Sheffield Teaching Hospitals
NHS Foundation Trust

Executive Summary

Report to the Board of Directors

Being Held on 29 March 2022

Subject	Ockenden Report One Year
Supporting TEG Member	Chris Morley
Authors	Marie Reid, Leanne Likaj, Fiona Kew, Sue Gregory
Status[1]	D, N

PURPOSE OF THE REPORT

As the Ockenden Report Part two is expected to be published in at the end of March, with East Kent (Kirkup) expected to publish in June 2022, providers have been asked by NHS England (NHSE) to review their compliance against the intial Ockenden 7 IEAs and their maternity service workforce plans at a meeting of the Public Board before the end of March 2022.

In line with that request this report provides the Board with updates on the implementation of the 7 Immediate and Essential Actions (IEAs) outlined in the Ockenden report (2020) and the associated action plan.

The report also describes the workforce plans for maternity services.

KEY POINTS

- Currently the Trust are partially compliant with all seven of the Ockenden 7 IEAs.
- Some progress has been made against all of the associated Ockenden actions however further work is currently being undertaken to align the required improvements with other actions in maternity services to ensure coherence and to achieve full compliance as soon as possible. This is part of the maternity improvement plan which has been developed.
- This improvement plan will be overseen by a Maternity Improvement Board, chaired by the Chief Executive.
- The current establishment of the Midwifery workforce is 220.3 staff in post. The service objective is to increase in post to 274.17 to bring in line with Ockenden and Continuity of Carer requirements. The gap between is 53.86.
- Within the clinical midwifery workforce there are currently 9.7% of the midwives on maternity leave; 11.35% on sick leave and there is an 10.06% vacancy factor against phase 1 of the recruitment plan which is to deliver 261.80 staff in post.
- The Midwifery Service has utilised additional hours of existing staff, agency midwifery staff and registered nurses to mitigate the risks posed by the current shortfalls.
- There are currently 16 consultants employed to deliver clinical obstetric work. Of these, one is a clinical academic and therefore part time clinical, one is part time, and 6 have other duties (gynaecology, non-directorate management roles, safeguarding) that mean they contribute less than 10 Programmed Activities (PAs) of obstetrics.
- There have been two attempts to recruit substantive consultant obstetricians over the last 9 months. 3 consultants have been recruited this has resulted in an increase of one additional

consultant due to a resignation and recruitment to other roles that have required back filling. It is intended to attempt to recruit again in May 2022

IMPLICATIONS[2]

		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	
6	Create a Sustainable Organisation	

RECOMMENDATIONS

- To note and discuss the current compliance against the Ockenden IEAs and the plan for the outstanding actions to be delivered via the Maternity Improvement Plan.
- To note and discuss the current workforce plans for Maternity Services.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG	16 March 2022	Y
Board of Directors	29 March 2022	

1 Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

2 Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'

The Ockenden's Report; Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust, was published on 11th December 2020. The Ockenden report resulted in 7 Immediate and Essential Actions (IEAS) (including the 12 clinical priorities). Ockenden Part two is expected to be published at the end of March, with East Kent (Kirkup) expected to publish in June 2022. Providers have therefore been asked by NHSE to review their compliance against the intial Ockenden 7 IEAs and their maternity service workforce plans at a meeting of the Public Board before the end of March 2022.

OCKENDEN REPORT (2020)

- As detailed below, currently the Trust are partially compliant with all seven of the Ockenden 7 IEAs. The table highlights for each action, the elements where the Trust are compliant and what further work is required to achieve full compliance. In a number of areas this requires evidence to be gathered to demonstrate the effectiveness of existing practice. The plan for achieving full compliance is highlighted at Appendix 1, this plan is being integrated into the maternity improvement plan which has been developed to merge all the individual action plans for maternity services into one plan to ensure coherence and to achieve full compliance as soon as possible.

