

**Ockenden Report Assurance Committee
AGENDA**

Meeting Details

Date Tuesday 28 February 2023
Time 14.30 – 17.00
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
2023/08	Welcome Apologies Welcome to any new members/observers	Verbal	Catriona McMahon Co-Chair	Noting	14.30 (15 min)
2023/09	Declarations of Interest relevant to agenda items	Verbal	Catriona McMahon Co-Chair	Noting	
2023/10	Minutes of meeting on 31 January 2023	Enc. Verbal	Catriona McMahon Co-Chair	Approval	
2023/11	Ockenden Report Action Plan update <ul style="list-style-type: none"> • Methodology Update and Overview • First Ockenden Report Update • Final Ockenden Report Update 	Presentation	<p style="text-align: center;">Carol McInnes Divisional Director of Operations (Women and Children's Division)</p> <p style="text-align: center;">Kim Williams Deputy Director of Midwifery</p> <p style="text-align: center;">Annemarie Lawrence Director of Midwifery Women and Children's Division</p>	For information	14:45 (45 mins)

2023/12	<p>Listening to women and families</p> <ul style="list-style-type: none"> • Fifteen Steps for Maternity • Role of Maternity Safety Champions 	Presentation	<p>Angela Loughlin MVP (Maternity Voices Partnership) Development Co-ordinator</p> <p>Fiona McCarron Consultant Midwife</p> <p>Claire Eagleton Deputy Director of Midwifery</p>	Discussion/ For Assurance	15.30 (45 mins)
2023/13	Maternity Services Communication Plan Update	Presentation	Charlotte Robertshaw & Katie Steyn Communications & Engagement Managers Maternity Services	For Information	16.15 (30 min)
2023/14	<p>Discussion and reflection:</p> <ul style="list-style-type: none"> • Feedback from Stakeholders on progress to date • Key messages for/AAAA Report the Board of Directors • Key messages for service users - women and families <p>Any other steps we need/wish to take</p>	Verbal	Catriona McMahon Co-Chair All	Discussion	16.45 (10 min)
2023/15	<p>Any other Business</p> <p>Meeting closes:</p> <p>Date of Next Meeting:</p> <p>Tuesday 28 March @ 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	Catriona McMahon Co-Chair All		16.55 (5 min)

1. Enclosures:

- Draft Minutes of ORAC meeting on 31 January 2023.
- Ockenden Report Action Plan at 9 February 2023, as part of Board meeting papers.

2. For Information: Proposed Future ORAC Dates and meeting topics - 2023:

31 January 2023	1. Ockenden Report Action Plan update	1. M. Underwood & A. Lawrence
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14:30 – 17:00 Meeting log in available from 14.00 hrs	2. People and culture – Focus on compassionate care from both our staff and service user perspective linked to complaints management	2. C. McInnes & A. Lawrence
28 February 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Listening to women and families (MVP and safety champs) 3. Maternity Comms. Plan update	TBC
28 March 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Learning from complaints and investigations	TBC
25 April 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Integrated working - Obstetric Anaesthesia	TBC
30 May 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Postnatal support	TBC
27 June 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Postnatal support Informed Birth Choices	TBC
25 July 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Safe and effective care – Neonatal care	TBC
29 August 2023	TBC	TBC
26 September 2023	TBC	TBC
31 October 2023	TBC	TBC
28 November 2023	TBC	TBC
December – No Meeting	TBC	TBC

Topics yet to be included:

- MBRRACE Data 2020



The Shrewsbury & Telford Hospital NHS Trust

Ockenden Report Assurance Committee meeting in PUBLIC

31 January 2023 via MS Teams

Minutes

NAME	TITLE
MEMBERS	
Dr C McMahon	Co-Chair
Ms H Flavell	Director of Nursing (Trust)
Mrs Louise Barnett	Chief Executive (Trust)
Dr A Wilson	Member, Powys Community Health Council
ATTENDEES	
Ms Carol McInnes	Divisional Director of Operations (Women and Children's) (Trust)
Professor Trevor Purt	Non-Executive Director (Trust)
Mr M Wright	Programme Director Maternity Assurance (Trust)
Ms C Eagleton	Matron Inpatient Services (Trust)
Mr K Haynes	Independent Governance Consultant
Ms Cristina Knill	Senior Project Manager - Maternity Transformation Programme
Ms Annemarie Lawrence	Directory of Midwifery (Trust)
Dr Mei-See Hon	Clinical Director – Obstetrics/Maternity (Trust)
Ms Katie Steyn	Communications Lead – Maternity (Trust)
Ms Kim Williams	Deputy Director of Midwifery
Ms Helena Hermelin	Continuity Of Care Lead Midwife (Trust)
Ms Tasha Slater	Midwife
Mr Martyn Underwood	Divisional Medical Director for Women & Children (Trust)
Dr P Cowley	Lead for Paediatrics (Trust)
APOLOGIES	
Professor Julie Green	Associate Non-Executive Director (Trust)
Ms Maxine Mawhinney	Co- Chair
Ms Wendy Tyler	Consultant Neonatologist (Trust)
Ms Jane Turner-Bragg	Healthwatch Shropshire

