

Appendix Two:

Ockenden Review

Current Position against the 27 Local
Actions for Learning and 7 Immediate
and Essential Actions – work completed
and work planned

Progress to Date – at 29 December 2020

FIRST DRAFT



Maternity Care

Risk Assessment, Choice & Accountability

4.54 A thorough risk assessment must take place at the booking appointment and at every antenatal appointment to ensure that the plan of care remains appropriate.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ RAST disbanded and Clinical Referral Team established to ensure referral to correct pathway. ✓ Risk assessment completed at each antenatal appointment ✓ Audit of compliance commenced 	<ul style="list-style-type: none"> <input type="checkbox"/> Further checks to ensure ongoing assessment and re-assessment incl. during labour. Design method to measure and audit this. <input type="checkbox"/> Confirmation that assessment has been made will be a compulsory field in Badgernet

4.55 All members of the maternity team must provide women with accurate and contemporaneous evidence based information as per national guidance. This will ensure that women can participate equally in all decision making processes and make informed choices about their care. Women's choices following a shared decision making process must be respected

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ Several videos and leaflets available on SaTH website ✓ On-line antenatal classes in place ✓ Key information in hand held notes ✓ Baby Buddy app available. ✓ Work currently on-going as part of Care Pathway sub-project 	<ul style="list-style-type: none"> <input type="checkbox"/> Design method to confirm whether the patient has received and understood the information as intended. <input type="checkbox"/> Monitor Baby Buddy app utilisation

Fetal Monitoring

4.56 - The maternity service at SaTH must appoint a dedicated Lead Midwife and Lead Obstetrician, both with demonstrated expertise to focus on and champion the development and improvement of the practice of fetal monitoring. Both colleagues must have sufficient time and resource in order to carry out their duties.

Work Completed or Underway

- ✓ Named obstetrician in place as lead for fetal monitoring
- ✓ Name midwife in place as lead for fetal monitoring

Work Planned

- Confirm long term resourcing secured for midwife post
- Confirm whether appropriate training was provided and can be evidenced.

4.57 - These leads must ensure that the service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 (2019) and subsequent national guidelines. This additionally must include regional peer reviewed learning and assessment. These auditable recommendations must be considered by the Trust Board and as part of continued on-going oversight that has to be provided regionally by the Local maternity System (LMS) and Clinical Commissioning Group.

Work Completed or Underway

- ✓ Dedicated SBL project midwife in post, progress against SBL v2 monitored within scope of Maternity Transformation Programme
- ✓ West Midlands Head of Midwifery Network (HOMs) contacted to establish peer review process

Work Planned

- Lead on the development of a West Midlands dashboard and database of good practice for SBL

Fetal Monitoring (continued)

4.58 - Staff must use NICE Guidance 2017 on fetal monitoring for the management of all pregnancies and births in all settings. Any deviations from this guidance must be documented, agreed within a multidisciplinary framework and made available for audit and monitoring.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ FIGO (International Federation of Gynaecology and Obstetrics) guidelines implemented (as opposed to NICE and supported by NHSI/E improvement advisor in 2020) ✓ SATH Fetal Monitoring guideline sent to Clinical Network for review and approval 	

4.59 - The maternity department clinical governance structure must be appropriately resourced so that investigations of all cases with adverse outcomes take place in a timely manner.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ Investigation (and investigator) training in place and future training booked ✓ Trust level dedicated investigation team approved ✓ Review of Duty of Candour policy underway 	<ul style="list-style-type: none"> <input type="checkbox"/> Evidence and review of booked investigations training. <input type="checkbox"/> Define clearly what ‘timely’ and ‘adverse outcomes’ constitute and confirm scope of team’s remit. <input type="checkbox"/> Confirm that current Duty of Candour policy complies with regulations.

Investigations & Clinical Governance

4.60 - The maternity department clinical governance structure must include a multidisciplinary team structure, trust risk representation, clear auditable systems of identification and review of cases of potential harm, adverse outcomes and serious incident in line with the NHS England Serious Incident Framework 2015.

