

Ockenden Report Assurance Committee AGENDA

Meeting Details

Date Tuesday 18 October 2022
Time 14.30 – 16.30
Location Via MS Teams – to be live streamed to the public from 14.30 hrs

Note 1: The session will be opened at 14.00 hrs to enable members to log in, but the meeting will start promptly and 'go-live' at 14.30 hrs

Note 2: The meeting will be recorded to enable the full and accurate transcription to take place. The recording will be deleted when this has been completed.

AGENDA

Item No.	Agenda Item	Paper / Verbal	Lead	Required Action	Time
2022/49	Welcome and Apologies Introduction of the new Co-Chair, Maxine Mawhinney	Biography Attached	Catriona McMahon Co-Chair	Noting	14.30 (15 min)
2022/50	Declarations of Interest relevant to agenda items	Verbal	Co-Chair	Noting	
2022/51	Minutes of meeting on 23 rd August 2022	Enc. Verbal	Co-Chair	Approval	
2022/52	Ockenden Report Action Plan update	Presentation	Annemarie Lawrence Director of Midwifery Women and Children's Division Martyn Underwood Medical Director Women and Children's Division	Discussion/ For Assurance	14.45 (45 mins)
2022/53	Risk Assessment throughout pregnancy – focus on antenatal contacts and support	Presentation	Mei-See Hon Clinical Director for Obstetrics Claire Eagleton Deputy Director of Midwifery	Discussion/ For Assurance	15.30 (45 mins)

2022/54	<p>Discussion and reflection:</p> <ul style="list-style-type: none"> 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	16.15 (15 min)
2022/55	<p>Meeting closes:</p> <p>Date of Next Meeting: Tuesday 22nd November 2022 @ 14:30-17:00 hrs</p> <p>Meeting will open to members to log in from 1400 hrs</p> <p>Via MS Teams – to be live streamed to the public</p>	Verbal	Chair		16.30

1. Enclosures:

- Draft Minutes of ORAC meeting on 23 August 2022
- Board of Directors, 13 October 2022 - Ockenden Report Action Plan Report & Appendix

2. For Information: Proposed Future ORAC meeting topics

<p>22 November 2022 14:30 – 17:00</p> <p>Meeting log in available from 14.00 hrs</p>	<ol style="list-style-type: none"> High-level Ockenden plan update (first report) High-level Ockenden plan update (final report) Staff training and working together – focus on MDT training and demonstration of how this translates to the care provided in our delivery suite (safety huddles, ward rounds, CTG interpretation, etc.) 	<ol style="list-style-type: none"> M. Underwood A. Lawrence K. Williams & G. Calcott
December 2022	No Meeting	
<p>31 January 2023 14:30 – 17:00</p> <p>Meeting log in available from 14.00 hrs</p>	<ol style="list-style-type: none"> High-level Ockenden plan update (first report) High-level Ockenden plan update (final report) People and culture – Focus on compassionate care from both our staff and service user perspective linked to complaints management 	<ol style="list-style-type: none"> M. Underwood A. Lawrence C. McInnes & A. Lawrence

3. Dates for meetings in 2023

All ORAC dates are scheduled for 14:30-17:00 (with log in for members from 1400 hrs – pre go-live):

- 31 Jan
- 28 Feb
- 28 Mar
- 25 Apr
- 30 May
- 27 Jun
- 25 Jul
- 29 Aug
- 26 Sep
- 31 Oct
- 28 Nov
- December – No Meeting

MAXINE MAWHINNEY

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Maxine Mawhinney is one of the most experienced journalists, broadcasters and interviewers in the UK. With over 30 years' in front of the camera she brings the skills of the live TV broadcaster into the corporate world through her workshops and training sessions.

Maxine is a sought after global keynote speaker, conference host, interviewer, broadcaster and panel moderator.

Maxine has given two TEDx talks

<https://www.youtube.com/watch?v=OfbqbNf377o>

<https://www.youtube.com/watch?v=UI59p55Ujow>

She is the host of her own weekly international TV interview programme 'The Moment with Maxine Mawhinney'

<http://bit.ly/TheMomentwithMaxineMawhinney>

Maxine is a Senior Faculty member at the **Karolinska Institute** University Hospital in Stockholm where she established and leads the Communications programme for residents.

Ambassador of the Northern Ireland Hospice

Patron of the Integrated Education Fund Northern Ireland.

A large proportion of Maxine's work is covered by an NDA.

Maxine runs bespoke training and coaching sessions aimed at improving performance when presenting and building confidence. This is online and in person.

She works extensively in healthcare.

She has a special interest in female executives.

Her 'Performing through the Lens' workshop is particularly sought after by those who want to excel in all digital platforms.

She works regularly in the C suite, at European and Global levels helping senior executives develop, deliver and defend messages and company positions. This includes content and performance skills, voice, body language, demeanor and handling difficult questions.

She has interviewed CEOs and senior executives and moderated panels in the areas of pharma, health, aviation, energy, finance, business, banking, politics, policing and the law and cyber security.

Some of her clients include EFPIA, Astra Zeneca, Janssen, GSK, Astellas, Otsuka, European Parliament, Karolinska Institute, HSBC, CBI, INECO, BMA, Louis Dreyfus, The Police Service of Northern Ireland.

Maxine's recent work

Maxine delivers her unique 'Performing through the lens' workshop online globally bringing professional skills to everyone who has to interact online.

She is in constant demand to host online conferences and moderate online panels

Hosting a pharma advisory board in Copenhagen.

Hosting the event and moderating the panels at the EFPIA annual conference in Brussels for the second year.

Hosting and moderating the debates at a Brexit trade event at Westminster in London.

Hosting and moderating ICRE (International conference on Residency Education) and moderated the live global webcast on diversity for the Royal College of Surgeons and Physicians of Canada in Ottawa

Working with the CEO of a Japanese Pharma Company on messaging

Lecturing at the Karolinska in Stockholm on leadership and communication.

BIOG

Born in Belfast, Northern Ireland, Maxine's career began over 40 years ago first in newspapers and then in broadcasting at **BBC** Northern Ireland before moving to **Ulster Television** and **ITN** in London.

When **Sky News** began in 1988 she was appointed Ireland Correspondent returning to Northern Ireland during a turbulent period in The Troubles. She reported on the violence of bombings and shootings as well as political and economic progress north and south of the Irish border.

In 1990 she moved to Tokyo as the Asian News Editor for **Reuters TV** covering the assassination of Rajiv Gandhi, elections in India, Pakistan and Malaysia and the first Asian Games in China among many other major stories.

She also reported from the Falkland Islands

In October 1992 she became Washington Correspondent for the British breakfast television station **GMTV** when it launched and reported from the United States for four years including coverage of the Waco siege, the Oklahoma Bomb, OJ Simpson and the Clinton Presidency.

On returning to the BBC in London in 1996 she worked for Radio 4 and became an anchor on **BBC World TV** where she presented single handedly throughout the night when **Princess Diana** died. This was broadcast live across the world.

She then moved to the **BBC News Channel** when it launched and as one of the main anchors. She also anchored the **BBC One** national news bulletins, **BBC Breakfast** and **Dateline London**, a live current affairs discussion programme.

Maxine has received several awards for her work - two from the American Committee for Excellence in Journalism and one from Lincoln University School of Journalism, USA, for foreign coverage of American affairs.

Maxine left the BBC in 2017 and is an extremely sought after as a keynote speaker, interviewer, conference host and panel moderator.