No.	ITEM	ACTION
2022		
Procedural Items		
01/23	Welcome, introductions and apologies. Dr Catriona McMahon welcomed everyone to the first meeting of the new year. Helena Hermelin and Tasha Slater were welcomed to the meeting as guests. Apologies were received from Maxine Mawhinney, Julie Green, Wendy Tyler and Jane Turner-Bragg.	
02/23	Declarations of Conflicts of Interests	

	No declarations of conflicts of interest were noted.	
03/23	<p>Minutes of the previous meeting and matters arising</p> <p>The previous minutes were accepted as an accurate record. Mike Wright informed the meeting that the communications item noted in section 58/22 will be carried forward to the February meeting.</p>	
04/23	<p>Ockenden Report Action Plan update</p> <p>Dr Mei-See Hon presented an update on progress relating to the implementation of actions arising from the first Ockenden Report to the committee, firstly showing the forward plan for the next six months and themes to be presented to the ORAC meetings.</p> <p>Dr Hon explained that from the first Ockenden Report, 46 of the 52 actions (88.46%) have been implemented, comprising 42 (81%) evidenced and assured and four (8%) delivered, not yet evidenced. Of the remaining six actions not yet delivered, three are off track and three are on track. Four of these actions lie outside of SaTH's direct control.</p> <p>The 'not yet delivered' actions that are on track are LAFL 4.88, LAFL 4.100 and IEA 1.4. Those off track are IEA 2.1, IEA 2.2 and IEA 2.4. Those off track cannot be moved to on track until clear timeframes can be provided and work is underway with system stakeholders to resolve this.</p> <p>Dr Hon also presented the results of the Mersey Internal Audit Agency internal audit which looked at the compliance of the seven IEAs from the first report. The audit findings were presented to the Audit Committee at the end of November 2022 and the report provided 'substantial assurance' relating to the governance and assurance processes in place for delivery of the Ockenden Report actions. Two recommendations were made, as follows:</p> <ol style="list-style-type: none"> 1. To encourage the Trust to maintain focus and momentum at prioritised pace to fully address the remaining Ockenden actions. 2. A recommendation was made for completeness that it would be of benefit to include copies of relevant AAA reports on the Monday.com files where these are referenced and form part of the overall evidence and assurance for Ockenden actions. (Completed) <p>In response to a question from Dr McMahon about the need to balance the requirement for pace in implementing the actions whilst also (more importantly) ensuring that the changes were embedded and sustainable, Professor Trevor Purt (Chair of the Audit & Risk Committee) explained that the Audit & Risk Committee had been keen to ensure an external review of the governance and assurance work was carried out. He confirmed that a key message from the MIAA internal audit review was that it was paramount that the actions were properly embedded and sustainable and that this was more important than setting unachievable timescales.</p> <p>Professor Purt explained that the Trust has two auditors, KPMG who deal largely with the accounts (external auditors), and an internal auditor, Mersey Internal Audit Agency, which is an NHS organisation but out with the Trust. They are an external body delivering an audit at the Trust's request and are independent.</p>	

	<p>Dr McMahon asked Dr Hon to explain if any of the outstanding external actions from the first Ockenden report might be impacting on service users. Dr Hon explained that of the three main actions outstanding, the buddying system is happening, and therefore mitigating the LMNS actions, although it is not yet in a formalised pathway. She explained that the advocate role, however, is a new concept and this is an action for NHSE to deliver on behalf of all Trusts, as they are co-ordinating this service.</p> <p>Ms Annemarie Lawrence presented an update on progress relating to the implementation of actions arising from the second Ockenden Report to the committee, firstly showing the timeline of events since March 2022 and then showing the completion rates for the Final Ockenden Report action plan.</p> <p>From the Final Ockenden Report, 98 of the 158 actions (62%) are implemented as at the January 2023 MTAC. Comprising 68 (43%) evidenced and assured and 30 (19%) not yet evidenced. From the 60 actions (38%) not yet delivered, 46 actions (29%) are on track for progress.</p> <p>Ms Lawrence went on to explain the changes to the delivery status of actions that had been agreed at the MTAC (Maternity Transformation Assurance Committee) meeting in November 2022. The delivery status of actions approved as 'delivered not yet evidenced' were IEAs 1,2, 6.3 and 8.3. The delivery status of actions approved as 'delivered and evidenced' were IEAs 5.6, 9.2, 11.8 and LAFLs 14.6 and 14.15.</p> <p>Ms Lawrence confirmed that work is continuing at pace to deliver the rest of the programme.</p> <p>Dr McMahon asked Annemarie Lawrence how she felt the work was progressing. In response, Ms Lawrence explained that she felt it was possible to actually see the difference now in clinical practice, along with the culture change. She felt that staff were engaged and committed to improving the services.</p> <p>Dr McMahon reported to the meeting that Sir Neil McKay, Chair of the Integrated Care Board, had visited the Maternity Unit and expressed his appreciation for the arrangements that had been made to enable a successful and positive visit.</p> <p>In response to a question from Professor Purt about the actions that remain outstanding and are of concern, Ms Lawrence explained that on the basis of the risk assessment and prioritisation undertaken at the start of the process the high risk actions were dealt with as a priority at an early stage.</p> <p>Ms Hayley Flavell reported that a recent visit by Health Education England had led to overwhelmingly positive feedback from all learners. Of the team who joined in 2022, all of them have stayed at the Trust. There is also a planned CQC visit to provide externality and also the Insight visit where systems, processes and outcomes for women were reviewed and this again was a very positive visit.</p>	
05/23	<p>People and culture</p> <p>Ms Carol McInnes gave a detailed presentation supported by staff video presentations relating to the People and Culture workstream, with Rhia Boyode, Executive Director of People and Organisational Development, as the lead for</p>	

the workstream.