OCKENDEN 7 IEAs

1) Enhanced Safety	Compliant element	Element requiring further work to become compliant
A plan to implement the Perinatal Clinical Quality Surveillance Model	Dashboard reported monthly to Board and Healthcare Governance Committee.	Recognise need to refine current dashboard to ensure that the dashboard is fully compliant with NHSE guidance. This is part of the Maternity services improvement programme.
All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB.	SI's reported to LMNS monthly and HSIB reporting continues.	Board reporting (including NHSE minimal board measures) is part of the Maternity services improvement programme.
2) Listening to Women and their families		
Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.	Evidence of co-production with MVP following feedback is available.	Formalising the mechanism for feedback will form part of the MVP work plan and is part of the Maternity services improvement programme.
Identification of an Executive Director with specific responsibility for maternity services and confirmation of a named non-executive director who will support the Board maternity safety champion.	Non Executive Board Champion in place and Executive Board member in place and undertaking the role as Board Level Maternity Safety Champions (BLMSC).	Further work being undertaken to ensure both roles working to national role descriptor, and undertaking all activities as per CNST requirements, and providing robust evidence of current activities. This is part of the Maternity services improvement programme.
3) Staff Training and working together		
Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week	Labour ward rounds occur twice a day.	

The report is clear that joint multi-disciplinary training is vital. We are seeking assurance that an MDT training schedule is in place.	Training schedule in place	The current TNA and training schedule is being revised to incorporate the Core Maternity Competency Framework. The new TNA will be specific to role and will be across the MDT professions who work in maternity services. Part of the Maternity services improvement programme.
Confirmation that funding allocated for maternity staff training is ringfenced.	Funding received from LMNS for training is ring fenced and all training required is resourced from Maternity Service budget.	Need to agree the evidence required to support this position.
4) Managing complex pregnancy		
All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.	Named consultants for women with complex pregnancy in place,	Audit not yet undertaken to demonstrate compliance with this but on the forward schedule.
Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	Maternal medicine centres are in development and a West Yorkshire, South Yorkshire and Bassetlaw, and Humber Coast and Vale regional action plan, action tracker and minutes of meetings are available. (Not Trust action)	
5) Risk Assessment throughout pregnancy		
A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance		Previous regional assessment highlighted some compliance with this standard, however risk assessment tools and PCSP being reviewed as part of the Maternity services improvement programme.
6) Monitoring Fetal Wellbeing		
Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.	Two leads in post.	Work ongoing on training, role in review process, compliance with Saving Babies Lives Care Bundle Version 2 (SBLCBV2) and national guidelines. The development of a fetal surveillance action plan is part of the Maternity services improvement programme.

7) Informed Consent		
Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.	Previous regional assessment highlighted that there is a range of patient information available	Review of Trust website undertaken by Maternity Voices Partnership showed improvements needed. This is part of the Maternity services improvement programme.

WORKFORCE PLANS

Midwifery workforce

The current Midwifery workforce staff in post is 220.3 WTE. The service objective is to increase in post to 274.17 to bring in line with Ockenden and Continuity of Carer requirements. The current gap is 53.86.

Within the clinical midwifery workforce there are currently 9.7% of the midwives on maternity leave; 11.35% on sick leave and there is an 10.06% vacancy factor against phase 1 of the recruitment plan which is to deliver 261.80 staff in post.

The Midwifery Service has utilised additional hours of existing staff, agency midwifery staff and registered nurses to mitigate the risks posed by the current shortfalls. The monthly nursing and midwifery staffing report contains details regarding both the planned and actual level of midwifery staffing achieved in Maternity services by individual ward areas.

In order to reach the required establishment of midwives, the Trust has undertaken international recruitment of midwives, so far 8 midwives out of an initial 15 have been identified and will be arriving in Sheffield during the Spring. It is recognised that these midwives will need longer to obtain their professional registration then their nursing equivalents, as the model of midwifery in the United Kingdom is different to most of the rest of the world. Co-ordination is taking place amongst the Trusts in South Yorkshire and Bassetlaw to identify and place the student midwives qualifying in September to try to ensure that they are recruited to the Trusts with the most vacancies in region. Whilst further midwives are being recruited, registered nurses have been deployed to undertake duties that require a registered professional but not necessarily a midwife, such as the administration of medicines. The areas where these nurses are able to provide the greatest support is on the post natal wards and in the Advanced Obstetric Care Unit, where women who have complex health or obstetric needs are cared for.