The Shrewsbury & Telford Hospital NHS Trust

Ockenden Report Assurance Committee meeting in PUBLIC

Tuesday 23rd August 2022 via MS Teams

Minutes

NAME	TITLE
MEMBERS	
Dr C McMahon	Co-Chair
Ms J Garvey	Co-Chair
Ms H Flavell	Director of Nursing (Trust)
Mrs Louise Barnett	Chief Executive (Trust)
ATTENDEES	
Mr M Wright	Programme Director Maternity Assurance (Trust)
Mr T Baker	Divisional Deputy Director of Operations (Women and Children's) (Trust)
Ms Kim Williams	Deputy Director of Midwifery
Mr K Haynes	Independent Governance Consultant
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 Coordinator Telford & Wrekin
Ms Jane Turner-Bragg	Healthwatch Shropshire
Ms Mei-See Hon	Clinical Director – Obstetrics/Maternity (Trust)
Mr M Underwood	Divisional Medical Director for Women & Children (Trust)
Dr John Jones	Acting Medical Director (Trust)
Ms Emily Lovell	Healthwatch Shropshire
Mr Simon Meighan	NHSEI Maternity Improvement Support
Ms Katie Steyn	Communications Lead – Maternity (SaTH)
Ms Sharon Fletcher	Perinatal Quality Lead and Patient Safety Specialist, Shropshire, T&W CCG and LMNS
Mr Richard Kennedy	Regional Associate Medical Director
Ms Claire Roche	Executive Director of Nursing & Midwifery, Powys Health Authority
Ms Vanessa Barrett	Chair, Healthwatch, Shropshire
APOLOGIES	
Dr A Wilson	Member, Powys Community Health Council
Professor Trevor Purt	Trust Non-Executive Director
Professor Julie Green	Trust Associate Non-Executive Director

No. 2022	ITEM	ACTION
Procedural Items		
42/22	<p>Welcome, introductions and apologies.</p> <p>Ms. Jane Garvey welcomed everyone to the meeting. Apologies were received from Dr Anthea Wilson, Professor Julie Green and Professor Trevor Purt.</p>	
43/22	<p>Declarations of Conflicts of Interests</p> <p>None were notified.</p>	
44/22	<p>Minutes of the previous meeting and matters arising</p> <p>The minutes of the previous meeting were accepted as a correct record.</p> <p>Ms. Carol McInnes outlined the forward meeting plan that had been developed by the Division. The forward meeting plan was designed to ensure regular updates on progress of the implementation of the Ockenden Reports actions and a thematic deeper dive into specific actions. There would also be a focus on service improvements and accounts of patient experience. In addition to regular updates on progress in implementing the actions arising from the Ockenden Reports the following themes would be explored in detail:</p> <p>August – informed consent – focus on birth preferences. September – risk assessment throughout pregnancy – focus on antenatal contacts and support. October – staff training and working together – focus on multidisciplinary training, demonstrating how this translates to care provided in the delivery suite. November – people and culture – focus on compassionate care from a staff and user perspective, linked to complaints management.</p> <p>In discussion, Ms McInnes explained how the themes had been chosen which reflected areas where there were multiple actions to deliver.</p> <p>The proposed forward meeting plan was noted and agreed.</p>	
45/22	<p>Ockenden Report Action Plan</p> <p>Ms. Annemarie Lawrence presented an update of the completion rates for the first Ockenden Report actions. 42 actions (81%) are evidenced and assured. Four actions (8%) are delivered but not yet evidenced. Six actions (11%) are red and therefore not delivered. Of these six, four are on track and two are off track.</p> <p>LAFL 4.73 and IEA 4.3 both have national and regional dependencies, and this is on the establishment of the Maternal Medicine Network (MMC). It has been identified that Birmingham Women's will be the MMC, and it is understood pathways are currently being built for this action and it is on track for a delivery date of October 2022.</p>	

IEA 2.1 and IEA 2.2 are linked and dependent on the development of the independent senior advocate (ISA) roles. NHS England undertook to develop this role. The Maternity Transformation Programme Board endorsed the model for a pilot phase of this role during 2022-23 and in that pilot the ISAs will be recruited by Integrated Care Boards (ICBs) working through the local maternity and neonatal systems (LMNS). NHS England will initially fund the ICBs to recruit to ISAs for a six-month period and they have invited local maternity and neonatal systems to make expressions of interest to employ within the pilot phase. Within 2022-23 the ISAs will be recruited across 24 LMNSs and then the England-wide roll out will be shaped by the conclusions from this pilot. Full implementation would then take place from 2023-24 onwards. The pilot phase expression of interest has a closing date of 16 September 2022 and talks have begun about whether the SaTH system is able to support this as a pilot site.

IEA 1.4 is off track and is dependent on LMNS colleagues who are working on an exception report which will provide a due date before this action can move forward.

IEA 2. Is dependent on the CQC. The action indicates that the 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 Voice Partnership (MVP). The CQC has commenced the first of its 174 provider inspections with an aim to complete these within the next seven months. Therefore, the next inspection should take place before the end of this financial year and that will give an idea of when this action can move to be delivered.

46 of 52 actions from the first Ockenden Report are delivered. Audits for ongoing assurance are being carried out to ensure those actions remain green i.e., delivered and assured.

Ms. Lawrence went on to explain that there has recently been an NHSEI Insights visit that reviewed the evidence for the seven IEAs of the first Ockenden Report. The Trust received positive feedback and an 89% overall compliance score. The service was rated against each of the IEAs. There were clear points to be celebrated, including the perinatal clinical quality surveillance model that is in place with system partners, all PMRT (Perinatal Mortality Review Tool) cases had external review and 100% of HSIB (Healthcare Safety Investigation Branch) cases were reported and 95% of the cases for PMRT had commenced the review in the timescale required.

Points for consideration included that the audit of HSIB and PMRT should be evidenced and shared with staff groups, continuing work to implement a robust process of monitoring actions from SIs (Serious Incidents), supporting timely completion of audit and actions. Also considering attendance for professional midwifery advocates at PMRT meetings to support the restorative supervision available to clinical teams and to consider a rota system to make sure there is regular attendance and to

