

Ockenden Report Assurance Committee

Ockenden Report Action Plan:

A review of the action plan and current progress/status

Date: 27th April 2021

Presenter:

Mr Guy Calcott

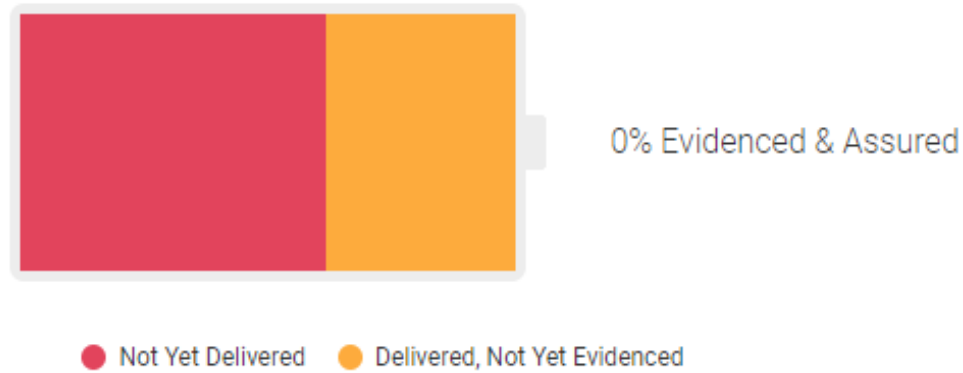
Consultant – Obstetrics & Gynaecology

Clinical Quality & Choice Workstream Lead

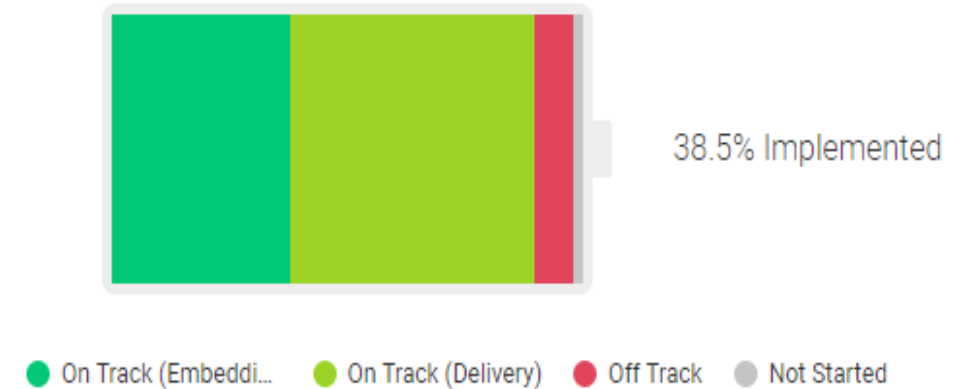


Overall Status – Delivery and Progress

Delivery Status - Embedded Recommendations



Progress Status - Completion of Tasks to Put Recommendations in Place



Executive Summary.

- Delivery phases 1 and 2 complete, 20 of the 52 actions now at ‘Delivered, Not Yet Evidenced Status’
- 4 actions have missed their deadline and are now Off Track; exception reports have been submitted to Trust Board and are enclosed here, in order to have the revised delivery dates agreed.
- Maternity Transformation Assurance Committee (MTAC) and, in turn Ockenden Report Assurance Committee (ORAC) now established to review, sign-off or reject evidence provided