Work Completed or Underway

- ✓ In scope of Maternity Transformation Programme; Governance and Risk Workstream

Work Planned

- Review structure, systems and processes currently in place.
- Define which incident classification grading should be applied depending on levels of severity.

The Role of Consultants

4.61 - Consultant obstetricians must be directly involved and lead in the management of all complex pregnancies and labour.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ Risk assessments conducted at each antenatal contact to ensure women are on the most appropriate clinical pathway ✓ All women with complex pregnancies on admission to Delivery Suite are seen by a obstetrician ✓ All women with complex pregnancies are reviewed during each MDT ward round (twice daily) ✓ Escalation process reviewed and enhanced, detailing when consultant must be present (when a woman is in labour) 	<ul style="list-style-type: none"> ❑ Further checks to ensure ongoing assessment and re-assessment incl. during labour. Design method to measure and audit this. ❑ Confirm escalation protocols are clearly articulated and understood. ❑ Compliance with escalation process to be audited

4.62 - There must be a minimum of twice daily consultant led ward rounds and night shift of each 24 hour period. The ward round must include the labour ward co-ordinator and must be multidisciplinary. In addition the labour ward should have regular safety huddles and multidisciplinary handovers and in-situ simulation training.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ Consultant ward rounds at 9am and 9pm in place 7 days per week since September 2019 ✓ Handover sheets in place ✓ Weekly MDT in-situ simulation training in place 	<ul style="list-style-type: none"> ❑ In situ training to be formally recorded ❑ Evidence that safety huddles are being held and times reviewed ❑ Liaise with Anaesthesia department to ensure inclusion on rounds (see section 'Obstetrics Anaesthesia')

The Role of Consultants (continued)

4.63 - Complex cases in both the antenatal and postnatal wards need to be identified for consultant obstetric review on a daily basis.

Work Completed or Underway

✓ Currently achieved

Work Planned

- Need to be able to provide on-going evidence
- Retrospective audit of notes and ongoing audit to be conducted

Use of Oxytocin

4.64 - The use of oxytocin to induce and / or augment labour must adhere to national guidelines and include appropriate and continued risk assessment in both first and second stage labour. Continuous CTG monitoring is mandatory if oxytocin infusion is used in labour and must continue throughout any additional procedure in labour.

Work underway

- ✓ Current guideline regarding use of oxytocin is in line with national guidance
- ✓ 'Fresh eyes' initiative and regular reviews by obstetricians in place

Work Planned

- Guideline to be enhanced
- Develop standard operating process for documentation of obstetric reviews

Bereavement Care

4.65 - The maternity service must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion development and improvement of the practice of bereavement care within maternity services at the Trust.

Work Completed or Underway

- ✓ Lead midwife in post. Second Midwife appointed - to commence in post January 2021

Work Planned

- Appoint obstetrician to co-lead on bereavement care

4.66 - The Lead Midwife and Lead Obstetrician must adopt and implement the National Bereavement Care Pathway.

Work Completed or Underway

- ✓ Pathway partially adopted and commitment in place to fully embed it.
- ✓ Implemented the maternity bereavement experience measure
- ✓ SANDS online training modules mandated for clinical staff

Work Planned

- SANDS review scheduled for Feb 2021

Maternal Deaths

Escalation of Care

4.72 - The Trust must develop clear Standard Operational Procedures (SOP) for junior obstetric staff and midwives on when to involve the consultant obstetrician. There must be clear pathways for escalation to consultant obstetricians 24 hours a day, 7 days a week. Adherence to SOP must be audited on an annual basis.

Work Completed or Underway

✓ Escalation policy already in place

Work Planned

Compliance with escalation process to be audited

Individual Management Plans

4.73 - Women with pre-existing medical co-morbidities must be seen in a timely manner by a multi-disciplinary specialist team and an individual management plan formulated in agreement with the mother to be. This must include a pathway for referral to a specialist maternal medicine centre for consultation and / or continuation of care at an early stage of the pregnancy.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ Informal pathways to territory centres in place ✓ West Midlands Clinical Network are leading on the development of specialist maternal medicine centres (SaTH does not meet clinical criteria to be a specialist centre) 	<ul style="list-style-type: none"> <input type="checkbox"/> SOP to formalise onward referral process to be developed <input type="checkbox"/> Ongoing engagement with Clinical Network

