The Shrewsbury and Telford Hospital NHS Trust

Ockenden Report Assurance Committee
AGENDA

Meeting Details

Date **Tuesday 19th July 2022**
Time **14.00 – 16.00**
Location **Via MS Teams – to be live streamed to the public**

AGENDA

Item No.	Agenda Item	Paper / Verbal	Lead	Required Action	Time
2022/35	Welcome and Apologies	Verbal	**Chair**	Noting	14.00 (15 min)
2022/36	Declarations of Interest relevant to agenda items	Verbal	**Chair**	Noting	
2022/37	Minutes of meeting on 21st June 2022	Enc. Verbal	**Chair**	Approval	
2022/38	Ockenden Report Action Plan	Presentation	**Annemarie Lawrence** Director of Midwifery Women and Children's Division	Discussion/ For Assurance	14.15 (45 mins)
2022/39	Service User Feedback	Presentation	**Claire Eagleton** Deputy Director of Midwifery Women and Children's Division	Discussion/ For Assurance	15.00 (45 mins)
2022/40	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 • Any other steps we need/wish to take	Verbal	**Chair** **All**	Discussion	15.45 (15 min)
2022/41	Meeting closes: Date of Next Meeting: Tuesday 23rd August 2022 @ 14:30 – 17:00 hrs Via MS Teams – to be live streamed to the public	Verbal	**Chair**		16.00

Enclosures: Board of Directors, July 2022 - Ockenden Report Action Plan Report & Appendix

The Shrewsbury & Telford Hospital NHS Trust

Ockenden Report Assurance Committee meeting in PUBLIC

Tuesday 21st June 2022 via MS Teams

Minutes

NAME	TITLE
MEMBERS	
Dr C McMahon	Co-Chair
Ms J Garvey	Co-Chair
Mrs Louise Barnett	Chief Executive (Trust)
Professor Julie Green	Non-Executive Director
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	Divisional Deputy Director of Operations (Women and Children's) (Trust)
Dr M-S Hon	Clinical Director – Obstetrics / Maternity (Trust)
Ms C Eagleton	Matron Inpatient Services
Mr K Haynes	Independent Governance Consultant
Mr R Kennedy	Regional Associate Medical Director
Ms Cristina Knill	Senior Project Manager - Maternity Transformation Programme
Ms Annemarie Lawrence	Directory of Midwifery (Trust)
Ms Carol McInnes	Divisional Director of Operations (Women and Children's) (Trust)
Ms L MacLeod	Maternity Voices Partnership Development CoordinatorTelford & Wrekin
Mr Simon Meighen	NHSEI maternity improvement support
Ms Kath Preece	Assistant Director of Nursing, Quality Governance
Ms Claire Roche	Executive Director of Nursing and Midwifery - Powys
Mr M Underwood	Divisional Medical Director for Women & Children (Trust)
Ms Lynn Cawley	Healthwatch Shropshire
Ms Jane Turner-Bragg	Healthwatch Shropshire
Mr Nick McDonnell	Programme Manager - CCG
Ms Katie Steyn	Communications Lead – Maternity (SaTH)
APOLOGIES	
Ms Sharon Fletcher	Perinatal Quality Lead and Patient Safety Specialist, Shropshire, T&W CCG and LMNS
Dr John Jones	Acting Medical Director

No. 2022	ITEM	ACTION
Procedural Items		
26/22	**Welcome, introductions and apologies**. Ms.Jane Garvey, Co Chair, welcomed everyone to the meeting. Apologies were received from Dr John Jones and Ms Sharon Fletcher	
27/22	**Declarations of Conflicts of Interests** None reported.	
28/22	**Minutes of the previous meeting and matters arising** The minutes of the previous meeting were accepted as an accurate record.	
29/22	**Receipt of the final Ockenden Report** Dr Catriona McMahon advised the meeting that the final Ockenden Report which had been published on 30th March had been received by the Board of Shrewsbury and Telford Hospitals NHS Trust at its meeting at the beginning of April 2022. At this meeting the Board extended its apologies to the families for the care they had received during their time with SaTH and thanked Mrs Ockenden for the work she had done. Dr McMahon explained that since this time there have been two further Board meetings to discuss the extensive recommendations of the report. Mrs Louise Barnett went on to say that the team is determined to be the best possible maternity service it can be and they want to be proud of everything they do for the local community, which is the ultimate aim. In response to a question from Ms Garvey, Mrs Barnett explained that she found the report as expected; she felt that it was hard-hitting at times and made for harrowing reading. As a result of its findings and detailed actions, it provided the basis for improving the Trust's Maternity Services and there was much to work with. Dr McMahon explained that Mrs Ockenden had always indicated that she intended the report to be thorough and that it would reflect the experiences of the families who had spoken to her. In response to a question from Ms Garvey about the impact of the report on staff morale, Ms Annemarie Lawrence commented that the report was obviously hard-hitting and that it would stay with the staff for a long time. She felt that staff were pleased to have received the report and that everyone is keen to move on with improvement plans. She felt that whilst it was obviously a very difficult report for staff to receive, staff were nevertheless pleased that it had now been published and staff could now get on and implement the key actions.	