In recent years the role of maternity support worker has been developed nationally, Maternity services has already trained 11.56 Whole Time Equivalents and a further cohort of training is planned for this year. Ultimately, the aim will be that 10% of the required midwifery workforce will be maternity support workers.

Whilst there is a focus on recruiting new midwives, work is also being undertaken on retention, every midwife working in Maternity services has been offered a retention interview with a member of the Central Nursing team to understand their experience of working in the service and/or the opportunity to complete an online survey. The results of these interviews and survey are currently being collated and will be reported back to the directorate management team to enable them to develop plans to help retain the existing midwifery staff.

The latest report on midwifery staffing was discussed at the Human Resources and Organisational Development Committee in November 2021.

Consultant Obstetric Workforce

There are currently 16 consultants employed to deliver clinical obstetric work. Of these, one is a clinical academic and therefore part time clinical, one is part time, and 6 have other duties (gynaecology, non-directorate management roles, safeguarding) that mean they contribute less than 10 Programmed Activities (PAs) of obstetrics. Across the 16 consultants there are approximately 160 PAs allocated to obstetrics and support of the obstetric service.

There is one additional post that is funded and currently not appointed. There are two further posts that are agreed in principle but not funded and have been deferred to 22-23 as a cost pressure. Two consultants are on long term sick, one is on phased return after a substantial period of time away from work off and not working clinically, two are on maternity leave (until Oct 22 and Jan 23) (all on the resident night rota), and one part time consultant is on phased return (non-clinical). These are currently being backfilled by four consultant locums of whom two undertake resident nights.

There have been two attempts to recruit substantive consultant obstetricians over the last 9 months. 3 consultants have been recruited this has resulted in an increase of one additional consultant due to a resignation and recruitment to other roles that have required back filling.

It is intended to attempt to recruit again in May 2022. There is further change to staffing due to the development of maternal medicine centres that is highly likely to result in 0.6 WTE of an existing consultant being deployed to run this new service, which will mean there is a need for additional recruitment to that described above to retain the level of cover needed for the core obstetric service.

NEXT STEPS

A submission of evidence related to current Ockenden compliance was submitted to the Regional Chief Nurse's office on 22nd February 2022 following a rapid deep dive request nationally into providers compliance.

Ensuring local system oversight of maternity services was a key element in the Ockenden review therefore progress was also shared and discussed with the LMNS/ ICS on 4th March 2022 as part of a confirm and challenge process. A prior confirm and challenge meeting was also held with the Deputy Regional Chief Midwife on 03.03.22.

The Board will receive a further update on Ockenden following the publication of Ockenden part two and this will include further updates on initial Ockenden compliance and action plans. A further extensive report must be submitted to the Regional Chief Midwife by 15th April 2022.

Plans are currently being arranged for the establishment of a Chief Executive Officer led board to oversee work on the maternity Improvement plan which will monitor progress against the key actions and the creation of a supporting steering group to lead on the five workstreams contained in the plan.

RECOMMENDATIONS

- To note and discuss the current compliance against the Ockenden IEAs and the plan for the outstanding actions to be delivered via the Maternity Improvement Plan.
- To note and discuss the current workforce plans for Maternity Services.

