


Board of Directors' Meeting

13 October 2022

Agenda item	182/22			
Report Title	Ockenden Report Action Plan Progress Report			
Executive Lead	Hayley Flavell, Executive Director of Nursing			
Report Author	Mike Wright, Programme Director – Maternity Assurance			
	Link to strategic goal:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance	√	Responsive	√
	Our partners	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance	√	BAF1, BAF2, BAF3	
	For decision / approval		Link to risk register: CRR 16, 18, 19, 23, 27, 7, 31	
	For review / discussion			
	For noting			
	For information	√		
	For consent			
Presented to:	Directly to the Board of Directors			
Executive summary:	<p>This report provides the following information:</p> <ul style="list-style-type: none">• 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 13 September 2022.• NHSEI Regional Insights visit and assessment• The Ockenden Report Assurance Committee <p>The Board of Directors is requested to:</p> <ul style="list-style-type: none">• 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 13 September 2022 (confirmed)			
Executive Lead				

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 13 September 2022.
- NHSEI Regional Insights visit and assessment
- The Ockenden Report Assurance Committee

2.0 **CONTEXT: THE OCKENDEN REPORTS (2020) AND (2022)**

2.1 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 7 January 2021.

2.1 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 14 April 2022.

2.3 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 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	87
Yet to be determined	22

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 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)	131
External (combined Trust- external agencies)	27 (Addition of IEA 11.4 - external dependency on Royal College of Anaesthetics, as advised by Anaesthetics Division at recent planning workshop)

- 3.3 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 be provided on request or as required.

- 3.4 Since the last version of this report, the Maternity Transformation Assurance Committee (MTAC) has met twice, on 9 August 2022 and 13 September 2022, and confirmed the following changes to action ratings:

3.5 'Off Track' Actions

Four actions from the first report are now 'Off track' and are, as follows:

3.5.1. LAFL 1.4 - "An LMS cannot function as one maternity service only."

The Integrated Care System (ICS) leads this action, it remains off-track. The ICS has developed a Memorandum of Understanding with other Local Maternity and Neonatal Systems. However, it remains unclear as to how this will all be operationalised and what, in essence, it means for this Trust. The ICS has been charged with bringing this clarity to the next MTAC meeting. Meanwhile, this action is off track. This matter has been escalated to the Trust's Chief Executive for advice.

3.5.2 IEA 2.1 - "Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards" and IEA 2.2 – "The advocate must be available families attending follow up meeting with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome."

Requests have been made to the NHSEI Regional Office for clarity as to when these two actions can be expected to be delivered. To date this has not yet materialised, so these actions remain "off track."

3.5.3 IEA 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 Services Partnership"

This action rests with the Care Quality Commission (CQC) to deliver. The original expected delivery date was advised by NHSEI but has not been reached. As such it is marked as 'off track,' which may be arbitrary, but is in line with the Trust's governance and assurance of Ockenden actions. The Director of Nursing is trying to get clarity from the CQC as to when they will be including this as part of their inspection visits.

3.6 “At Risk” Actions

Two actions from the first report are now “At Risk,” as follows:

- 3.6.1 LAFL 4.89 – (Obstetric Anaesthesia) “The services must use current quality improvement methodology to audit and improve clinical performance of obstetric anaesthesia services in line with the recently published RCoA ‘Guidelines for Provision of Anaesthetic Services’ section 7 ‘Obstetric Practice’”

The September 2022 MTAC meeting accepted the exception report for this action to move back to ‘Not Yet Delivered’ and ‘Off Track’. This is largely due to the anaesthetic QI lead resigning from their role. Another exception report will be delivered to the October MTAC with proposals for re-setting this action.

- 3.6.2 LAFL 4.100 – “There was some evidence of outdated neonatal practice at The Shrewsbury and Telford Hospital NHS Trust. Consultant neonatologists and ANNP’s must have the opportunity of regular observational attachments at another neonatal intensive care unit”

This action has moved to being ‘At risk.’ This is due to operational workload pressures preventing staff from being able to be released to undertake these placements. An exceptions report will be presented to the October MTAC and set out the actions required to get this back on track.

A workshop is being planned to work through what additional support can be given to neonatal and anaesthetic colleagues teams to help them deliver their actions in a more-timely manner.

3.7 Approved rating changes – August 2022

Action Ref.	Theme	Rating August 2022	MTAC Approved Rating 19/09/22
LAFL 14.13	Safety and Quality	Not Yet Delivered	Delivered Not Yet Evidenced
LAFL 14.23	Safety and Quality	Not Yet Delivered	Delivered Not Yet Evidenced
LAFL 14.34	Safety and Quality	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 2.3	Care and Safety	Delivered Not Yet Evidenced	Evidenced and Assured
IEA 2.4	Care and Safety	Delivered Not Yet Evidenced	Evidenced and Assured
IEA 2.5	Care and Safety	Delivered Not Yet Evidenced	Evidenced and Assured
IEA 5.2	Care and Safety A request was made for this to move directly from Red to Green. However, MTAC requires further assurance before agreeing to this. It settled at DNYE (see action plan)	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 7.6	Care and Safety	Delivered Not Yet Evidenced	Evidenced and Assured