	<p>continue to progress the work via the memorandum of understanding with the LMNS to make sure there are external members on the serious incident review panel.</p> <p>For IEA2, Ms. Lawrence explained that there was good evidence of multi-disciplinary team working with the Executive Director through face-to-face walk arounds and discussions with clinical staff in multiple areas. MVP user experience with over 30 volunteers. A new associate Non-Executive Director has been appointed and the MVP use a logo to indicate which documents have had MVP collaboration. An area for consideration was to create a link between the Non-Executive Director and the MVP through a scheduled one to one each month, and it was confirmed that work on this has now started.</p> <p>For IEA3, points for celebration involved our multidisciplinary team training and twice daily ward rounds that are well embedded. Points for consideration were that the twice daily consultant ward rounds had not got a robust audit process to monitor attendance so that has been added to the forward audit and assurance plan.</p> <p>For IEA4, points for celebration were that all women classified as high-risk pregnancies were given a named consultant and receive early intervention in pregnancy. SaTH were asked to consider that they had an ongoing audit as part of the forward audit plan using BadgerNet data to monitor compliance and give sustained assurance, and this has now been introduced.</p> <p>For IEA5, points for celebration included the data from BadgerNet confirms compliance with antenatal risk assessment and the recording of personalised care and support plans and that ongoing work continues to achieve the Saving Babies Lives care bundle two requirements with SaTH performing much better than a number of other providers within the region. Points for consideration were to strengthen the audit process to capture regular compliance levels using BadgerNet data.</p> <p>For IEA6, no points for consideration on this but several points for celebration including midwifery and obstetric leads that were in post progressing all actions accordingly. Ongoing dedicated work continuing to achieve the Saving Babies Lives bundle, and multidisciplinary team training compliance.</p> <p>For IEA7, a point for celebration was that the Trust website was well resourced for women and their families. Points for consideration were around reviewing the existing forward audit and assurance plan to make sure evidence demonstrates women's choices of being respected. Some feedback around the 'Browsealoud' function which converts English into other languages on the Trust website was not functioning and it was advised that this is reviewed and reinstated to allow all women access to the excellent information that is available, especially those for which English is not the first language.</p> <p>Regarding workforce planning and guidelines there were several points</p>	
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	<p>for celebration which were around succession planning and consistency supported by the stable senior leadership team and financial investment that has been made. Points for consideration related to guidelines and management of guidelines within maternity services. It was also mentioned that specialist roles would need time to embed.</p> <p>The additional points for celebration were around the use of Monday.com as a management tool used to monitor progress with the Ockenden actions. Also mentioned was the use of a drugs key safe box in clinical areas, which allows secure access to keys in a timely manner. It was advised to consider the audit midwife should be closely linked to the maternity governance team to support information sharing and actions from incident investigations and ongoing management of Ockenden requirements. They recognised the difficulties faced as a single Trust LMNS where there is a need for LMNS colleagues to understand the meaning of a joined-up system.</p> <p>In conclusion, the Insight visit team mentioned that they found the team were extremely welcoming and were very engaged with sharing their thoughts. They were very positive about the staff of the unit and the visit as a whole.</p> <p>In response to a question, Ms. Lawrence explained that the black boxes on the chart presented meant that there was no assessment to be made on that particular area.</p> <p>Ms. Garvey asked about the two amber boxes under the listening to women and families part of the chart and wondered if that should be a concern. Ms. Lawrence explained that these related to the one to ones between the non-executive director and the MVP and the need to have joined up communication, so she feels it is not a cause for concern but a point for consideration.</p> <p>Ms. Garvey asked what the Maternity Medicine Centre will do for women who come to SaTH. Dr. Mei-See Hon explained that this is a national initiative to improve the care of pregnant ladies who have a specific , often complex, medical condition; these women should not be solely managed locally but should be managed either within or in consultation with a specialist centre. Criteria have been received which describe the conditions where liaison is required, and also for those women whose care should be delivered by the MMC. It was explained that this is formalising work that has happened for years in a more informal pathway. Mr. Martyn Underwood explained that the majority of patients will still stay at SaTH and only a very small number would need to be transferred.</p> <p>Mr. Underwood continued with the presentation to update on the progress of actions from the final Ockenden Report. He explained that following the publication of the final report in March 2022, several team 'away days' had been held to identify the lessons learnt from implementing the first report and to transfer those lessons to the implementation of the 158 actions identified in the second report. Actions were prioritised for the Those action that were identified as requiring</p>	
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	<p>expeditious delivery, based on impact on patient care and safety, were prioritised.</p> <p>Mr. Underwood explained that the MTP (Maternity Transformation Programme) meeting was relaunched in the middle of June, with the participation of LMNS and MVP partners. He also reminded the meeting that anaesthetic actions feature significantly in the final Ockenden Report; consequently anaesthetics now has its own workstream, project manager and team.</p> <p>In mid-July, there was a confirm and challenge meeting with the Trust Executives, followed by the NHSEI Insight visit. On 1st August actions progress and deadlines have been revised in line with these discussions. 57 actions are on track and ten have had revised deadlines bringing them forward. There has been an incremental increase in the number of actions being delivered, month on month, with more progress being made.</p> <p>Mr. Underwood went on to confirm that the following actions had been approved at the August meeting of MTAC:</p> <p>Delivered, not yet assured (amber):</p> <p>LAFL 14.13 – staff support. 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.</p> <p>LAFL 14.23 – improving guidelines processes. 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.</p> <p>LAFL 14.34 – clinical reviews. 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. There has been a heavy investment in having 24/7 consultant presence on labour ward as resident doctors.</p> <p>IEA 5.2 – clinical governance. Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan. Any incidents would become part of a training plan and would inform education and training going forward.</p> <p>Delivered and assured (green):</p> <p>IEA 2.3 – safe staffing. All trusts must ensure the labour ward coordinator role is recognised as a specialist job role with an accompanying job description and person specification.</p> <p>IEA 2.5 – safe staffing. The reinstatement of MCoC (Midwifery Continuity of Carer) should be withheld until robust evidence is available to support its reintroduction.</p>	
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	<p>IEA 5.2 – clinical governance. Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan.</p> <p>IEA 7.6 – MDT (Multidisciplinary Team) training. Systems must be in place in all trusts to ensure that all staff are trained and up to date in CTG and emergency skills. There is over 90% compliance in training packages.</p> <p>Of the 158 actions in the final Ockenden Report, 33 actions (21%) have been evidenced and assured. Nine actions (6%) are delivered but not yet evidenced. So, 42 actions (27%) are implemented. 116 actions (73%) are not yet delivered, of those 57 actions (36%) are on track to be delivered.</p> <p>The current timeframe for actions to be delivered and fully implemented is as follows:</p> <p>2022-23 – 51 actions 2023-24 – 85 actions Yet to be determined – 22 actions</p> <p>With regard to the overall responsibility for leading on the delivery of the required actions the breakdown is as follows:</p> <p>Internal (Trust only) – 131 actions External (combine Trust and external agencies) – 27 actions.</p> <p>In summary:</p> <ul style="list-style-type: none"> • From the final report, 42 out of 158 (27%) of the actions have been delivered, with 33 of these (21%) evidenced and assured. • The Trust is getting positive external and stakeholder feedback as ‘shining examples’ following the Ockenden assurance visit. • There is still much more to do. • Work continues at pace to deliver the rest of the programme. <p>Ms. Garvey thanked Mr. Underwood for his detailed presentation and asked about the significance of a labour ward coordinator post. Mr. Underwood explained that they are there in a supernumerary capacity, to provide an experienced and skilled overview of activity in the labour ward and to support and intervene as necessary. This person is more experienced, and they have additional training. They are usually a Band 7, whereas a traditional midwife would be a Band 5/6. He explained that it would not be good practice to run a labour ward without a coordinator.</p> <p>Dr. McMahon asked whether it was felt that the Trust was ‘behind the curve’ in terms of the number of actions that are currently delivered and whether the Trust is where it would expect to be. In response, Mr. Richard Kennedy expressed a view that compared with other units in the region with which he was familiar, he felt that the Trust was ‘ahead of the curve’ in terms of its implementation and embedding of actions, supported by some robust programme management and assurance systems.</p>	
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Dr. McMahon asked Mr. Underwood if the team has opportunities to talk to peer groups in other Trusts. In response, Mr. Underwood confirmed that the team are making progress and have relationships with Sherwood Forest NHS FT and other Trusts around the region. He also explained that Dr. Mei-See Hon sits on the Obstetric CD national group and there is a Regional Midwifery team that visits often. The Royal College of Obstetrics and Gynaecology and the College of Midwifery are working together to get standardisation

Ms. Garvey asked Mr. Kennedy whether he felt SaTH had a special responsibility to carry out the recommendations of the Ockenden Report before every other Trust and whether that is an additional pressure. Mr. Kennedy explained that he felt that the Trust does have that responsibility but that some areas are outside of the Trust's control. He did envisage a time when other Trusts will come to SaTH to see how they have done it.

Ms. Flavell commented on the point regarding sharing good practice. She explained that she was part of the Regional CNO network where best practice is discussed. In relation to whether SaTH should be ahead of everyone else regarding the Ockenden actions, she felt it is critical that worked is evidenced, appropriate, meaningful, and tangible. She also explained that the SaTH team members have met with Nottingham colleagues sharing learning and good practice.

Ms. Lawrence added that within the Regional Director of Midwifery group she has reached out recently to ask for a peer review of the PROMPT training needs analysis and a number of other providers have wanted to reciprocate on this, and this is a two-way relationship.