Not yet delivered – Action not yet in place

Delivered, Not Yet Evidenced – Action in place, evidence being collated

Evidenced and Assured – Action in place and embedded

Delivery and Progress Status in detail

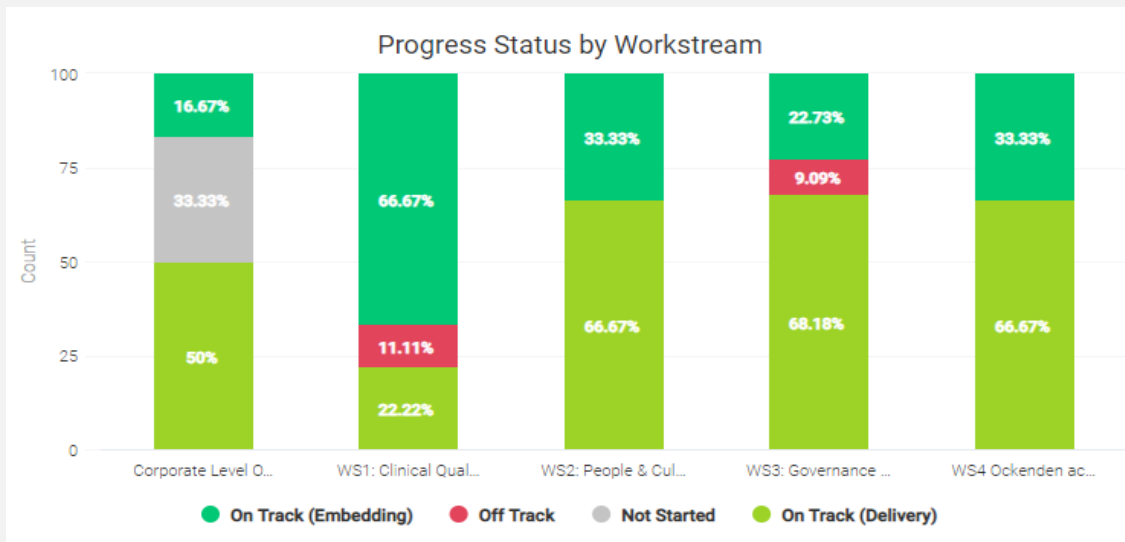
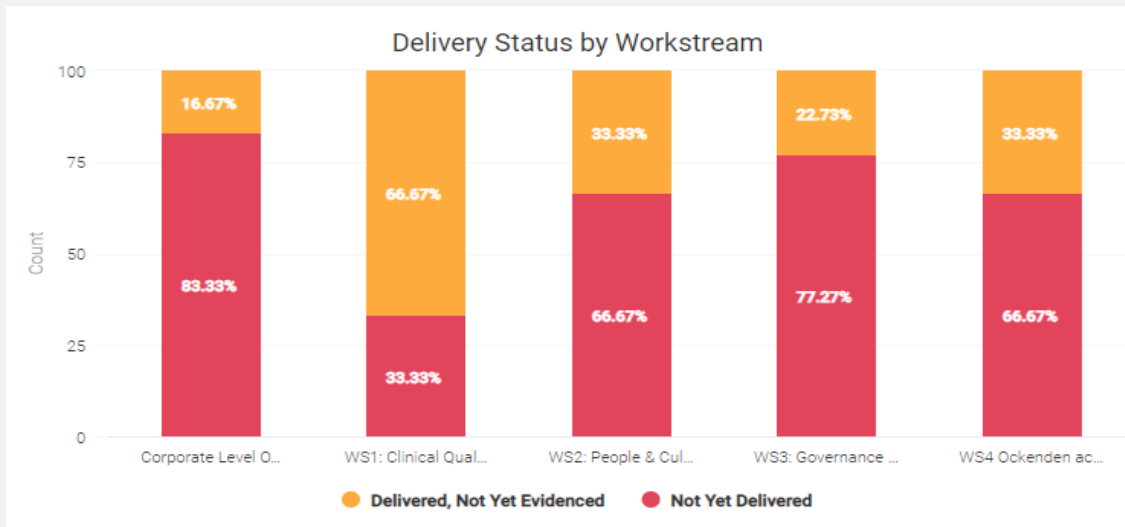
Delivery Status

	Total number of recommendations	Not yet delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
LAFL	27	15	12	0
IEA	25	17	8	0
Total	52	32	20	0

Progress Status

	Total number of recommendations	Not Started	On Track	At Risk	Off Track	Completed
LAFL	27	0	25	0	2	0
IEA	25	3	20	0	2	0
Total	52	3	45	0	4	0

Status per Workstream – Delivery & Progress



Corporate level

- 6 IEAs assigned, all due to be in place by Jun and evidenced by Sep. IEA 1.5 is Delivered. All are on track.

Workstream 1 (Clinical Quality & Choice)

- 8 LAFLs and 10 IEAs assigned. 6 LAFLs and 6 IEAs are Delivered. 1 LAFL and 1 IEA Off Track.