4.74 - There must be a named consultant with demonstrated expertise, with overall responsibility for the care of high risk women during pregnancy, labour and birth, and the post-natal period.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ Named consultant is already identified for all high risk cases 	<ul style="list-style-type: none"> <input type="checkbox"/> Clarity to be sought of specifics of this requirement

Obstetrics Anaesthesia

Integration to the Multi-Disciplinary Team

4.85 – Obstetric anaesthetists are an integral part of the maternity team and must be considered as such. The maternity and anaesthetic service must ensure that obstetric anaesthetists are completely integrated into the maternity multidisciplinary team and must ensure attendance and active participation in relevant team meetings, audits, Serious Incident reviews, regular ward rounds and multidisciplinary training.

Work Completed or Underway

- ✓ Anaesthetists participating in some MDT ward rounds
- ✓ MDT emergency obstetrics course is run in the SIM centre approximately 3 times per year
- ✓ Lead obstetric anaesthetist key facilitator in weekly in situ simulation training
- ✓ Involvement of anaesthetists in PROMPT – both as facilitators and participants

Work Planned

- Obstetric anaesthetists to complete online Prompt course by 31/3/21
- Include obstetric education section in each Anaesthetic governance meeting
- Regular obstetric anaesthesia meetings with a learning section

Maternity Improvements: Anaesthetics Input

4.86 – Obstetric anaesthetists must be proactive and make positive contributions to team learning and the improvement of clinical standards. Where there is apparent disengagement from the maternity service the obstetric anaesthetists themselves must insist that they are involved and not remain on the periphery, as the review team have observed in a number of cases reviewed.

Work Completed or Underway

- ✓ Anaesthesia comprehensive guidelines updated 2016 by lead Obstetric anaesthetists
- ✓ Enhanced discharge process in place for all patients who have had a spinal or epidural

Work Planned

- Review and update all anaesthetic guidelines
- Improve processes for anaesthetic documentation (Badgernet roll out)

Adherence to Latest Guidelines

4.87 – Obstetric anaesthetists and departments of anaesthesia must regularly review their current clinical guidelines to ensure they meet best practice standards in line with the national and local guidelines published by the RCoA and the OAA. Adherence to these by all obstetric anaesthetic staff working on labour ward and elsewhere, must be regularly audited. Any changes to clinical guidelines must be communicated and necessary training provided to the midwifery and obstetric teams.

Work Completed or Underway

- ✓ “Cappuccini audit” in place testing supervisory structures of obstetric anaesthetic department
- ✓ Training for guidelines in place

Work Planned

- Collated findings of audit to be published in January 2021
- “Cappuccini audits” to be repeated and include the new SOP “calling a consultant”.
- Further training for critical care to be explored with the maternal critical care team.

Escalation to Anaesthetics Consultants

4.88 – Obstetric anaesthesia services at the Trust must develop or review the existing guidelines for escalation to the consultant on call. This must include specific guidance for consultant attendance. Consultant anaesthetists covering labour ward or the wider maternity services must have sufficient clinical expertise and be easily contactable for all staff on delivery suite. The guidelines must be in keeping with national guidelines and ratified by the Anaesthetic and Obstetric Service with support from the Trust Executive.

Work Completed or Underway

- ✓ Middle grade rota staffed by experienced obstetric anaesthetists only
- ✓ CPD for consultants who cover obstetrics at night but who do not have regular sessions in obstetrics in place.