Mr. Wright added that he has had approaches from four Trusts and one very large clinical network asking how SaTH are implementing the Ockenden actions, with a particular interest in the reverse RAG ratings system.

Ms. Garvey asked for further clarification regarding the continuity of care recommendation. Ms. Lawrence explained that there was a recommendation to pause the further roll out of midwifery continuity of care requirement where they cannot maintain safe staffing on all shifts. This provision will only be rolled out when it is safe to do so. All service users will have an element of continuity of care, so they will see a small team of midwives in the community. In response to a question from Ms. Garvey about whether this was a concern, Ms MacLeod felt that this was not a concern.

Ms. Vanessa Barrett asked about progress with IEA 1.4 from the first Ockenden Report relating to a requirement that the Trust needs to operate within a larger (multi-trust) LMNS rather than within an LMNS including only one maternity service. In response, Ms. Sharon Fletcher confirmed that it has been agreed this IEA will be delivered in full by October 2022. A Quality Midwife will be in post on the 1st of October 2022.

46/22	<p data-bbox="292 253 1007 286">Informed Consent – focus on birth preferences</p> <p data-bbox="292 327 1313 432">Ms. Kim Williams, Deputy Director of Midwifery presented the actions from the first Ockenden Report which are complete, fully evidenced and assured as follows:</p> <p data-bbox="292 472 1337 689">LAFL 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.</p> <p data-bbox="292 730 1294 801">IEA 7.2 - women must be enabled to participate equally in all decision-making processes and to make informed choices about their care.</p> <p data-bbox="292 842 1273 913">IEA 7.3 - women’s choices following a shared and informed decision-making process must be respected.</p> <p data-bbox="292 954 1329 1171">Ms. Williams went on to discuss the birth preferences card which is an example of an initiative that came from one of the user experience workshops promoted by the Maternity Voice Partnership. The aim of the card is to empower service users to have more conversations about their preferences. The card contains infographics that have been carefully selected working collaboratively with the MVP.</p> <p data-bbox="292 1211 1337 1391">Jane Garvey asked who keeps the card. Kim Williams responded that the card is held by each individual service user, and it is brought to their appointments and produced on admission to the unit. It can be held by the birthing partner. It is easy to understand and engages collaborative working between the service users and the multi-disciplinary team.</p> <p data-bbox="292 1431 1254 1503">Ms. Williams presented three pieces of feedback from service users showing their experience of using the birth preferences card.</p> <p data-bbox="292 1543 1326 1688">Ms Garvey asked if the birth preferences card was a replacement for the old-style birthing plan. Kim Williams responded that it was not a total replacement because if a service user wanted to bring a more comprehensive birth plan, they are able to do this.</p> <p data-bbox="292 1729 1337 1874">Ms. Garvey asked whether the birth preferences card had been in use for a while. Ms. Williams responded that they have been implemented earlier in the year and the team was currently in the process of reminding everyone that they are available.</p> <p data-bbox="292 1915 1326 2058">Ms. Garvey asked if the cards were available in other languages. Ms. Williams responded that the fact that the infographics are in picture format makes it easier to translate, but that if a service user does require translation services, then they are able to access that service.</p> <p data-bbox="292 2098 1305 2132">Ms. Williams reiterated that the service user always has the opportunity</p>	

to deviate from what is written on the card and there are always ongoing conversations reminding them of their choices available.

Mr. Kennedy informed the meeting that the RCOG has published guidance advising healthcare professionals about obtaining consent for Caesarean section birth, and that there is similar GMC guidance. This gives colleagues information about how to describe, in lay terms, the risks that relate to Caesarean birth as compared to vaginal birth.

Dr. John Jones commented that it is useful to know people's general perspectives on their own preferences, for example in his own area of specialty, gastroenterology, for an invasive procedure like endoscopy some people may want to have their hand held, or to receive sedation, so he felt there was a lot to be learnt more widely when carrying out the principles of consent.

Ms. Garvey commented that it was an excellent way to acknowledge the range of different service users and their needs coming through the service. Ms. Williams responded that hopefully the birth preference cards give opportunities to open conversations and to encourage service users to speak out about their preferences.

Ms Williams explained that the next steps included:

- The printing of more cards
- More training about how to use the tool
- Making more improvements where possible to ensure continuous service enhancement and service user experience

Dr Mei-See Hon also reported that the team is currently working on having large boards in all the delivery rooms so that the information from the card can be transcribed onto a large board that is easily visible. So, this is another further step that the team are taking.


Mr Wright asked whether there was any intention to look back to see whether the service met with the service user's preferences, as indicated on the card. Dr Hon commented that this was something that could be cross-referenced with service user feedback about people's satisfaction of their experience. Ms. Lawrence commented that a qualitative audit could be carried out where a set of ten notes per month are audited. Mr Wright asked if it could be something as simple as the Community Midwives asking the service user if the Trust met with the spirit of her birth preferences. Ms. Lawrence responded that the team would look into how to best gather that feedback. Ms. Claire Roche commented that the Community Midwives in Powys would be happy to engage with seeking feedback in terms of the preferences being met and to use the birth preferences card ahead of the service user entering the hospital. Kim Williams responded that she would be happy to meet with Claire Roche to work collaboratively on this.

Ms. Garvey asked whether any service users are overwhelmed by the

	<p>choices on the birth preference card. Ms. Williams agreed that sometimes people feel they are being given too much information, but she felt that midwives generally were intuitive and would be guided by how much information is provided, depending on the individual needs of the person.</p> <p>Ms. Garvey asked what the most commonly added themes were on the cards in the spaces where service users were able to add in their own comments. Ms. Williams commented that it was often around food or other simple things that will make their experience better.</p>	
47/22	<p>Discussion and reflection:</p> <p>Ms. Garvey reminded the committee that this was Ms. Louise MacLeod's last committee meeting, and invited her to reflect of her experience of being part of ORAC. Ms MacLeod responded that she has found it useful to be involved with ORAC and MTAC, and that moving forward there would be another MVP representative in attendance. Ms. Flavell thanked Ms. MacLeod for all the work she has done, and she asked if her replacement can be connected so that she is added to the MTAC circulation list.</p> <p>Mrs. Barnett thanked Ms. MacLeod for her work and commented on how powerful it is to receive feedback from service users as part of this meeting. Mrs Barnett also highlighted the importance of progressing the Ockenden actions quickly, but in a high-quality way.</p> <p>Dr McMahon added that delivery to Mrs Ockenden's Reports are not a competition. It is fundamental that SaTH do the right things at the right speed, and whilst there may be an expectation that SaTH deliver quicker than anywhere else, it should be about quality and safety, not speed. Mrs Barnett reiterated that there is no objective to be first, but the objective is to have the best, high-quality service for the community.</p>	
48/22	<p>Date of Next Meeting: Tuesday 20th September 2022 @ 14:30 – 17:00 hrs</p>	

Board of Directors' Meeting

13 October 2022

Agenda item	XX/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

PROGRESS AS AT 13.09.2022
APPENDIX ONE
FIRST 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 (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	H. Flavell	G. Calcott	Monday.com
4.55	All members of the maternity team must provide women with accurate and contemporaneous evidence-based information as per national guidance. This W. 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	H. Flavell	G. Calcott	Monday.com
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	H. Flavell	A. Lawrence	Monday.com
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	H. Flavell	A. Lawrence	Monday.com

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.

PROGRESS AS AT 13.09.2022
APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

LAFI 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	H. Flavell	A. Lawrence	Monday.com
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	H. Flavell	A. Lawrence	Monday.com
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	H. Flavell	A. Lawrence	Monday.com
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	H. Flavell	A. Lawrence	Monday.com
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	H. Flavell	G. Calcott	Monday.com
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	H. Flavell	G. Calcott	Monday.com

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.

