Healthier Communities, Outstanding Care

Ockenden Gap Analysis- One Year on

March 2022

Purpose

The Ockenden report outlined not only outlined local actions for learning, these were extended nationally requiring all Trusts to response to the immediate and essential actions. Following a review and a self-assessment against the minimum evidential requirements of the seven Immediate and Essential Actions (IEAs), Sherwood Forest Hospitals (SFH) Maternity services had initially declared:

- Partially compliance with IEA 2,3 & 7 based on the availability of the minimum evidence requirements, noting that the content for the IEA's where partial compliance is demonstrated will continue be managed through the Maternity Assurance Committee which has executive oversight

One year on work has continued and we are in position to declare full compliance. The below table outlines the detailed breakdown of changes, supporting evidence and plans in place. It has been a difficult year, noting the challenges brought by the pandemic and the absenteeism of the Maternity Voice Partnerships (MVP) Chair, which is recognised as a risk within the LMNS risk register. Due to this we are able to declare full compliance for IEA 1 to 6. For IEA 7 we are currently at 71%, this is due to:

- Questions 39 and 44 which need for the MVP chair to undertake and sign of this action/ submission

To work towards achieving full compliance, SFH have utilised the national funding, via the LMNS, to strengthen Ockenden immediate and essential actions. This funding has assisted with the recruitment of a service user representative at Sherwood Forest Hospitals. This role will help to strengthen the woman's voice and maternity voice partnerships response. Recruitment has now completed, and role will commence on the 7th of March 2022.

This role will be supported by the Consultant Midwife and Professional Midwifery Advocates, with a clear job plan and priorities list for the current six-month funding, as detailed below. This role will have constant evaluation, through the Maternity and Neonatal Safety Champions Meeting.

On-going work continues to ensure that all elements rated as 100% continue to do so, this is monitored through the divisional Ockenden and Maternity Incentive Scheme working group and escalation are taken through the appropriate Divisional Governance frameworks.

A way in which this preparation is achieved is through the completion of the Assurance Assessment Tool, which includes the recommendations from the Morecambe Bay investigation report and the Ockenden report, to support a discussion at Trust Public Board. This was presented at Trust Board on the 2nd of March 2022.

Recommendation

This update report is read in conjunction with the Nottinghamshire Ockenden and Kirkup Response and Assurance Assessment Tool, providing further clarity on the return with details of further actions taken.

Healthier Communities, Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Ockenden Initial report recommendations against 2021-22 update

IEA	Question	Action	Evidence Required	Nottinghamshire		Update (if required)
				SHERWOOD FOREST HOSPITALS 2020-21	SHERWOOD FOREST HOSPITALS 2021-22	
IEA1	Q1	Maternity Dashboard to LMS every 3 months	Dashboard to be shared as evidence.	100%	100%	
			Minutes and agendas to identify regular review and use of common data dashboards and the response / actions taken.	100%	100%	
			SOP required which demonstrates how the trust reports this both internally and externally through the LMS.	100%	100%	
			Submission of minutes and organogram, that shows how this takes place.	100%	100%	

				100%	100%	
		Maternity Dashboard to LMS every 3 months Total		100%	100%	
	Q2	**External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death**	Audit to demonstrate this takes place.	100%	100%	
			Policy or SOP which is in place for involving external clinical specialists in reviews.	100%	100%	
		External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death Total		100%	100%	
	Q3	**Maternity SI's to Trust Board & LMS every 3 months**	Individual SI's, overall summary of case, key learning, recommendations made, and actions taken to address with clear timescales for completion	100%	100%	
			Submission of private trust board minutes as a minimum every three months with highlighted areas where SI's discussed	100%	100%	
			Submit SOP	100%	100%	

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	Maternity SI's to Trust Board & LMS every 3 months Total		**100%**	**100%**	
Q4	**Using the National Perinatal Mortality Review Tool to review perinatal deaths**	**Audit of 100% of PMRT completed demonstrating meeting the required standard including parents notified as a minimum and external review.**	**100%**	**100%**	
		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.	**100%**	**100%**	
	Using the National Perinatal Mortality Review Tool to review perinatal deaths Total		**100%**	**100%**	
Q5	**Submitting data to the Maternity Services Dataset to the required standard**	**Evidence of a plan for implementing the full MSDS requirements with clear timescales aligned to NHSR requirements within MIS.**	**100%**	**100%**	
	Submitting data to the Maternity Services Dataset to the required standard Total		**100%**	**100%**	