Work Planned

- SOP/Guideline: “when to call a consultant” being developed
- Compliance of completed CPD sessions to be collated

Improvements and Investigations

4.89 – The service must use current quality improvement methodology to audit and improve clinical performance of obstetric anaesthesia services in line with the recently published RCoA 2020 'Guidelines for Provision of Anaesthetic Services', section 7, 'Obstetric Practice'.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ Review of effectiveness of application of the ACSA – 189 standards is underway 	<ul style="list-style-type: none"> ☐ Quality Improvement team to audit and improve clinical performance alongside lead obstetric anaesthetist

4.90 – The Trust must ensure appropriately trained and appropriately senior / experienced anaesthetic staff participate in maternal incident investigations and that there is dissemination of learning from adverse events.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ Obstetric Anaesthetist expertise is incorporated to regular Datix reviews ✓ Regular input to 'Human Factors' investigations 	<ul style="list-style-type: none"> ☐ Anaesthetics consultants to dedicate SPA time to Obstetrics in addition to current service lead

Multi-Disciplinary Emergency Training

4.91 - The service must ensure mandatory and regular participation for all anaesthetic staff working on labour ward and the maternity services in multidisciplinary team training for frequent obstetric emergencies.

Work Completed or Underway

- ✓ Currently working towards compliance with CNST Maternity Incentive Scheme, safety action 8
- ✓ Simulation course held 3x per year
- ✓ In situ simulation training conducted weekly

Work Planned

- All obstetric anaesthetists to submit evidence of completion of an online PROMPT course by 31/3/21

Neonatal Service

Information Sharing: Notes and Records

4.97 - Medical and nursing notes must be combined: where they are kept separately there is the potential for important information not to be shared between all members of the clinical team. Daily clinical records, particularly for patients receiving intensive care, must be recorded using a structured format to ensure all important issues are addressed.

Work Completed or Underway

- ✓ Roll out of combined medical and nursing notes to Neonatal Unit (NNU) planned for Q4 2020/2021
- ✓ A structured daily notes guidance already exists in the Neonatal Handbook

Work Planned

- Adopt combined records approach in NNU by 31/01/2021
- Implement a system and problem-based recording of daily notes for babies receiving intensive and high-dependency care
- Ensure information on joint medical and nursing note keeping held on all staff induction
- Check adherence to above through audit
- Prepare a business case for Neonatal Badgernet EPR and explore the feasibility of using the existing summary record for daily entries in the interim.

Neonatal Intensive Care: Escalation Policy

4.98 - There must be clearly documented early consultation with a neonatal intensive care unit (often referred to as tertiary units) for all babies born on a local neonatal unit who require intensive care.

Work Completed or Underway

- ✓ Policy for escalation already in place with audits taking place every three months by a senior Neonatologist.

Work Planned

- Adherence to exception reporting and escalation policy in line with Service specification and Network requirements – to be monitored on monthly basis
- Recording and filing of discussions with NICUs outside of the exceptions
- Review and revise the existing SOP for escalation by tier 2 staff/senior nurses to on call consultant

Neonatal Intensive Care: 24hr Tier 2/3

4.99 - The neonatal unit should not undertake even short term intensive care (except while awaiting a neonatal transfer service) if they cannot make arrangements for 24 hour on-site, immediately availability at either tier 2 (registrar grade doctor with training in neonatology or and advanced neonatal nurse practitioner) or tier 3 (a neonatal consultant) with sole duties on the neonatal unit.

Work Completed or Underway

- ✓ Business case completed and approved for additional senior clinicians to offer increased clinical presence on neonatal unit
- ✓ Policy for escalation already in place with audits taking place every three months by a senior Neonatologist.

Work Planned

- ❑ Adherence to exception reporting and escalation policy in line with Service specification and Network requirements – to be monitored on monthly basis
- ❑ Recording and filing of discussions with NICUs outside of the exceptions
- ❑ Review and revise the existing SOP for escalation by tier 2 staff/senior nurses to on call consultant

Neonatal Intensive Care: 24hr Tier 2/3 cont.

4.100 - There was some evidence of outdated neonatal practice at The Shrewsbury and Telford Hospital NHS Trust. Consultant neonatologists and ANNPs must have the opportunity of regular observational attachments at another neonatal intensive care unit.

Work Completed or Underway

✓ Plans underway to enable observation of other NICUs.

Work Planned

- Obtain more granular detail about the outdated practice comment from DO/IMR Enquiry team so that we can address any specific issues
- Develop Job Plans to enable neonatal consultants to spend 2 weeks/year at the Network NICUs.
- Agree and implement the arrangements for attendance of SaTH neonatal consultants and ANNPs at NICUs

Immediate & Essential Actions

1. Enhanced Safety (1 of 4)

1.1 Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks.