Workstream 2 (People and Culture)

- 3 LAFLs assigned. 1 is Delivered; all are On Track

Workstream 3 (Governance and Risk)

- 15 LAFLs and 7 IEAs assigned. 4 LAFLs and 1 IEA Delivered. 1 LAFL and 1 IEA are Off Track

Workstream 4 (Partnerships, Learning and Research)

- 1 LAFL and 2 IEAs assigned. 1 LAFL delivered. All are On Track

Note: Workstream 5 does not have any Ockenden actions directly assigned, but underpins all the others. New lead (Dr Hon) may bring across some actions from WS1 that relate to 'choice'.

Exception Reports for overdue deliverables



Ockenden Requirements Implementation: Exception Report

Date of Report:	20/04/2021	Ockenden ID:	4.65	Delivery Status:	Not Yet Delivered	Progress Status:	Off Track
Executive Lead:	Hayley Flavell / Arne Rose (tbc)	Requirement:	The maternity service 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 bereavement care within maternity services at the Trust.				
Action Lead:	Mei-See Hon						
Reason for exception and consequences		Mitigation					
<p>The funding for the posts in question has not yet been approved, hence we are not yet able to hire or provide the consultant time. We therefore cannot state that this action has been delivered.</p> <p>It should be stressed that the bereavement service is nonetheless being delivered, with specialist midwives in place and consultants making time to provide this form of care. However, in order to standardise it and co-ordinate it to maximum effectiveness, we need the investment.</p>		<ol style="list-style-type: none"> 1) The business case will be submitted to the Innovation and Investment Committee. There is a semi-protected 800k amount set aside which could potentially be used to fund these priority posts. 2) Current obstetricians are making the best effort to deliver this care in the interim – we aim to standardise and co-ordinate this care, hence the need for these posts (service enhancement) – i.e. service already exists. 					
Recommendation		What lessons have been learnt from this exception?					
<p>1) The optimal solution would be to push for the business case to be approved, as only with this investment can we fully meet this requirement.</p>		<p>A refined process for seeking urgent approval for priority investments need to be devised by the DoF.</p> <p>Over time, as we have gained a deeper understanding of the actions, it has become apparent that some of our initial deadlines could not be met if the action is to be carried out in full, especially where things are outside of our control (of the division) (dates need revising)</p>					
Recommendation approval (name / date)		Original due date:			31/03/2021 (to be evidenced by 30/06/2021)		
		Proposed revised delivery date:			31/07/2021 (evidenced by 30/09/2021)		

Ockenden Requirements Implementation: Exception Report

Date of Report:	22/04/2021	Ockenden ID:	4.98	Delivery Status:	Not Yet Delivered	Progress Status:	Off Track
Executive Lead:	Hayley Flavell / Arne Rose (tbc)	Requirement:	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.				
Action Lead:	Nicola Wenlock						
Reason for exception and consequences		Mitigation					
<p>We have not been able to implement this yet, due to an apparent contradiction between the requirement as expressed in the Ockenden report, and current national guidance (from the British Association of Perinatal Medicine - BAPM).</p> <p>If discussions about every baby receiving intensive care (even if they do not meet the threshold as laid down in the service specification and national recommendations) need to take place with NICUs, then this falls outside the Network's agreed pathways and national recommendations.</p>		<ol style="list-style-type: none"> 1) Prepare a short paper precisely detailing the contradiction 2) Share this with a consultant neonatologist member of the External Expert Advisory Panel, to seek their guidance 3) Share this with the Ockenden Team in an appropriate format, and if needed, request clarification on the action from them. 					
Recommendation		What lessons have been learnt from this exception?					
1) The mitigation set out above is recommended, as it will be useful to other Trusts and Maternity Services as well as us.		We have learned that there are a number of actions in the Ockenden Report which require further contextualising or clarification, and that a process for managing this is needed.					
Recommendation approval (name / date)		Original due date:			31/03/2021 (to be evidenced by 30/06/2021)		
		Proposed revised delivery date:			31/07/2021 (evidenced by 30/09/2021)		