APPENDIX 1 OCKENDEN ACTION PLAN (OUTSTANDING ACTIONS)

Problem or concern		Improvement aim	Action		Lead for each action (job title)	Resource needed	Target completion date
1	Immediate and Essential Action 1: Enhanced Safety	Maternity Dashboard to LMNS every 3 months	1.1	SOP required which demonstrates how the trust reports this both internally and externally through the LMNS.	HOM	SOP to be finalised and signed off at Maternity Governance meeting	May 2022
			1.2	Submission of minutes and organogram that shows how this takes place.	Midwifery Director	LMS RPQOG minutes needed	March 2022
			1.3	Minutes and agendas to identify regular review and use of common data dashboards and the response / actions taken	HOM	Maternity Governance minutes Directorate governance minutes	June 2022
2		External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death	2.1	Policy or SOP which is in place for involving external clinical specialists in reviews.	Governance Lead Midwife	SOP to be finalised and signed off at Maternity Governance meeting	May 2022
			2.2	Audit to demonstrate this takes place.	Governance Lead Midwife	Minutes of SYB Perinatal Peer Review Meeting	May 2022
3		Maternity SI's to	3.3	Submit SOP	HOM		March 2022

		Trust Board & LMNS every 3 months				SOP to be finalised and signed off at Maternity Governance meeting.	
4		Using the National Perinatal Mortality Review Tool to review perinatal deaths	4.1	Audit of 100% of PMRT completed demonstrating meeting the required standard including parents notified as a minimum and external review.	Governance Matron Patient Safety Manager	Gain/collate evidence of parents being involved in process and kept up to date of delays. Improve completion of reports and report being shared with family in a timely manner	March 2022 March 2022
			4.2	Local PMRT report. PMRT Trust board report. Submission of a SOP that describes how parents and women are involved in the PMRT process as per the PMRT guidance.	Governance Matron PA to Trust Board/HOM	SOP to be finalised and signed off at Maternity Governance meeting. Collate Trust Board minutes.	March 2022 In draft – Governance Meeting agenda item 17/3/2022 for formal sign off
6		Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme	6.1	Audit showing compliance of 100% reporting to both HSIB and NHSR Early Notification Scheme.	Governance Matron	Queried via LMNS – awaiting response	Awaiting confirmation that this is complete
7		Plan to implement the Perinatal Clinical	7.1	Full evidence of full implementation of the perinatal	Governance Matron	Minutes from PSQG and Trust Board.	March 2022

		Quality Surveillance Model		surveillance framework by June 2021.	PA to Trust Board Midwifery Director	Risk management framework to be finalised and approved. MIA reports to be agreed and evidenced at governance meetings.	March 2022 March 2022
			7.2	LMS SOP and minutes that describe how this is embedded in the ICS governance structure and signed off by the ICS.	Governance Matron Governance Facilitator	SOP to be finalised and signed off at Maternity Governance meeting. Collate minutes.	March 2022 March 2022
			7.3	Submit SOP and minutes and organogram of organisations involved that will support the above from the trust, signed off via the trust governance structure.	LMNS lead/ Governance Matron Governance Facilitator	SOP to be finalised and signed off at Maternity Governance meeting. Collate minutes	May 2022
11		Non-executive director who has oversight of maternity services	11.1	Evidence of how all voices are represented:	Midwifery Director	Minutes from Trust Board and Safety Champions	July 2022
			11.2	Evidence of link into MVP; any other mechanisms	Midwifery Director	MVP meeting minutes	July 2022
			11.3	Evidence of NED sitting at trust board meetings, minutes of trust board where NED has contributed	Midwifery Director	Trust Board minutes	April 2022
			11.4	Evidence of ward to board and board to ward activities e.g. NED walk arounds and subsequent actions	Midwifery Director	Minutes and action log of safety champions. Minutes from Trust Board.	July 2022

			11.6	NED JD	Midwifery Director	Gain NED JD	July 2022
13		Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services	13.1	Clear co-produced plan, with MVP's that demonstrate that co production and co-design of service improvements, changes and developments will be in place and will be embedded by December 2021.	Safety and Quality Matron	Develop co-produced plan. Collate evidence of co-design	January 2023 January 2023
			13.2	Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)	Safety and Quality Matron	Changes made linked to FFT 15 steps report and action plan	July 2022
			13.3	Please upload your CNST evidence of co-production. If utilised then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP.	Safety and Quality Matron	Collate CNST evidence	Sept. 2022
14		Trust safety champions meeting bimonthly with Board level champions	14.1	Action log and actions taken.	HOM	Admin support	March 2022
			14.2	Log of attendees and core membership.		Admin support	March 2022
			14.3	SOP that includes role descriptors for all key members who attend by-monthly safety meetings.		SOP signed off	March 2022

