

Ockenden Report Assurance Committee AGENDA

Meeting Details

Date Tuesday 25 April 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
2023/23	Welcome Apologies Welcome to any new members/observers	Verbal	Maxine Mawhinney Co-Chair	Noting	14.30 (15 min)
2023/24	Declarations of Interest relevant to agenda items	Verbal	Maxine Mawhinney Co-Chair	Noting	
2023/25	Minutes of meeting on 28 March 2023	Enc. Verbal	Maxine Mawhinney Co-Chair	Approval	
2023/26	Progress position of the 210 actions arising from the Ockenden Reports	Presentation	Annemarie Lawrence Director of Midwifery (Women and Children's Division) Kim Williams Deputy Director of Midwifery Fiona McCarron Consultant Midwife	For information	14:45 (50 mins)

2023/27	Integrated Working – Obstetric Anaesthesia	Presentation	Dr Lorien Branfield Consultant Anaesthetist <u>Anaesthetic colleagues present include:</u> Catherine Devonport Project Manager Dr Yee Cheng (consultant lead for audit in obstetric anaesthesia) Dr Edwin Borman (Consultant lead for QI in obstetric anaesthesia) Dr Sai Annadurai (CD for PRH anaesthesia)	Discussion/ For Assurance	15.35 (50 mins)
2023/28	Discussion and reflection on the meeting and one year on from the publication of the final Ockenden Report: <ul style="list-style-type: none"> • Key messages from the meeting for the Board of Directors • Reflections one year on from publication of the final Ockenden Report • Feedback from Stakeholders on progress to date • Key messages for service users - women and families Any other steps we need/wish to take.	Verbal	Maxine Mawhinney Co-Chair All	Discussion	16.25 (25 min)
2023/29	Any other Business Future meeting Dates Meeting closes: Date of Next Meeting: Tuesday 25 May @ 14:30-17:00 hrs. Meeting will open to members to log in from 1400 hrs. Via MS Teams – to be live. streamed to the public	Verbal Verbal	Maxine Mawhinney Co-Chair/All Mike Wright Programme Director – Maternity Assurance		16.55 (5 min)

1. Enclosures:

- a. Draft Minutes of ORAC meeting on 28 March 2023.
- b. Board of Directors' April 2023 – Ockenden Report Progress Report and Action Plan

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

31 January 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. People and culture – Focus on compassionate care from both our staff and service user perspective linked to complaints management.
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.
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
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
30 May 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Postnatal support
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
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 Meetings will be held alternate months hereafter.
29 August 2023	No Meeting
26 September 2023	TBC
31 October 2023	No Meeting
28 November 2023	TBC
December – No Meeting	TBC

Topics yet to be included:

- MBRRACE Data 2020 & 2021
- Maternity & Neonatal Safety Champions – role and observations
- Learning from Investigations



The Shrewsbury & Telford Hospital NHS Trust

Ockenden Report Assurance Committee meeting in PUBLIC

28th March 2023 via MS Teams

Minutes

NAME	TITLE
MEMBERS	
Ms Maxine Mawhinney	Co- Chair
Ms H Flavell	Director of Nursing (Trust)
Dr John Jones	Medical Director (Trust)
Professor Trevor Purt	Non-Executive Director (Trust), Chair of Audit & Risk Committee
Dr Tim Lyttle	Associate Non-Executive Director & Maternity Safety Champion
ATTENDEES	
Ms Carol McInnes	Divisional Director of Operations (Women and Children's) (Trust)
Dr Mei-See Hon	Clinical Director – Obstetric & Maternity Services
Mr K Haynes	Independent Governance Consultant
Ms Cristina Knill	Senior Project Manager - Maternity Transformation Programme
Ms Charlotte Robertshaw	Communications Lead – Maternity (Trust)
Mr M Wright	Programme Director Maternity Assurance (Trust)
Ms Angela Loughlin	Maternity Voices Partnership (MVP) Development Co-ordinator
Ms Annemarie Lawrence	Director of Midwifery (Trust)
Ms Kim Williams	Deputy Director of Midwifery
Ms Claire Eagleton	Deputy Director of Midwifery & Matron Inpatient Service
Dr Patricia Cowley	Clinical Director Neonatal Services
Mr Simon Meighan	NHSEI Maternity Improvement Support
Ms Vanessa Barrett	Chair – Healthwatch Shropshire
Ms Sharon Fletcher	NHS Shropshire, Telford & Wrekin ICB – Senior Quality Lead & Patient Safety Specialist
APOLOGIES	
Ms Louise Barnett	Chief Executive (Trust)
Dr Catriona McMahon	Co-Chair

No.	ITEM	ACTION
17/23	Welcome, introductions and apologies. Ms Maxine Mawhinney welcomed everyone to the meeting. Apologies were noted as above.	
18/23	Declarations of Conflicts of Interests There were no declarations of interest reported.	

19/23	<p>Minutes of the previous meeting and matters arising</p> <p>The minutes of the previous meeting, held on 28th February 2023, were approved and accepted as a correct record. There were no matters arising.</p>	
20/23	<p>Ockenden Report Action Plan update</p> <p>Ms Carol McInnes presented slides showing the position of the 210 Ockenden Report actions one year on from the publication of the final report. On the high-level timeline of events, it was reported that KPMG have commenced a year two audit and value for money assessment, there has been engagement with other maternity services to share learning and a neonatal focused workshop has been held.</p> <p>Regarding the update on delivery against actions, it was explained that due to unforeseen operational circumstances on the day the Maternity Transformation Assurance Committee scheduled for 13th March 2023 had to be cancelled at very short notice. Therefore, the data reported at this meeting was as of February 2023. Further progress has been made but will be taken forward to the next MTAC meeting in April and then reported to ORAC at the next meeting.</p> <p>The current reported position is that 162 of 210 (77%) actions are delivered. 62% are evidenced and assured, 15% are delivered not yet evidenced and 23% are not yet delivered. Of the 48 red actions not yet delivered, five remain from the first report and 42 from the final report. These are:</p> <ul style="list-style-type: none"> • First Report <ul style="list-style-type: none"> ○ 1 neonatal action (ANNPs rotating to tertiary unit) on track. ○ 4 external actions (LMNS, CQC, NHSEI) one on track, two off track and one de-scoped. • Final report <ul style="list-style-type: none"> ○ 12 external actions. Six on track and six de-scoped (LMNS, NHSEI, Royal Colleges) ○ 31 internal actions. Two not started, two de-scoped and 27 on track. These are large and extra-large actions and are mostly linked to governance and workforce. <p>Ms Annemarie Lawrence presented slides showing the completion rate of the actions from the first report:</p> <ul style="list-style-type: none"> • 47/52 (89%) actions implemented, of which 42 (81%) are evidenced and assured, 5 (10%) are delivered, not yet evidenced. • 5/52 (10%) actions are not yet delivered. <p>Of the progress:</p> <ul style="list-style-type: none"> • 42 (81%) are complete • 5 (10%) are embedding 	

	<ul style="list-style-type: none"> • 2 (4%) are off track • 2 (4%) are on track • 1 (2%) is de-scoped <p>The five red, not yet delivered actions are:</p> <ul style="list-style-type: none"> • LAFL 4.100 - Consultant neonatologists and ANNPs must have the opportunity of regular observational attachments at another neonatal intensive care unit. Plans underway for ANNPs to attend another NICU. On track to be delivered October 2023. • IEA 1.4 - The action states that 'an LMNS cannot function as one maternity service only'. LMNS colleagues are working on buddying-up agreement, in partnership with SaTH and potential partner LMNS's. On track to be delivered June 2023. • IEA 2.1 - This action relates to Trusts creating an independent senior advocate role which reports to both the Trust and the LMNS Boards. These roles are being developed, defined and recruited nationally. It is understood that this process is underway. Action to remain 'off track' with due date of 'TBC' until timeframes are known, but six candidates have been shortlisted for this post and an interview date is to be confirmed. • IEA 2.2 - The action states that 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. Once in post, methodology for this is to be developed. Action linked to IEA 2.1. Off track. • IEA 2.4 - This action indicates that 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 (MVP). This rests with the CQC to deliver and is therefore de-scoped. <p>The completion report of actions from the final report shows:</p> <ul style="list-style-type: none"> • 115/158 (73%) actions implemented, of which 88 (56%) are evidenced and assured, 27 (17%) are delivered not yet evidenced and 43 (27%) are not yet delivered. <p>Of the progress:</p> <ul style="list-style-type: none"> • 88 (56%) are complete • 26 (16%) are embedding • 22 (21%) are on track • 9 (6%) are de-scoped • 2 (1%) are not started 	
--	--	--