Work Completed or Underway

- ✓ Commitment to review the Perinatal Clinical Quality Surveillance Model and complete a gap analysis by end January 2021 in order to strengthen quality arrangements

Work Planned

- ❑ Gap analysis against each element and associated action required now the model has been received
- ❑ Maternity Dashboard to be strengthened in line with the model
- ❑ The Trust will seek to secure external review of all serious incidents

1.2 Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.

Work Completed or Underway

- ✓ Scoping collaboration with a regional partner

Work Planned

- ❑ Pursue a partner LNMS relationship (single LNMS). This would strengthen our ability to benchmark externally and also reduce the burden on a single provider to action and deliver changes required.

1. Enhanced Safety (2 of 4)

1.01 Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMS agendas at least every 3 months.

Work Completed or Underway

- ✓ Maternity Dashboard being reviewed and updated inline with Perinatal Clinical Quality Surveillance Model
- ✓ Maximum liaison and knowledge sharing with peer organisations set out as intended outcome of MTP Workstream 4: Research, Learning and Partnerships

Work Planned

- Review at LMNS Board in order to consider what data is required and in what format

1.02 External clinical specialist opinion from outside the Trust (but from within the region), must be mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.

Work Completed or Underway

- ✓ This is achieved in some cases currently.

Work Planned

- Arrange formal agreements between Trusts in order to achieve fully. Joining with a larger LMNS will support this process

1. Enhanced Safety (3 of 4)

1.03 LMS must be given greater accountability and responsibility so that they can ensure the maternity services they represent provide safe services for all who access them.

Work Completed or Underway

- ✓ Review underway into levels of accountability and responsibility for maternity services held by this LMNS

Work Planned

- Review of membership of LMNS with a view to joining a larger LMNS.
- Review of current structure and work streams to ensure adequate effective oversight

1.04 An LMS cannot function as one maternity service only

Work Completed or Underway

- ✓ Review underway as to how this LMNS functions – as a standalone or partnered organisation. Further partnerships being explored (embedded in Workstream 4 of the MTP)

Work Planned

- Review of membership of LMNS with a view to joining a larger LMNS.
- Review of current structure and work streams to ensure adequate effective oversight

1. Enhanced Safety (4 of 4)

1.05 The LMS Chair must hold CCG Board level membership so that they can directly represent their local maternity services which will include giving assurances regarding the maternity safety agenda.

Work Completed or Underway

- ✓ This is in place

Work Planned

1.06 All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months.

Work Completed or Underway

- ✓ Maternity SI's discussed at Maternity Clinical Quality review Meeting (CQRM) and Maternity Quality Operational Committee (MQOC) SI's are reviewed and discussed at Review and Learning from Incident Group (RALIG), which is chaired by the DoN/MD
- ✓ SI's are reported to the Trust Board but the content of this report will now be reviewed in line with this guidance.
- ✓ All SI's and timeliness of same are reviewed monthly at CQRM with commissioners.

Work Planned

- Review and strengthen SI reporting process to Trust Board and LMNS.
- Rapid implementation of Badgernet maternity EPR to support MSDS submission and data retrieval
- In line with the urgent clinical priorities as set out by NHSI and NHSE, this will be done on a monthly basis
- Compliance with CNST MIS safety actions 1, 2 and 10

2. Listening to Women & Families (1 of 4)

2.1 Maternity services must ensure that women and their families are listened to with their voices heard.

Work Completed or Underway

- ✓ Friends and Family Test in operation
- ✓ Very active collaboration with MVP (see point 2.04)
- ✓ 2 ‘Who’s Shoes’ assessments have been held in 2020
- ✓ Maternity survey based on CQC maternity survey questions, conducted monthly.
- ✓ “Patient stories” shared at Care Group Committee
- ✓ NHS Choices website reviewed and feedback from women provided to staff involved.
- ✓ Trust Website feedback reviewed and provided to staff involved.
- ✓ Social media pages – both Trust and MVP
- ✓ Patient and Carer Experience Panel meeting in place (PACE)

