

Appendix 1: Detailed Initial Ockenden Action Plan – updated 4th January 2022

Recommendation	Action	Lead	Due date	Update
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 Neonatal System (LMNS) oversight. • 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 LMNS agendas at least every 3 months. • External clinical specialist opinion from outside the Trust (but from within the region), must be	Improve compliance with the SMH Maternity Services Data Set submissions relating to outcomes of care	MFT Informatics Data Quality Manager	Closed	Completed
	Review the internal review processes once the external HSIB review processes are embedded and decide on whether to continue with the dual review process of babies with poor outcomes	Governance Leads	Closed	Completed
	Develop a process for sharing learning identified through the LMNS Safety SIG and developing actions to improve care	Governance Leads	Closed	Completed
	Strengthen the reporting process to ensure details re maternity SI's are reported to the Group Board and included in Group Board minutes	Group Associate Director for Clinical Governance and Governance Leads	Closed	Completed
	Implement a process whereby the small group of cases of term babies with neonatal brain injury (declined by HSIB) are referred to the LMNS for external opinion.	Governance Leads and LMNS Safety Lead	Closed	Completed

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<p>mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.</p> <p>• 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 LMNS for scrutiny, oversight, and transparency. This must be done at least every 3 months</p>	Develop a process with the LMNS to ensure an external review of eligible Perinatal Mortality Review Tool (PMRT) cases	PMRT Leads	Closed	Completed
	Review the MBRRACE-UK (Dec 2020) Saving Lives, Improving Mothers' Care Report and develop an action plan to ensure compliance	Clinical Head of Division	Closed	Completed
	Ensure full compliance with Information Standard Notice MSDS v2.0 ECB1513 and 10/218	MFT Head of Data Services	Closed	Completed
	NMGH Action: Create Perinatal Mortality Review report to be submitted and discussed at LMNS Safety Special interest Group and at directorate update.	Governance Leads and LMNS Safety Lead	Closed	Completed
	NMGH Action: Define process following transaction regarding how data is submitted and reviewed within Saint Mary's MCS	HOM/ Digital Midwife	Closed	Completed
	NMGH Action: Put process in place to ensure learning from any review is shared with whole maternity team	Governance Lead	Closed	Completed
Immediate and essential action 2: Listening to Women and Families Maternity services must ensure that	Appoint an Independent Senior Advocate and agree the pathway once the role expectations have	NHS England	TBC	There has been no progress from

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<p>women and their families are listened to with their voices heard.</p> <ul style="list-style-type: none"> • Trusts must create an independent senior advocate role which reports to both the Trust and the LMNS Boards. • 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. • 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. 	been confirmed by NHSE/I			NHS England to date regarding this role. (6.6.22)
	Strengthen the relationship with the Non-Executive Director and agree reporting processes	SMH MCS Safety Champions	Closed	Completed
	Encourage greater involvement, integration, and oversight of safety activities by the NED	SMH MCS Safety Champions	Closed	Completed
	Explore further social media opportunities for wider engagement	Consultant Midwife	Closed	Completed
	Meet with MVPs to support role development and expectations including objectives and actions in partnership with the CCG as hosts	Heads of Midwifery	Closed	Completed
	Ensure that there is MVP involvement in transformation workstreams and service development.	Heads of Midwifery	Closed	Completed and ongoing

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	Support the MVP to work closely with the Senior Independent Advocate to improve services and safety	NHS England	TBC	There has been no progress from NHS England to date regarding this role. (6.6.22)
	Continue to work with the local communities e.g., Caribbean and African Health Network (CAHN), Jewish community.	Consultant Midwife	Closed	Completed ongoing
	Expand the community engagement with other minority groups.	Refugee and Asylum seeker Midwife/MVP	Closed	Completed
	Consider the role of the independent advocate in the complaints process to support families.	MFT Head of Nursing Patient Experience	TBC	
	Consider increasing meetings of the scrutiny panel for maternity complaints	MFT Head of Nursing Patient Experience	Closed	Completed
	Develop a more robust process for the dissemination of learning from debriefs with women and families	Consultant Midwife/SMH Patient Experience Lead	Closed	Completed
	Consider sharing improvements made with MVP at regular events	SMH Patient Experience Lead	Closed	Completed