	<p>In summary:</p> <ul style="list-style-type: none"> • Over the coming months the focus will be on the larger, more complex actions that now need to be delivered. • The team are ahead of schedule for delivery and have focused on those actions with higher risk scores initially as part of the prioritisation process. • The Divisions can provide assurance that work continues at pace to deliver the rest of the programme. • Of the 47 actions delivered from the first report, audits are being carried out to ensure that actions rated as green-green sustain those ratings. • Of the five actions from the first report not yet delivered, four lie outside of SaTH's direct control and have external dependency linked to LMNS, CQC and NHSEI. • Of the 27% of actions not yet delivered from the final report, over two-thirds of those are underway. <p>Ms Annemarie Lawrence presented slides showing a summary of improvements made following the first Ockenden Report broken down under themes:</p> <ul style="list-style-type: none"> • IEA 1 – Safety: dashboard/data sharing, robust reporting for data oversight/sharing, LMNS buddying up agreement, SI reports shared with LMNS • IEA 2 – Women's Voices: independent senior advocate role created, NED co-chairing safety champions, CQC working with MVP • IEA 3 – Training: PROMPT training, multidisciplinary ward rounds, funding allocated strictly for training, incidents investigated and learning shared timely • IEA 4 – Clear Pathways: named consultant leads, guidelines benchmarked against national standards, clinical risk assessments at every appointment, maternal medicine specialist clinics in place • IEA 5 – Personalised Care Meetings: Use of Badgernet standardising risk assessment, personalised care planning meetings for individualised care, clear pathways for changes in risk assessment • IEA 6 – Fetal Monitoring: fetal monitoring leads in place, mandatory electronic fetal monitoring training, evidenced delivery of Saving Babies Lives care bundle v2 • IEA 7 – Informed Consent: information leaflets and website updated, maternity personalised care and support planning meeting, birth preferences cards produced <p>And themes taken from LAFLs:</p> <ul style="list-style-type: none"> • Theme 1: Maternity Care. Specific improvements include: <ul style="list-style-type: none"> ○ Accurate information provided (leaflets, website, videos, etc) 	
--	---	--

- Clinical governance team well-resourced
- Consultant-led ward rounds
- Lead midwife and obstetrician for bereavement care
- National Bereavement care pathway adopted
- Theme 2: Maternal Death. Avoiding maternal death:
 - Audits against escalation policy
 - Women with pre-existing comorbidities seen by specialist MDT
 - Named consultant for high-risk women
 - Early referrals to Maternal Medicine Specialist Centre
 - All guidelines benchmarked against national standards
- Theme 3: Obstetric Anaesthesia. Anaesthetic improvements:
 - PROMPT attendance and teaching
 - Ward round attendance
 - Guidelines reviewed and audited
 - Escalation to the on-call consultant guideline
 - Quality improvement methods in place to improve service
 - Learning from incident investigations alongside maternity colleagues
- Theme 4: Neonatal Services. Neonatal service improvements:
 - Neonatologists and ANNPs visiting other NICUs for learning
 - Medical and nursing notes combined
 - Neonatal exception reports shared with network
 - Business case produced to align with BAPM standards

A slide was presented showing some of the ideas from previous 15 Steps events that have been implemented to date, these include:

- Maternity web page now includes a video walkthrough from the car park, through the Atrium to the Delivery Suite
- Lights with Bluetooth speakers and soft glow in place on Delivery Suite
- Triage phone lines relocated to a private office
- Wall murals agreed and design produced, currently awaiting delivery
- Trust redecoration programme will add softer colours to birthing rooms and relocation of the welcome board
- Large birth preferences posters in each birthing room, which include support people's names
- Awaiting delivery of wall posters to promote a range of different coping strategies and labour/birth positions
- Noticeboards on Delivery Suite reviewed and acronyms removed

An improvement example was presented showing information from the Facebook page. The Maternity Services page was launched in October 2022, it offers health and pregnancy advice, innovations, improvements, staff achievements and patient experiences. The page provides opportunities to get in touch with feedback or questions and allows the service to respond to and signpost users who contact the page. The page has more than 1,250 followers and has reached more than 7,000 people in the last 28 days with more than 3,000 engagements.

	<p>Another improvement example, the birth preferences card, was presented. Service users carry this card with them when they come into the Delivery Suite. This card has received excellent feedback and has now been patented. Many external providers have been in touch with the team to ask if this card could be shared more widely.</p> <p>Next steps for the team:</p> <ul style="list-style-type: none"> • To continue delivering the Ockenden actions on time, before March 2024. • To continue reviewing completed actions to ensure they remain evidenced and assured. • To measure success following the delivery of the Ockenden actions using key performance indicators. • To create a business-as-usual process in preparation for the closure of the maternity transformation programme in March 2024 to ensure improvements are able to be sustained. • To continue to support and engage with staff providing them with compassionate leadership and an open and honest culture. • To continue to engage with the communities that are served to restore their confidence in the service. 	
21/23	<p>Learning from complaints</p> <p>Ms Claire Eagleton presented slides on the complaints management process put in place following the Ockenden Review. Of the seven actions specifically related to complaints, six are evidenced and assured, one is not yet delivered. LAFL 14.17 “all staff involved in preparing complaint responses must receive training in complaints handling”. This is on track and the most appropriate training is being sourced. Ms Angela Loughlin of the local MVP explained that joint working has taken place in order to meet the actions by having working party groups with service users.</p> <p>Statistics of complaint themes and trends were presented. Zero complaints were received in Feb 2023, six in January 2023 and four in December 2022. The themes of the complaints and points for learning and consideration were presented as follows:</p> <ul style="list-style-type: none"> • Clinical Practice <ul style="list-style-type: none"> ○ Due diligence when taking blood and processing samples • Clarity of Information <ul style="list-style-type: none"> ○ Explanation of risks associated with Caesarean sections ○ Explanation of detail in interventions (hormone drop and fluids) ○ Explanation of catheter insertion ○ Explanation of sterilisation after Caesarean section • Communication/Attitude and Behaviour <ul style="list-style-type: none"> ○ Empathy from staff (asking family members to leave the clinical area) 	

	<ul style="list-style-type: none"> ○ Communication style from receptionist facilitating the opportunity to ask domestic abuse questions without partner present ○ Politeness/insensitivity from staff regarding high BMI ○ Mental health and domestic abuse questions to service users as part of booking process <p>A process map was presented showing the standardised route taken by a complaint once it is received in the Trust to when the complaint is closed. The meeting was presented with an example of a real-life complaint received. Videos were presented showing the learning that was identified and actions created to areas for improvement.</p> <p>In summary:</p> <ul style="list-style-type: none"> • Always grateful to service users for sharing their experiences • Value working closely with MVP colleagues • Service user feedback makes it possible for the Trust to ensure concerns are investigated • Complaints management process ensures a standardised approach • Complaints and compliments folder in place in each clinical area, updated every quarter • Complaints report is a standing agenda item on monthly clinical governance meetings • Complaint themes are a standing agenda item on monthly ward meetings and discussed at monthly patient and carer experience meetings • Complaint themes are shared in monthly clinical governance 'Gems' newsletter • Remain committed to continuing to learn and improve the service user experience <p>Questions were invited from the meeting attendees.</p>	
22/23	<p>Discussion and reflection:</p> <p>Ms Mawhinney asked if the numbers of complaints received during December through to February was a number to be expected. Ms Eagleton explained that the numbers do fluctuate month on month but she would not anticipate seeing complaints numbers in double figures. The Patient Advice and Liaison Service (PALS) is a first line of communication often before a service user feels that they need to make an official complaint.</p> <p>Ms Vanessa Barrett commented that the presentation regarding the complaints procedure has been very positive and she asked for assurance that learnings from complaints are then put into place. Ms Eagleton confirmed that this is definitely part of the complaints process, especially to identify steps and reduce the risk of the event happening again for another service user. Ms Lawrence added that the complaints and compliments folder in use helps staff to see the response and how</p>	