Ms McInnes reminded the meeting of the criticism contained within the Ockenden Reports relating to the absence of compassion and kindness, which demonstrated the scale of the challenge. To fully understand the nature and extent of the challenge, she explained that the team had carried out an in-depth root cause assessment and identified the following issues all leading to staff not feeling valued:

- Lack of training and development opportunities
- Not tackling issues/behaviours
- Lack of psychological safety
- Favouritism
- Poor workforce planning
- Lack of investment
- Poor leadership
- No robust governance systems in place

As a result, five key themes were identified for putting mechanisms in place to tackle the issues:

- Systems and processes
- Effective leadership
- Resources in place
- Staff support
- Culture of learning

Ms McInnes presented video testimonials from Helena Hermelin and Tasha Slater, both senior Midwives, explaining their experience of the service and its culture, whilst highlighting the sense of improvement that they had both experienced. Following this, Ms McInnes described the work that is underway to support staff and change culture, including:

- Staff idea hub app
- Health and wellbeing offer
- Externally conducted cultural review
- Leadership development
- Psychologist
- Improving morale
- MVP co-produced work
- Governance improvement plan

In Phase 1, to support this work and to evaluate its impact, an external cultural review had also been undertaken in order -

- To gain insight about the culture of the service
- To understand the direction the service wants to move towards and what is needed for success
- To recommend a way forward

Ms McInnes explained that Phase two includes:

- Gathering information about initiatives already in place and any ongoing work
- Identifying gaps

- Creating a plan

Phase three is the implementation of the plan.

Ms McInnes went on to explain that the Division has strengthened systems and processes by creating a new Senior Leadership Team and all processes have been reviewed:

- All teams have clear lines of accountability.
- All team leads are clear on roles and responsibilities.
- All processes have been formally standardised and communicated.
- All teams are now compliant with policies.
- Mechanisms are in place accessible to all tiers of staff for rapid and consistent communication sharing.
- Additional investment is secured.

Work is ongoing in terms of improving staff morale through the use of websites, social media, press, and other engagement initiatives, eg ORAC. In February 2022 an app called Improvewell was rolled out to all maternity staff. The platform gives staff a voice and offers four main features:

- Sentiment tracker
- Idea hub
- Pulse surveys
- Push notifications

216 staff are registered with the Improvewell app, 137 ideas have been submitted and 86 of those ideas have been implemented or are under review. Examples of the ideas generated through the app are:

- Translator services
- Easier login
- Light projectors in delivery rooms
- New privacy curtains
- New keyboards

With regard to the staff health and wellbeing offer there are four main areas of support available:

- Physical wellbeing (to include physiotherapy, exercise classes, gym discounts, flexible working)
- Financial wellbeing (to include retirement support, cost of living advice, savings and loan schemes)
- Healthy lifestyles (to include sleep school, menopause training, cervical screening)
- Mental/emotional wellbeing (to include PMAs, TRiM, psychological support, staff debriefs, wellbeing facilities)

A lead Clinical Psychologist has been in post since September 2022 and four additional psychologists are recruited and due to start in February 2023. The impacts of their work will include:

- To offer a psychological approach to addressing culture change
- To prevent staff burnout and compassion fatigue in staff
- Staff having access to in-house psychological support with self-referral

- Leaders able to request input for staff who may need support
- Clinical supervisions to PMAs
- Wellbeing training to preceptorship midwives
- Psychological support to staff following traumatic events at work

As a final staff testimonial, Ms McInnes then presented a video clip from Mr Balan Karunakaran, Consultant Obstetrician and Gynaecologist.

Ms McInnes then read an extract from a piece of direct patient feedback.

In conclusion, regarding the People and Culture workstream Ms McInnes explained that:

- The Trust continue to focus on delivering excellent care to women and families.
- Whilst improvements have been made but there is still lots to do.
- The Trust must continue to embed the learnings and sustain the improvements.
- The Trust must improve the way successes are celebrated.
- The Trust should aim (as a result of the measures being taken and outlined above) to increase the confidence in services amongst the local community.

