


Board of Directors' Meeting

9 February 2023

Agenda item	014/23			
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:	
	For review / discussion		CRR 16, 18, 19, 23, 27, 7, 31	
	For noting			
	For information			
	For consent			
Presented to:	Directly to the Board of Directors			
Executive summary:	<p>This report provides information on the following:</p> <ul style="list-style-type: none"> The position in relation to the actions from both Ockenden Reports, the Ockenden Report Assurance Committee, the results of the recent MIAA internal audit report into delivery of the first Ockenden Report actions, the Health Education England (HEE) Quality Visit relating to Midwifery Students, and the proposed future structure of this report <p>The Board of Directors is requested to:</p> <ul style="list-style-type: none"> Receive this report for information and assurance Approve the action in section 9.2 Decide if any further information, action and/or assurance is required. 			
Appendices	Appendix One: Ockenden Report Action Plan at 10 January 2023, which is contained in the Supplementary Information Pack that accompanies the Board papers			
Executive Lead				

1.0 PURPOSE OF THIS REPORT

1.1 This report provides information on the following:

- The position in relation to the actions from both Ockenden Reports, as at 10 January 2023.
- The Ockenden Report Assurance Committee
- The results of the recent MIAA internal audit report into delivery of the first Ockenden Report actions
- Health Education England (HEE) Quality Visit – Midwifery Students
- The proposed future structure of this report

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.

2.2 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. 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 implemented fully during this period
2022-23	50
2023-24	95
Yet to be determined	17

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

3.3 All the actions from both reports are summarised in one single Action Plan at **Appendix One**, which is contained in the Supplementary Information Pack that accompanies the Board papers. Also, more detail in relation to any of the actions can provided on request.

3.4 Since the last version of this report, the Maternity Transformation Assurance Committee (MTAC) met on 13 December 2022 and 10 January 2023, and confirmed the following changes to action ratings:

3.5 MTAC - Approved rating changes

3.5.1 MTAC 13 December 2022

Action Ref.	Theme	Previous Rating	MTAC Approved Rating 13/12/22
LAFI 4.89	Obstetric Anaesthesia	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 2.8	Safe Staffing	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 11.7	Obstetric Anaesthesia	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 11.8	Obstetric Anaesthesia	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 12.2	Postnatal Care	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 12.3	Postnatal Care	Not Yet Delivered	Delivered Not Yet Evidenced
LAFI 14.6	Postnatal Care	Not Yet Delivered	Delivered Not Yet Evidenced
LAFI 14.20	Improving Audit Process	Not Yet Delivered	Delivered Not Yet Evidenced
LAFI 14.21b	Improving Audit Process	Not Yet Delivered	Delivered Not Yet Evidenced
LAFI 14.59	Neonatal	Not Yet Delivered	Delivered not Yet Evidenced
LAFI 14.60	Postnatal	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 2.7	Safe Staffing	Not Yet Delivered	Evidenced and Assured
IEA 7.7	Multidisciplinary Training	Not Yet Delivered	Evidenced and Assured
IEA 12.1	Postnatal Care	Not Yet Delivered	Evidenced and Assured
LAFI 14.14	Support for staff	Not Yet Delivered	Evidenced and Assured

LAFI 14.16a	Improving Complaints Handling	Not Yet Delivered	Evidenced and Assured
LAFI 14.46b	Fetal Assessment and Monitoring	Not Yet Delivered	Evidenced and Assured
LAFI 14.47	Fetal Assessment and Monitoring	Not Yet Delivered	Evidenced and Assured
LAFI 14.26	Leadership and Oversight	Delivered Not Yet Evidenced	Evidenced and Assured

3.5.2 MTAC 10 January 2023

Action Ref.	Theme	Previous Rating	MTAC Approved Rating 10/01/23
IEA 1.2	Workforce Planning and Sustainability	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 6.3	Workforce Planning and Sustainability	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 8.3	Complex Antenatal Care	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 9.2	Preterm Birth	Not Yet Delivered	Evidenced and Assured
IEA 5.6	Incident Investigations and Complaints	Delivered Not Yet Evidenced	Evidenced and Assured
IEA 11.8	Obstetric Anaesthesia	Delivered Not Yet Evidenced	Evidenced and Assured
LAFI 14.6	Improving management of patient safety incidents	Delivered Not Yet Evidenced	Evidenced and Assured
LAFI 14.15	Improving complaints handling	Delivered Not Yet Evidenced	Evidenced and Assured

3.5.3 Actions where proposed rating changes were rejected at MATC

3.5.3.1 At the January 2023 MATC meeting, the Integrated Care Board member proposed rating changes to the following actions from 'Red' to 'Amber':

IEA 2.1: Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards

IEA 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.

