R	Action will be completed **more than two weeks** beyond original stated completion date
A	Action will be completed **within two weeks** of the original stated completion date
G	Action will be completed by the original stated completion date
C	Action has been completed with evidence to support

The Queen Elizabeth Hospital King's Lynn
Ockenden report response

NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Action	Action description	Compliance	Evidence	Target completion date	RAG
Enhanced Safety					
1a	A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly	Partially compliant	The Trust received the additional guidance on 19 December 2020 and the Trust's intention is to be compliant by 31 January 2021.	31st January 2021	
1b	All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB	Partially compliant	All maternity SIs are shared with the Trust Board via the Trust governance structure. The LMS set up a LLS (local learning set) in October 2018 which meets quarterly, which has been paused due to Covid-19 but will be reinstated in February 2021.	end February 2021	
Listening to Women and their Families					
2a	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	Compliant	Friends and Family testing is active. MVP monthly meetings are active and there is always attendance by a maternity team representative.	Completed	
2b	In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard. Further guidance will be shared shortly.	Compliant	Executive and named Non-Executive in place.	Completed	

Staff training and working together					
3a	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	Partially compliant	Multidisciplinary Team (MDT) ward consultant led ward rounds occur 9am and 5pm Monday to Friday and at 9am at the weekends. Next steps will be to review service requirements and amend job plans. This will be completed by 1 March 2021.	1st March 2021	
3b	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.	Compliant	Prompt MDT training in place.	Completed	
3c	Confirmation that funding allocated for maternity staff training is ring-fenced and any CNST Maternity Incentive Scheme (MIS) refund is used exclusively for improving maternity safety.	Compliant	This funding is allocated and ring-fenced for maternity staff.	Completed	
Managing complex pregnancy					
4a	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.	Compliant	Guideline and lead consultant in place.	Completed	
4b	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres.	Compliant	Working in collaboration across the LMS.	Completed	
Risk assessment throughout pregnancy					
5a	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.	Compliant	Risk assessment documentation is within the Badgernet maternity system and can be audited.	Completed	

Monitoring Fetal Wellbeing					
6a	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.	Compliant	Named consultant and Midwife in place.	Completed	
Informed Consent					
7	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.	Compliant	Clear pathways of care available and kept updated on www.justonenorfolk.nhs.uk/pregnancy	Completed	