Supporting the discussion about service improvement and change in culture, the meeting heard from Ms Lawrence about a number of very positive external sources of assurance, as follows:

The relationship with Maternity Voices Partnership detailing the key areas of work:

- Attendance at monthly maternity governance
- Attendance at monthly maternity and neonatal safety champions meetings
- 1:1 with Director of Midwifery
- Complaints and compliments shared learning
- Co-production of the complaint's response template
- Representation at all senior leadership appointments
- 15 steps

The CQC 2022 Survey of Women's Experiences of Maternity Services was the ninth national survey carried out and involved 121 Acute NHS Trusts in England. When comparing SaTH's 2022 results to 2021 it was found:

- There was a decline in two questions, but important to note that neither of these was statistically worse than any other Trusts nationally. However, these will be a key area of focus for improvement.
- There were six questions where SaTH performed at a significantly higher rate than other Trusts.
- The section of questions relating to feeding were classed as better than other Trusts.
- In all other questions SaTH performed 'as expected'.

The Saving Babies Lives care bundle is a national initiative introduced in 2016 to address stillbirth and neonatal death. SaTH is fully compliant, as confirmed by NHSE/I, with all five elements of the care bundle version two which are:

- Reducing smoking in pregnancy
- Risk assessment, prevention, and surveillance of pregnancy
- Raising awareness of reduced foetal movement
- Effective foetal monitoring during labour
- Reducing preterm birth

The Maternity Incentive Scheme and Clinical Negligence Scheme for Trusts delivers:

- NHS Resolutions scheme, designed to support the delivery of safer maternity care.
- The scheme incentivises Trusts to deliver ten maternity safety actions.
- The Women's and Children's Divisional team has demonstrated to the Trust Board and the Integrated Care Board their compliance with all ten of the safety actions.
- Evidence has been externally validated by the external maternity improvement advisor, Simon Meighan.

Ms Lawrence presented an extract from feedback received from the Deputy Head of Nursing and Midwifery (Midlands) following a quality visit from Health Education England in January 2023.

Dr McMahon thanked the team for all the work they have done, particularly around the culture within the organisation and formally asked those present to pass thanks onto the rest of their teams.

Professor Purt asked for further information about how community teams are being engaged outside of the organisation. Kim Williams responded that community engagement events take place as regular drop-ins with the Director of Midwifery and the Deputy Directors of Midwifery. There is also a community manager who visits each of the geographical areas regularly, as do the senior leadership team. There are plans to continue with these visits and meetings in the future. Kim Williams added that the drop-in sessions are really well attended, the meetings are minuted and if there is a pattern of non-attendance strategies will be put in place to increase the attendance levels.

Dr Anthea Wilson commented that she often hears the phrase "still a long way to go" at the ORAC meetings and wondered exactly what that meant. Mrs Louise Barnett commented that whilst 80% of actions from the first report are now implemented there is no room for complacency and as things are always changing there is a need to take time. Ms Lawrence added that the Trust will never stop in terms of improving things, and that issues like organisational culture do not change overnight. Dr Hon added a reminder that the team not only have to deliver on the Ockenden actions, but the team exists in a much wider system, and it is all about continuous improvement.


Dr McMahon asked Mrs Barnett to reflect on her three years in post and how she feels the team is performing now, compared to then. Mrs Barnett explained that she felt the team had come a very long way, but there is still further to go, with more to do. She wanted to thank Donna Ockenden and the families involved with the Ockenden Report for enabling positive changes across the service. It remained very important to build trust and confidence in the community.

Dr McMahon asked Ms. Helena Hermelin to give a brief comment on the culture changes within the team. Ms Hermelin explained that she felt that it was not

	possible to put a timeframe on making cultural change because it can take a long time and it is a process of continuous reflection involving both staff and service users.	
07/23	<p>Discussion and reflection:</p> <p>Dr McMahon asked meeting attendees to reflect on any matters that they wished to be drawn to the attention of the Trust Board.</p> <p>Professor Purt felt that the issues regarding the work to improve culture and the service improvements more generally should be more widely shared with the Board.</p> <p>Ms Flavell asked that information regarding HEE, CNST, CQC and audits could be presented to the Board to show tangible outcomes of the improvements undertaken.</p> <p>Professor Purt added that it would be important to explain that the elements of the action plan from the first Ockenden Report that cannot be concluded are out with the team's gift. Ms Flavell added that it is important to also outline the mitigations happening to lessen risk due to these outstanding actions.</p> <p>Dr Anthea Wilson confirmed that as of end of March there will be no Community Health Council, it is being superseded by the Citizen Voice Body for Wales, and that a decision is yet to be taken about whether there will be representation at ORAC. Dr McMahon thanked Dr Wilson for her participation on the ORAC committee since its commencement.</p>	
08/23	Date of Next Meeting: Tuesday 28th February 2023 @ 14:30 – 17:00 hrs	