	<p>the complaints have been addressed.</p> <p>Ms Mawhinney asked for further details about the training in complaints handling associated with LAFL 14.17. Ms Eagleton explained that staff have been identified but there is no nationally recognised training course available, so the team is looking at finding a solution to this and something bespoke is likely to be developed. Ms Loughlin added the MVP along with a group of service users met with the Head of Complaints at SaTH to talk through the key themes and feedback received from the complaints process. It is important that each complaint is dealt with individually and compassionately.</p> <p>Ms Lawrence added with regard to the lack of nationally recognised training it was important to note that all persons in the Division involved in complaints has had in-house training. Ms Lawrence referred to the Co-ordinator training programme that has been put together by Ms Kim Williams, stating that the national team have now approached her to be involved in a wider roll-out of this training from a national perspective.</p> <p>Mr Simon Meighan added that there are lots of complaints handling courses that people can attend, but none of them are recognised by the NHS, making this a challenge, but he sees this as an opportunity for SaTH to lead the way, potentially contacting a local College to get accreditation for the in-house course that is currently being used.</p> <p>Ms Hayley Flavell added that the team do receive a lot of requests and so she has contacted the regional Chief Nurse and Chief Midwife to offer up a suggestion of holding a workshop session regionally or nationally to talk about the improvements and progression SaTH has made. Ms Williams added that she felt an e-learning for health module could be developed whilst a national complaints handling training workshop was being developed.</p> <p>Ms Mawhinney asked Ms Lawrence to comment on whether audits being carried out have shown any data on the actions that have previously been delivered and assured and whether they are being sustained. Ms Lawrence explained that the cycle of business for audits would pick up if any actions were not being sustained resulting in a review at MTAC and remediation.</p> <p>Reflecting on the first anniversary of the publication of the final Ockenden Report, Ms Loughlin gave feedback from some community events that have taken place explaining that many women are saying they can see a marked improvement in the care received. Any areas where they feel work is still needed are being fed back into the Trust, for example in the area of infant feeding. Ms Lawrence responded to this point by adding discussions had taken place regarding funding for a breastfeeding initiative.</p> <p>Ms Barrett asked that the Board be made aware of the progress that has been made on the whole complaints process, adding that she felt this could be set as a challenge for the Board to think about embedding this</p>	
--	--	--

	<p>across the whole Trust.</p> <p>Ms Mawhinney asked Dr Tim Lyttle for his thoughts on the meeting, having only very recently joined the Trust He responded to say the appetite for improvement is really significant and that there seems to be an overall positive shift in the position of the service.</p>	
23/23	Date of Next Meeting: Tuesday 25th April 2023 @ 14:30 – 17:00 Hrs	

DRAFT

Board of Directors' Meeting in Public: 13 April 2023

Agenda item		XX/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			
CQC Domain:		Link to Strategic Goal:		Link to BAF / risk:	
Safe	√	Our patients and community	√	BAF1, BAF2 & BAF 3	
Effective	√	Our people	√		
Caring	√	Our service delivery	√	Trust Risk Register id:	
Responsive	√	Our governance	√	CRR 16, 18, 19, 23, 27, 7, 31	
Well Led	√	Our partners	√		
Consultation Communication		Directly to the Board of Directors			
Executive summary:		This report provides an update on the following matters: <ul style="list-style-type: none">• The position in relation to the actions from both Ockenden Reports, as at 14 February 2023.• The Ockenden Report Assurance Committee• A request to have time with the Board to decide and agree future maternity reporting arrangements.			
Recommendations for the Board:		The Board of Directors is requested to: <ul style="list-style-type: none">• Receive this report for information and assurance.• Approve the action in section 8.2.• Decide if any further information, action and/or assurance is required.			
Appendices:		<ul style="list-style-type: none">• Appendix One, which is contained in the Supplementary Information Pack that accompanies the Board papers.			

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 14 February 2023.
- The Ockenden Report Assurance Committee
- A request to have time with the Board to decide and agree future maternity reporting arrangements.

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 Phasing of the delivery of the required actions

3.1 The current timeframe profile for all actions (both reports) to be delivered is, as follows:

Financial year	Number of actions expected to be implemented fully during this period
2021-22	40 (all implemented)
2022-23	52
2023-24	102
Yet to be determined	16

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 all the required actions (both reports), the breakdown is, as follows:

Lead agent	Number of Actions
Internal (Trust only)	172
External (combined Trust- external agencies)	38

- 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 be provided on request.
- 3.4 Since the last version of this report to the Board in February 2023 (with the January 2023 position), the Maternity Transformation Assurance Committee (MTAC) met on 14 February 2023. The MTAC scheduled for March 2023 was postponed due to unforeseen circumstances. As such, the position reported in this report is as at 14 February 2023, when the changes to the following twenty-seven ratings were confirmed:

3.5 MTAC - Approved rating changes

3.5.1 MTAC 14 February 2023

Action Ref.	Theme	Previous Rating	MTAC Approved Rating 14/02/23
LAFL 4.88	Obstetric Anaesthesia	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 11.5	Obstetric Anaesthesia	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 11.6	Obstetric Anaesthesia	Not Yet Delivered	Delivered Not Yet Evidenced
LAFL 14.54	Obstetric Anaesthesia	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 8.4	Complex Antenatal Care	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 8.5	Complex Antenatal Care	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 9.4	Preterm Birth	Not Yet Delivered	Delivered Not Yet Evidenced
IEA 11.3	Obstetric Anaesthesia	Not Yet Delivered	Evidenced and Assured
IEA 1.6	Workforce Planning and Sustainability	Not Yet Delivered	Evidenced and Assured
IEA 1.8	Workforce Planning and Sustainability	Not Yet Delivered	Evidenced and Assured
IEA 5.1	Incident Investigations and Complaints	Not Yet Delivered	Evidenced and Assured
IEA 6.2	Learning from Maternal Deaths	Not Yet Delivered	Evidenced and Assured
IEA 8.2	Complex Antenatal Care	Not Yet Delivered	Evidenced and Assured
IEA 12.4	Fetal Assessment and Monitoring	Not Yet Delivered	Evidenced and Assured
IEA 15.1	Supporting Families	Not Yet Delivered	Evidenced and Assured

IEA 15.2	Supporting Families	Not Yet Delivered	Evidenced and Assured
IEA 15.3	Supporting Families	Not Yet Delivered	Evidenced and Assured
LAFL 14.7	Improving management of patient safety incidents	Not Yet Delivered	Evidenced and Assured
LAFL 14.51	Obstetric Anaesthesia	Delivered Not Yet Evidenced	Evidenced and Assured
IEA 2.8	Safe Staffing	Delivered Not Yet Evidenced	Evidenced and Assured
IEA 2.10	Safe Staffing	Delivered Not Yet Evidenced	Evidenced and Assured
IEA 5.5	Incident Investigation and Complaints	Delivered Not Yet Evidenced	Evidenced and Assured
IEA 8.3	Complex Antenatal Care	Delivered Not Yet Evidenced	Evidenced and Assured
LAFL 14.4	Neonatal Care	Delivered Not Yet Evidenced	Evidenced and Assured
LAFL 14.8	Neonatal Care	Delivered Not Yet Evidenced	Evidenced and Assured
LAFL 14.23	Improving Guideline Process	Delivered Not Yet Evidenced	Evidenced and Assured
LAFL 14.63	Supporting Families After Review is published	Delivered Not Yet Evidenced	Evidenced and Assured

3.6 Introduction of a new Progress Status descriptor – ‘De-Scoped’

3.6.1 Following a multidisciplinary workshop held in January 2023 and in line with standardised project management methodology, a new progress status descriptor – ‘De-Scoped’ was proposed. MTAC approved this change at its meeting in February 2023.

3.6.3 At the workshop, actions with a delivery status of ‘red’ – ‘not yet delivered’ were revisited and it was noted that ten of these actions lie entirely outside the scope of work of the Maternity Transformation Programme (MTP). This is because such actions lie with national/ regulatory bodies and, therefore, are outside the direct control of the Trust.

3.6.4 Whilst it is appropriate for the action to remain ‘red’ – ‘not yet delivered’ for delivery status purposes, it was agreed for the actions to be marked as ‘de-scoped’ in terms of progress rating.

3.6.5 The Board can be assured that, wherever possible, the Division will remain in contact with the National/ Regulatory bodies at regular intervals to retain sight of any future progress with these actions. As a minimum, all ‘de-scoped’ actions will be brought to MTAC on a quarterly basis to monitor for checking.