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	NMGH Action: To support the implementation of the MFT Ward Accreditation process as part of the PTIP	Matrons	Closed	Completed
Immediate and essential action 3: Staff Training and Working Together Staff who work together must train together • Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMNS, 3 times a year. • 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. • Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced, and used for this purpose only.	Work in partnership with the GMEC LMNS to support their process for validation of education and training 3 times per year and implement a local process to ensure compliance	Education Leads/ LMNS	Closed	Completed
	Undertake a spot check audit of the consultant led ward rounds	Matrons	Closed	Completed
	Share the findings of the spot check audits of the consultant led ward rounds via site Maternity Services Quality and Safety meetings (SOQS).	Governance Lead and Audit Lead	Closed	Completed
	Include the audit of consultant led ward rounds within the obstetric audit plan and share the audit reports via the Site Maternity Services Quality and Safety Committee meetings.	Audit Lead	Closed	Completed
	Work with GMEC SCN to develop an agreed system definition for consultant led wards ward round and minimum standards to use across all maternity units	Site Lead Consultant Obstetrician	Closed	Completed

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	Embed the ward round process for SMH at Wythenshawe team following the change in consultant presence in 2021.	Site Obstetric Lead	Closed	Completed
	NMGH Action: To review the Training Needs analysis following the Transaction as part of the Post Transaction Implementation Plan	Education Leads	Closed	Completed
	NMGH Action: align to SMH MCS development and evaluation of education programme.	Education Leads	Closed	Completed
	INMGH Action: Implement regular audit programme of Consultant Ward Rounds and include the audit of consultant led ward rounds within the QPCEC/ SMH QSC report.	Quality and Safety Lead/ Governance Lead	Closed	Completed
	NMGH Action: Share the findings of the spot check audits of the consultant led ward rounds via monthly divisional governance meeting	Quality and Safety Lead/ Governance Lead	Closed	Completed
	NMGH Action: Align existing Education and Training processes with SMH MCS	Quality and Safety Lead/ Governance Lead	Closed	Completed

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Immediate and essential action 4: Managing Complex Pregnancy 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. <ul style="list-style-type: none"> • Women with complex pregnancies must have a named consultant lead • Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the team 	Undertake a baseline spot-check audit of documentation of the named consultant	Matrons	Closed	Completed
	Share the findings of the spot-check audit of documentation of the named consultant via SOQS	Governance Lead	Closed	Completed
	Include the audit of documentation of the named consultant within the obstetric audit plan and share the audit reports via the Site Obstetric Quality and Safety Committee meetings.	Audit lead	Closed	Completed
	Develop a consistent approach to the accurate documentation of the named consultant on hospital case notes and handheld notes, for women with complex pregnancies across the MCS. Baseline audit completed December 2020, quarterly audits to be completed, awaiting standardised audit template from LMNS	Matrons	Closed	Completed
	NMGH Action: Improve documentation of the named lead consultant on all maternity records, including when this changes during pregnancy	Lead Midwives/ Administration Manager	Closed	Completed

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	NMGH Action: Improve communication with women regarding who their Consultant is by documenting this consistently on the handheld notes.	Lead Midwives	Closed	Completed
	NMGH Action: Establish ongoing audit programme which aligns with SMH MCS	Governance Lead for audit	Closed	Completed
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. • 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 • Risk assessment must include ongoing review of the intended	Undertake a spot check audit of the documentation of ongoing risk assessments completed in December 2020.	Matrons	Closed	Completed
	Undertake a full review of the current Antenatal Handheld notes to ensure that this supports the process for undertaking and documenting a risk assessment at every contact and consider developing a local handheld record	Matrons	Closed	Completed

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place of birth, based on the developing clinical picture.	develop a process for recording the outcome of antenatal pathway changes following completion of antenatal risk assessment on the maternity data system	Directorate Manager/Digital Midwife	Closed	Completed
	Await standardised risk assessment to be released and make a commitment to implement this for each antenatal appointment within handheld records	Heads of Midwifery	Closed	Completed
	Audit the use of Personalised Care and Support Plan for documenting preferences and choices throughout pregnancy	Matrons	Closed	Completed
	Incorporate documentation of the intended place of birth and preferred mode of birth into the AN booking proforma.	Matrons	Closed	Completed
	Provide information to women in a suitable format, including digital and in a range of languages other than English	Matrons	Closed	Completed
	Develop handwritten and electronic localised information to provide the risks and benefits of all available birthing locations and methods of birth to support informed choice.	Consultant Midwife	Closed	Completed