15		Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.	15.1	Clear co-produced plan, with MVP's that demonstrate that co-production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021.	Safety and Quality Matron	Develop co-produced plan. Collate evidence of co-design	January 2023
16		Non-executive director support the Board maternity safety champion	16.1	Evidence of participation and collaboration between ED, NED and Maternity Safety Champion, e.g., evidence of raising issues at trust board, minutes of trust board and evidence of actions taken	Board Level Safety Champion / Chief Nurse	Ensure NED is aware of requirement Minutes of Trust Board Evidence of actions taken	July 2022
			16.3	Role descriptors	Board Level Safety Champion / Chief Nurse	Role descriptor agreed by Trust Board	July 2022
17	Immediate and essential action 3: Staff Training	Multidisciplinary training and working occurs. Evidence must be externally validated through	17.1	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	Midwifery Education lead	Updated trajectory	June 2022
			17.2	LMNS reports showing regular review of training data (attendance, compliance	Midwifery Education lead	Minutes from LMNS meetings	June 2022

	and Working Together	the LMNS, 3 times a year.		coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data.			
			17.3	Submit evidence of training sessions being attended, with clear evidence that all MDT members are represented for each session.	Midwifery Education lead	Training sessions attendance records	June 2022
			17.4	Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements.	Midwifery Education lead	TNA finalised	June 2022
			17.5	Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.	HOM	Collate Trust Board papers	June 2022
18		Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.	18.1	Evidence of scheduled MDT ward rounds taking place since December, twice a day, day & night. 7 days a week (e.g. audit of compliance with SOP)	Labour Ward Matron	Ward Round registers	June 2022
19		External funding allocated for the training of maternity staff, is ring-fenced	19.1	Confirmation from Directors of Finance	Operations Director	Director of Finance statement	April 2022
			19.2	Evidence from Budget statements.	Operations Director	Training budget statements	April 2022

		and used for this purpose only	19.3	Evidence of funding received and spent.	Operations Director	Budget statements	April 2022
			19.5	MTP spend reports to LMS	Operations Director	LMNS minutes	April 2022
21		90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session	21.1	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	Midwifery Education lead	Updated trajectory	Submitted to TEG March 2022
			21.3	LMNS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data. Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.	HOM	LMNS Minutes	June 2022
22		Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	22.1	Evidence of scheduled MDT ward rounds taking place since December 2020 twice a day, day & night; 7 days a week (E.G audit of compliance with SOP)	Labour Ward Matron	Audit of compliance with SOP	June 2022

23		The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place	23.2	LMNS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation described as checking the accuracy of the data.	PMO	See 21.3	June 2022
24	Immediate and essential action 4: Managing Complex Pregnancy	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre	24.1	Audit that demonstrates referral against criteria has been implemented that there is a named consultant lead, and early specialist involvement and that a Management plan that has been agreed between the women and clinicians	System action	Continue work to develop MMC. Once in place ensure women are referred as required. Audit against pathways	System action
			24.2	SOP that clearly demonstrates the current maternal medicine pathways that includes: agreed criteria for referral to the maternal medicine centre pathway.	System action	SOP to be developed	System action
25		Women with complex pregnancies must have a named consultant lead	25.2	SOP that states that both women with complex pregnancies who require referral to maternal medicine networks and women with complex pregnancies but who do not require referral to	Lead Obstetrician / System action	SOP to be developed	Dependant on 24.2 being completed