3.7 First Ockenden Report - Off Track, ‘At Risk’ or ‘De-Scoped’ Actions.

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

Ockenden ID	IEA 2.1 and 2.2		
Delivery status	Not yet delivered	Progress status	Off track
Reason of exception	<p>NHSEI has set up pilot scheme to evaluate these roles. Trusts and Integrated Care Systems were invited to place a bid to become a pilot site. One of the conditions of application was that Trust's within a single LMNS arrangement would not be able to apply. Despite this, this Trust, and its Integrated Care System (ICS) has been allocated to become a pilot site. All that is known thus far is that six months' worth of funding will be provided, and the ICS is to lead on this. This will be discussed further at the next MTAC meeting in December. The Board of Directors will be apprised of further details as and when these are known. This action remains 'Not Yet Delivered' and is 'Off Track' and will remain so until this project gets underway.</p>		

3.7.2 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.'

Ockenden ID	IEA 2.4		
Delivery status	Not yet delivered	Progress status	De-scoped
Reason of exception	<ul style="list-style-type: none"> This action rests with the Care Quality Commission (CQC) to deliver and work with the MVP at a national level. Therefore, lies outside the MTP scope of work. The Trust continues to communicate with system stakeholders with the aim of delivering at pace. This action will be reviewed at MTAC on a quarterly basis for monitoring purposes. 		

3.8 Final Ockenden Report - Off Track, 'At Risk' or 'De-Scoped' Actions.

3.8.1 IEA 1.1. 'The recommendations from the health and social care committee report: the safety of maternity services in England must be implemented. 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.'

Ockenden ID	IEA 1.1		
Delivery status	Not yet delivered	Progress status	De-scope
Reason of exception	<ul style="list-style-type: none"> This action lies outside the scope of work of the MTP, as relies on National bodies to provide funding. Therefore, lies outside the MTP scope of work. The Trust continues to communicate with system stakeholders with the aim of delivering at pace. This action will be reviewed at MTAC on a quarterly basis for monitoring purposes. 		

- 3.8.2 IEA 1.4. 'The recommendations from the health and social care committee report: the safety of maternity services in England must be implemented. 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.'

Ockenden ID	IEA 1.4		
Delivery status	Not yet delivered	Progress status	De-scoped
Reason of exception	<ul style="list-style-type: none"> This action lies outside the scope of work of the MTP, as relies on National bodies and NHSEI to review BirthRate Plus tool and associated methodology. The Trust continues to communicate with system stakeholders with the aim of delivering at pace. This action will be reviewed at MTAC on a quarterly basis for monitoring purposes. 		

- 3.8.3 IEA 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.'

Ockenden ID	IEA 1.7		
Delivery status	Not yet delivered	Progress status	De-scope
Reason of exception	<ul style="list-style-type: none"> This action lies outside the scope of work of the MTP, as no nationally recognised labour ward coordinator programme is currently available. Nevertheless, as mitigation, robust in-house training has been put in place until a programme is made available nationally for our staff to attend. The Trust continues to communicate with system stakeholders with the aim of delivering at pace. This action will be reviewed at MTAC on a quarterly basis for monitoring purposes. 		

- 3.8.4 IEA 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.'

Ockenden ID	IEA 1.11		
Delivery status	Not yet delivered	Progress status	De-scoped
Reason of exception	<ul style="list-style-type: none"> This action lies outside the scope of work of the MTP, as the action fully dependent on National bodies (RCOG and RCP). The Trust continues to communicate with system stakeholders with the aim of delivering at pace. This action will be reviewed at MTAC on a quarterly basis for monitoring purposes. 		

3.8.5 EA 6.1. '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.'

Ockenden ID	IEA 6.1		
Delivery status	Not yet delivered	Progress status	De-scoped
Reason of exception	<ul style="list-style-type: none"> This action lies outside the scope of work of the MTP, as relies on Royal Colleges. The Trust continues to communicate with system stakeholders with the aim of delivering at pace. This action will be reviewed at MTAC on a quarterly basis for monitoring purposes. 		

3.8.6 IEA 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.'

Ockenden ID	IEA 11.4		
Delivery status	Not yet delivered	Progress status	De-scoped
Reason of exception	<ul style="list-style-type: none"> This action lies outside the scope of work of the MTP, as relies on National bodies obtaining resources. The Trust continues to communicate with system stakeholders with the aim of delivering at pace. This action will be reviewed at MTAC on a quarterly basis for monitoring purposes. 		

3.8.7 IEA 14.5. '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. Each network must report to commissioners annually what measures are in place to prevent units from working in isolation.'

Ockenden ID	IEA 14.5		
Delivery status	Delivered, not yet evidenced	Progress status	De-scoped
Reason of exception	<ul style="list-style-type: none"> This action lies outside the scope of work of the MTP, as now depends on the network to progress this action to 'Evidenced and Assured'. The MTP has progressed the action to 'Delivered, not yet evidenced'. The Trust continues to communicate with system stakeholders with the aim of delivering at pace. This action will be reviewed at MTAC on a quarterly basis for monitoring purposes. 		

3.8.8 LAFL 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.'

Ockenden ID	LAFL 14.1		
Delivery status	Not yet delivered	Progress status	De-scoped
Reason of exception	<ul style="list-style-type: none"> This action lies outside the scope of work of the MTP, as it is superseded by the national implementation of PSIRF. Preparations are underway to enable the efficient roll out system when it becomes available. The Trust continues to communicate with system stakeholders with the aim of delivering at pace. This action will be reviewed at MTAC on a quarterly basis for monitoring purposes. 		

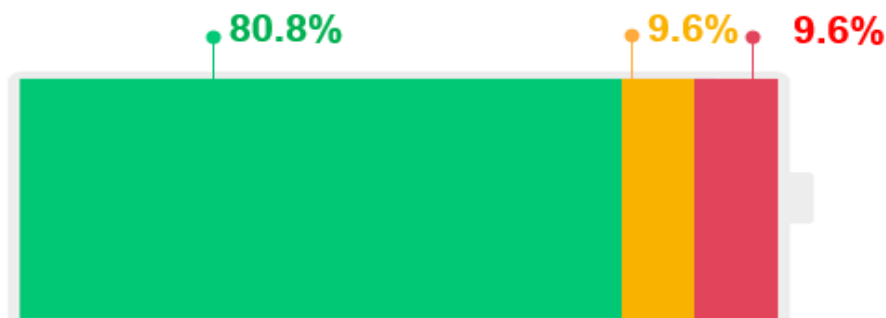
3.8.9 LAFL 14.64. 'There must be dialogue with NHS England and Improvement and commissioners and the mental health trust and wider system locally, aiming to secure resources which reflect the ongoing consequences of such large-scale adverse maternity experiences. Specifically, this must ensure multi-year investment in the provision of specialist support for the mental health and wellbeing of women and their families in the local area.'

Ockenden ID	LAFL 14.64		
Delivery status	Not yet delivered	Progress status	De-scoped
Reason of exception	<ul style="list-style-type: none"> This action lies outside the scope of work of the MTP, as relies on NHSEI, commissioners and mental health trust to secure resources. Systems are in place within the Trust to ensure specialist support for the mental wellbeing of affected families. The Trust continues to communicate with system stakeholders with the aim of delivering at pace. This action will be reviewed at MTAC on a quarterly basis for monitoring purposes. 		

4.0 Delivery and Progress Status

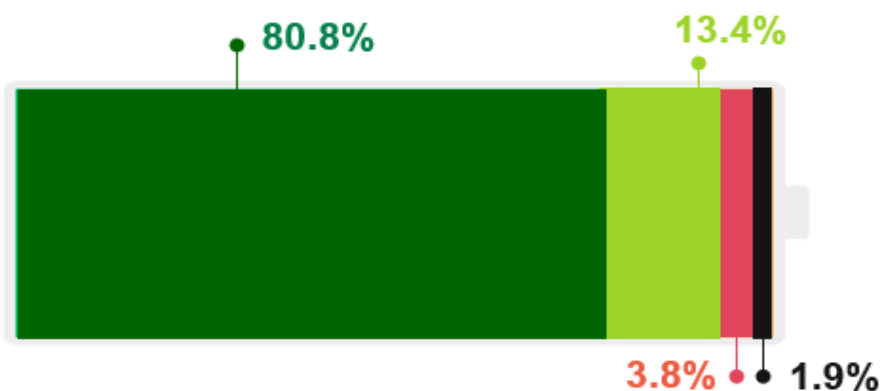
4.1 **First Ockenden Report (2020)**

4.1.1 Delivery battery and statistics



42/52 Actions (80.8%) 'evidenced and assured', 5/52 actions (9.6%) 'delivered, not yet evidenced' and 5/52 actions (9.6%) 'not yet delivered'.