PROGRESS AS AT 13.09.2022
APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

LAFI 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	H. Flavell	A. Lawrence	Monday.com
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	H. Flavell	G. Calcott	Monday.com
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	H. Flavell	A. Lawrence	Monday.com

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.

PROGRESS AS AT 13.09.2022
APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

LAFI 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	H. Flavell	G. Calcott	Monday.com
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		H. Flavell	G. 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	H. Flavell	G. Calcott	Monday.com

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.

PROGRESS AS AT 13.09.2022
APPENDIX ONE
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	H. Flavell	A. Lawrence	Monday.com
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	H. Flavell	V. Robinson & C. Eagleton	Monday.com
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		H. Flavell	A. Lawrence	Monday.com

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.

PROGRESS AS AT 13.09.2022
APPENDIX ONE
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
4.88	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		H. Flavell	A. Lawrence	Monday.com
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	Not Yet Delivered	At Risk (see exception report)	The Sep-22 MTAC accepted the exception report for the action to move back to 'not yet delivered' and 'at risk' for progress due to the anaesthetics QI lead resigning from the role. This action will be closely monitored until resolved. Another exception report will be brought to the Oct-22 MTAC with proposals for new delivery/assurance due dates.	07/12/21	30/10/22		H. Flavell	L. Branfield	
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	H. Flavell	A. Lawrence	Monday.com
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	H. Flavell	W. Parry-Smith	Monday.com

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PROGRESS AS AT 13.09.2022
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LAFI 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	H. Flavell	A. Lawrence	Monday.com
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	H. Flavell	A. Lawrence	Monday.com
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	H. Flavell	V. Robinson & C. Eagleton	Monday.com
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	At Risk (see exception report)	The Sep-22 MTAC advised this action to move to 'at risk' for progress, due to the likely risk of ANNPs not visiting another NICU for training purposes within the next few months due to operational pressures. An exception report will be brought to the Oct-22 MTAC with a proposal for a new assurance due date.	03/02/22	30/10/22		H. Flavell	W. Tyler	Monday.com

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

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 1: Enhanced Safety Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight													
1.1	Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMS agendas at least every 3 months.	Y	10/12/20	28/02/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	08/03/22	28/06/22	14/06/22	H. Flavell	A. Lawrence	Monday.com
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	H. Flavell	A. Lawrence	Monday.com
1.3	LMS must be given greater responsibility and accountability so that they can ensure the maternity services they represent provide safe services for all who access them.	Y	10/12/20	30/04/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/22	30/04/22	30/04/22	H. Flavell	H. Flavell	Monday.com
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. This action was set as 'off track' in the May MTAC as the presented evidence was incomplete, therefore not meeting the April deadline. Since then: - An exception report was presented at the June MTAC with a proposed deadline for Jul-22, though rejected by the committee. The group agreed to re-evaluate the MOU, agree a more realistic deadline and clarity over what the assurance evidence will look like before the Aug MTAC. - No exception report was presented at the July MTAC. - An exception report was presented at the August MTAC; however, this did not meet the required report formatting as there was no description provided regarding assurance evidence, incorrect RAG rating status, and incomplete justification/mitigation measures for the exception. Furthermore, there was no proposed 'assurance deadline'. Based on this, the committee advised the action to remain 'off track'. A decision has been made for this action to be handled separately by executive colleagues.		30/04/22		H. Flavell	H. 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	H. Flavell	H. Flavell	Monday.com

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IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
1.6	All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months.	Y	10/12/20	28/02/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	31/01/22	28/02/22	03/02/22	H. Flavell	A. Lawrence	Monday.com

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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	Off Track (see exception report)	External dependent action on NHSEI. The Sep-22 MTAC agreed for the action to go 'off track' as no delivery/ assurance dates have been provided by regional/ national team to stay in line with internal Ockenden assurance governance processes. An exception report will be brought to the next MTAC for consideration.		TBC		H. Flavell	H. 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	Off Track (see exception report)	Linked to the above. External dependent action on NHSEI. The Sep-22 MTAC agreed for the action to go 'off track' as no delivery/ assurance dates have been provided by regional/ national team to stay in line with internal Ockenden assurance governance processes. An exception report will be brought to the next MTAC for consideration.		TBC		H. Flavell	H. Flavell	
2.3	Each Trust Board must identify a non-executive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. They must work collaboratively with their maternity Safety Champions.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/05/21	30/04/21	08/06/21	H. Flavell	A. Lawrence	Monday.com
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	31/03/22	Not Yet Delivered	Off Track (see exception report)	External dependency linked to CQC. Conversations between NHSEI and CQC taking place regarding the change of inspections. Action set as 'off track' in Aug-22 MTAC, as the action has exceeded the delivery deadline of March. Conversations will take place with CQC colleagues to devise an exception report requesting new delivery and completion dates for the action to move back to 'on track' for delivery.		31/03/22		H. Flavell	A. Lawrence	

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Immediate and Essential Action 3: Staff Training and Working Together													
Staff who work together must train together													
3.1	Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/07/21	30/10/20	07/12/21	H. Flavell	W. Parry-Smith	Monday.com
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	H. Flavell	G. Calcott	Monday.com
3.3	Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only.	Y	10/12/20	30/06/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/08/21	30/09/21	10/08/21	H. Flavell	H. Flavell	Monday.com

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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	H. Flavell	G. Calcott	Monday.com
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	H. Flavell	G. Calcott	Monday.com
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		H. Flavell	G. 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	H. Flavell	G. Calcott	Monday.com

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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	H. Flavell	G. Calcott	Monday.com
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	H. Flavell	G. Calcott	Monday.com

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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	H. Flavell	A. Lawrence	Monday.com
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	H. Flavell	W. Parry-Smith	Monday.com
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	H. Flavell	A. Lawrence	Monday.com

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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	H. Flavell	G. Calcott	Monday.com
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	H. Flavell	G. Calcott	Monday.com
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	22/04/21	28/02/22	28/02/22	H. Flavell	G. Calcott	Monday.com

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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 clarification 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	On Track	This action comprises eight subactions. It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence, particularly as it covers such a wide range of staff groups. However, progress for this action is at 'on track' for delivery as work is already underway.		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	Delivered, Not Yet Evidenced	On Track	This action comprises three subactions. Action accepted as 'delivered, not yet evidenced' at the Sep-22 MTAC.	13/09/22	31/01/23		H. Flavell	A. Lawrence	Monday.com
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	Delivered, Not Yet Evidenced	On Track	This action comprises two subactions. Action accepted as 'delivered, not yet evidenced' at the Sep-22 MTAC.	13/09/22	31/01/23		H. Flavell	A. Lawrence	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/09/22	31/01/23	13/09/22	H. Flavell	A. Lawrence	Monday.com
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	On Track	This actions comprises five subactions. It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully, as it is dependent upon the schedule of the national roll-out of the newly revised Patient Serious Incident Reporting Framework (PSIRF).		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	On Track	This action comprises five subactions. It is likely that they will be delivered by May-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully. However, progress for this action is currently at 'on track' for delivery as a scoping exercise has been conducted for training requirements.		31/08/23		H. Flavell	A. Lawrence	

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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	31/12/22	Not Yet Delivered	Not Started	<p>This action comprises three subactions.</p> <p>This action has been revisited and timeframes have been adjusted accordingly.</p> <p>It is likely that the action will be delivered by Dec-22 and assured by Apr-23. The reason it will take longer to assure is due to the sign off request with system partners.</p>		31/05/23		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	10/05/22	30/09/22	14/06/22	H. Flavell	A. Lawrence	Monday.com