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

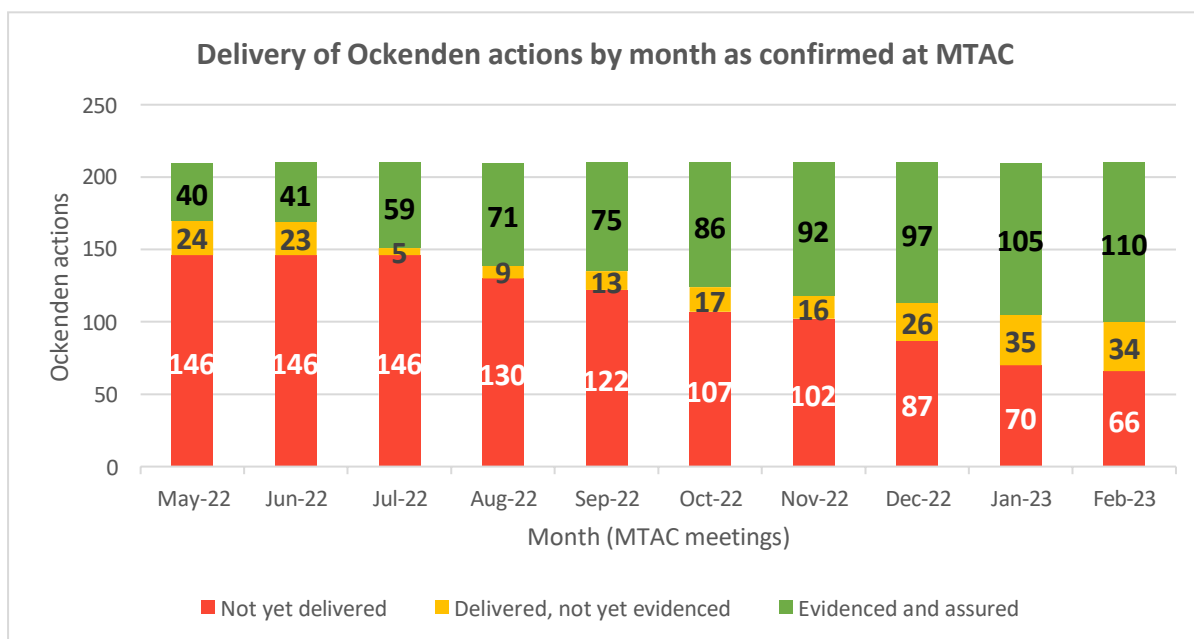
As at 10 January 2023:

- 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

PROGRESS AS AT 10.01.2023
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.
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PROGRESS AS AT 10.01.2023
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LAF 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
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PROGRESS AS AT 10.01.2023
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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.

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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 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	Delivered, Not Yet Evidenced	On Track	Action approved as 'delivered, not yet evidenced' at Nov-22 MTAC as maternal medicine specialist centres established. The action can move to 'evidenced and assured' once audits have taken place.	08/11/22	30/06/23		H. Flavell	G. Calcott	Monday.com
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.

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LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date (action in place)	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Lead Executive	Accountable Person	Location of Evidence
Local Actions for Learning Theme 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. Action 'off track' as evidence rejected for action to move to 'evidenced and assured' at the Nov-22 MTAC. An exception report will be presented by anaesthetics colleagues at the Dec-22 MTAC. Action 'at risk' - Anaesthetics colleagues will bring a presentation to Jan-23 MTAC to share guidelines alert tracker and showcase some examples of audits that have been conducted. Anaesthetics colleagues brought presentation showing audit plan to Jan-23 MTAC. The committee agreed for the action to move back 'on track' given assurance audit plan in place, and moving at pace.	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 10.01.2023
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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
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	31/03/23	Not Yet Delivered	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. The Dec-22 MTAC challenged the delivery status for this action due to complications behind the updating of the SOP. As a result the action moved back to 'not yet delivered' and 'off track' for progress. An exception report will be brought to the Jan-23 MTAC detailing what the delivery and assurance evidence will be, as well as delivery and assurance deadlines for the action to move back 'on track'. The Jan-23 MTAC accepted an exception report requesting deadline change to Mar-23 for delivery evidence and Jun-23 for assurance evidence. Action 'on track'	07/12/21	30/06/22		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	31/01/23	Delivered, Not Yet Evidenced	On Track	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. Exception report received at Nov-22 MTAC and deadline accepted for Jan-23 for delivery evidence. The Dec-22 MTAC approved this action as 'delivered, not yet evidenced' and moved back to 'on track' as new QI lead in post and job description embedded as evidence	13/12/22	31/03/23		H. Flavell	L. Branfield	Monday.com
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

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 10.01.2023
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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 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. Egleton	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	Not Yet Delivered	On Track	Action moved back to 'not yet delivered' at the Oct-22 MTAC. An exception report was presented requesting a deadline extension to Mar-23 (delivery date) and Sep-23 (assurance date), both of which were accepted. The action is 'on track' for progress, as work is underway to ensure ANNPs can visit another NICU as part of their training.	03/02/22	30/10/22		H. Flavell	W. Tyler	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.

APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

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

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 1: Enhanced Safety													
Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight													
1.1	Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMS agendas at least every 3 months.	Y	10/12/20	28/02/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	08/03/22	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	31/03/23	Not Yet Delivered	On Track	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'. - No exception reports presented at Oct-22 or Nov-22 MTAC meetings. - An exception report was brought to the Dec-22 MTAC. Work has been conducted on the draft MOU with input from the system. However, another exception report will be presented at the Jan-23 MTAC detailing what the delivery and assurance evidence will be, as well as delivery and assurance deadlines for the action to move back 'on track'. The Jan-23 MTAC accepted an exception report requesting deadlines for Mar-23		30/06/23		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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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 was brought to the Oct-22 MTAC requesting that the due dates be marked as 'TBC' until system stakeholders can provide timeframes, to which the committee agreed to.		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 was brought to the Oct-22 MTAC requesting that the due dates be marked as 'TBC' until system stakeholders can provide timeframes, to which the committee agreed to.		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	TBC	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. The Oct-22 MTAC agreed for the due dates to be marked as 'TBC' until system stakeholders can provide timeframes.		TBC		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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at the Nov-22 MTAC as the maternity specialist centres are established. The action can move to 'evidence and assured' when audits have been conducted.	08/11/22	30/06/23		H. Flavell	G. Calcott	Monday.com
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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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.

LAF 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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/09/22	31/01/23	11/10/22	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	Evidenced and Assured	Completed	The Jan-23 MTAC accepted this action as complete - 'evidenced and assured'.	13/12/22	31/03/24	10/01/23	H. Flavell	A. Lawrence	Monday.com
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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at Nov-22 MTAC	08/11/22	31/05/23		H. Flavell	A. Lawrence	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	08/11/22	30/04/23	08/11/22	H. Flavell	A. Lawrence	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	08/11/22	30/04/23	08/11/22	H. Flavell	A. Lawrence	Monday.com
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	30/05/23	Not Yet Delivered	On Track	This action comprises three subactions (linked to 14.10 and 14.11). Workshop held with MVP colleagues in Dec-22 to revise evidence requirements and deadlines.		30/08/23		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	09/08/22	30/04/23	11/10/22	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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/12/22	31/03/24	13/12/22	H. Flavell	A. Lawrence	Monday.com

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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	Evidenced and Assured	Completed	The Jan-23 MTAC accepted this action as complete - 'evidenced and assured'.	11/10/22	31/01/23	10/01/23	H. Flavell	A. Lawrence	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/12/22	31/08/23	13/12/22	H. Flavell	A. Lawrence	Monday.com
14.17	All staff involved in preparing complaint responses must receive training in complaints handling.	Y	30/03/22	31/03/23	Not Yet Delivered	On Track	This action comprises five subactions. It is likely that they will be delivered by Mar-23 and fully embedded by Jun-23. Progress for this action is currently at 'on track' for delivery as training in complaints handling has already commenced.		30/06/23		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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at Dec-22 MTAC	13/12/22	31/08/23		H. Flavell	A. Lawrence	Monday.com
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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at Nov-22 MTAC	08/11/22	30/04/23		H. Flavell	A. Lawrence	Monday.com
14.21b	Matters arising from clinical incidents must contribute to the annual audit plan.	Y	30/03/22	30/05/23	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at Dec-22 MTAC	13/12/22	03/08/23		H. Flavell	A. Lawrence	Monday.com

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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	This action comprises two subactions. They will likely be delivered by Sep-22 and fully embedded by Jan-23. Action accepted as 'delivered, not yet evidenced' at Aug-22 MTAC.	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	31/03/2023	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. Exception report approved at the Dec-22 MTAC for new delivery date of Mar-23 and assurance date of Jun-23		30/06/23		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	11/10/22	31/01/23	13/12/22	H. Flavell	A. Lawrence	Monday.com

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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	Evidenced and Assured	Completed	Action complete - evidenced and assured	11/10/22	30/04/23	11/10/22	H. Flavell	A. Lawrence	Monday.com

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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	30/03/23	Not Yet Delivered	On Track	Exception report approved at the Dec-22 MTAC for new delivery date of Mar-23 and assurance date of Sep-23.		30/09/23		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	30/03/23	Not Yet Delivered	On Track	Exception report approved at the Dec-22 MTAC for new delivery date of Mar-23 and assurance date of Sep-23.		30/09/23		H. Flavell	M. Underwood	

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Local Actions For Learning Theme 11: Diabetes Care													
14.32	The Trust must develop a robust pregnancy diabetes service that can accommodate timely reviews for women with pre-existing and gestational diabetes in pregnancy. This service must run on a weekly basis and have internal cover to permit staff holidays and study leave.	Y	30/03/22	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	Delivered, Not Yet Evidenced	On Track	Action approved as 'delivered, not yet evidenced' at the Oct-22 MTAC	11/10/22	30/04/23		H. Flavell	A. Lawrence	Monday.com

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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	Evidenced and Assured	Completed	Action complete - evidenced and assured	11/10/22	30/04/23	10/01/22	H. Flavell	M. Underwood	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	08/11/22	30/04/23	08/11/22	H. Flavell	A. Lawrence & C. McInnes	Monday.com

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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	This action comprises four subactions. 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.		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	This action comprises two 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.		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	On Track	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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/12/22	31/08/23	13/12/22	H. Flavell	A. Lawrence & M. Underwood	Monday.com

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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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/12/22	31/08/23	13/12/22	H. Flavell	A. Lawrence	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	08/11/22	30/04/23	08/11/22	H. Flavell	A. Lawrence	Monday.com