The basis of this was that the ICB has now received the six-month funding for the pilot scheme, has an agreed job description/person specification and has been given permission to recruit to the post.

The committee considered this proposal; MTAC determined that acceptable 'Amber' evidence would be when the post holder had been appointed to and was in place. 'Green' evidence will be when there is evidence that the post is delivering as intended.

Whilst recognising that good progress had been made, this was not yet sufficient to change the rating from 'Not Yet Delivered' (Red). Also, as the expected delivery dates for these actions have still not been determined, these actions remain off track, also. It is expected that the revised dates will be presented to the next MTAC meeting for consideration.

Therefore, both actions remain Red/Red rated (Not Yet Delivered and Off Track).

3.6 **Other ‘Off Track’ Action**

In addition to those described in sections 3.6.3.1, a third action remains Not Yet Delivered and Off Track (Red/Red), as follows:

3.6.1 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, so will remain off track until it can be delivered, evidenced, and assured. It is understood that the Trust should expect to be inspected by the CQC before the end of the financial year. Once this has taken place, it is likely that this action’s ratings will change.

3.7 **Back on Track Actions**

3.7.1 IEA 1.4 - “An LMS cannot function as one maternity service only.”

The Board of Directors is aware that this action has hitherto remained Red/Red – Not Yet Delivered and Off-Track. The Integrated Care Board (ICB) is responsible for leading on this action.

The Jan-23 MTAC meeting accepted an exception report from the ICB requesting deadlines for March 2023 for delivery evidence, and June 2023 for assurance evidence to be presented to MTAC. As such, this action has moved to being on-track Rating: Not Yet Delivered’ (Red) but On -Track.

3.7.2 IEA 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.

At the MTAC meeting on 10 January 2023, the newly appointed Quality Improvement Lead for anaesthetics attended the meeting along with the consultant lead for anaesthetic audits. The team presented its audit plan.

The meeting agreed that this action remains at ‘Delivered Not Yet Evidenced’ (Amber) but can now revert to being back ‘on track’. As this is a rolling annual audit plan, it was agreed that the anaesthetics team will present a sample of completed audits to a future MTAC to enable this to move to ‘Evidenced and Assured’ (Green). Once this has been achieved, the progress of with this plan will be monitored via the sustainability review process.

3.8 **Delivery and Progress Statuses**

The Delivery and Progress Statuses of all the actions, as at 10 January 2023, are summarised in the following tables:

3.8.1 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	4	1	20
First Report Sub-Total	BOTH	52	6	4	42
Final Report 2022	LAFL	66	23	12	31
Final Report 2022	IEA	92	37	18	37
Final Report Sub-Total	BOTH	158	60	30	68
Total Both reports	ALL	210	66	34	110

3.8.2 Progress Status

Report	Domain	Total Number of Actions	Not Started	Off-Track	At Risk	On Track	Completed
First Report (2020)	LAFL	27	0	0	0	5	22
First Report (2020)	IEA	25	0	3	0	2	20
First Report Sub-Total	BOTH	52	0	3	0	7	42
Final Report (2022)	LAFL	66	3	0	0	32	31
Final Report (2022)	IEA	92	11	0	0	44	37
Final Report Sub-Total	BOTH	158	14	0	0	76	68
Total Both reports	ALL	210	14	3	0	83	110