Q6		Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme	Audit showing compliance of 100% reporting to both HSIB and NHSR Early Notification Scheme.	**100%**	**100%**	
		Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme Total		**100%**	**100%**	
Q7		Plan to implement the Perinatal Clinical Quality Surveillance Model	Full evidence of full implementation of the perinatal surveillance framework by June 2021.	**100%**	**100%**	
			LMS SOP and minutes that describe how this is embedded in the ICS governance structure and signed off by the ICS.	**100%**	**100%**	
			Submit SOP and minutes and organogram of organisations involved that will support the above from the trust, signed of via the trust governance structure.	**100%**	**100%**	
		Plan to implement the Perinatal Clinical Quality Surveillance Model Total		**100%**	**100%**	
IEA1 Total				**100%**	**100%**	

IEA2	Q11	**Non-executive director who has oversight of maternity services**	**Evidence of how all voices are represented:**	**0%**	**100%**	Woman's voice now a standing agenda item on Maternity and Neonatal Safety Champions paper includes MVP, PMA and complaints/ concerns update**.** Service User Representative job plan and reporting structures
			Evidence of link in to MVP; any other mechanisms	**0%**	**100%**	Standing agenda item as above. Other mechanisms will incorporate Service User Representative job plan
			Evidence of NED sitting at trust board meetings, minutes of trust board where NED has contributed	**100%**	**100%**	
			Evidence of ward to board and board to ward activities e.g. NED walk arounds and subsequent actions	**100%**	**100%**	
			Name of NED and date of appointment	**100%**	**100%**	
			NED JD	**100%**	**100%**	
		Non-executive director who has oversight of maternity services Total		**67%**	**100%**	

	Q13	**Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services**	**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.**	**100%**	**100%**	
			Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)	**100%**	**100%**	
			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.	**100%**	**100%**	
		Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services Total		**100%**	**100%**	
	Q14	**Trust safety champions meeting**	**Action log and actions taken.**	**100%**	**100%**	

		bimonthly with Board level champions	Log of attendees and core membership.	100%	100%	
			Minutes of the meeting and minutes of the LMS meeting where this is discussed.	100%	100%	
			SOP that includes role descriptors for all key members who attend by-monthly safety meetings.	100%	100%	
		Trust safety champions meeting bimonthly with Board level champions Total		100%	100%	
	Q15	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.	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.	100%	100%	
		Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices		100%	100%	

		Partnership (MVP) to coproduce local maternity services. Total				
	Q16	Non-executive director support the Board maternity safety champion	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	100%	100%	
			Name of ED and date of appointment	100%	100%	
			Role descriptors	100%	100%	
		Non-executive director support the Board maternity safety champion Total		100%	100%	
IEA2 Total				88%	100%	
IEA3	Q17	Multidisciplinary training and working occurs. Evidence must be externally	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%	100%	

		validated through the LMS, 3 times a year.	LMS 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.	**100%**	**100%**	
			Submit evidence of training sessions being attended, with clear evidence that all MDT members are represented for each session.	**100%**	**100%**	
			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.	**100%**	**100%**	
			Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.	**100%**	**100%**	
		Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year. Total		**100%**	**100%**	

Q18	**Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.**	**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)**	**100%**	**100%**		
		SOP created for consultant led ward rounds.	**100%**	**100%**		
	Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward. Total		**100%**	**100%**		
Q19	**External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only**	**Confirmation from Directors of Finance**	**100%**	**100%**		
		Evidence from Budget statements.	**100%**	**100%**		
		Evidence of funding received and spent.	**100%**	**100%**		
		Evidence that additional external funding has been spent on funding including staff can attend training in work time.	**100%**	**100%**		
		MTP spend reports to LMS	**100%**	**100%**		
	External funding allocated for the training of maternity staff, is ring-fenced		**100%**	**100%**		

		and used for this purpose only Total		100%	100%	
	Q21	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%	100%	
			Attendance records - summarised	100%	100%	
			LMS 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.	100%	100%	
		90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session Total		100%	100%	