Work Planned

- ❑ Invite MVP representative to attend Maternity Governance meeting.
- ❑ Further work to link with other Trusts identified as exemplar in relation to patient engagement to understand their measure of success in regards to pt. involvement
- ❑ Develop, in partnership with service users “always” events and commitment statement for the service
- ❑ Develop a “you said, we have” process in maternity services
- ❑ An engagement plan is being developed to ensure women and families are listened to and their voices are heard. This will ensure an integrated approach.
- ❑ Ensure this work is part of the wider Trust culture programme

2. Listening to Women & Families (2 of 4)

2.01 Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ Executive Safety Champion in post – Trust Executive Medical Director ✓ Compliance with relevant requirements of CNST MIS being ensured through inclusion of Maternity Transformation Programme Scope 	<ul style="list-style-type: none"> <input type="checkbox"/> Report to be taken to Trust board (frequency to be agreed)

2.02 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.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ Work underway to ensure availability of the Executive Safety Champion at such meetings 	

2. Listening to Women & Families (3 of 4)

2.03 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.

Work Completed or Underway

- ✓ Non-executive director (NED) in place as maternity & neonatal safety champion and NED link with maternity services. They meet monthly and include visits to services. This will be reviewed in line with new requirements.
- ✓ Listening sessions (LS) secured and to be run throughout January 2021 to feed into cultural assessment and action planning

Work Planned

- ❑ Staff and patient feedback to form part of local Maternity Transformation Plan's (MTP) culture and OD work stream

2. Listening to Women & Families (4 of 4)

2.04 CQC inspections must include an assessment of whether women’s voices are truly heard by the maternity service through the active and meaningful involvement of the Maternity Voices Partnership

Work Completed or Underway

- ✓ Maternity Voices Partnership (MVP) attended by Deputy Head of Midwifery
- ✓ Maternity Voices Partnership involved in co-production of information leaflets, interview panels
- ✓ Maternity Transformation Programme has MVP representatives’ reps on work-streams, including Workstream 5 – ‘Communications and Engagement’

Work Planned

- Review latest CQC findings once available and act on any recommendations; collate evidence of our measures to ensure women are truly heard, for CQC to scrutinise
- Roll out to feedback from patients
- Staff and patient feedback to form part of local Maternity Transformation Plan’s (MTP) culture and OD work stream
- Listening Session Dates to be agreed and publicised throughout Care Group
- Action plan to be developed in partnership with Corporate Nursing and OD
- Review HEE Quality Intervention report to further develop cultural workstream ensuring voices of students within maternity services are heard.
- Seek support from Head of Leadership and Lifelong Learning – Midlands, NHS England and NHS Improvement for support and interventions to ensure staff voices are heard.

3. Staff Training & Working Together (1 of 2)

3.1 Staff who work together must train together.

Work Completed or Underway

- ✓ New MDT triumvirate in post
- ✓ MDT PROMPT training in place and occurring monthly
- ✓ Weekly MDT simulation exercises take place on delivery suite with ad hoc sessions on Midwifery Led Unit

Work Planned

- See 3.01 for more details

3.01 Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.

Work Completed or Underway

- ✓ Twice weekly CTG learning and feedback sessions on Delivery Suite – MDT delivered by CTG midwife and/or consultant
- ✓ Weekly risk management meetings in place, which are MDT – with lead obstetrician and Clinical Director with MW managers and MW risk manager in attendance
- ✓ Identified Obstetric anaesthetic lead with Human Factor specialist interest attends MDT training

Work Planned

- Attendance reporting to commence using CNST reporting template for all aspects
- MDT skill drill to take place OOH to include an escalation scenario
- Anaesthetic attendance at training sessions

3. Staff Training & Working Together (2 of 2)

3.02 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.

Work Completed or Underway

- ✓ There is a twice daily ward round on delivery suite with a consultant in attendance. These occur at 08:30 and 20:30
- ✓ If there is a change of consultant there is an additional ward round at 17:00.
- ✓ 7 day working of consultant in place within maternity services
- ✓ 7 day rota in place to ensure obstetric consultant cover meeting

Work Planned

- Consultant to sign a daily sheet that records the ward round
- Monthly audit of attendance at Ward Rounds.
- Recruit 6 x additional consultant obstetricians to offer 24/7 cover by Summer 2021
- Achieve compliance with CNST MIS safety action 4

3.03 Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only.