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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	This action comprises three subactions. It is likely that they will be delivered by Dec-22 and fully embedded by Apr-23.		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	On Track	This action comprises three subactions (linked to 14.10). It is likely that they will be delivered by Dec-22 and fully embedded by Apr-23. Progress for this action is currently at 'on track' for delivery as feedback to families does occur and discussions are underway to ensure consistency with the process.		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	This action comprises three subactions (linked to 14.10 and 14.11). It is likely that they will be delivered by Dec-22 and fully embedded by Apr-23.		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	31/12/22	Delivered, Not Yet Evidenced	On Track	<p>This actions comprises ten subactions.</p> <p>This action has been revisited. The subactions have been reduced from ten to seven and timeframes have been adjusted accordingly, as much 'delivery evidence' already in place.</p> <p>Action accepted as 'delivered, not yet evidenced' at the Aug-22 MTAC.</p>	09/08/22	30/04/23		H. Flavell	A. Lawrence	Monday.com
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	On Track	<p>This action comprises four subactions.</p> <p>It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully, as it involves the recruitment of a clinical psychologist in the first instance. However, progress for this action is currently at 'on track' as the Trust has a contract in place for this service provision.</p>		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	On Track	This action comprises three subactions. They will likely be delivered by Sep-22 and fully embedded by Jan-23		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	On Track	This action comprises four subactions. It is likely that they will be delivered by May-23 and fully embedded by Aug-23.		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	On Track	This action comprises five subactions. It is likely that they will be delivered by Dec-22 and fully embedded by Apr-23. Progress for this action is currently at 'on track' for delivery as training in complaints handling has already commenced.		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	10/05/22	30/09/22	14/06/22	H. Flavell	A. Lawrence & M. Underwood	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	12/07/22	J. Jones	A. Lawrence & M. Underwood	Monday.com
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	On Track	This action comprises three subactions. It is likely that they will be delivered by May-23 and fully embedded by Aug-23. Progress for this action is currently at 'on track' for delivery as discussions have already taken place to plan required improvements.		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	On Track	This action comprises four subactions. It is likely that they will be delivered by Dec-22 and fully embedded by Apr-23. Progress for this action is currently at 'on track' as the audit assurance plan has been developed and is a monthly agenda item at Maternity Governance. The action will take longer to fully implement due to audit requirements.		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	30/05/23	Not Yet Delivered	On Track	This action comprises two subactions. This action has been revisited and timeframes have been adjusted accordingly. Furthermore, progress for this action is 'on track' as various meetings have already been held to discuss and plan the required improvements.		03/08/23		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	12/07/22	H. Flavell	A. Lawrence & M. Underwood	Monday.com
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	Delivered, Not Yet Evidenced	On Track	<div>This action comprises two subactions.</div> <div>They will likely be delivered by Sep-22 and fully embedded by Jan-23.</div> <div>Action accepted as 'delivered, not yet evidenced' at Aug-22 MTAC.</div>	09/08/22	31/01/23		H. Flavell	A. Lawrence	Monday.com

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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	10/05/22	30/09/22	14/06/22	H. Flavell	C. McInnes	Monday.com
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	This action comprises three subactions. They will likely be delivered by Sep-22 and fully embedded by Jan-23		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	31/12/22	Not Yet Delivered	On Track	<p>This action comprises four subactions.</p> <p>This action has been revisited and timeframes have been adjusted accordingly. Progress for this action is at 'on track' as risk assessments are captured in Badgernet. This action will take longer to fully implement due to audit requirements.</p>		30/04/23		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	12/07/22	H. Flavell	A. Lawrence	Monday.com
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	10/05/22	30/09/22	14/06/22	H. Flavell	A. Lawrence	Monday.com

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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	This action comprises three subactions. It is likely that they will be delivered by Dec-22 and fully embedded by Apr-23.		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	This action comprises two subactions. It is likely that they will be delivered by Dec-22 and fully embedded by Apr-23.		30/04/23		H. Flavell	M. Underwood	

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PROGRESS AS AT 13.09.2022

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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	Delivered, Not Yet Evidenced	On Track	This actions comprises two subactions. Action accepted as 'delivered, not yet evidenced' at the Sep-22 MTAC.	13/09/22	31/03/24		H. Flavell	C. McInnes	Monday.com

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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	<div>This action comprises two subactions.</div> <div>They will likely be delivered by Dec-22 and fully embedded by Apr-23</div>		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	09/08/22	30/04/23	13/09/22	H. Flavell	M. Underwood	Monday.com
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	On Track	This action comprises two subactions. It is likely that they will be delivered by Dec-22 and fully embedded by Apr-23. Progress for this action is currently at 'on track' for delivery as roles and responsibilities for obstetricians have been confirmed.		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	On Track	This action comprises three subactions. It is likely that they will be delivered by Dec-22 and fully embedded by Apr-23. Progress for this action is currently at 'on track' for delivery as a review of compliance with NICE guidance is currently underway.		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	30/05/23	Not Yet Delivered	On Track	<p>This action comprises four subactions.</p> <p>This action has been revisited and timeframes have been adjusted accordingly. Progress for this action is 'on track' as escalation policy has been revised. The reason this action will unlikely be fully evidenced by Aug-23 is because of training and staff capacity complexities.</p>		31/08/23		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	30/05/23	Not Yet Delivered	On Track	<p>This action comprises two subactions.</p> <p>This action has been revisited and timeframes have been adjusted accordingly. Progress for this action is 'on track' as risk assessments are undertaken at least twice daily at MDT delivery suite handover. Nevertheless, the action will take longer to fully embed due to audit requirements.</p>		31/08/24		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	12/07/22	H. Flavell	A. Lawrence	Monday.com