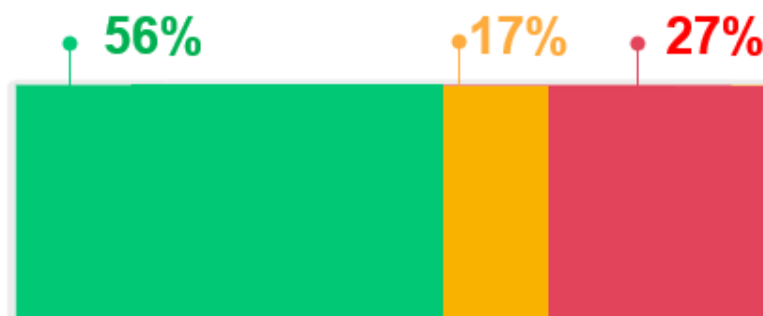
4.1.2 Progress battery and statistics



42/52 Actions (80.8%) 'complete', 7/52 actions (13.4%) 'on track', 2/52 actions (3.8%) 'off track' and 1/52 (1.9%) 'de-scoped'.

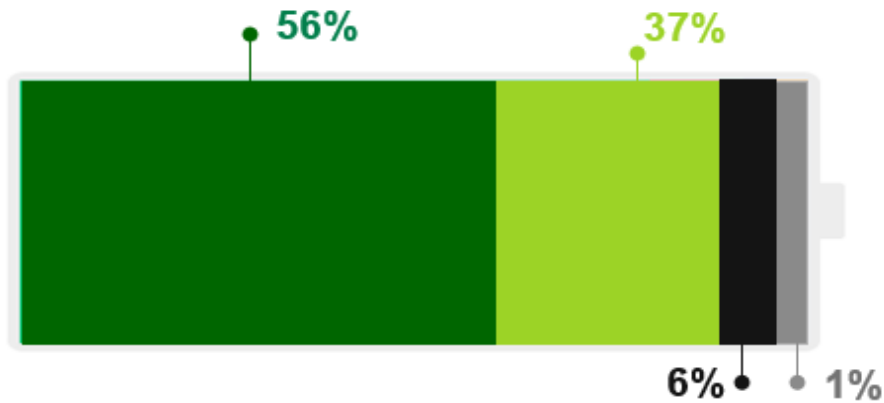
4.2 **Final Ockenden Report (2022)**

4.2.1 Delivery Battery and Statistics



88/158 actions (56%) 'evidenced and assured', 27/158 actions (17%) 'delivered, not yet evidenced', and 43/158 actions (27%) 'not yet delivered'.

4.2.2 Progress Battery and Statistics

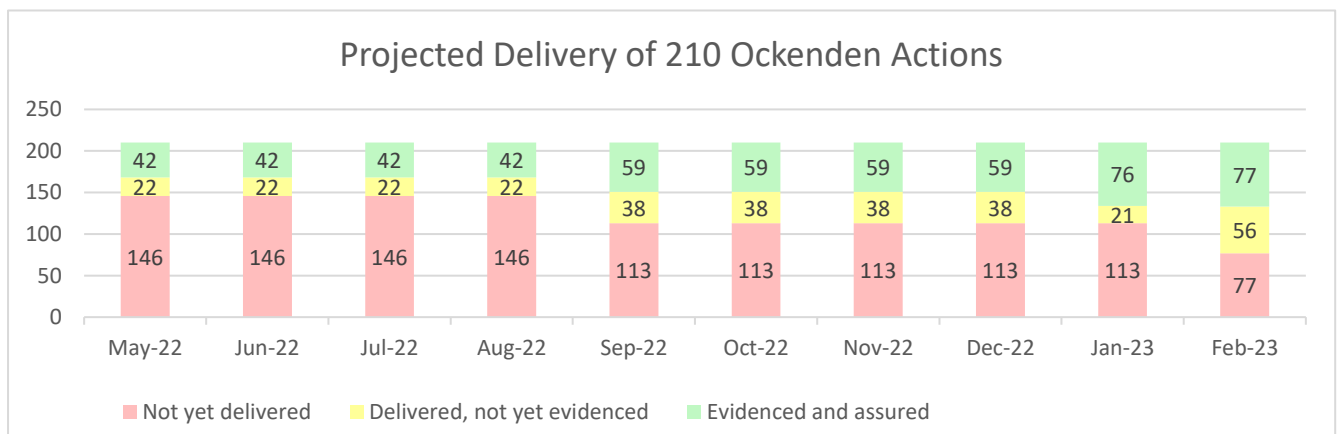


88/158 actions (56%) 'complete', 59/158 actions (37%) 'on track', 9/158 actions (6%) 'de-scoped', and 2/158 actions (1%) 'not started'.

4.3 Delivery Status – Both reports combined.

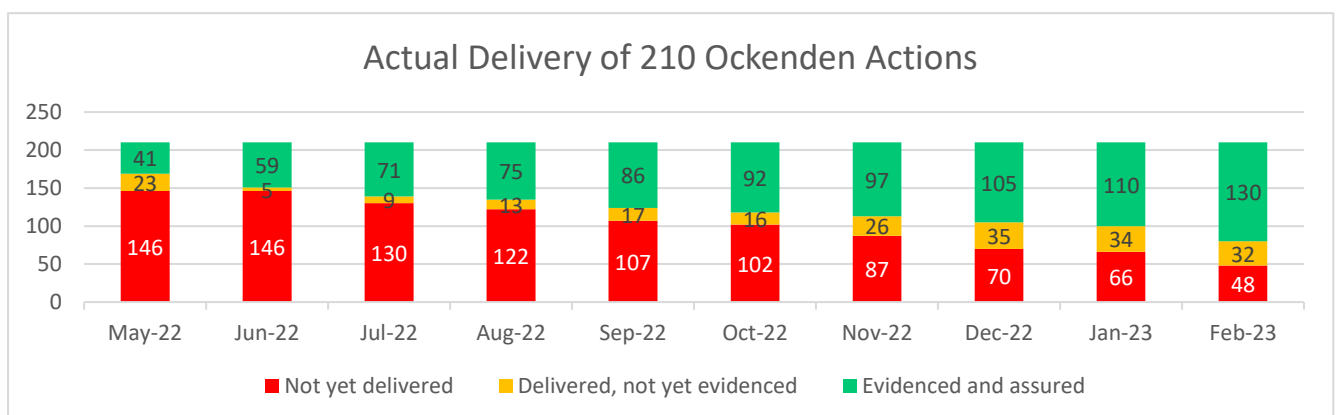
4.3.1 Planned Delivery Trajectory

The following graph shows the projected delivery trajectory for all IMR actions.



4.3.2 Actual Delivery Trajectory

The following graph shows visually the progress that is being made with the delivery of the 210 actions from both reports, and is ahead of plan:



5.0 The Ockenden Report Assurance Committee (ORAC)

5.1 ORAC last met on 28th March 2023.

5.2 The meeting considered progress against all Ockenden actions, especially at the first anniversary of the publication of the final Ockenden Report on 30 March 2022. The key topic for this meeting was a focus on learning from complaints.

6.0 Next Steps

6.1 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.

7.0 Summary

7.1 Substantial progress continues to be made against the delivery of the Ockenden Reports' actions. From the first report, 47/52 (90% - rounded percentages) actions have been 'delivered', with 42 (81%) of these already 'evidenced and assured'. From the final report, 115/158 (73%) of the actions have been 'delivered', with 88/158 (56%) of these 'evidenced and assured'. In total, both reports, 162/210 (77%) of actions are now 'delivered', with 130/210 (62%) now 'evidenced and assured.' Work continues at pace to deliver the rest of the programme.

8.0 Future Status of this Report

8.1 In the version of this report that was presented to the last Board of Directors' meeting in public in February 2023, it was proposed to change the format of this report. This to meet the following action from the Independent Maternity Review.

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

8.2 The Maternity Transformation Programme is large and complex. Therefore, before any changes to reporting are made, the Maternity top team requests to meet with the Board to explain this in more detail, and to agree future reporting requirements. The Board of Directors is requested to accept this request.

9.0 Action required of the Board of Directors

9.1 The Board of Directors is requested to:

- Receive this report for information and assurance.
- Approve the action in section 8.2.
- Decide if any further information, action and/or assurance is required.