Ockenden Requirements Implementation: Exception Report

Date of Report:	20/04/2021	Ockenden ID:	IEA 1.6	Delivery Status:	Not Yet Delivered	Progress Status:	Off Track
Executive Lead:	Hayley Flavell / Arne Rose (tbc)	Requirement:	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.				
Action Lead:	Nicola Wenlock						
Reason for exception and consequences		Mitigation					
<p>MTAC reviewed progress against this at their meeting on 22/04/2021, and decided there is not enough evidence of transparency (in terms of publishing), so this remains 'Not Yet Delivered'. An exception report has been filed, but the revised due date is tbc. Next steps are for the Trust to consult with SFHNSHST to learn from how they report safety matters in the public domain, with a view to adopting best practice.</p>		<ol style="list-style-type: none"> 1) We will append extracts from the Trust Board Terms of Reference and invite review of whether this currently calls for sufficient transparency in the publishing of information relating to safety matters 2) We propose that Governance leads from SaTH liaise with their counterparts at Sherwood Forest Hospitals NHS Trust to understand how they report safety matters in the public domain, with a view to potentially adopting the same model if it has proven successful. 					
Recommendation		What lessons have been learnt from this exception?					
<p>We recommend the above solution as it offers maximal transparency and an opportunity to learn from good practice from our partner Trust.</p>		<p>This has made us aware of a potential lack of transparency that may be relevant for other Divisions in the Trust, so there may be a need for action across the board.</p>					
Recommendation approval (name / date)		Original due date:			31/03/2021 (to be evidenced by 30/06/2021)		
		Proposed revised delivery date:			31/07/2021 (evidenced by 30/09/2021)		

Ockenden Requirements Implementation: Exception Report

Date of Report:	20/04/2021	Ockenden ID:	IEA 7.2	Delivery Status:	Not Yet Delivered	Progress Status:	Off Track
Executive Lead:	Hayley Flavell / Arne Rose (tbc)	Requirement:	Women must be enabled to participate equally in all decision making processes and to make informed choices about their care.				
Action Lead:	Mei-See Hon						
Reason for exception and consequences		Mitigation					
<p>MTAC decided in their meeting on 22/04/2021 that this remains 'Not Yet Delivered', as they are not satisfied we have yet done enough to hear from women whether they feel they have all the information they require. MTAC instructed the MTP to liaise more closely with the MVP, who in turn are recruiting a wider section of volunteers and conducting a postnatal survey. Further, WS5 has been further reinforced with the appointment of the Clinical Director of Maternity Services as lead. Topics to explore have already been identified, and this area will be prioritised. for the next phase of the project. An exception report has been filed for the missed deadline, but no revised due date has yet been confirmed.</p>		<ol style="list-style-type: none"> 1) Use existing SaTH survey evidence, or devise new ones, to audit this 2) Supply more evidence in terms of Birth Options Clinic Meeting minutes or PALS feedback 3) Redouble our efforts to engage with Service Users via our MVP partners across all MTP workstreams, nut particularly Workstream 5, appoint a new lead with the requisite seniority and skills and focus on finding maternity cover for the current Comms. Specialist. Use user-centric project methodology (Agile User Stories) to ensure the Service User is kept at the heart of all change initiatives. 					
Recommendation		What lessons have been learnt from this exception?					
<p>3) Option 3 (with elements of the other 2) is recommended – Workstream 5 has already started using this methodology so provide rapid improvements tailored to specific MVP / Service User feedback. We have a fantastic opportunity to truly hear our service users and respond to their specific needs in this way.</p>		<p>It is neither possible nor appropriate for the Trust and its Maternity Services to judge whether women are, or feel themselves to be adequately informed and empowered to participate equally in such decisions. We therefore have to redouble our efforts to connect with Service Users directly and via the MVP, and devise suitable methods of auditing this – or leverage existing ones such as the MVP postnatal survey.</p>					
Recommendation approval (name / date)		Original due date:			31/03/2021 (to be evidenced by 30/06/2021)		
		Proposed revised delivery date:			31/07/2021 (evidenced by 30/09/2021)		

Ockenden Assurance Committee

Immediate and Essential Actions 2-7:

Detailed consideration of each of the IEAs 2-7 and current progress/status

Date: 27th April 2021

Presenter:

Dr Mei-See Hon

Clinical Director, Obstetrics



IEA 2: Listening to Women and Families

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

2.1

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

- Not Yet Delivered; On Track.
- The Trust had hoped this would be in place by 30/06/2021, but this is dependent on the national initiative.

Summary:

- ✓ These roles are being developed, defined and recruited to nationally. It is understood that this process is underway.

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.