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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	30/05/23	Not Yet Delivered	On Track	This action comprises three subactions. This action has been revisited and timeframes have been adjusted accordingly. Progress for this action is currently at 'on track' for delivery. Nevertheless, the action will take longer to embed to ensure consistency of approach.		31/08/23		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	On Track	This action comprises three subactions. It is likely that they will be delivered by May-23 and fully embedded by Aug-23. Progress for this action is currently at 'on track' as work around the Birthrate Plus report has already commenced.		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	12/07/22	H. Flavell	A. Lawrence & M. Underwood	Monday.com
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	This action comprises four subactions. It is likely that they will be delivered by Nov-23 and fully embedded by Mar-24 as it is dependent on all staff having gone through the requisite training.		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	30/05/23	Not Yet Delivered	On Track	This action comprises three subactions. It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully.		31/08/23		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/09/22	31/01/23	13/09/22	H. Flavell	M. Underwood	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	12/07/22	H. Flavell	A. Lawrence, M. Underwood & C. McInnes	Monday.com
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	On Track	This action comprises two subactions. It is likely that they will be delivered by May-23 and fully embedded by Aug-23. Progress for this action is currently at 'on track' for delivery as work is underway.		31/08/23		H. Flavell	A. Lawrence & 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	This action comprises one subaction. It is likely that it will be delivered by May-23 and fully embedded by Aug-23.		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	12/07/22	H. Flavell	A. Lawrence	Monday.com
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	31/12/22	Not Yet Delivered	On Track	This action comprises four subactions. This action has been revisited and timeframes have been adjusted accordingly. Progress is currently at 'on track' as an established process is in place with Ambulance Trust and homebirth teams. Nevertheless, this action will take longer to fully implement as written communication is being updated and being ratified to support and embed this action.		30/04/23		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	On Track	<p>This action comprises six subactions.</p> <p>It is likely that they will be delivered by May-23 and fully embedded by Aug-23. Progress for this action is currently at 'on track' as work is underway. Nevertheless, this action will take longer to fully implement due to complex system stakeholder partnership requirements.</p>		31/08/23		J. Jones	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	This action comprises four subactions. They will likely be delivered by May-23 and fully embedded by Aug-23		30/08/23		J. 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	This action comprises four subactions. It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully.		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	This action comprises five subactions. It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully.		31/03/24		H. Flavell	J. 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	This action comprises two subactions. It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully.		31/03/24		H. Flavell	J. 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	<div>This action comprises six subactions.</div> <div>It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully.</div>		31/03/24		H. Flavell	J. 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	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	12/07/22	H. Flavell	M. Underwood	Monday.com
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	This action comprises four subactions. It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully.		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	12/07/22	H. Flavell	C. McInnes	Monday.com
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	This action comprises four subactions. It is likely that they will be delivered by Dec-22 and fully embedded by Apr-23.		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	On Track	<p>This action comprises three subactions.</p> <p>It is likely that they will be delivered by May-23 and fully embedded by Aug-23. Progress for this action is currently at 'on track' as information is provided to GP's. Nevertheless, the action will take longer to fully embed due to audit requirements.</p>		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	On Track	<p>This action comprises six subactions.</p> <p>It is likely that they will be delivered by May-23 and fully embedded by Aug-23. Progress for this action is currently at 'on track' as part of required evidence is provided by CNST safety actions 1 and 10, which are underway. Nevertheless, this action will take longer to fully implement due to audit requirements.</p>		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	30/11/23	TBC	Not Yet Delivered	On Track	<p>This action comprises two subitems.</p> <p>It is likely that they will be delivered by Nov-23 and assured by Mar-24. Progress status for this action is currently at 'on track' as the action is being addressed as part of the cultural improvement work undertaken as part of the MTP. Nevertheless, this action will take time to fully implement as it is dependent on various assurance pieces (action plan implementation, cultural assesments, etc.)</p>		31/03/24		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	Delivered, Not Yet Evidenced	On Track	Action rejected as 'evidenced and assured' at July MTAC, though accepted as 'delivered, not yet evidenced'. The committee felt that further assurance evidence could be provided such as MVP feedback survey results and 'Thank You Thursday' feedback.	12/07/22	31/01/23		J. Jones	H. Flavell	Monday.com
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	This action comprises five subactions. They will likely be delivered by Nov-23 and assured by Mar-24, as they are externally dependent and may involve the need to recruit additional staff.		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	On Track	This action comprises two subactions. They will likely be delivered by Nov-23 and assured by Mar-24, as it requires a review of current staffing levels and may involve further recruitment. However, progress for this action is currently at 'on track' as work is underway.		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	This action comprises two subactions. They will likely be delivered by May-23 and fully embedded by Aug-23. The action involves a review of the current preceptorship programme, which will need to be fully audited to ensure protected time is respected.		31/08/23		H. Flavell	A. Lawrence	

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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	
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	This action comprises two subactions. They will likely be delivered by May-23 and fully embedded by Aug-23, as it is dependent on all staff having gone through the requisite training.		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	This action comprises two subactions. They will likely be delivered by May-23 and fully embedded by Aug-23. The action involves the development of an orientation package and will require further training.		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	On Track	This action comprises four subactions. They will likely be delivered by Nov-23 and assured by Mar-24, as it is dependent on all staff having gone through the requisite training. Progress for this action is currently at 'on track' as the staffing review has commenced.		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	This action comprises two subactions. They will likely be delivered by Nov-23 and fully embedded by Aug-23. The action requires extensive work on succession planning and its implementation. Further training and recruitment may be necessary.		31/08/23		H. Flavell	C. McInnes, M. Underwood, A. Lawrence	

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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	30/09/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/09/22	31/01/23	13/09/22	H. Flavell	C. McInnes	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	12/07/22	H. Flavell	M. Underwood	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	09/08/22	31/01/23	09/08/22	H. Flavell	A. Lawrence	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	09/08/22	31/08/23	09/08/22	H. Flavell	A. Lawrence	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	09/08/22	31/08/23	09/08/22	H. Flavell	A. Lawrence	Monday.com
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	On Track	This action comprises three subactions. They will likely be delivered by May-23 and fully embedded by Aug-23. This action will take time to implement and may require additional funding. Therefore, a business case will have to be produced and validated through relevant processes. Nevertheless, progress for this action is at 'on track' for delivery as job planning has commenced.		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	On Track	This action comprises four subactions. They will likely be delivered by Dec-22 and fully embedded by Apr-23. Progress for this action is currently at 'on track' as work is underway.		30/04/23		H. Flavell	A. Lawrence	

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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	This action comprises four subactions. They will likely be delivered by Dec-22 and fully embedded by Apr-23.		30/04/23		H. Flavell	A. Lawrence	
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	Delivered, Not Yet Evidenced	On Track	This action comprises three subactions. Action accepted as 'delivered, not yet evidenced' at the Sep-22 MTAC.	13/09/22	31/01/23		H. Flavell	A. Lawrence	Monday.com
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	Delivered, Not Yet Evidenced	On Track	This action comprises three subactions. Action accepted as 'delivered, not yet evidenced' at the Sep-22 MTAC.	13/09/22	30/04/23		H. Flavell	M. Underwood	Monday.com

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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	On Track	This action comprises two subactions. This action has been revisited and timeframes have been maintained. Progress is currently at 'on track' as staff have recieved clear and repeated communication regarding escalation of clinical concerns. This action will take time to fully embed as the policy will have to be developed and ratified.		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/09/22	31/01/23	13/09/22	H. Flavell	M. Underwood	Monday.com
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	10/05/22	30/09/22	14/06/22	H. Flavell	A. Lawrence	Monday.com
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	11/05/22	30/09/22	15/06/22	H. Flavell	M. Underwood	Monday.com
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	On Track	This action comprises one subaction. It will likely be delivered by Dec-22 and fully embedded by Jan-23. Progress for this action is currently at 'on track' as this is captured within the revised escalation policy currently going through ratification processes.		31/01/23		H. Flavell	M. Underwood, C. McInnes, A. Lawrence	

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Immediate and Essential Action 4: Clinical Governance - 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.	14.06.22	30/09/22		H. Flavell	A. Lawrence, C. McInnes, M. Underwood	Monday.com
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	10/05/22	30/09/22	14/06/22	H. Flavell	C. McInnes	Monday.com
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	This action comprises two subactions. They will likely be delivered by Nov-23 and assured by Mar-24, as it will require staff recruitment.		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	10/05/22	30/09/22	14/06/22	H. Flavell	A. Lawrence	Monday.com
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	This action comprises three subactions. They will likely be delivered by May-23 and fully embedded by Aug-23, as it is dependent on all staff having gone through the requisite training.		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	10/05/22	30/09/22	14/06/22	H. Flavell	A. Lawrence, M. Underwood	Monday.com
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	11/05/22	30/09/22	15/06/22	H. Flavell	A. Lawrence, M. Underwood	Monday.com

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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	This action comprises three subactions. They will likely be delivered by May-23 and fully embedded by Aug-23. This action will take time to implement as it will require further work with external partners (i.e. MVP).		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	09/08/22	31/01/23	13/09/22	H. Flavell	M. Underwood, A. Lawrence	Monday.com
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	On Track	This action comprises three subactions. This action has been revisited and timeframes have been maintained. Progress for this action is currently at 'on track' for delivery as SOPs are in the process of being revised. The reason this action will take time to fully implement is due to the audit requirements.		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	On Track	This action comprises four subactions. This action has been revisited and timeframes have been maintained. Progress for this action is currently at 'on track' for delivery as process maps were revised at MDT workshop on 18/07/22. The reason this action will take time to fully implement is due to the audit requirements.		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	This action comprises two subactions. This action has been revisited and timeframes have been maintained. Progress for this action is currently at 'on track' for delivery as process maps were revised at MDT workshop on 18/07/22. The reason this action will take time to fully implement is due to the audit requirements.		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	Delivered, Not Yet Evidenced	On Track	This action comprises three subactions. Action accepted as 'delivered, not yet evidenced' at the Sep-22 MTAC.		31/01/23		H. Flavell	A. Lawrence	Monday.com
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	11/05/22	30/09/22	15/06/22	H. Flavell	A. Lawrence	Monday.com