30/22	**Update on progress against actions from first Ockenden Report (2020)** Mr Martyn Underwood provided an update on the implementation of the actions arising from the first Ockenden Report. He explained that of the 52 actions, 47 are now implemented, with 42 evidenced and assured and four delivered but not yet evidenced. Six actions are not yet delivered, of these five are on track and one is off track. Of the six actions not yet delivered, all of these relied on external dependencies for completion. Mr Underwood explained that two of these related to the Maternal Medicine Specialist Centres which started in April, and it was anticipated that it would be possible to evidence completion of this action by October 2022. The one action that is "off track" relates to the action that requires the Trust to operate in a multi-Trust LMNS (Local Maternity and Neonatal System). It was explained that this action was initially due for completion by April 2022, and that the team is continuing to progress with partners the draft Memorandum of Understanding. There would hopefully be a further update at the July ORAC meeting. IEA 2.1 and IEA 2.2 rest with the central NHS England team and there is currently no movement on this nationally, and a national update is awaited. IEA 2.4 rests with the CQC to action and is beyond the control of SaTH. An updated is expected in late June as to progress. In response to a question from Ms. Garvey about the role of the Maternity Transformation Assurance Committee (MTAC), Mr Underwood explained this is a monthly meeting where workstream leads bring evidence to the meeting for review, actions can then move from red/amber/green at this meeting. Ms. Garvey asked which of the actions not yet delivered is most significant in terms of safety of services. Mr Underwood explained that the Maternal Medicine Networks will be the one that would offer greatest improvements to patients across the region, although the actual number of patients going through to this service will be relatively small. Mr Underwood presented the four actions that had been delivered but not yet evidenced. He explained that the first three all related to obstetric anaesthesia and the work required now is for evidence to be established and for an audit to take place. Dates for completion of these actions of October and December have been set because the information can take some time to collate. The fourth action related to Consultant Neonatologists and Advanced Neonatal Nurse Practitioners (ANNPs). The ANNPs are being actively recruited and once they have maintained evidence of all their competencies they will rotate through to the tertiary centres.	

	Mr Underwood explained that the final Ockenden Report has a heavy emphasis on anaesthetics and so a new workstream has been put in place for this area. Mr Underwood went on to speak about lessons learnt from the first Ockenden Report. The multidisciplinary team approach has worked well. All workstreams have clinical leads. The use of Monday.com software is working well. Ms. Garvey asked for more information about Monday.com and a practical example of where it has been used. Mr Tom Baker gave an overview of the system by explaining one of the benefits is control of access in terms of sensitivity of data, it is encrypted and compliant with local data projection regulation. The system can be shared widely with external partners, for example Maternity Voices Partnership (MVP). It is basically a secure project management software. An example of it working in action was LAFL 4.54, where multi-disciplinary ward rounds are required at least twice daily including out of hours. A standard operating procedure (SOP) was uploaded to the system setting out the requirements for LAFL 4.54, evidence of the ward rounds was uploaded and audited and the evidence was presented to MTAC. All members of MTAC were then able to check the evidence before accepting this as delivered. Ms. Hayley Flavell added that the software allows the team to have an organised approach. There are now 158 Ockenden actions along with the Clinical Negligence Scheme for Trusts and the Maternity Transformation Programme, so the software allows interrogation and action plan tracking for all the items. Mr Underwood also added that the system can have multiple users accessing at the same time, so for example seven or eight people in a meeting can be working on the same action all at the same time and it acts like an archive or library of all information. Ms Garvey asked if other Trusts are using the system, and Mr Baker explained that a few other Trusts are using this system, but also the NHS has a similar tool called NHS Futures which whilst not exact, is very similar. Mr Underwood went on to speak about other lessons learned from the first Ockenden Report. He explained the importance of maintaining a good working relationship with the MVP and the governance and assurance process at MTAC. He explained that workshops and away days have been useful and protected time away for these meetings allows the attendees to be much more productive and focused. The funding for a dedicated project management team is also an important element. Furthermore, Mr Underwood detailed some lessons learned that can still be improved on:	

- Improving how we describe the benefits of all of the positive changes, and the impact of these on care and service delivery
- Engagement with ORAC (to avoid overuse of PowerPoint)
- Ensure scope is kept under control in light of prioritised projects
- To well-define roles, responsibilities, scope, metrics and budget at the start of the project
- Standardised reporting (to avoid writing numerous papers with the same information but different formats)
- Better integration of risk within project planning
- Improve rigour around defining actions and follow ups
- Celebrating success and keeping stakeholders up to date with MTP

Professor Trevor Purt asked how evidence is validated and assurance provided that actions have been embedded. Ms Flavell explained that all evidence goes through the MTP via the MTAC. This committee also includes LMNS and MVP colleagues and they also welcome visitors to the committee. For example, colleagues from NHSE&I and CQC have attended in the past. Mr Baker added that clinician leads have designed a bespoke audit which is tailored to answer a lot of the actions from the first Ockenden Report. Professor Purt commented that there was evidence of external reviews taking place for which he felt content.