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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	30/11/23	Not Yet Delivered	On Track	Action dependent on external stakeholders. Workshop held with LMNS colleagues in Dec-22. Evidence requirements revised and new deadlines agreed. Exception report accepted at Jan-23 MTAC with deadline proposals.		31/03/24		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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at Nov-22 MTAC	08/11/22	30/08/23		J. Jones	L. Branfield	Monday.com
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	On Track	This action comprises four subactions. The aim is to deliver this action 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. MTPG will propose this action to move to 'at risk' for progress due to challenges to deliver. An exception report will be presented to the Nov-22 MTAC.		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	On Track	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	On Track	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	
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	On Track	This action comprises six 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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LAFI 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 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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at Dec-22 MTAC	13/12/22	30/04/23		H. Flavell	C. McInnes	Monday.com

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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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at Dec-22 MTAC	13/12/22	31/08/23		H. Flavell	M. Underwood	Monday.com
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	This action comprises six 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 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.		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	This action comprises two subitems. 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.)		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

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Immediate and Essential Action 1: Workforce planning And Sustainability													
The recommendations from the Health and Social Care Committee Report: The safety of maternity services in England must be implemented. We state that the Health and Social Care Select Committee view that a proportion of maternity budgets must be ring-fenced for training in every maternity unit should be implemented.													
1.1	The investment announced following our first report was welcomed. However to fund maternity and neonatal services appropriately requires a multi-year settlement to ensure the workforce is enabled to deliver consistently safe maternity and neonatal care across England.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		J. Jones	H. Flavell	
1.2	Minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the LMNS. This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational CNST and CQC requirements.	Y	30/03/22	\	Delivered, Not Yet Evidenced	On Track	The Jan-23 MTAC accepted this action as 'delivered, not yet evidenced'.		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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at the Nov-22 MTAC.	08/11/22	31/08/23		H. Flavell	A. Lawrence	Monday.com

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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	On Track	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	On Track	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.		31/03/24		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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at the Nov-22 MTAC.	08/11/22	31/08/23		H. Flavell	M. Underwood	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/12/22	30/04/23	13/12/22	H. Flavell	A. Lawrence	Monday.com

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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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at the Dec-22 MTAC.	13/12/22	30/04/23		H. Flavell	A. Lawrence	Monday.com
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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/09/22	31/01/23	11/10/22	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 received 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	Evidenced and Assured	Completed	Action complete - evidenced and assured	11/10/22	31/01/23	11/10/22	H. Flavell	M. Underwood, C. McInnes, A. Lawrence	Monday.com

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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	28/02/23		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	On Track	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	On Track	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	28/02/23	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 as it will require further work with external partners (i.e. MVP).		30/04/23		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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at Nov-22 MTAC.	08/11/22	30/04/23		H. Flavell	A. Lawrence	Monday.com
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	Evidenced and Assured	Completed	The Jan-23 MTAC accepted this action as complete - 'evidenced and assured'.	10/01/23	31/01/23	10/01/23	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	31/05/23	Delivered, Not Yet Evidenced	On Track	The Jan-23 MTAC accepted this action as 'delivered, not yet evidenced'.		30/08/23		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	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.		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/12/22	31/03/24	13/12/22	H. Flavell	C. McInnes, A. Lawrence, M. Underwood	Monday.com

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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	On Track	Action linked to external dependencies. Further analysis needed before deadlines can be established. Work underway with LMNS/ICB system stakeholders.		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	28/02/23	Not Yet Delivered	On Track	Action linked to external dependencies. Workshop help with LMNS and deadlines agreed in Dec-22.		30/04/23		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	28/02/23	Delivered, Not Yet Evidenced	On Track	The Jan-23 MTAC accepted this action as 'delivered, not yet evidenced'.		30/04/23		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	28/02/23	Not Yet Delivered	On Track	Action linked to external dependencies. Work underway with system stakeholders.		30/04/23		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	28/02/23	Not Yet Delivered	On Track	Action linked to external dependencies. Work underway with system stakeholders. Workshop held with LMNS colleagues in Dec-22 to agree deadlines and revise evidence requirements.		30/04/23		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	On Track	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	28/02/23	Evidenced and Assured	Completed	The Jan-23 MTAC accepted this action as complete - 'evidenced and assured'.	10/01/23	30/04/23	10/01/23	H. Flavell	M. Underwood	Monday.com
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	28/02/23	Not Yet Delivered	On Track	Action linked to external dependencies. Work underway with system stakeholders. Workshop held with LMNS colleagues in Dec-22 to agree deadlines and revise evidence requirements.		30/04/23		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	Evidenced and Assured	Completed	Action complete - evidenced and assured	08/11/22	30/04/23	08/11/22	H. Flavell	A. Lawrence, M. Underwood	Monday.com
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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at Nov-22 MTAC	08/11/22	30/04/23		H. Flavell	A. Lawrence, M. Underwood	Monday.com
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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at Nov-22 MTAC	08/11/22	30/03/24		H. Flavell	J. Jones	Monday.com
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	On Track	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	On Track	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	On Track	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	On Track	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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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	On Track	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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at the Dec-22 MTAC.	13/12/22	30/04/23		H. Flavell	J. Jones	Monday.com
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	31/12/22	Evidenced and Assured	Completed	The Jan-23 MTAC accepted this action as complete - 'evidenced and assured'.	13/12/22	30/01/23	10/01/23	H. Flavell	J. Jones	Monday.com