Hayley Flavell
Executive Director of Nursing
30 March 2023

Appendix One: The Ockenden Report Action Plan at 14 February 2023, which is contained in the Supplementary Information Pack that accompanies the Board papers.

PROGRESS AS AT 14.02.2023
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.
	Evidenced and Assured	Recommendation is in place; evidence proving this has been approved by executive and signed off by committee.

PROGRESS AS AT 14.02.2023
APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

LAFI Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date (action in place)	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Lead Executive	Accountable Person	Location of Evidence
4.58	Staff must use NICE Guidance (2017) on fetal monitoring for the management of all pregnancies and births in all settings. Any deviations from this guidance must be documented, agreed within a multidisciplinary framework and made available for audit and monitoring.	Y	10/12/20	30/04/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	30/06/21	10/08/21	H. Flavell	A. Lawrence	Monday.com
4.59	The maternity department clinical governance structure and team must be appropriately resourced so that investigations of all cases with adverse outcomes take place in a timely manner.	Y	10/12/20	31/12/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	07/12/21	31/03/22	28/02/22	H. Flavell	A. Lawrence	Monday.com
4.60	The maternity department clinical governance structure must include a multidisciplinary team structure, trust risk representation, clear auditable systems of identification and review of cases of potential harm, adverse outcomes and serious incidents in line with the NHS England Serious Incident Framework 2015.	Y	10/12/20	31/12/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	07/12/21	31/03/22	08/03/22	H. Flavell	A. Lawrence	Monday.com
4.61	Consultant obstetricians must be directly involved and lead in the management of all complex pregnancies and labour.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	31/05/21	10/08/21	H. Flavell	A. Lawrence	Monday.com
4.62	There must be a minimum of twice daily consultant-led ward rounds and night shift of each 24 hour period. The ward round must include the labour ward coordinator and must be multidisciplinary. In addition the labour ward should have regular safety huddles and multidisciplinary handovers and in-situ simulation training.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	30/06/21	10/08/21	H. Flavell	G. Calcott	Monday.com
4.63	Complex cases in both the antenatal and postnatal wards need to be identified for consultant obstetric review on a daily basis.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	28/02/22	28/02/22	H. Flavell	G. Calcott	Monday.com

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

PROGRESS AS AT 14.02.2023
APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

LAFI Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date (action in place)	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Lead Executive	Accountable Person	Location of Evidence
4.64	The use of oxytocin to induce and/or augment labour must adhere to national guidelines and include appropriate and continued risk assessment in both first and second stage labour. Continuous CTG monitoring is mandatory if oxytocin infusion is used in labour and must continue throughout any additional procedure in labour.	Y	10/12/20	30/04/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	28/02/22	03/02/22	H. Flavell	A. Lawrence	Monday.com
4.65	The maternity service must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion the development and improvement of the practice of bereavement care within maternity services at the Trust.	Y	10/12/20	31/07/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	03/02/22	28/02/22	28/02/22	H. Flavell	G. Calcott	Monday.com
4.66	The Lead Midwife and Lead Obstetrician must adopt and implement the National Bereavement Care Pathway.	Y	10/12/20	28/02/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	03/02/22	28/02/22	28/02/22	H. Flavell	A. Lawrence	Monday.com

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

PROGRESS AS AT 14.02.2023
APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

LAFI Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date (action in place)	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Lead Executive	Accountable Person	Location of Evidence
Local Actions for Learning Theme 2: Maternal Deaths													
4.72	The Trust must develop clear Standard Operational Procedures (SOP) for junior obstetric staff and midwives on when to involve the consultant obstetrician. There must be clear pathways for escalation to consultant obstetricians 24 hours a day, 7 days a week. Adherence to the SOP must be audited on an annual basis.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	22/04/21	28/02/22	03/02/22	H. Flavell	G. Calcott	Monday.com
4.73	Women with pre-existing medical co-morbidities must be seen in a timely manner by a multidisciplinary specialist team and an individual management plan formulated in agreement with the mother to be. This must include a pathway for referral to a specialist maternal medicine centre for consultation and/or continuation of care at an early stage of the pregnancy.	Y	10/12/20	30/04/22	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.

PROGRESS AS AT 14.02.2023
APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date (action in place)	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Lead Executive	Accountable Person	Location of Evidence
Local Actions for Learning Theme 3: Obstetric Anaesthesia													
4.85	Obstetric anaesthetists are an integral part of the maternity team and must be considered as such. The maternity and anaesthetic service must ensure that obstetric anaesthetists are completely integrated into the maternity multidisciplinary team and must ensure attendance and active participation in relevant team meetings, audits, Serious Incident reviews, regular ward rounds and multidisciplinary training.	Y	10/12/20	31/03/22	Evidenced and Assured	Completed	Action complete - evidenced and assured .	07/12/21	31/03/22	10/05/22	H. Flavell	A. Lawrence	Monday.com
4.86	Obstetric anaesthetists must be proactive and make positive contributions to team learning and the improvement of clinical standards. Where there is apparent disengagement from the maternity service the obstetric anaesthetists themselves must insist they are involved and not remain on the periphery, as the review team have observed in a number of cases reviewed.	Y	10/12/20	31/03/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	07/12/21	31/03/22	10/05/22	H. Flavell	V. Robinson & C. Eagleton	Monday.com
4.87	Obstetric anaesthetists and departments of anaesthesia must regularly review their current clinical guidelines to ensure they meet best practice standards in line with the national and local guidelines published by the RCoA and the OAA. Adherence to these by all obstetric anaesthetic staff working on labour ward and elsewhere, must be regularly audited. Any changes to clinical guidelines must be communicated and necessary training be provided to the midwifery and obstetric teams.	Y	10/12/20	31/03/22	Delivered, Not Yet Evidenced	On Track	Action 'delivered, not yet evidenced' based on evidence of a guidelines update alert tracker, a nominated guidelines lead, and evidence of an audit plan. The action can become 'evidenced and assured' once the audit has been conducted. 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 brough 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 14.02.2023
APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date (action in place)	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Lead Executive	Accountable Person	Location of Evidence
4.88	Obstetric anaesthesia services at the Trust must develop or review the existing guidelines for escalation to the consultant on-call. This must include specific guidance for consultant attendance. Consultant anaesthetists covering labour ward or the wider maternity services must have sufficient clinical expertise and be easily contactable for all staff on delivery suite. The guidelines must be in keeping with national guidelines and ratified by the Anaesthetic and Obstetric Service with support from the Trust executive.	Y	10/12/20	31/03/23	Delivered, Not Yet Evidenced	On Track	<p>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'.</p> <p>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'</p>	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	<p>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.</p> <p>Exception report received at Nov-22 MTAC and deadline accepted for Jan-23 for delivery evidence.</p> <p>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</p>	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 14.02.2023
APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

LAFI Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date (action in place)	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Lead Executive	Accountable Person	Location of Evidence
Local Actions for Learning Theme 4: Neonatal Service													
4.97	Medical and nursing notes must be combined; where they are kept separately there is the potential for important information not to be shared between all members of the clinical team. Daily clinical records, particularly for patients receiving intensive care, must be recorded using a structured format to ensure all important issues are addressed.	Y	10/12/20	31/03/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	31/03/21	30/04/21	14/09/21	H. Flavell	A. Lawrence	Monday.com
4.98	There must be clearly documented early consultation with a neonatal intensive care unit (often referred to as tertiary units) for all babies born on a local neonatal unit who require intensive care.	Y	10/12/20	31/07/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	14/09/21	30/06/21	14/09/21	H. Flavell	A. Lawrence	Monday.com
4.99	The neonatal unit should not undertake even short term intensive care, (except while awaiting a neonatal transfer service), if they cannot make arrangements for 24 hour on-site, immediate availability at either tier 2, (a registrar grade doctor with training in neonatology or an advanced neonatal nurse practitioner) or tier 3, (a neonatal consultant), with sole duties on the neonatal unit.	Y	10/12/20	31/10/21	Evidenced and Assured	Completed	Action complete - evidenced and assured	12/01/21	31/10/21	14/09/21	H. Flavell	V. Robinson & C. Eagleton	Monday.com
4.100	There was some evidence of outdated neonatal practice at The Shrewsbury and Telford Hospital NHS Trust. Consultant neonatologists and ANNPs must have the opportunity of regular observational attachments at another neonatal intensive care unit.	Y	10/12/20	31/03/21	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

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 14.02.2023

APPENDIX ONE

FIRST OCKENDEN REPORT ACTION PLAN

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
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

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

APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 2: Listening to Women and Families Maternity services must ensure that women and their families are listened to with their voices heard.													
2.1	Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.	Y	10/12/20	TBC	Not Yet Delivered	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	Descoped (see exception report)	Action accepted as 'Descoped' at the Feb-23 MTAC. The work to deliver this action lies with the CQC to work with the MVP at a National level, Therefore, this action lies fully outside the scope of work of the MTP.		TBC		H. Flavell	A. Lawrence	

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

APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 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

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

APPENDIX ONE
FIRST OCKENDEN REPORT ACTION PLAN

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 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

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 14.02.2023

APPENDIX ONE

FIRST OCKENDEN REPORT ACTION PLAN

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 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

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 14.02.2023

APPENDIX ONE

FIRST OCKENDEN REPORT ACTION PLAN

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 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

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 14.02.2023

APPENDIX ONE

FIRST OCKENDEN REPORT ACTION PLAN

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 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

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.