Mr Wright added that the MTAC is not a 'nodding through' exercise. There is a lot of debate, challenge and disagreement and quite often things don't get passed and are sent back for further work. The committee has also introduced sustainability reviews to ensure that actions that have 'gone green' are checked every three months to make sure that delivery is still working. So, an action can go backwards if performance is not being sustained.

Ms. Flavell added that MTAC also reports to the Quality, Safety and Assurance Committee which is a committee of the Trust Board.

Ms. Garvey asked Mr Underwood to comment on the possibility that it may not be practical for clinicians to work on the 158 actions whilst other really important things are happening at the same time. Mr Underwood explained that some consultant colleagues have additional time added into the job to focus on the projects. The leadership team has been boosted, so although the actions are clinically led, it does not mean that the clinicians have to do everything. Martyn Underwood accepted that it has been a challenge, but the team are definitely in a better position today than they were 18 months ago.

In conclusion, Martyn Underwood reported that from the first Ockenden Report, 89% of actions have been delivered, the 11% which are not delivered are reliant on external dependencies/parties. A new anaesthetics workstream has been created. Quarterly assurance exercises have been incorporated into the MTP group.

Ms. Carol McInnes explained the wellbeing support for families and staff

	prior to the publication of the final Ockenden Report, which included: • Clinical support and assurance • Mental health support and counselling • Bereavement care • Health and wellbeing support • Feedback opportunities Ms. McInnes explained that a new 24/7 triage service has been put in place which primarily focuses on supporting any families who may have concerns. Alongside that a Lighthouse Service has been commissioned and is in place, and the 'Talk-about' service which is available on the delivery suite. There are two specialist bereavement support midwives in post. Memory making facilities are available and a Rainbow clinic is being developed. There is also liaison with Hope House Hospice who provide respite care for families affected by bereavement. There is a healthy pregnancy support team and a lactation consultant midwife in post to support with breastfeeding. There is also a frenulotomy service in place. Feedback opportunities has been strengthened over the last 18 months with the service user experience system and user surveys and there is a dedicated PALS Officer for the Women and Children's Division. Ms. Garvey asked if someone could explain 'tokophobia'. Dr Mei-See Hon confirmed that it is the fear of labour and childbirth. She explained it is something that is very underdiagnosed across the country and that there is no evidence available to show that this is higher within SaTH than other parts of the country. Ms. Garvey asked whether women express anxiety about giving birth at SaTH, bearing in mind its history. Ms. McInnes explained that around the time of the final Ockenden Report being published the senior team made themselves more visible on the unit. There was no obvious rise in the anxiety levels amongst patients and staff at this time. Ms. Lynn Crawley, Chief Officer at Healthwatch Shropshire wanted to add that people can share their experiences with both Healthwatch Shropshire and Healthwatch Telford and Wrekin as independent organisations. She also commented that she had contacted the Ockenden team to ask what ongoing involvement they might have with families whose experiences were shared in the report, but she had received no response. She asked the question whether SaTH were aware of any support available to people whose experiences were included in the final Ockenden Report. Mr Wright explained that Mrs Ockenden's team have access to refer anybody that has been in contact with them; in addition the Chief Executive of the Trust has put out an open letter to the people of Shropshire, Telford and Wrekin offering support. Operation Lincoln is also running alongside the Ockenden investigation and officers of that also	

	have direct referral access into mental health support. Ms. Louise MacLeod of Maternity Voices Partnership said they had not noticed any increase in activity coming through their service, and anyone who did show some anxieties was getting peer support from their communities. Ms Garvey commented that it is good to hear that people who have had a good experience are happy to share details afterwards. She asked Ms. MacLeod whether people express misgivings or talk about wanting to go somewhere else. Ms. MacLeod said there will always be people who express concern, but the support mechanisms are in place to help with that. Dr Mei-See Hon added that during her antenatal clinics she hasn't seen large numbers of people expressing concern. In fact, many people are reporting that they have friends and family who have had a really good experience, and they are in turn expressing concern for the staff members to know that they are all OK in the circumstances. Dr McMahon echoed these thoughts and said the support and relationships are being formed at the early stages of the pregnancy and right through to the birth. Ms. Lawrence added that whilst it is important to be sensitive to families who have contributed to the Ockenden Report, it is also important to share progress that the Trust has made in order to communicate with current service users. Mr Richard Kennedy asked if staff are provided with support to help them deal with the difficult conversations that might be faced arising from the final Ockenden Report. Ms. McInnes confirmed that there is some training provided. Ms. McInnes summarised the wellbeing support available to staff: • Increased visibility from senior leadership team in and out of hours across the week of publication and open sessions. • Psychological support available to staff (hotline telephone and email provided). • Staff can also arrange an appointment with an MPFT Clinical psychologist for specific maternity/Ockenden support by calling/emailing the same contact. • Staff reminded of the available wellbeing support provided by the Trust. • Fortnightly drop-in sessions are available • Freedom to Speak Up service is available Ms. Garvey asked how many people are using the Freedom to Speak Up service. The direct numbers were not available. Ms. Lawrence commented that there was a suggestion the Freedom to Speak Up numbers had seen a drop-off from maternity staff. It was felt by the staff that this was because there was no longer a need to seek this line of enquiry now because they have a visible senior leadership team who	