3.8 Approved Rating changes – September 2022

Action Ref.	Theme	Rating August 2022	MTAC Approved Rating 19/09/22
LAFL 14.3	Safety and Quality	Not Yet Delivered	Delivered Not Yet Evidenced
LAFL 14.4	Safety and Quality	Not Yet Delivered	Delivered Not Yet Evidenced
LAFL 14.32	Safety and Quality	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 2.9	Care and Safety	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 2.10	Care and Safety	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 5.2	Care and Safety	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 10.2	Care and Safety	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 5.6	Care and Safety	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 10.1	Care and Safety	Not Yet Delivered	Delivered Not Yet Evidenced
LAFL 14.5	Safety and Quality	Not Yet Delivered	Evidenced and Assured
LAFL 14.34	Safety and Quality	Not Yet Delivered	Delivered Not Yet Evidenced
LAFL 14.45	Safety and Quality	Not Yet Delivered	Evidenced and Assured
IEA 2.1	Care and Safety	Not Yet Delivered	Evidenced and Assured
IEA 3.2	Care and Safety	Not Yet Delivered	Evidenced and Assured
IEA 5.2	Care and Safety	Delivered Not Yet Evidenced	Evidenced and Assured
IEA 10.2	Care and Safety	Delivered Not Yet Evidenced	Evidenced and Assured
IEA 14.1	Care and Safety	Not Yet Delivered	Evidenced and Assured
IEA 14.2	Care and Safety	Not Yet Delivered	Evidenced and Assured
IEA 14.3	Care and Safety	Not Yet Delivered	Evidenced and Assured
IEA 14.6	Care and Safety A request was made for this to move directly from Red to Green. However, MTAC requires further assurance before agreeing to this. It settled at DNYE (see action plan)	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 14.7	Care and Safety	Not Yet Delivered	Evidenced and Assured

3.9 Delivery and Progress Statuses

The Delivery and Progress Statuses of all the actions, as validated on 13 September 2022, are summarised in the following tables:

3.9.1 Delivery Status

Report	Domain	Total Number of Actions	Not Yet Delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
First Report 2020	LAFL	27	2	3	22
First Report 2020	IEA	25	5	0	20
First Report Sub-Total	BOTH	52	7	3	42
Final Report 2022	LAFL	66	44	6	16
Final Report 2022	IEA	92	56	8	28
Final Report Sub-Total	BOTH	158	100	14	44
Total Both reports	ALL	210	107	17	86

3.9.2 Progress Status

Report	Domain	Total Number of Actions	Not Started	Off-Track	At Risk	On Track	Completed
First Report (2020)	LAFL	27	0	0	2	3	22
First Report (2020)	IEA	25	0	4	0	1	20
First Report Sub-Total	BOTH	52	0	4	2	4	42
Final Report (2022)	LAFL	66	15	0	0	35	16
Final Report (2022)	IEA	92	40	0	0	24	28
Final Report Sub-Total	BOTH	158	55	0	0	59	44
Total Both reports	ALL	210	55	4	2	63	86

As at 13 September 2022:

- 45/52 (87%) actions from the first report are now 'delivered' and, of these, 42/52 (81% are 'evidenced and assured').
- 58/158 (37%) actions from the final report are now 'delivered' and, of these, 44/158 (28% are 'evidenced and assured').

Robust and steady progress continues to be made overall.

4.0 NHSE/I REGIONAL INSIGHTS OVERVIEW VISIT AND ASSESSMENT– 13 JULY 2022

- 4.1 The Board of Directors is aware that NHSEI undertook a visit to the Trust on 13 July 2022 to assess compliance with the Immediate and Essential actions from the first Ockenden Report.
- 4.2 The visit went well, and the Trust received positive feedback on the day, alongside some required areas for improvement, comprising nine actions. These are being managed within the Maternity Governance systems and processes. Six of these have been completed, with the remaining three due in October, November, and December respectively, and there are no anticipated barriers to their completion.

5.0 THE OCKENDEN REPORT ASSURANCE COMMITTEE (ORAC)

- 5.1 ORAC last met on 23 August 2022 and the Chair's report from this ORAC meeting is presented later as part of today's meeting agenda.
- 5.2 The September ORAC meeting was cancelled in line with the national period of mourning for Her Majesty Queen Elizabeth.
- 5.3 The next ORAC is scheduled for Tuesday 18 October 2022.

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 continues to be made against the delivery of the required actions. From the first report, 45/52 (87%) actions have been 'delivered', with 42 (81%) of these already 'evidenced and assured'. From the final report, 58/158 (37%) of the actions have been 'delivered', with 44 (28%) of these 'evidenced and assured'.
- 7.2 The Trust is getting positive external and stakeholder feedback on its progress to date, but there is still much more to do.
- 7.3 Work continues at pace to deliver the rest of the programme.

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
3 October 2022