3.8.3 Delivery percentages

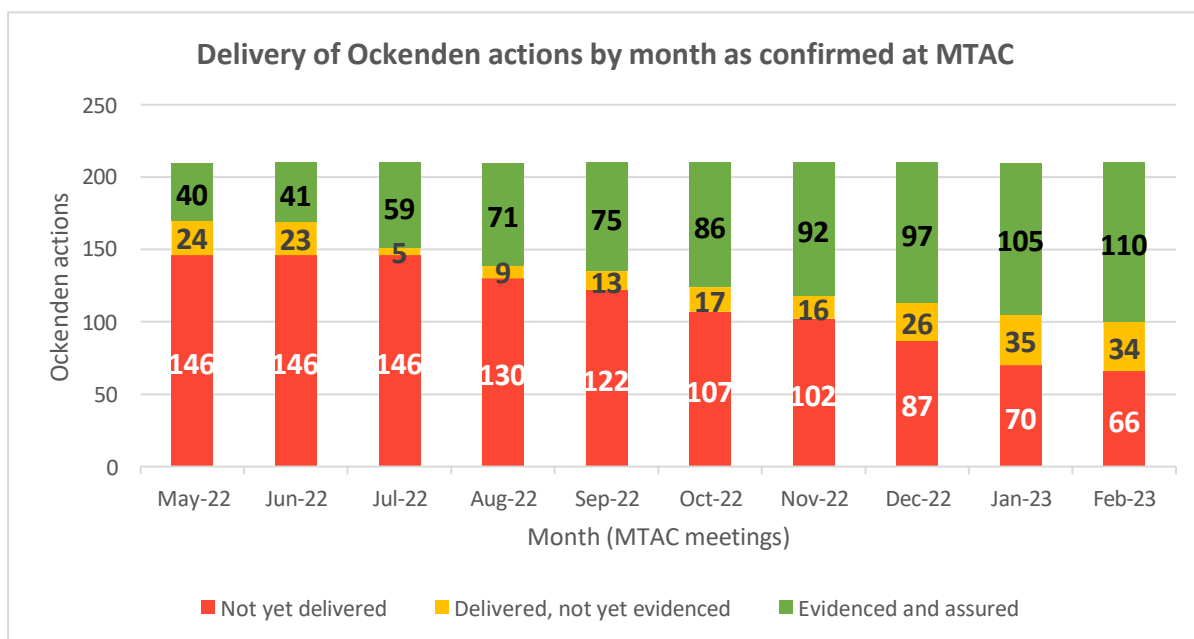
As at 10 January 2023:

- 46/52 (88%) actions from the first report are now 'delivered' and, of these, 42/52 (81% are 'evidenced and assured').
- 98/158 (62%) actions from the final report are now 'delivered' and, of these, 68/158 (43% are 'evidenced and assured').
- In total, from both reports, 144/210 (69%) of actions are now 'delivered', with 110/210 (52%) now 'evidenced and assured'

Robust and steady progress continues to be made overall and is progressing according to plan.

3.8.4 Progress Graphs – based on Delivery Status

The graph below shows visually the progress that is being made with the delivery of the 210 actions from both reports:



4.0 THE OCKENDEN REPORT ASSURANCE COMMITTEE (ORAC)

4.1 ORAC last met on 22 November 2022.

4.2 There was no ORAC meeting in December 2022, with the next meeting scheduled for 31st January 2023. However, this meeting had not yet taken place at the time of writing this report.

5.0 INTERNAL AUDIT RESULT – FIRST OCKENDEN REPORT

5.1 As part of the annual audit plan, the Trust’s internal auditors, Mersey Internal Audit Agency (MIAA) undertook a review of the Trust’s compliance with the Immediate and Essential Actions from the first Ockenden Report (2020). This was to provide independent assurance to Audit and Risk Assurance Committee.

5.2 The audit report was published in November 2022, with the auditors declaring:

“Substantial Assurance – *There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.*”

The report identified many positive aspects relating to the governance and assurance of the Ockenden actions, including the use of agile project methodology, the use of Monday.com, the reverse RAG approach, the involvement of stakeholders and the assurance journey from the service to the Board.

5.3 Two recommendations were made from the audit, which the Trust has accepted:

5.3.1 **Recommendation 1 - On-going tracking:** *We encourage the Trust to maintain their focus and momentum at prioritised pace to fully address the remaining Ockenden*

actions to Green RAG ratings and sustainable assurance on actions taken to continuously improve the quality of Maternity Services and how these are being provided and equally to make improvements in how the Trust demonstrates its responses to the 7 Immediate and Essential Actions.