	they can raise issues to. Ms. Garvey mentioned that Mrs Donna Ockenden had asserted that some contributors to her final report had felt intimidated in the early months of 2022, which caused a level of interest in the media. Ms. Lawrence replied that all of the people who withdrew their consent to be included in the final Ockenden Report have now met with her having taken up the offer, so their voices could still be heard. So, although they withdrew their consent, their experiences will still be available to learn from.	
31/22	**Progress against actions from the final Ockenden Report (2022)** Ms. McInnes explained that the final Ockenden Report had been published on 30 March 2022. This report details 66 local actions for learning (LAFLs) and 15 immediate and essential actions (IEAs) comprising of 92 sub-actions. In total, across the two reports, there are 210 Ockenden actions. As at 14th June 2020, 65 of these had been delivered. Ms McInnes summarised the delivery strategy: • Lessons learned exercise conducted from the delivery of the first Ockenden set of actions • Methodology reviewed and agreed for delivery of final Ockenden Report actions • Three multidisciplinary team (MDT) Away Day Ockenden planning workshops conducted • Gap analysis undertaken to understand what actions may have been captured as a result of MTP year one following the first Ockenden Report • Risk stratified action plan created and delivery strategy devised new board available on Monday.com • New actions amalgamated with first set of actions in a single plan and progress report that goes to each Board of Directors' meeting, when it meets in public • Further actions identified from narrative of final Ockenden Report that are not captured in actions section, that will be aligned with the delivery plan • Further analysis and planning to be conducted on several IEAs (e.g., anaesthetics and externally dependant actions) • Programme refresh and relaunch undertaken with Divisional team, programme leads and MVP Mr Richard Kennedy asked if there would be a separate focus on neonatal services. Ms. McInnes explained that this was something that had been debated, and but it made sense for it to be absorbed into other workstreams. Ms. Lawrence explained the governance and assurance arrangements that had been put in place to manage the actions arising out of the final	

	Ockenden Report. She explained the systems being used (Reverse RAG) where actions are assigned a red, amber or green status. She explained the process by which actions are reviewed by various Boards and Committees and finally presented to the ORAC meeting which are lived-streamed to the public.
	
	Ms. Lawrence presented the following LAFLs as evidenced and assured:
	
	• 14.9 - Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan.
	• 14.18 - There must be midwifery and obstetric co-leads for audits.
	• 14.25 - Completion of National Maternity Self-Assessment Tool (NHSEI, 2021) and comprehensive report of their self-assessment, including any remedial plans which must be shared with the Trust Board.
	• 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)
	
	IEAs accepted as evidenced and assured:
	
	• 3.3 - Staff must be able to escalate concerns if necessary. Trusts should aim to increase resident consultant obstetrician presence where this is achievable.
	• 3.4 - Staff must be able to escalate concerns if necessary. There must be clear local guidelines for when consultant obstetricians' attendance is mandatory within the unit.
	• 4.2 - Crossover with LAFL 14.25. Completion of National Maternity Self-Assessment Tool (NHSEI, 2021)
	• 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
	• 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.
	• 4.7 - Crossover with LAFL 14.18. All maternity services must ensure they have midwifery and obstetric co leads for audits.
	• 5.7 - Complaints themes and trends must be monitored by the maternity governance team.
	• 7.2 - Multidisciplinary training must integrate the local handover tools (such as SBAR) into the teaching programme at all trusts.
	• 7.5 - Mechanisms in place to support the emotional and psychological needs of staff, at both an individual and team level.
	  ○ Trust wellbeing support (FTSU, peer 2 peer listeners, coaching, wellbeing podcasts, etc.)
	  ○ Midwifery drop in sessions DOM/DDOM led TOR
	  ○ Staff hotline and email contact
	  ○ CQC engagement event	