				100%	100%	
	Q22	**Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.**	**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)**	100%	100%	
		Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week. Total		100%	100%	
	Q23	**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**	**A clear trajectory in place to meet and maintain compliance as articulated in the TNA.**	100%	100%	
			LMS 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.	100%	100%	

		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 **Total**		100%	100%	
IEA3 Total				100%	100%	
IEA4	**Q24**	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	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	100%	100%	
			SOP that clearly demonstrates the current maternal medicine pathways that includes: agreed criteria for referral to the maternal medicine centre pathway.	100%	100%	

			100%	100%	
	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 Total		100%	100%	
Q25	Women with complex pregnancies must have a named consultant lead	Audit of 1% of notes, where all women have complex pregnancies to demonstrate the woman has a named consultant lead.	100%	100%	
		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 maternal medicine network must have a named consultant lead.	100%	100%	
	Women with complex pregnancies must have a named consultant lead Total		100%	100%	
Q26	Complex pregnancies have early specialist involvement and	Audit of 1% of notes, where women have complex pregnancies to ensure women have early specialist involvement and management	100%	100%	

		management plans agreed	plans are developed by the clinical team in consultation with the woman.			
			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.	100%	100%	
		Complex pregnancies have early specialist involvement and management plans agreed Total		100%	100%	
	Q27	**Compliance with all five elements of the Saving Babies' Lives care bundle Version 2**	Audits for each element.	100%	100%	
			Guidelines with evidence for each pathway	100%	100%	
			SOP's	100%	100%	
		Compliance with all five elements of the Saving Babies' Lives care bundle Version 2 Total		100%	100%	

Q28	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.	SOP that states women with complex pregnancies must have a named consultant lead.	**100%**	**100%**	
		Submission of an audit plan to regularly audit compliance	**100%**	**100%**	
	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place. Total		**100%**	**100%**	
Q29	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	Agreed pathways	**100%**	**100%**	
		Criteria for referrals to MMC	**100%**	**100%**	
		The maternity services involved in the establishment of maternal medicine networks evidenced by notes of meetings, agendas, action logs.	**100%**	**100%**	

				100%	100%	
		Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres Total		100%	100%	
IEA4 Total				100%	100%	
IEA5	**Q30**	**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**	**How this is achieved within the organisation.**	100%	100%	
			Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.	100%	100%	
			Review and discussed and documented intended place of birth at every visit.	100%	100%	
			SOP that includes definition of antenatal risk assessment as per NICE guidance.	100%	100%	
			What is being risk assessed.	100%	100%	

				100%	100%	
		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 Total		100%	100%	
Q31	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.		Evidence of referral to birth options clinics	100%	100%	
			Out with guidance pathway.	100%	100%	
			Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.	100%	100%	
			SOP that includes review of intended place of birth.	100%	100%	
		Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture. Total		100%	100%	

Q33	**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.**	**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)**	**100%**	**100%**		
		How this is achieved in the organisation	**100%**	**100%**		
		Personal Care and Support plans are in place and an ongoing audit of 5% of records that demonstrates compliance of the above.	**100%**	**100%**		
		Review and discussed and documented intended place of birth at every visit.	**100%**	**100%**		
		SOP to describe risk assessment being undertaken at every contact.	**100%**	**100%**		
		What is being risk assessed.	**100%**	**100%**		
	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		**100%**	**100%**		

		mechanisms are in place to assess PCSP compliance. Total				
IEA5 Total				100%	100%	
IEA6	**Q34**	Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring	Copies of rotas / off duties to demonstrate they are given dedicated time.	100%	100%	
			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.	100%	100%	
			Incident investigations and reviews	100%	100%	
			Name of dedicated Lead Midwife and Lead Obstetrician	100%	100%	

				100%	100%	
		Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring Total		100%	100%	
	Q35	**The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health**	**Consolidating existing knowledge of monitoring fetal wellbeing**	100%	100%	
			Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported e.g clinical supervision	100%	100%	
			Improving the practice & raising the profile of fetal wellbeing monitoring	100%	100%	
			Interface with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.	100%	100%	
			Job Description which has in the criteria as a minimum for both roles and confirmation that roles are in post	100%	100%	
			Keeping abreast of developments in the field	100%	100%	