Trust Response: The Trust's Maternity Transformation support team is currently a fixed-term arrangement, with associated funding in place until end March 2023. The Trust is developing a business case for substantive funding for this to continue after this time, as part of the annual business planning round. Therefore, the measurable action that the Trust will commit to, is: "To aim to secure the required substantive funding for Maternity Transformation support resource by 31/05/23" .

The action is being pursued as part of budget setting for 2023/24-5.

- 5.3.2 **Recommendation 2 – AAA Reports – Evidence:** *It would be of benefit to include copies of the relevant AAA reports for completeness [on Monday.com] where these are referenced and form part of the overall evidence and assurance.*

Trust Response: All respective AAA's from MTAC are being uploaded to Monday.com as retained evidence, and will be prospectively, going forward.

- 5.4 This report was presented to the Audit and Risk Assurance Committee on 30 November 2022.
- 5.5 In summary, this is a significant form of independent assurance for the service, the Trust, and the Board of Directors.

- 6.0 HEALTH EDUCATION ENGLAND (HEE) QUALITY VISIT: MIDWIFERY STUDENTS**
HEE undertook a virtual Quality Visit with Trust colleagues and student midwives on 18 January 2023. The purpose of this was to assess the Trust's ongoing suitability as a place to train undergraduate midwives.

- 6.1 The meeting was very positive, and the following feedback was provided on the day by the Deputy Head of Nursing and Midwifery (Midlands):

"On behalf of Health Education England (we) would like to thank you for arranging today's virtual quality visit. The Midwifery students experience at the trust was excellent. They felt welcomed and supported by the midwifery and wider multidisciplinary team. The year 3 students recognised the journey you have been on and felt their voices had been heard. It was good to speak to the Practice Assessors / Supervisors who clearly valued their students, identified learning opportunities, and gave timely constructive feedback. The educators had a clear passion for supporting the learners and drive for continual improvement. The support from the educators was valued and praised by both students and supervisors. You have clearly established an open culture for safety and improvement as both students and staff alike knew how and felt comfortable to raise concerns. All the students we spoke to would recommend the trust as a place to learn.

The team has clearly worked very hard to support students which is now making a positive impact on the student experience. Please do keep up the good work and well done to you and the team".

6.2 Whilst not strictly related to the Independent Maternity Review, this is important and positive feedback to the Trust and colleagues.

7.0 NEXT STEPS

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

8.0 SUMMARY

8.1 Good progress continues to be made against the delivery of the Ockenden Reports' actions. From the first report, 46/52 (88%) actions have been 'delivered', with 42 (81%) of these already 'evidenced and assured'. From the final report, 98/158 (62%) of the actions have been 'delivered', with 68/158 (43%) of these 'evidenced and assured'. In total, both reports, 144/210 (69%) of actions are now 'delivered', with 110/210 (52%) now 'evidenced and assured'

8.2 Work continues at pace to deliver the rest of the programme.

9.0 FUTURE STRUCTURE OF THIS REPORT

9.1 This report has been presented in this format since January 2021. Furthermore, the final Ockenden report set out a Local Action for Learning, as follows:

LAF 14.24 - The Trust Board must review the progress of the maternity improvement and transformation plan every month.

9.2 In order to achieve this, it is proposed to re-format future versions of this report, from April 2023 onwards, to incorporate the requirements of this action. The IMR actions will still be reported in a separate section of the report. However, the revised format will enable the Board of Directors to have oversight of the totality of the Maternity Transformation Programme work, of which the IMR actions are a part.

9.3 The Board of Directors is requested to approve this change.

10.0 ACTION REQUIRED OF THE BOARD OF DIRECTORS

10.1 The Board of Directors is requested to:

- Receive this report for information and assurance
- Approve the action in section 9.2
- Decide if any further information, action and/or assurance is required.

Hayley Flavell
Executive Director of Nursing
19 January 2023

Appendix One: The Ockenden Report Action Plan at 10 January 2023, which is contained in the Supplementary Information Pack that accompanies the Board papers