.85	Obstetric Anaesthesia	Delivered Not Yet Evidenced	Evidenced and Assured
LAFL 4.86	Obstetric Anaesthesia	Delivered Not Yet Evidenced	Evidenced and Assured
LAFL 4.90	Obstetric Anaesthesia	Delivered Not Yet Evidenced	Evidenced and Assured
LAFL 4.91	Obstetric Anaesthesia	Delivered Not Yet Evidenced	Evidenced and Assured
IEA 4.4	Maternal Mental Health Services	Delivered Not Yet Evidenced	Evidenced and Assured

Rejected

Action Ref.	Theme	Previous Rating	MTAC Approved Rating 10/05/22
IEA 1.4	Single LMNS	Not Yet Delivered	No Change Evidence Insufficient

Additional Approvals

- Exception reports for overdue delivery, with agreed revised delivery dates, were accepted for the following actions: LAFL's 4.87, 4.88, 4.99, 4.100 and IEA 1.1
- LAFL 4.99 was re-affirmed as having been 'Evidenced and Assured' following an earlier query.

3.6.2 **Final Report (2022)**

Approved to move to next level rating

Action Ref.	Theme	Default Starting Assumption	MTAC Approved Rating 10/05/22
LAFL 14.9	Patient Safety Incidents	Not Yet Delivered	Delivered Not Yet Evidenced
LAFL 14.18	Improving Audit Process	Not Yet Delivered	Delivered Not Yet Evidenced
LAFL 14.25	Leadership and Oversight	Not Yet Delivered	Delivered Not Yet Evidenced
LAFL 14.29	Fetal Growth Assessment and Management	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 3.3	Escalation and Accountability	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 3.4	Escalation and Accountability	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 4.1	Clinical Governance – Leadership	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 4.2	Clinical Governance – Leadership	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 4.4	Clinical Governance – Leadership	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 4.6	Clinical Governance - Leadership	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 4.7	Clinical Governance - Leadership	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 5.7	Clinical Governance – Incidents/Complaints	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 7.2	Multi-Disciplinary Training	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 7.5	Multi-Disciplinary Training	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 10.3	Labour and Birth	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 10.6	Labour and Birth	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 13.3	Bereavement Care	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 13.4	Bereavement Care	Not Yet Delivered	Delivered Not Yet Evidenced

Rejected

Action Ref.	Theme	Default Starting Assumption	MTAC Approved Rating 10/05/22
LAFL 14.24	Leadership and Oversight	Not Yet Delivered	No Change Evidence Insufficient

3.7 The Delivery and Progress Statuses of all the actions, as validated on 10th May 2022, are summarised in the following tables:

Delivery Status

Report	Domain	Total Number of Actions	Not Yet Delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
First Report 2020	LAFL	27	1	4	22
First Report 2020	IEA	25	5	1	19
First Report Sub-Total	BOTH	52	6	5	41
Final Report 2022	LAFL	66	62	4	0
Final Report 2022	IEA	92	78	14	0
Final Report Sub-Total	BOTH	158	140	18	0
Total Both reports	**ALL**	**210**	**146**	**23**	**41**

Progress Status

Report	Domain	Total Number of Actions	Not Started	Off-Track	At Risk	On Track	Completed
First Report (2020)	LAFL	27	0	0	0	5	22
First Report (2020)	IEA	25	0	1	0	5	19
First Report Sub-Total	BOTH	52	0	1	0	10	41
Final Report (2022)	LAFL	66	61	0	0	5	0
Final Report (2022)	IEA	92	78	0	0	14	0
Final Report Sub-Total	BOTH	158	139	0	0	19	0
Total Both reports	**ALL**	**210**	**139**	**1**	**0**	**29**	**41**

4.0 RISKS TO DELIVERY AND MITIGATING ACTIONS

4.1 Whilst it is important to maintain focus, momentum, and pace with the delivery of the required actions, it is essential that these are all addressed and considered fully, are not rushed, and that all the Trust's agreed assurance and validation processes are followed.

4.2 The Board of Directors is aware that the Trust uses a software system called 'Monday.com' to store the Maternity Transformation Programme, all maternity action plans, action movements and evidence. There is provision within this system to record any risks related to each action. Currently, this records the risks to delivering each

action, as opposed the risks to women and families and the quality of service provision. Discussion has taken place with the Women and Children's Division, and they are going to review all actions as a multidisciplinary team, and at an away day, in relation to recording formally their overall risks to women and families and the quality of service provision.

4.3 At its first review of all actions, the division considered each, in turn, to ensure there are no immediate or actual risks to patient safety that would impact women and families. In doing so, the Division is confident of the ongoing commitment to improving care quality and clinical safety. This can be evidenced through the progress against Year 4 of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme, The Saving Babies Lives Care bundle, and the overall Maternity Transformation programme.

4.4 A question at the last Board of Directors' meeting in public in May 2022 centred on the risk appetite for the Ockenden actions. Essentially, all the Ockenden actions are required to be delivered in full. However, it will not be possible to achieve all actions at once and/or necessarily within a relatively short time frame. The Women's and Children's Division is taking some time out as a team to consider how best to prioritise the actions. When this has been completed, the Board of Directors will be apprised of this work and the assessments made which, in turn, will describe the risk appetite applied until all actions have been delivered.

5.0 THE OCKENDEN REPORT ASSURANCE COMMITTEE (ORAC)

5.1 ORAC will reconvene monthly from Tuesday 21st June 2022 and will continue to be live streamed to the public. The June meeting will acknowledge receipt of the final Ockenden Report, and provide updated positions in relation to the delivery of actions from both reports. Discussions are underway to look at how to make future ORAC meetings more interactive and outcome/impact focused.

6.0 NEXT STEPS

6.1 As mentioned earlier, the next steps include the Women and Children's Division taking some time as a multidisciplinary team to prioritise the 158 new actions, along with recording formally any risks to women and families and the quality of service delivery. This will include an assessment of whether any additional resources could help achieve the required actions any more quickly. Work will also commence with external partners in relation to the actions that they are required to lead on or that require their input.

6.2 Once this work has been undertaken, it is proposed that the executive directors undertake a confirm and challenge exercise with the Women and Children's Division to review the action plan and proposed approach.

6.3 The Board of Directors will appreciate that there are many other maternity transformation projects that address a broader range of issues beyond the actions of the Two Ockenden Reports, such as CNST and Saving Babies Lives. LAFL 14.24 form the second report requires monthly reporting of the progress of the overall Maternity Transformation Plan to the Board monthly. The Division and Transformation Team will consider how best to achieve this.

7.0 SUMMARY

7.1 Significant work has been undertaken already to undertake a preliminary review of all the actions from the final report. This work is complex but will continue at pace, and with the due diligence required to deliver them all fully and properly.

7.2 There is a great deal of work arising from these new actions, which include prioritising them and, also, undertaking assessments to determine the resource and time requirements to deliver them.

8.0 ACTION REQUIRED OF THE BOARD OF DIRECTORS

8.1 The Board of Directors is requested to:

- Receive this report for information and assurance
- Decide if any further information, action and/or assurance is required.

Hayley Flavell
Executive Director of Nursing
26th May 2022

Appendix One: The Ockenden Report Action Plan at 10th May 2022 (confirmed)