Work Completed or Underway

- This is not in place current
- ✓ Workstream 4 has in scope proposals regarding how much time is required by clinical staff in order to complete their training and an uplift may be provisioned

Work Planned

- Identify which funding streams needs to be ring-fenced including money from HEE for students
- Mechanism for this yet to be established with DoF

4. Managing Complex Pregnancies (1 of 3)

4.1 There must be robust pathways in place for managing women with complex pregnancies

Work Completed or Underway

- ✓ Antenatal risk assessments to continually reassess care pathway incorporated and being further developed, including integration with Badgernet
- ✓ Fetal monitoring a priority, with specific leads in place to champion awareness
- ✓ Individual pathways incorporating pre-existing morbidities created

Work Planned

- Connections to be developed in order to achieve holistic solution.
- (See local action for learning, items 4.72 – 4.74 in particular)

4.2 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.

Work Completed or Underway

- ✓ Exploration of specialist centres under way. Network identified, but connections yet to be put in place (see Local Action for Learning 4.73)

Work Planned

- Onward referral process to be developed
- Formalise connections with specialist maternal medical centres

4. Managing Complex Pregnancies (2 of 3)

4.01 Women with Complex Pregnancies must have a named consultant lead

Work Completed or Underway

- ✓ All women with complex pregnancies have a named consultant lead
- ✓ Appropriate risk assessment documented at each contact

Work Planned

- Implement a formal auditing process and report to respective local governance meetings
- Review of Midwifery led cases for appropriate referral onwards

4.02 Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the women and the team

Work Completed or Underway

- ✓ Per Local Actions for Learning 4.61, Process already in place including antenatal clinics and review of cases at monthly meetings. Questions as to whether the right women have the right pathways and the right consultant assigned respective to her case.

Work Planned

- Validate and document that this requirement is being fulfilled.
- Confirm escalation protocols are clearly articulated and understood.

4. Managing Complex Pregnancies (3 of 3)

4.03 The development of maternal medicine specialist centres as a regional hub and spoke model must be an urgent national priority to allow early discussion of complex maternity cases with expert clinicians.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ Obstetric Clinical Director engaged in discussions with network. This is an on-going discussion regionally and nationally in terms of how SaTH dovetails with these and connects to them ✓ Pathways in place for transfer to specialist centres if required i.e. cardiac 	<ul style="list-style-type: none"> ❑ Gain an updated understanding of this across the region – regional leads are taking this forward. SaTH has determined that we do not wish to be a maternal medicine centre but we are currently awaiting further guidance.

4.04 This must also include regional integration of maternal health services.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ As above: discussions regionally and nationally in terms of how SaTH integrates and connects with regional health services in in progress 	<ul style="list-style-type: none"> ❑ Implement agreed integration

5. Risk Assessment Throughout Pregnancy

(1 of 2)

5.1 Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.

Work Completed or Underway

- ✓ See Local Action for Learning 4.54
- ✓ Antenatal care pathway undergoing development including integration with Badgernet system; evidence of ongoing risk assessment a mandatory field

Work Planned

- Audit to confirm ongoing assessment and reassessment including during labour is being observed

5.01 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.

Work Completed or Underway

- ✓ Documentation contained within each woman's handheld PSCP/notes requires risk assessment to be reviewed at each contact
- ✓ Manual audit underway as stop-gap; weekly feedback

Work Planned

- Formalised audit to be implemented
- Rapid Implementation of Badgernet EPR system to allow data extraction and analysis.

5. Risk Assessment Throughout Pregnancy

(2 of 2)

5.02 Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.

Work Completed or Underway

- ✓ Place of birth revalidated at each contact as part of ongoing risk assessment
- ✓ Mother's choices based on a shared and informed decision-making process respected

Work Planned

- This is to be checked within the scope of the audit mentioned at LEA 5.01

4. Monitoring Fetal Wellbeing (1 of 2)

6.1 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.