	- Open letter to staff/ briefing pack following Ockenden report publication 10.3 – Midwifery led units must undertake regular multidisciplinary team skill drills to correspond with the training needs analysis plan. 10.6 - Centralised CTG monitoring systems must be made mandatory in obstetric units across England to ensure regular multi professional review of CTGs. 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. 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. Ms. Garvey asked for an explanation of a CTG monitoring system. Annemarie Lawrence explained that it is cardiotocography so it gives an overview of foetal wellbeing and uterine activity via an ultrasound transducer placed on a mother's abdomen. Mr Richard Kennedy added that because it is a computerised system linked to a central console it enables a coordinator to have oversight of what is going on in all the rooms. Ms. Lawrence moved on to talk about actions not yet accepted as evidenced and assured and the evidence that will be presented: - IEA 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. - Governance diagram - Ockenden action plan - Maternity dashboard - Minutes (MTAC, ORAC, Board) - To include: G2G MTP reports and quarterly MIP reports incorporated into progress report that goes to board. - LAFL 14.24 - The Trust Board must review the progress of the maternity improvement and transformation plan every month. - Ockenden action plan - Board of Directors progress report - Minutes (Board) - To include: G2G MTP reports and quarterly MIP reports incorporated into progress report that goes to board. Ms. Lawrence concluded her presentation by saying that 18 of the 158 actions have been delivered. 26 of the actions have external dependencies. 27 actions have yet to be assigned delivery dates due to complexities or external dependencies and these continue to be worked on. Ms. Garvey asked if an overall timescale can be put on the delivery for	

	all actions to be delivered. Ms. Lawrence responded that speed should not be of the essence because quality over quantity is always required. Ms. Flavell added that deadlines must be achievable and realistic. Dr McMahon added that the Board continued to ensure the right balance between ambition and getting the job done in a timely manner. Dr McMahon asked, given the imminent transition of the CCG into the ICS, what is the plan for development of the LMNS in the system. Mrs Barnett confirmed that whilst the ICS is coming formally into fruition, she would still expect networking arrangement for the benefit of these services to exist. Mr Wright commented that in both Ockenden Reports no dates were set for the delivery of each action, so it is down to each Trust to determine what is the correct timeframe for delivery.	
32/22	**Structure and format of future ORAC Meetings** Ms. Garvey invited comment on how people would like to see the meetings run in future, most particularly on how to include the experience of people who have been through the Trust. Ms. Garvey asked Ms. MacLeod to talk to MVP members to ask them what they would like to see. Ms McInnes explained that the Division would like the make the presentations more interactive moving forward in order to demonstrate the work undertaken. She felt it was important to find a way to tell the good news stories, without undermining anyone's previous experiences. Mr Keith Haynes added that it was important to be able to demonstrate the positive benefits arising from implementation of the Ockenden actions and the difference that the improvements are making for women and families in the local community. Ms. Lawrence reiterated the importance of getting feedback from service users. She gave an example of service users enjoying the fact that open visiting had been stopped and that they would prefer that it was not reinstated. Ms. Cawley said that Healthwatch Shropshire would really like to work with the Trust to support the service user engagement to bring patient voices to the table. Ms. MacLeod added that some work needs to be done on how many service users are being reached by ORAC and how many people are watching the live streams. She felt that many probably would not know it existed or that it was relevant to them. She felt it was probably more likely to be professionals rather than service users interacting with ORAC. Dr McMahon wanted to reiterate that the ORAC does have a very specific piece of work to do which is the assure the delivery of the	

	Ockenden Review in its totality and within reasonable timescales. Ms. Garvey asked that if anyone had any ideas regarding the structure and format of future meetings who they should contact. Dr McMahon confirmed that anyone can be contacted and it will be shared across the team. Professor Purt expressed a view that the work of this Committee should not be a repeat of work that is being undertaken and assured via other means. Mrs Barnett agreed that duplication should be avoided wherever possible. In response, Mr Wright explained that none of the work presented to ORAC is being rehearsed anywhere else in the organisation but would be vigilant to this possibility going forward. Mr Simon Meighan (NHSE&I maternity improvement support) suggested the idea of bringing the actions to life by way of a case study of a woman who has gone through the service and at each trigger point a reference to made to which parts of her journey the actions of Ockenden have impacted her care. Dr McMahon commented that it is very important that the Trust protects families' confidential and personal information, and that it could be difficult to anonymise the information and provide a rich case study. Ms Flavell felt it was something that could be done in coproduction with the woman. Ms Cawley wondered if it could be done by collecting together the different experiences of people rather than it necessarily being one individual. Mr Meighan felt it would be more powerful if it was a real case with a real woman, therefore it has to be coproduced with a woman who wanted to share her story. Ms. MacLeod felt it could be difficult to find a woman who was able to share her story in a way that relates how the Ockenden action are affecting her, so it might need to be a hybrid version. Ms Garvey asked if this could be put to MVP members for their input.	
33/22	**Discussion and reflection** Ms Garvey thanks all presenters for their input to today's meeting.	
34/22	**Date of Next Meeting: Tuesday 19th July 2022 – 1430-1700hrs**	

The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting
14 July 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), and; • The current position in relation to the actions from the final Ockenden Report (2022), as at 14th June 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 14th June 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 14th June 2022.
- Next steps being taken to progress this work

2.0 CONTEXT: 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 As at 14th June 2022, the anticipated delivery and completion dates had been set for 135/158 (85%) actions, which leaves twenty-three yet to be dated. These either have external dependencies, e.g. with the Local Maternity and Neonatal System [LMNS], or are more complex actions that require input from other services, such as the Anaesthetics Division, or the Maternity Voices Partnership. Further multidisciplinary planning sessions to agree the remaining dates and delivery timeframes have been diarised.