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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	On Track	This action comprises four subactions. They will likely be delivered by Nov-23 and assured by Mar-24, as it is dependent on all staff having gone through the requisite training. Nevertheless, progress for this action is currently at 'on track' as training is underway.		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	11/05/22	30/09/22	15/06/22	H. Flavell	C. McInnes, A. Lawrence, M. Underwood	Monday.com
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	This action comprises five subactions. They will likely be delivered by Nov-23 and assured by Mar-24, as it is dependent on all staff having gone through the requisite training.		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	12/07/22	H. Flavell	M. Underwood	Monday.com
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	11/05/22	30/09/22	15/06/22	H. Flavell	C. McInnes, A. Lawrence, M. Underwood	Monday.com
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	30/09/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	09/08/22	31/01/23	09/08/22	H. Flavell	C. McInnes, A. Lawrence, M. Underwood	Monday.com
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	On Track	This action comprises five subactions. They will likely be delivered by Nov-23 and assured by Mar-24, as it is dependent on all staff having gone through the requisite training. Progress for this action is currently at 'on track' for delivery as CTG training is underway.		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	This action comprises four subactions. They will likely be delivered by May-23 and fully embedded by Aug-23. This action involves external partners and will take time to implement.		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	Delivered, Not Yet Evidenced	On Track	This action comprises three subactions. Action accepted as 'delivered, not yet evidenced' at the Sep-22 MTAC.		30/04/23		H. Flavell	A. Lawrence, M. Underwood	Monday.com
10.2	Midwifery-led units must complete yearly operational risk assessments.	Y	30/03/22	30/09/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	13/09/22	H. Flavell	A. Lawrence	Monday.com
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	10/05/22	30/09/22	14/06/22	H. Flavell	A. Lawrence	Monday.com
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	31/12/22	Not Yet Delivered	On Track	This action comprises four subactions. This action has been revisited and timeframes have been adjusted accordingly. Progress is currently at 'on track' as an established process is in place with Ambulance Trust and homebirth teams. Nevertheless, this action will take longer to fully implement as written communication is being updated and being ratified to support and embed this action.		30/04/23		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	31/12/22	Not Yet Delivered	On Track	This action comprises six subactions. This action has been revisited and timeframes have been adjusted accordingly. Progress for this action is 'on track' as risk assessments are undertaken at least twice daily at MDT delivery suite handover. Nevertheless, the action will take longer to fully embed due to audit requirements.		30/04/23		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	10/05/22	30/09/22	14/06/22	H. Flavell	M. Underwood	Monday.com

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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	This action comprises four subactions. They will likely be delivered by Nov-23 and assured by Mar-24, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence.		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	This action comprises four subactions. They will likely be delivered by May-23 and fully embedded by Aug-23.		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	This action comprises two subactions. They will likely be delivered by May-23 and fully embedded by Aug-23.		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	This action comprises four subactions. They will likely be delivered by May-23 and fully embedded by Aug-23.		30/08/23		H. Flavell	J. Jones	

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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
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	This action comprises seven subactions. They will likely be delivered by May-23 and fully embedded by Aug-23.		30/08/23		H. Flavell	J. Jones	
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	This action comprises two subactions. They will likely be delivered by Dec-22 and fully embedded by Apr-23.		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	This action comprises one subaction. It will likely be delivered by Sep-22 and fully embedded by Jan-23		30/01/23		H. Flavell	J. Jones	

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.

PROGRESS AS AT 13.09.2022

APPENDIX ONE

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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	On Track	This action comprises three subactions. They will likely be delivered by Nov-23 and assured by Mar-24. This action will take time, as it requires an extensive piece of work to achieve the 7-day working standard.		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	On Track	This action comprises three subactions. They will likely be delivered by Nov-23 and assured by Mar-24. This action will take time, as it requires an extensive piece of work to achieve the 7-day working standard. Nevertheless, the action is 'on track' as workforce planning has commenced.		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	This action comprises three subactions. They will likely be delivered by Nov-23 and assured by Mar-24. This action will take time, as it requires an extensive piece of work to achieve the 7-day working standard.		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	On Track	This action comprises three subactions. They will likely be delivered by May-23 and fully embedded by Aug-23. This action will take time to deliver as it may require further recruitment. Nevertheless, progress for this action is currently at 'on track' as work has commenced as part of the staffing review.		31/08/23		H. Flavell	M. Underwood, A. Lawrence	

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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	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/07/22	31/01/23	12/07/22	H. Flavell	A. Lawrence	Monday.com
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	This action comprises three subactions. They will likely be delivered by Dec-22 and fully embedded by Apr-23.		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	10/05/22	30/09/22	14/06/22	H. Flavell	A. Lawrence, M. Underwood	Monday.com
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	11/05/22	30/09/22	15/06/22	H. Flavell	A. Lawrence, M. Underwood	Monday.com

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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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/09/22	TBC	13/09/22	J. Jones	H. Flavell	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/09/22	30/04/23	13/09/22	H. Flavell	M. Underwood	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/09/22	30/04/23	13/09/22	H. Flavell	M. Underwood	Monday.com
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	Delivered, Not Yet Evidenced	On Track	Action approved as 'delivered, not yet evidenced' at July MTAC	12/07/22	31/01/23		J. Jones	H. Flavell	Monday.com
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	Delivered, Not Yet Evidenced	On Track	Action approved as 'delivered, not yet evidenced' at July MTAC	12/07/22	31/01/23		J. Jones	H. Flavell	Monday.com
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	Delivered, Not Yet Evidenced	On Track	This action comprises five subactions. The Sep-22 MTAC rejected this action as 'evidenced and assured', but accepted it as 'delivered, not yet evidenced'.	13/09/22	31/08/23		H. Flavell	M. Underwood	Monday.com

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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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/09/22	30/04/23	13/09/22	H. Flavell	M. Underwood	Monday.com
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	On Track	<p>This action comprises four subactions.</p> <p>They will likely be delivered by Nov-23 and assured by Mar-24, as it is dependent on all staff having gone through the requisite training and may require further recruitment. Nevertheless, progress is currently at 'on track' for delivery as current staffing is being reviewed.</p>		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 possible.
	On track	Work to deliver this action is underway and expected to meet deadline and quality tolerances.
	Complete	The work to deliver this action has been completed and there is assurance/evidence that this action is being delivered and sustained.

Accountable Executive and Owner Index

Name	Title and Role	Project Role
Hayley Flavell	Executive Director of Nursing	Overall MTP Executive Sponsor
John Jones	Executive Medical Director	Overall MTP Executive co-sponsor
Martyn Underwood	Medical Director, Women & Children's Division	Senior Responsible Officer, MTP and Accountable Action Owner
Guy Calcott	Obstetric Consultant	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	2	3	22
IEA	25	5	0	20
Total	52	7	3	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	3	2	0	22
IEA	25	0	1	0	4	20
Total	52	0	4	2	4	42

Counts

Ockenden 2 Delivery Status

Action Type	Total number of actions	Not yet delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
LAFL	66	44	6	16
IEA	92	56	8	28
Total	158	100	14	44

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	15	35	0	0	16
IEA	92	40	24	0	0	28
Total	158	55	59	0	0	44

Combined actions - Delivery status

Action Type	Total number of actions	Not yet delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
LAFL	93	46	9	38
IEA	117	61	8	48
Total	210	107	17	86

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	15	38	2	0	38
IEA	117	40	25	0	4	48
Total	210	55	63	2	4	86