LOCAL ACTIONS FOR LEARNING (LAFL): The learning and action points outlined here are designed to assist The Shrewsbury and Telford Hospital NHS Trust with making immediate and significant improvements to the safety and quality of their maternity services.

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 1: Improving Management of Patient Safety Incidents													
14.1	Incidents must be graded appropriately, with the level of harm recorded as the level of harm the patient actually suffered and in line with the relevant incident framework.	Y	30/03/22	TBC	Not Yet Delivered	Descoped (see exception report)	Action accepted as 'Descoped' at the Feb-23 MTAC as it is superseded by the upcoming National implementation of PSIRF.		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	Evidenced and Assured	Completed	This action was accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	13/09/22	31/01/23	14/02/23	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	Action 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	Evidenced and Assured	Completed	This action was accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	14/02/23	31/08/23	14/02/23	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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
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	Evidenced and Assured	Completed	This action was accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	08/11/22	31/05/23	14/02/23	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

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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	

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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	Action 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	

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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	Evidenced and Assured	Completed	This action was accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	09/08/22	31/01/23	14/02/23	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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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	

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 11: Diabetes Care													
14.32	The Trust must develop a robust pregnancy diabetes service that can accommodate timely reviews for women with pre-existing and gestational diabetes in pregnancy. This service must run on a weekly basis and have internal cover to permit staff holidays and study leave.	Y	30/0322	30/11/23	Delivered, Not Yet Evidenced	On Track	This actions comprises two subactions. Action accepted as 'delivered, not yet evidenced' at the Sep-22 MTAC.	13/09/22	31/03/24		H. Flavell	C. McInnes	Monday.com

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 14: Escalation Of Concerns													
14.37	The Trust's escalation policy must be adhered to and highlighted on training days to all maternity staff.	Y	30/03/22	30/05/23	Not Yet Delivered	On Track	<p>This action comprises four subactions.</p> <p>This action has been revisited and timeframes have been adjusted accordingly. Progress for this action is 'on track' as escalation policy has been revised. The reason this action will unlikely be fully evidenced by Aug-23 is because of training and staff capacity complexities.</p>		31/08/23		H. Flavell	A. Lawrence	
14.38	The maternity service at the Trust must have a framework for categorising the level of risk for women awaiting transfer to the labour ward. Fetal monitoring must be performed depending on risk and at least once in every shift whilst the woman is on the ward.	Y	30/03/22	30/05/23	Not Yet Delivered	On Track	<p>This action comprises two subactions.</p> <p>This action has been revisited and timeframes have been adjusted accordingly. Progress for this action is 'on track' as risk assessments are undertaken at least twice daily at MDT delivery suite handover. Nevertheless, the action will take longer to fully embed due to audit requirements.</p>		31/08/24		H. Flavell	A. Lawrence	
14.39	<p>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.</p> <p>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.</p>	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

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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	<p>This action comprises three subactions.</p> <p>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.</p>		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	<p>This action comprises three subactions.</p> <p>It is likely that they will be delivered by May-23 and fully embedded by Aug-23. Progress for this action is currently at 'on track' as work around the Birthrate Plus report has already commenced.</p>		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	<p>This action comprises four subactions.</p> <p>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.</p>		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	<p>This action comprises three subactions.</p> <p>It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully.</p>		31/08/23		H. Flavell	A. Lawrence & C. McInnes	

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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	

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

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 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	Evidenced and Assured	Completed	This action was accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	08/11/22	30/08/23	14/02/23	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	<p>This action comprises four subactions.</p> <p>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.</p> <p>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.</p>		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	<p>This action comprises five subactions.</p> <p>It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully.</p>		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	Delivered, Not Yet Evidenced	On Track	<p>This action was accepted as 'Delivered, Not Yet Evidenced' at the Feb-23 MTAC.</p> <p>This action comprises two subactions.</p> <p>It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully.</p>	14/02/23	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	<p>This action comprises six subactions.</p> <p>It is likely that they will be delivered by Nov-23, however; this will require an extensive piece of assurance work thereafter to embed fully and evidence. This action will take time to deliver fully.</p>		31/03/24		H. Flavell	J. Jones	

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

PROGRESS AS AT 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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	<p>This action comprises six subactions.</p> <p>It is likely that they will be delivered by May-23 and fully embedded by Aug-23. Progress for this action is currently at 'on track' as part of required evidence is provided by CNST safety actions 1 and 10, which are underway. Nevertheless, this action will take longer to fully implement due to audit requirements.</p>		31/08/23		H. Flavell	M. Underwood	

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 22: Staff Voices													
14.62	The Trust must address as a matter of urgency the culture concerns highlighted through the staff voices initiative regarding poor staff behaviour and bullying, which remain apparent within the maternity service as illustrated by the results of the 2018 MatNeo culture survey.	Y	30/11/23	TBC	Not Yet Delivered	On Track	<p>This action comprises two subitems.</p> <p>It is likely that they will be delivered by Nov-23 and assured by Mar-24. Progress status for this action is currently at 'on track' as the action is being addressed as part of the cultural improvement work undertaken as part of the MTP. Nevertheless, this action will take time to fully implement as it is dependent on various assurance pieces (action plan implementation, cultural assesments, etc.)</p>		31/03/24		H. Flavell	C. McInnes	

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 14.02.2023

APPENDIX ONE

FINAL OCKENDEN REPORT ACTION PLAN

LAFL Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Local Actions For Learning Theme 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	Evidenced and Assured	Completed	This action was accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	12/07/22	31/01/23	14/02/23	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	Descoped (see exception report)	Action accepted as 'Descoped' at the Feb-23 MTAC as the action is fully dependent on NHSEI, commissioners and Mental Health Trusts. Thereby this action lies fully outside the scope of work of the MTP.		TBC		J. Jones	H. Flavell	

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.

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

IEA Ref	Action required	Linked to associated plans (e.g. MIP / MTP)	Start Date	Due Date	Delivery Status	Progress Status	Status Commentary (This Period)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Accountable Executive	Accountable Person	Location of Evidence
Immediate and Essential Action 1: Workforce planning And Sustainability The recommendations from the Health and Social Care Committee Report: The safety of maternity services in England must be implemented. We state that the Health and Social Care Select Committee view that a proportion of maternity budgets must be ring-fenced for training in every maternity unit should be implemented.													
1.1	The investment announced following our first report was welcomed. However to fund maternity and neonatal services appropriately requires a multi-year settlement to ensure the workforce is enabled to deliver consistently safe maternity and neonatal care across England.	Y	30/03/22	TBC	Not Yet Delivered	Descoped (see exception report)	Action accepted as 'Descoped' at the Feb-23 MTAC as the action is fully dependent on NHSEI funding plans. Thereby this action lies fully outside the scope of work of the MTP.		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	This action was accepted as 'Delivered, Not Yet Evidenced' at the Jan-23 MTAC.	10/01/23	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	Descoped (see exception report)	Action accepted as 'Descoped' at the Feb-23 MTAC as the action fully dependent on National bodies (NHSE, RCOG, RCM and RCPCH) . Thereby this action lies fully outside the scope of work of the MTP.		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