[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 The current timeframe profile for actions to be delivered is, as follows:

Financial year	Number of actions expected to be fully implemented during this period
2022-23	49
2023-24	86
Yet to be determined	23

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 The Maternity Transformation Assurance Committee (MTAC) took place on 14th June 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 10/05/22	MTAC Approved Rating 14/06/22
IEA 1.1	Enhanced Safety	**Delivered Not Yet Evidenced**	**Evidenced and Assured**

Rejected

The action below remains 'Not Yet Delivered' and is now off-track. The CCG and LMNS have been asked to submit an exception report and a revised delivery date at the next MTAC meeting on 12th July 2022.

Action Ref.	Theme	Previous Rating 10/05/22	MTAC Approved Rating 14/06/22
IEA 1.4	Single LMNS	**Not Yet Delivered**	**No Change Evidence Remains Insufficient**

3.6.2 **Final Report (2022)**

Approved to move to next level rating

Action Ref.	Theme	Rating 10/05/22	MTAC Approved Rating 14/06/22
LAFL 14.9	Patient Safety Incidents	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
LAFL 14.18	Improving Audit Process	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
LAFL 14.25	Leadership and Oversight	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
LAFL 14.29	Fetal Growth Assessment and Management	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 3.3	Escalation and Accountability	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 3.4	Escalation and Accountability	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 4.2	Clinical Governance – Leadership	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 4.4	Clinical Governance – Leadership	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 4.6	Clinical Governance - Leadership	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 4.7	Clinical Governance - Leadership	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 5.7	Clinical Governance – Incidents/Complaints	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 7.2	Multi-Disciplinary Training	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 7.5	Multi-Disciplinary Training	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 10.3	Labour and Birth	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 10.6	Labour and Birth	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 13.3	Bereavement Care	**Delivered Not Yet Evidenced**	**Evidenced and Assured**
IEA 13.4	Bereavement Care	**Delivered Not Yet Evidenced**	**Evidenced and Assured**

Rejected

Action Ref.	Theme	Rating 10/05/22	MTAC Approved Rating 14/06/22
IEA 4.1	Clinical Governance - Leadership	**Delivered Not Yet Evidenced**	**Rejected to go Green as Evidence Insufficient**

3.7 The Delivery and Progress Statuses of all the actions, as validated on 14th June 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	0	20
First Report Sub-Total	BOTH	52	6	4	42
Final Report 2022	LAFL	66	62	0	4
Final Report 2022	IEA	92	78	1	13
Final Report Sub-Total	BOTH	158	140	1	17
Total Both reports	**ALL**	**210**	**146**	**5**	**59**

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	4	20
First Report Sub-Total	BOTH	52	0	1	0	9	42
Final Report (2022)	LAFL	66	43	0	0	19	4
Final Report (2022)	IEA	92	72	0	0	7	13
Final Report Sub-Total	BOTH	158	115	0	0	26	17
Total Both reports	**ALL**	**210**	**115**	**1**	**0**	**35**	**59**

4.1 RISKS TO DELIVERY AND MITIGATING ACTIONS

4.2 The Women and Children's Division has commenced reviewing the risk rating of each of the actions. This work is progressing but has yet to be completed. The Board of Directors can be assured that there are no immediate risks to the safety of women and the service. The Board will be apprised of the outcomes of this work in due course.

4.3 A confirm and challenge session has been arranged for 12th July 2022, with the Divisional and Executive teams, to consider the delivery and risk profiles for the Ockenden Report Action Plan. This is to ensure that the correct balance is being achieved between the pace and thoroughness of delivery of the required actions,

alongside full corporate ownership of the plan. A verbal update on this will be provided at today's meeting.

5.0 THE OCKENDEN REPORT ASSURANCE COMMITTEE (ORAC)

5.1 ORAC reconvened on Monday 21st June 2022 and was live-streamed to the public. The meeting acknowledged receipt of the final Ockenden Report, and provided updates in relation to the delivery of actions from both reports. The meeting demonstrated that good progress is being made, with the same robust governance and assurance methods being applied throughout.

5.2 Discussions are underway to look at how to make future ORAC meetings more interactive and outcome/impact focused, alongside the need to balance that with absolute requirement to report on progress against the delivery of the actions.

5.3 The Chair's report from this ORAC meeting is presented later at today's meeting agenda.

6.0 NEXT STEPS

6.1 The work to address the outstanding actions from both reports continues with energy and commitment, all with the objective of improving care for women and families, and providing a better working environment for staff.

7.0 SUMMARY

7.1 Good progress is being made against the delivery of the required actions. From the first report, 46/52 actions have been delivered, with 42 of these already evidenced and assured. From the final report, 18/158 actions have been delivered, with 17 of these evidenced and assured.

7.2 There is still much more work to do. A lot of this work is complex but will continue at pace, and with the due diligence required to deliver them all fully and properly.