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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	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/12/22	31/03/24	13/12/22	H. Flavell	M. Underwood	Monday.com
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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at the Dec-22 MTAC.	13/12/22	31/03/24		H. Flavell	M. Underwood	Monday.com
12.3	Postnatal readmissions must be seen within 14 hours of readmission or urgently if necessary	Y	30/03/22	30/11/23	Delivered, Not Yet Evidenced	On Track	Action accepted as 'delivered, not yet evidenced' at the Dec-22 MTAC.	13/12/22	31/03/24		H. Flavell	M. Underwood	Monday.com
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	Delivered, Not Yet Evidenced	On Track	Action approved as 'delivered, not yet evidenced' at Oct-22 MTAC	11/10/22	30/04/23		H. Flavell	A. Lawrence	Monday.com
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	31/03/23	Not Yet Delivered	On Track	An exception report was presented to the Oct-22 MTAC requesting the action move back to 'not yet delivered', plus deadline extensions to Mar-23 for delivery evidence and Sep-23 for assurance evidence. Although the action has moved back to red, work is underway to mitigate staffing challenges to ensure ANNPs have opportunity for secondments to attend other NICUs.		30/09/23		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

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 10.01.2023
APPENDIX ONE
FINAL OCKENDEN REPORT ACTION PLAN

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
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	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 and may require further recruitment. Nevertheless, progress is currently at 'on track' for delivery as current staffing is being reviewed.		31/03/24		H. Flavell	C. McInnes, M. Underwood	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.

FINAL OCKENDEN REPORT ACTION PLAN

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 15: Supporting Families													
Care and consideration of the mental health and wellbeing of mothers, their partners and the family as a whole must be integral to all aspects of maternity service provision. Maternity care providers must actively engage with the local community and those with lived experience, to deliver services that are informed by what women and their families say they need from their care													
15.1	There must be robust mechanisms for the identification of psychological distress, and clear pathways for women and their families to access emotional support and specialist psychological support as appropriate.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		H. Flavell	C. McInnes	
15.2	Access to timely emotional and psychological support should be without the need for formal mental health diagnosis, as psychological distress can be a normal reaction to adverse experiences.	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		H. Flavell	C. McInnes	
15.3	Psychological support for the most complex levels of need should be delivered by psychological practitioners who have specialist expertise and experience in the area of maternity care	Y	30/03/22	TBC	Not Yet Delivered	Not Started	Action linked to external dependencies. Further analysis needed before deadlines can be established.		TBC		H. Flavell	C. McInnes	

Colour	Status	Description
Red	Not yet delivered	Recommendation is not yet in place; there are outstanding tasks.
Yellow	Delivered, Not Yet Evidenced	Recommendation is in place with all tasks complete, but has not yet gone through the assurance and sign-off process.
Green	Evidenced and Assured	Recommendation is in place; evidence proving this has been approved by executive and signed off by committee.

Glossary and Index to the Ockenden Report Action Plan

Colour coding: Delivery Status

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

Colour coding: Progress Status

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

Accountable Executive and Owner Index

Name	Title and Role	Project Role
Hayley Flavell	Executive Director of Nursing	Overall MTP Executive Sponsor
John Jones	Executive Medical Director	Overall MTP Executive co-sponsor
Martyn Underwood	Medical Director, Women & Children's Division	Senior Responsible Officer, MTP and Accountable Action Owner
Guy Calcott	Obstetric Consultant	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	4	1	20
Total	52	6	4	42

Progress Status

Action Type	Total number of actions	Not Started	On Track	At Risk (see exception report)	Off Track (see exception report)	Completed
LAFL	27	0	5	0	0	22
IEA	25	0	2	0	3	20
Total	52	0	7	0	3	42

Counts

**Ockenden 2
Delivery Status**

Action Type	Total number of actions	Not yet delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
LAFL	66	23	12	31
IEA	92	37	18	37
Total	158	60	30	68

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	3	32	0	0	31
IEA	92	11	44	0	0	37
Total	158	14	76	0	0	68

Combined actions - Delivery status

Action Type	Total number of actions	Not yet delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
LAFL	93	25	15	53
IEA	117	41	19	57
Total	210	66	34	110

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	3	37	0	0	53
IEA	117	11	46	0	3	57
Total	210	14	83	0	3	110

Combined actions (210) based on delivery statuses

Board meetings	Not yet delivered	Delivered, not yet evidenced	Evidenced and assured
May-22	146	24	40
Jun-22	146	23	41
Jul-22	146	5	59
Aug-22	130	9	71
Sep-22	122	13	75
Oct-22	107	17	86
Nov-22	102	16	92
Dec-22	87	26	97
Jan-23	70	35	105
Feb-23	66	34	110