Work Completed or Underway

- ✓ Lead MW for fetal monitoring 0.4 WTE in place on secondment
- ✓ Lead obstetrician in place with SPA time and SPA job description – 1 SPA per week incorporating PROMPT, Fetal monitoring (0.5) & Education and training

Work Planned

- Both midwifery posts need to be substantive posts and this will be included in the workforce review and associated business cases
- Audit compliance with new guideline

6.01 The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on:

- Improving the practice of monitoring fetal wellbeing
- Consolidating existing knowledge of monitoring fetal wellbeing
- Keeping abreast of developments in the field
- Raising the profile of fetal wellbeing monitoring
- Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported
- Interfacing with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.

Work Completed or Underway

- ✓ In-post leads are suitably qualified and experienced
- ✓ Further recruitment underway
- ✓ Audit of guidelines underway

Work Planned

- Both midwifery posts need to be substantive posts and this will be included in the workforce review and associated business cases

4. Monitoring Fetal Wellbeing (2 of 2)

6.02 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.

Work Completed or Underway

- ✓ Twice weekly training and review MDT meetings in place reviewing cases and identifying learning.
- ✓ Lead Midwife attends weekly risk meetings to ascertain if CTG is a key or incidental finding in any incident
- ✓ K2 training for midwives and obstetricians in place
- ✓ Incidents reviewed for contributory / causative factors to inform required actions

Work Planned

- Both midwifery posts need to be substantive posts and this will be included in the workforce review and associated business cases
- Audit compliance with new guideline

6.03 The Leads must ensure that their maternity service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 and subsequent national guidelines.

Work Completed or Underway

- ✓ Named project MW responsible for Saving Babies Lives in place 1.0 WTE secondment

Work Planned

- Ongoing implementation and reporting of progress of SBL Care Bundle version 2 compliance as part to winter MTP

4. Informed Consent (1 of 3)

7.1 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.

Work Completed or Underway

- ✓ See Local Action for Learning 4.55
- ✓ Work currently on-going as part Care Pathway sub-project; videos, leaflet and app available.

Work Planned

- Confirm that the mother and partner / family have received and consumed the information as intended

4. Informed Consent (2 of 3)

7.01 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

Work Completed or Underway

- ✓ Maternity services information on SaTH website – see link: <https://www.sath.nhs.uk/wards-services/az-services/maternity/patient-info/>
- ✓ -There are links to NHS guidance pages, videos, leaflets, general info about SaTH maternity services
- ✓ Baby buddy app in place for the Trust, which is auditable
- ✓ Communications lead assigned to Workstream 5 (Communications and Engagement) of the Maternity Transformation Programme

Work Planned

- Digitalisation via Badgernet
- Liaison and collaboration with MVP (scoping meeting 06/01/2021) to include patient representation
- Review of other websites for best practice.
- Link with local LMNS and units who also provide care to women from Shropshire to ensure consistent approach to information.
- Rapid Implement Badgernet, which will enable women to access their maternity records – requires intervention from DoN to hasten programme

4. Informed Consent (3 of 3)

7.02 - Women must be enabled to participate equally in all decision making processes and to make informed choices about their care.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ See Local Action for Learning 4.55 ✓ Work currently on-going as part Care Pathway sub-project; videos, leaflet and app available. ✓ Friends and Family Test in place, with positive results ✓ Patient feedback notice boards in place on inpatient areas ✓ Translation services available 	<ul style="list-style-type: none"> <input type="checkbox"/> Confirm that the mother and partner / family have received and consumed the information as intended <input type="checkbox"/> A formal report that triangulates sources of patient feedback, concerns and complaints via Trust and/or commissioner mechanisms needs to be developed. To be agreed with commissioners <input type="checkbox"/> Establish a mechanism for collecting and collating compliments (identify best practice)

7.03 - Women’s choices following a shared and informed decision making process must be respected.

Work Completed or Underway	Work Planned
<ul style="list-style-type: none"> ✓ See Local Action for Learning 4.55 	<ul style="list-style-type: none"> <input type="checkbox"/> Dedicated PALS officer to be appointed to Maternity Services to offer in-reach and provide real time feedback