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
4th July 2022

Appendix One: The Ockenden Report Action Plan at 14th June 2022 (confirmed)

LOCAL ACTIONS FOR LEARNING (LAFL): The learning and action points outlined here are designed to assist The Shrewsbury and Telford

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

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.

FIRST OCKENDEN REPORT ACTION PLAN

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
4.58	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
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

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FIRST OCKENDEN REPORT ACTION PLAN

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
4.64	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

Colour	Status	Description
	Not yet delivered	Recommendation is not yet in place; there are outstanding tasks.
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FIRST OCKENDEN REPORT ACTION PLAN

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

Colour	Status	Description
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FIRST OCKENDEN REPORT ACTION PLAN

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 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

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	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.

FIRST OCKENDEN REPORT ACTION PLAN

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
4.89	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
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

Colour	Status	Description
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	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.

FIRST OCKENDEN REPORT ACTION PLAN

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 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

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.

APPENDIX ONE

FIRST OCKENDEN REPORT ACTION PLAN

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	Evidenced and Assured	Completed	Action complete - evidenced and assured	08/03/2022	28/06/22	14/06/22	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint
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	10/05/2022	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 was presented at June MTAC with proposed deadline for July, though rejected by the committee. The group agreed to reevaluate the MOU, agree a more realistic deadline and clarity over what the assurance evidence will look like before the July MTAC.		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	31/01/2022	28/02/22	03/02/22	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.

APPENDIX ONE

FIRST OCKENDEN REPORT ACTION PLAN

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	22/05/2021	30/04/21	08/06/21	Hayley Flavell	Annemarie Lawrence	SaTH NHS SharePoint - Maternity Safety Champions workspace
2.4	CQC inspections must include an assessment of whether women's voices are truly heard by the maternity service through the active and meaningful involvement of the Maternity Voices Partnership.	Y	10/12/20	TBC	Not Yet Delivered	On Track	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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APPENDIX ONE

FIRST OCKENDEN REPORT ACTION PLAN

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 3: Staff Training and Working Together													
Staff who work together must train together													
3.1	Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	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	10/08/2021	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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APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

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	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	On Track	Work underway		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	On Track	Work underway		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	On Track	Work underway		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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PROGRESS AS AT 14.06.2022

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FINAL OCKENDEN REPORT ACTION PLAN

NHS
The Shrewsbury and Telford Hospital NHS Trust

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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	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/2022	30/09/22	14/06/22	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	30/09/22	Not Yet Delivered	Not Started			31/01/23		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/2022	30/09/22	14/06/22	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	On Track	Work underway		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	On Track	Work underway		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	On Track	Work underway		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	Action rejected as 'delivered, not yet evidenced' at May MTAC. Work underway to develop an MTP summary progress report to go to Board of Directors on a monthly basis.		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/2022	30/09/22	14/06/22	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	On Track	Work underway		31/01/23		H. Flavell	A. Lawrence	

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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	On Track	Work underway		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/2022	30/09/22	14/06/22	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	31/12/22	Not Yet Delivered	Not Started			30/04/23		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	31/12/22	Not Yet Delivered	Not Started			30/04/23		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	On Track	Work underway		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 SBAR239 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	On Track	Work underway		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	On Track	Work underway		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	On Track	Work underway		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	On Track	Work underway		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	31/05/23	Not Yet Delivered	Not Started			31/08/23		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	30/09/22	Not Yet Delivered	On Track	Work underway		31/01/23		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	30/09/22	Not Yet Delivered	Not Started			31/01/23		H. Flavell	A. Lawrence	

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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	30/05/23	Not Yet Delivered	On Track	Work underway		30/08/23		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	30/11/23	Not Yet Delivered	Not Started			31/03/24		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	30/11/23	Not Yet Delivered	Not Started			31/03/24		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	On Track	Work underway		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	On Track	Work underway		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	31/05/23	Not Yet Delivered	Not Started			31/08/23		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	30/09/22	Not Yet Delivered	On Track	Work underway		31/01/23		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