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	Identify substantive resources and secure funding to support the provision of SBL training and midwifery ultrasound scans across the MCS	SMH Director of Finance/Divisional Director	Closed	Completed
	Restart carbon monoxide screening when appropriate following the pause during the COVID pandemic for SBL V2 Element 1; Reducing Smoking in Pregnancy -	antenatal services Matron	Closed	Completed
	Identify substantive funding to sustain the long-term services related to SBL V2 Element 1, Reducing Smoking in Pregnancy -	SMH Director of Finance/Divisional Director	Closed	Completed
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. The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on: - <ul style="list-style-type: none"> Improving the practice of 	Continue to support the process for learning from clinical incidents	Fetal monitoring Champions	Closed	Completed
	Develop standardised teaching package and competency-based assessment tool for intermittent auscultation across the SCN	Consultant Midwife	Closed	Completed
	Share Avoiding Term Admission to Neonatal Unit (ATAIN) audit findings monthly via Site Obstetric Safety and Quality Committee	CTG Champions	Closed	Completed

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<p>monitoring fetal wellbeing –</p> <ul style="list-style-type: none"> • 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. • 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. • • The Leads must ensure that their maternity service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 and subsequent national guidelines. 	Share ATAIN audit findings with clinical leadership on the delivery units	CTG Champions	Closed	Completed
	Develop a statement of case to secure a substantive expert team to support the ongoing and expanding requirements for CTG training and audit.	Directorate Manager/Deputy Head of Midwifery	Closed	Completed
	Develop a statement of case to secure a substantive expert team to support the ongoing and timely practice review	Directorate Manager/Clinical Head of Division	Closed	Completed
	NMGH Action: Ensure appropriate time within job plan for Named consultant lead for fetal monitoring	CHOD	Closed	Completed
	NMGH Action: Implement CTG 'touch points' during 12 months between annual CTG training and competency assessment	Midwife and Consultant Leads	Closed	Completed
	NMGH Action: Increased visibility in clinical areas from CTG champion	Midwife and Consultant Leads	Closed	Completed
	NMGH Action: Strengthen process of cascading learning from ATAIN reviews ensuring it is shared with those working clinically.	ATAIN Lead and Lead Midwife	Closed	Completed

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	NMGH Action: Audit to monitor progress of ATAIN actions	ATAIN Lead and Lead Midwife	Closed	Completed
	NMGH Action: Ensure midwives, Consultant Obstetricians, Anaesthetists and Neonatologists can undertake all practice review sessions within the 72-hour timeframe	Governance Midwife/Governance Lead	Closed	Completed
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. 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	Review the information leaflets shared with women	Directorate Manager	Closed	Completed
	Redesign the website to ensure accurate and appropriate information is easily accessible and, in a format, to meet the needs of our diverse population and in partnership with MVP	Obstetric Transformation Team, Divisional Director. Maternity Voices Partnership	Closed	Completed
	Develop information in languages other than English, which may be delivered as videos or audio	MFT Coms/SMH Patient Experience Lead/Matrons	Closed	Completed
	Develop a formal process for supporting choice by providing information and discussion with a senior midwife and Consultant Obstetrician through Birth Choice Clinic	Clinical Lead Consultants and Matrons	Closed	Completed

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<p>Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care</p> <p>Women's choices following a shared and informed decision-making process must be respected</p>	Develop proformas to support shared- decision making process and consistent information to women in specified clinical situations e.g. maternal choice LSCS, IOL and care during IOL following 3 doses of Prostin	Clinical Leads	Closed	Completed
	Develop risk assessment tool to be used for all admissions for IOL	Clinical Leads	Closed	Completed
	Develop further information and consent checklists for other conditions such as induction, prelabour SROM, place of birth	Clinical Leads	Closed	Completed
	NMGH Action: Develop a process in place to support maternal requests for Caesarean section	Consultant Midwife	Closed	Completed
Maternity Workforce Standards	Submit the BR Plus report to the SMH Board	Heads of Midwifery	Closed	Completed
	Continue to review the risk related to staffing and capacity each month	Clinical Head of Division, Divisional Director and Heads of Midwifery	Closed	Completed
	Identify substantive funding to sustain the long-term services related to SBL V2	SMH Director of Finance/Divisional Director	Closed	Completed

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	Review staffing requirements once the Birth Rate Plus assessment re Continuity of Carer has been received within the Division	Heads of Midwifery	Closed	Completed
	Continue to work with LMNS and HEI's to attract midwives to SMH.	Heads of Midwifery/Lead Midwife for Education/HR Business Partner	Closed	Completed
	NMGH Action: Recruit to substantive obstetrician posts.	Clinical Head of Division	Closed	Completed
	NMGH Action: Recruit to substantive Midwifery posts	Head of Midwifery	Closed	Completed
NICE Guidance related to Maternity	Include the risk assessments and review of the risk register for risks related to guidelines within the monthly guideline report	Consultant Guideline Lead	Closed	Completed
	Establish pathway from April 21 and alignment of guidelines with MFT.	Clinical Head of Division	Closed	Completed