		Lead on the review of cases of adverse outcome involving poor FHR interpretation and practice.	100%	100%	
		Plan and run regular departmental fetal heart rate (FHR) monitoring meetings and training.	100%	100%	
	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health Total		100%	100%	
Q36	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?	Audits for each element	100%	100%	
		Guidelines with evidence for each pathway	100%	100%	
		SOP's	100%	100%	
	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2? Total		100%	100%	

	Q37	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	**100%**	**100%**	
			Attendance records - summarised	**100%**	**100%**	
			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.	**100%**	**100%**	
		Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019? Total		**100%**	**100%**	
IEA6 Total				**100%**	**100%**	

IEA7	**Q39**	**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**	Information on maternal choice including choice for caesarean delivery.	**100%**	**100%**	
			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.	**0%**	**0%**	No MVP chair in post- service user rep and CNIO to review as a priority and produce a submission
		Total		**50%**	**50%**	
	Q41	**Women must be enabled to participate equally in all decision-making processes**	An audit of 1% of notes demonstrating compliance.	**100%**	**100%**	
			CQC survey and associated action plans	**100%**	**100%**	
			SOP which shows how women are enabled to participate equally in all decision making processes and to make informed choices about their care. And where that is recorded.	**100%**	**100%**	
		Women must be enabled to participate equally in		**100%**	**100%**	

	all decision-making processes Total		100%	100%	
Q42	Women's choices following a shared and informed decision-making process must be respected	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.	100%	100%	
		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.	100%	100%	
	Women's choices following a shared and informed decision-making process must be respected Total		100%	100%	
Q43	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your	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.	100%	100%	

		Maternity Voices Partnership to coproduce local maternity services?	Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)	100%	100%	
			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.	100%	100%	
		Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services? Total		100%	100%	
Q44		Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.	Co-produced action plan to address gaps identified	0%	0%	No MVP chair in post- service user rep and CNIO to review as a priority and produce a gap analysis. This will be actioned by the Digital Midwife
			Gap analysis of website against Chelsea & Westminster conducted by the MVP	0%	0%	No MVP chair in post- service user rep and CNIO to review as a priority and produce a gap

						analysis. This will be actioned by the Digital Midwife
			Information on maternal choice including choice for caesarean delivery.	100%	100%	
			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.	0%	0%	No MVP chair in post- service user rep and CNIO to review as a priority and produce a submission.
		Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. Total		25%	100%	To be incorporated into the review and re-design by the Digital Midwife.
IEA7 Total				71%	71%	
WF	**Q45**	**Demonstrate an effective system of clinical workforce planning to the required standard**	Consider evidence of workforce planning at LMS/ICS level given this is the direction of travel of the people plan	100%	100%	
			Evidence of reviews 6 monthly for all staff groups and evidence considered at board level.	100%	100%	

		Most recent BR+ report and board minutes agreeing to fund.	100%	100%	
	Demonstrate an effective system of clinical workforce planning to the required standard Total		100%	100%	
Q46	**Demonstrate an effective system of midwifery workforce planning to the required standard?**	Most recent BR+ report and board minutes agreeing to fund.	100%	100%	
	Demonstrate an effective system of midwifery workforce planning to the required standard? Total		100%	100%	
Q47	**Director/Head of Midwifery is responsible and accountable to an executive director**	HoM/DoM Job Description with explicit signposting to responsibility and accountability to an executive director	100%	100%	
	Director/Head of Midwifery is responsible and accountable to an		100%	100%	

	executive director Total			
Q48	**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:**	Action plan where manifesto is not met	**100%**	**100%**	
		Gap analysis completed against the RCM strengthening midwifery leadership: a manifesto for better maternity care	**100%**	**100%**	
	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: Total		**100%**	**100%**	
Q49	**Providers to review their approach to NICE guidelines in maternity and provide assurance**	Audit to demonstrate all guidelines are in date.	**100%**	**100%**	

		that these are assessed and implemented where appropriate.	Evidence of risk assessment where guidance is not implemented.	100%	100%	
			SOP in place for all guidelines with a demonstrable process for ongoing review.	100%	100%	
		Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Total		100%	100%	
WF Total				100%	100%	