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: 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	31/05/23	Not Yet Delivered	Not Started			31/08/23		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	30/11/23	Not Yet Delivered	Not Started			31/08/23		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	31/12/22	Not Yet Delivered	Not Started			30/04/23		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	31/12/22	Not Yet Delivered	On Track	Work underway		31/01/23		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	31/12/22	Not Yet Delivered	Not Started			31/01/23		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	30/09/22	Not Yet Delivered	On Track	Work underway		31/01/23		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	30/09/22	Not Yet Delivered	Not Started			31/01/23		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/2022	30/09/22	14/06/22	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	Evidenced and Assured	Completed	Action complete - evidenced and assured	11/05/2022	30/09/22	15/06/22	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	31/12/22	Not Yet Delivered	Not Started			31/01/23		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 accepted as 'delivered, not yet evidenced' at May 2022 MTAC. This was proposed to be evidenced and assured at the June 2022 MTAC, but this was rejected as the evidence submitted was insufficient.		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/2022	30/09/22	14/06/22	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	30/11/23	Not Yet Delivered	Not Started			31/03/24		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/2022	30/09/22	14/06/22	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	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/2022	30/09/22	14/06/22	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	Evidenced and Assured	Completed	Action complete - evidenced and assured	11/05/2022	30/09/22	15/06/22	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	31/05/23	Not Yet Delivered	Not Started			31/08/23		H. Flavell	A. Lawrence	
5.2	Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan	Y	30/03/22	30/09/22	Not Yet Delivered	Not Started			31/01/23		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	31/05/23	Not Yet Delivered	Not Started			31/08/23		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	31/05/23	Not Yet Delivered	Not Started			31/08/23		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	30/10/22	Not Yet Delivered	Not Started			31/01/23		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	11/05/2022	30/09/22	15/06/22	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	Evidenced and Assured	Completed	Action complete - evidenced and assured	11/05/2022	30/09/22	15/06/22	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	30/09/22	Not Yet Delivered	On Track	Work underway		31/01/23		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	11/05/2022	30/09/22	15/06/22	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 linked to external dependencies. Further analysis needed 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 linked to external dependencies. Further analysis needed 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 linked to external dependencies. Further analysis needed 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 linked to external dependencies. Further analysis needed 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 linked to external dependencies. Further analysis needed 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 linked to external dependencies. Further analysis needed 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 linked to external dependencies. Further analysis needed 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	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/2022	30/09/22	14/06/22	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	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/2022	30/09/22	14/06/22	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	30/11/23	Not Yet Delivered	Not Started			30/03/24		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	30/05/23	Not Yet Delivered	Not Started			30/08/23		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	30/05/23	Not Yet Delivered	Not Started			30/08/23		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	External dependent action pending further analysis with RCoA		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	30/05/23	Not Yet Delivered	Not Started			30/08/23		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	30/05/23	Not Yet Delivered	Not Started			30/08/23		H. Flavell	J. Jones	

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APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

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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	30/12/22	Not Yet Delivered	Not Started			30/04/23		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	30/09/22	Not Yet Delivered	Not Started			30/01/23		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	30/11/23	Not Yet Delivered	Not Started			31/03/24		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	30/11/23	Not Yet Delivered	Not Started			31/03/24		H. Flavell	M. Underwood	
12.3	Postnatal readmissions must be seen within 14 hours of readmission or urgently if necessary	Y	30/03/22	30/11/23	Not Yet Delivered	Not Started			31/03/24		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	31/05/23	Not Yet Delivered	Not Started			31/08/23		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	On Track	Work underway		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/2022	30/09/22	14/06/22	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	Evidenced and Assured	Completed	Action complete - evidenced and assured	11/05/2022	30/09/22	15/06/22	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	On Track	Work underway		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	On Track	Work underway		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	

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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	

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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
	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	Co-lead: Clinical Quality and Choice Workstream
Claire Eagleton	W&C HRBP / Matron - Maternity Inpatients	Lead: Clinical Governance and Risk
Annemarie Lawrence	Director of Midwifery	Lead: Maternity Improvement Plan and Accountable Action Owner
Fiona McCarron	Obstetric Consultant	Lead: Learning, Partnerships and Research Workstream
Mei-See Hon	Clinical Director, Obstetrics	Co-lead: Clinical quality and choice workstream and lead for 'User Experience' system
Carol McInnes	Director of Operations, Women & Children's Division	Accountable Action Owner
Kim Williams	Deputy Director of Midwifery	Lead: Communications and Engagement workstream
Rhia Boyode	Executive Director of Workforce and OD	Lead: People and Culture workstream
Lorien Branfield	Consultant Anaesthetist	Lead: Anaesthetics workstream

Counts

Ockenden 1

Delivery Status

Action Type	Total number of actions	Not yet delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
LAFL	27	1	4	22
IEA	25	5	0	20
Total	52	6	4	42

Progress Status

Action Type	Total number of actions	Not Started	On Track	At Risk (see exception report)	Off Track (see exception report)	Completed
LAFL	27	0	5	0	0	22
IEA	25	0	4	0	1	20
Total	52	0	9	0	1	42

Counts

Ockenden 2

Delivery Status

Action Type	Total number of actions	Not yet delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
LAFL	66	62	0	4
IEA	92	78	1	13
Total	158	140	1	17

Progress Status

Action Type	Total number of actions	Not Started	On Track	At Risk (see exception report)	Off Track (see exception report)	Completed
LAFL	66	43	19	0	0	4
IEA	92	72	7	0	0	13
Total	158	115	26	0	0	17

Combined actions - Delivery status

Action Type	Total number of actions	Not yet delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
LAFL	93	63	4	26
IEA	117	83	1	33
Total	210	146	5	59

Combined actions- Progress status

Action Type	Total number of actions	Not Started	On Track	At Risk (see exception report)	Off Track (see exception report)	Completed
LAFL	93	43	24	0	0	26
IEA	117	72	11	0	1	33
Total	210	115	35	0	1	59