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 14.02.2023
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
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	28/02/23	Evidenced and Assured	Completed	Action accepted as 'Evidenced and Assured at the Feb-22 MTAC.	14/02/23	28/04/23	14/02/23	H. Flavell	A. Lawrence	Monday.com
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	Descoped (see exception report)	Action accepted as 'Descoped' at the Feb-23 MTAC as as no Nationally recognised labour ward coordinator programme is currently available; however, robust in-house training is in place . Thereby this action lies fully outside the scope of work of the MTP until a programme is made available nationally for our staff to attend.		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	Evidenced and Assured	Completed	Action accepted as 'Evidenced and Assured at the Feb-22 MTAC.	14/02/23	31/08/23	14/02/23	H. Flavell	A. Lawrence	Monday.com
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	

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 14.02.2023

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
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	Descoped (see exception report)	Action accepted as 'Descoped' at the Feb-23 MTAC as the action fully dependent on National bodies(RCOG and RCP). Thereby this action lies fully outside the scope of work of the MTP.		TBC		J. Jones	H. Flavell	

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 14.02.2023
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
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

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 14.02.2023

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
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	Evidenced and Assured	Completed	Action accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	13/12/22	30/04/23	14/02/23	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	Evidenced and Assured	Completed	Action accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	13/09/22	30/04/23	14/02/23	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 14.02.2023

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
Immediate and Essential Action 3: Escalation and Accountability Staff must be able to escalate concerns if necessary. There must be clear processes for ensuring that obstetric units are staffed by appropriately trained staff at all times. If not resident there must be clear guidelines for when a consultant obstetrician should attend.													
3.1	All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals.	Y	30/03/22	31/05/23	Not Yet Delivered	On Track	This action comprises two subactions. This action has been revisited and timeframes have been maintained. Progress is currently at 'on track' as staff have recieved clear and repeated communication regarding escalation of clinical concerns. This action will take time to fully embed as the policy will have to be developed and ratified.		31/08/23		H. Flavell	A. Lawrence	
3.2	When a middle grade or trainee obstetrician (non-consultant) is managing the maternity service without direct consultant presence trusts must have an assurance mechanism to ensure the middle grade or trainee is competent for this role.	Y	30/03/22	30/09/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	13/09/22	31/01/23	13/09/22	H. Flavell	M. Underwood	Monday.com
3.3	Trusts should aim to increase resident consultant obstetrician presence where this is achievable.	Y	30/03/22	31/07/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	10/05/22	30/09/22	14/06/22	H. Flavell	A. Lawrence	Monday.com
3.4	There must be clear local guidelines for when consultant obstetricians' attendance is mandatory within the unit.	Y	30/03/22	31/07/22	Evidenced and Assured	Completed	Action complete - evidenced and assured	11/05/22	30/09/22	15/06/22	H. Flavell	M. Underwood	Monday.com
3.5	There must be clear local guidelines detailing when the consultant obstetrician and the midwifery manager on-call should be informed of activity within the unit	Y	30/03/22	31/12/22	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

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 14.02.2023
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
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

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 14.02.2023

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
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	Evidenced and Assured	Completed	Action accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	14/02/23	30/04/23	14/02/23	H. Flavell	A. Lawrence	Monday.com
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	Evidenced and Assured	Completed	Action accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	08/11/22	30/04/23	14/02/23	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	Action 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

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 14.02.2023

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
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	Descoped (see exception report)	Action accepted as 'Descoped' at the Feb-23 MTAC as the action fully dependent on National bodies(Royal Colleges). Thereby this action lies fully outside the scope of work of the MTP.		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	Evidenced and Assured	Completed	Action accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	14/02/23	TBC	14/02/23	J. Jones	H. Flavell	Monday.com
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	This action was accepted as 'Delivered, Not Yet Evidenced' at the Jan-23 MTAC.	10/01/23	30/08/23		H. Flavell	M. Underwood, A. Lawrence	

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 14.02.2023
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
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

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 14.02.2023

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
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	Evidenced and Assured	Completed	Action accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	14/02/23	30/04/23	14/02/23	H. Flavell	M. Underwood	Monday.com
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	Evidenced and Assured	Completed	Action accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	14/02/23	30/04/23	14/02/23	H. Flavell	M. Underwood	Monday.com
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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'Delivered, Not yet Evidenced' at Feb-23 MTAC. Action linked to external dependencies. Work underway with system stakeholders.	14/02/23	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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'Delivered, Not yet Evidenced' at Feb-23 MTAC. 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.	14/02/23	30/04/23		H. Flavell	M. Underwood	

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 14.02.2023
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
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	Action 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	Delivered, Not Yet Evidenced	On Track	Action accepted as 'Delivered, Not yet Evidenced' at Feb-23 MTAC.	14/02/23	TBC		H. Flavell	M. Underwood	

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 14.02.2023

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
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	Action accepted as 'delivered, not yet evidenced' at the Sep-22 MTAC.	13/09/23	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

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 14.02.2023

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
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	Evidenced and Assured	Completed	This action was accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	14/02/23	30/08/23	14/02/23	H. Flavell	J. Jones	Monday.com
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	Descoped (see exception report)	Action accepted as 'Descoped' at the Feb-23 MTAC as the action fully dependent on National bodies (RCoA) obtaining resources. Thereby this action lies fully outside the scope of work of the MTP.		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	Delivered, Not Yet Evidenced	On Track	This action was accepted as 'Delivered, Not Yet Evidenced' at the Feb-23 MTAC. This action comprises four subactions. They will likely be delivered by May-23 and fully embedded by Aug-23.	14/02/23	30/08/23		H. Flavell	J. Jones	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 14.02.2023

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
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	Delivered, Not Yet Evidenced	On Track	This action was accepted as 'Delivered, Not Yet Evidenced' at the Feb-23 MTAC. This action comprises seven subactions. They will likely be delivered by May-23 and fully embedded by Aug-23.	14/02/23	30/08/23		H. Flavell	J. Jones	Monday.com
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	Action complete - evidenced and assured	13/12/22	30/01/23	10/01/23	H. Flavell	J. Jones	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 14.02.2023

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
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	Evidenced and Assured	Completed	This action was accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	14/02/23	31/08/23	14/02/23	H. Flavell	M. Underwood, 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 14.02.2023

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
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

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 14.02.2023

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
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	Descoped (see exception report)	Action approved as 'delivered, not yet evidenced' at July MTAC as the Trust has been providing the Network with all the requested reports. Action accepted as 'Descoped' at the Feb-23 MTAC as the action is now within the hands of the Network to progress. Thereby this action lies fully outside the scope of work of the MTP.	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 14.02.2023

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	<p>This action comprises four subactions.</p> <p>They will likely be delivered by Nov-23 and assured by Mar-24, as it is dependent on all staff having gone through the requisite training and may require further recruitment. Nevertheless, progress is currently at 'on track' for delivery as current staffing is being reviewed.</p>		31/03/24		H. Flavell	C. McInnes, M. Underwood	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 14.02.2023

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
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	Evidenced and Assured	Completed	This action was accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	14/02/23	TBC	14/02/23	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	Evidenced and Assured	Completed	This action was accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	14/02/23	TBC	14/02/23	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	Evidenced and Assured	Completed	This action was accepted as 'Evidenced and Assured' at the Feb-23 MTAC.	14/02/23	TBC	14/02/23	H. Flavell	C. McInnes	

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.

Counts

Ockenden 1

Delivery Status

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

Progress Status

Action Type	Total number of actions	Not Started	On Track	At Risk (see exception report)	Off Track (see exception report)	Completed	Descoped (See exception report)
LAFL	27	0	5	0	0	22	0
IEA	25	0	2	0	2	20	1
Total	52	0	7	0	2	42	1

Counts

Ockenden 2

Delivery Status

Action Type	Total number of actions	Not yet delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
LAFL	66	21	8	37
IEA	92	22	19	51
Total	158	43	27	88

Progress Status

Action Type	Total number of actions	Not Started	On Track	At Risk (see exception report)	Off Track (see exception report)	Completed	Descoped (See exception report)
LAFL	66	1	26	0	0	37	2
IEA	92	1	33	0	0	51	7
Total	158	2	59	0	0	88	9

Combined actions - Delivery status

Action Type	Total number of actions	Not yet delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
LAFL	93	22	12	59
IEA	117	26	20	71
Total	210	48	32	130

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	Descoped (See exception report)
LAFL	93	1	31	0	0	59	2
IEA	117	1	35	0	2	71	8
Total	210	2	66	0	2	130	10

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.
	Descoped	The work to deliver this action is not within the Trust's control to deliver. It is therefore descoped until such time that Local or National progress is made to enable the Trust to implement and embed this action.

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
Vacant	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	Deputy Director of Midwifery	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