				maternal medicine network must have a named consultant lead.			
26		Complex pregnancies have early specialist involvement and management plans agreed	26.1	Audit of 1% of notes, where women have complex pregnancies to ensure women have early specialist involvement and management plans are developed by the clinical team in consultation with the woman.	Lead Obstetrician	Query to LMNS definition of 'early' Audit of early specialist involvement	August 2022
			26.2	SOP that identifies where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the teams.	Lead Obstetrician	SOP to be developed	August 2022
27		Compliance with all five elements of the Saving Babies' Lives care bundle Version 2	27.1	Audits for each element.	Audit lead	Audits for each element to be completed	September 2022
			27.2	Guidelines with evidence for each pathway	Lead Consultant	Guidelines to be updated and ratified at maternity guidelines group	September 2022
28		All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.	28.2	Submission of an audit plan to regularly audit compliance	ANC Lead Consultant	Update audit plan to include this element	June 2022
29		Understand what further steps are	29.1	Agreed pathways	System action – linked to 24	Continue engagement with MMC development	System action

		required by your organisation to support the development of maternal medicine specialist centres	29.2	Criteria for referrals to MMC	System action – linked to 24	Continue engagement with MMC development	System action
			29.3	The maternity services involved in the establishment of maternal medicine networks evidenced by notes of meetings, agendas, action logs.	System action – linked to 24	Collate agendas, minutes and action logs	System action
30	Immediate and essential action 5: Risk Assessment Throughout Pregnancy	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	30.1	How this is achieved within the organisation.	Safety and Quality Matron	Information shared	June 2022
			30.2	Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.	Safety and Quality Matron	Audit of notes	June 2022
			30.3	Review and discussed and documented intended place of birth at every visit.	Safety and Quality Matron	Audit of notes	June 2022
			30.5	What is being risk assessed.	Safety and Quality Matron	Audit of notes	June 2022
31		Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	31.1	Evidence of referral to birth options clinics	Birth Options lead	Demonstrable evidence of referral to be gained	May 2022
			31.2	Out with guidance pathway.	Birth Options lead	Guidance to be developed	May 2022
			31.3	Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.	Consultant Midwife	Audit of 1% of notes	May 2022

33		A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	33.1	Example submission of a Personalised Care and Support Plan (It is important that we recognise that PCSP will be variable in how they are presented from each trust)	Quality & Experience Lead	Continue to develop use of PCSPs	September 2022
			33.2	How this is achieved in the organisation	Quality & Experience Lead	PCSP are currently documented on JMIS and a handheld paper document. Further work is required to engagement work planned to ensure all professionals are aware of the importance of completing this.	September 2022
			33.3	Personal Care and Support plans are in place and an ongoing audit of 5% of records that demonstrates compliance of the above.	Quality & Experience Lead	Audit of 5% of notes	September 2022
			33.4	Review and discussed and documented intended place of birth at every visit.	Quality & Experience Lead	Continue to raise awareness and educate staff to ensure review of place of birth is documented at every appointment	September 2022
			33.6	What is being risk assessed.	Quality & Experience Lead	Ensure all risks to the woman and fetus/baby are appropriately considered and documented.	September 2022
34	Immediate and essential	Appoint a dedicated Lead Midwife and Lead Obstetrician	34.1	Copies of rotas / off duties to demonstrate they are given dedicated time.	Midwifery Director /	Copies of rotas / off duties to demonstrate they are given dedicated time, to be submitted.	March 2022

	action 6: Monitoring Fetal Wellbeing	both with demonstrated expertise to focus on and champion best practice in fetal monitoring			Clinical Director		
			34.2	Examples of what the leads do with the dedicated time E.G attendance at external fetal wellbeing event, involvement with training, meeting minutes and action logs.		Collate evidence of fetal wellbeing lead work	March 2022
			34.4	Name of dedicated Lead Midwife and Lead Obstetrician	Midwifery Director/Clinical Director	Obstetrician and Midwife in place	March 2022
35		The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health	35.1	Consolidating existing knowledge of monitoring fetal wellbeing	Lead Obstetrician	Fetal monitoring leads to engage in regional and national forums to develop and consolidate their knowledege.	September 2022
			35.2	Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported e.g clinical supervision	Lead Obstetrician	Plan and embed clinical supervision for the fetal wellbeing leads	September 2022
			35.3	Improving the practice & raising the profile of fetal wellbeing monitoring	Lead Obstetrician	Gain evidence of the practice undertaken by the fetal monitoring leads and ensure this is widely shared.	September 2022
			35.4	Interface with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.	Lead Obstetrician	Ensure appropriate links are in place. Gain evidence of best practice introduced as a result	September 2022

			35.6	Keeping abreast of developments in the field	Lead Obstetrician	Fetal wellbeing leads to ensure they have protected time for learning and development.	September 2022
			35.7	Lead on the review of cases of adverse outcome involving poor FHR interpretation and practice.	Lead Obstetrician	Engaged in rapid review meetings	September 2022
			35.8	Plan and run regular departmental fetal heart rate (FHR) monitoring meetings and training.	Lead Obstetrician	CTG meetings in place.	September 2022
39	Immediate and essential action 7: Informed Consent	Trusts 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	39.2	Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.	MVP/Quality Lead Matron	Improve access to information available on internet	July 2022
41		Women must be enabled to participate equally in all decision-making processes	41.1	An audit of 1% of notes demonstrating compliance.	MVP/Quality Lead Matron	Audit to be developed	December 2022
			41.2	CQC survey and associated action plans	MVP/Quality Lead Matron	CQC survey action plan to be updated	March 2022
			41.3	SOP which shows how women are enabled to participate equally in all decision making processes and to make informed choices	MVP/Quality Lead Matron	SOP to be developed	June 2022

				about their care. And where that is recorded.			
42		Women's choices following a shared and informed decision-making process must be respected	42.1	An audit of 5% of notes demonstrating compliance, this should include women who have specifically requested a care pathway which may differ from that recommended by the clinician during the antenatal period, and also a selection of women who request a caesarean section during labour or induction.	MVP/Quality Lead Matron	Audit to be developed – to link to Birth options	May 2022
			42.2	SOP to demonstrate how women's choices are respected and how this is evidenced following a shared and informed decision-making process, and where that is recorded.	Quality Lead Matron / Consultant Midwife	SOP to be developed	June 2022
44		Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.	44.1	Co-produced action plan to address gaps identified	MVP/Quality Lead Matron	Improve access to information available on internet	July 2022
			44.2	Gap analysis of website against Chelsea & Westminster conducted by the MVP	MVP/Quality Lead Matron	Improve access to information available on internet	July 2022
			44.3	Information on maternal choice including choice for caesarean delivery.	MVP/Quality Lead Matron	Improve access to information available on internet	July 2022
			44.4	Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear	MVP/Quality Lead Matron	Improve access to information available on internet	July 2022

				language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.			
45	Section 2: Workforce Planning	Demonstrate an effective system of clinical workforce planning to the required standard	45.2	Evidence of reviews 6 monthly for all staff groups and evidence considered at board level.	Midwifery Director	Collate Trust Board discussion minutes regarding midwifery staffing	September 2022
			45.3	Most recent BR+ report and board minutes agreeing to fund.	Midwifery Director	Collate Trust Board discussion minutes regarding midwifery staffing	September 2022
46		Demonstrate an effective system of midwifery workforce planning to the required standard?	46.1	Most recent BR+ report and board minutes agreeing to fund.	Midwifery Director	Collate Trust Board discussion minutes regarding midwifery staffing	September 2022
48		Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care:	48.1	Action plan where manifesto is not met	Midwifery Director	Update action plan	July 2022
			48.2	Gap analysis completed against the RCM strengthening midwifery leadership: a manifesto for better maternity care	MIdwifery Director	Updated GAP analysis completed	March 2022
49		Providers to review their approach to NICE guidelines in	49.1	Audit to demonstrate all guidelines are in date.	Governance Lead/Audit Midwife	Guidelines compliance monthly audit	September 2022

		maternity and provide assurance that these are assessed and implemented where appropriate.	49.2	Evidence of risk assessment where guidance is not implemented.	Governance Lead/Audit Midwife	Process for ensuring risk assessment where guidance is not implemented	September 2022
			49.3	SOP in place for all guidelines with a demonstrable process for ongoing review.	Governance lead/Guideline lead Consultant	SOP to be developed	April 2022