- Not Yet Delivered; On Track.
- The Trust had hoped this would be in place by 30/06/2021, but this is dependent on the national initiative.

Summary:

- ✓ These roles are being developed, defined and recruited to nationally. It is understood that this process is underway.

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.

- Delivered, Not Yet Evidenced.
- In place by 31/03/2021, was due to be evidenced by 30/04/2021; we feel that it is embedded.
- *Requires agreement from ORAC before it can be marked as 'Evidenced and Assured'.*

Summary:

- ✓ MTAC approved this to 'Delivered, Not Yet Evidenced' based on evidence (meeting minutes, walk-about notes, 'you said, we did' board, AAA reports) of regular and meaningful engagement by the NED with the Maternity Safety Champions Group.
- ✓ MTAC noted the Trust must engage more with MVP partners, to ensure service user voices are truly heard; this is being actively delivered via Workstream 5 of the MTP (amongst other initiatives).
- ✓ ORAC is attended by MVP and LMNS representatives.

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.

- Not Yet Delivered; On Track.
- Due to be in place by 30/06/2021.

Summary:

- ✓ SaTH has ongoing engagement with the MVP for MTP workstream 5, and in co-ordination with them are refreshing service user representation in the other workstreams.
- ❑ Evidence that active and meaningful involvement is in place is required. Action to be discussed with CQC at relationship meeting.

IEA 3: Staff Training and Working Together

- **Staff who work together must train together**

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

- Not Yet Delivered; On Track.
- Due to be in place by 30/06/2021.

Summary:

- ✓ MDT Practical Obstetric Multi-Professional Training (PROMPT) training in place and occurring monthly (doctors and midwives).
- ✓ Weekly MDT simulation exercises take place on delivery suite with ad hoc sessions on Midwifery Led Unit.
- ✓ Work underway within Maternity Transformation Plan (MTP) to develop further best practice in this area.
- ✓ Twice weekly Cardiotocograph (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, midwifery managers and maternity risk manager in attendance.
- ✓ Identified Obstetric anaesthetic lead with Human Factor specialist interest attends MDT training.
- ❑ Attendance reporting to commence using the CNST reporting template for all aspects; MDT skills drills to take place out of hours, to include an escalation scenarios, anaesthetic attendance at training sessions.

3.2 (note link to LAFL 4.62*)

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.

- Delivered, Not Yet Evidenced; On Track for embedding.
- Due to be in place by 31/03/2021 and evidenced by 30/06/2021.

Summary:

- ✓ MTAC approved this action to 'Delivered, Not Yet Evidenced' on 22/04/2021, based on the same evidence as discussed for 4.62, as well as information provided on ongoing recruitment of locum consultant obstetricians, with some substantive roles also planned.
- ❑ Audit results to be scrutinised to check attendance records for full evidence and assurance.

**LAFL Theme 1: 'Maternity Care', subject of initial ORAC meeting.*

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

- Not Yet Delivered; On Track.
- Due to be in place by 30/06/2021 and evidenced by 30/09/2021.

Summary:

- ✓ MDT bid submitted (£440k) - funding will be spent on staff uplift and protected/ / backfill time for mandatory and enhanced training.
- MTP budget, once approved by NHSEI, to be made available for scrutiny and spends reports shared with LMNS for review.
- Confirmation from Director of Finance will be provided.

IEA 4: Managing Complex Pregnancies

- **There must be robust pathways in place for managing women with complex pregnancies.**
- **Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.**

Women with Complex Pregnancies must have a named consultant lead.

- Not Yet Delivered; On Track.
- Due to be in place by 30/06/2021 and evidenced by 30/09/2021.

Summary:

- ✓ All women with complex pregnancies have a named consultant lead.
- ✓ Appropriate risk assessment documented at each contact.
- ✓ Case notes audit tool devised in partnership with Clinical Audit Team.
- Case notes audit to be carried out.

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

- Not Yet Delivered; On Track.
- Due to be in place by 30/06/2021 and evidenced by 30/09/2021.

Summary:

- ✓ Process already in place including specialist antenatal clinics for diabetes and endocrine, haematology, cardiac disease, rheumatology, respiratory, gastro, neurology and mental health.
- ✓ Review of women with additional needs at monthly multidisciplinary meetings. This may include specific medical conditions but, also, for individualised birth plans.
- ✓ Business case submitted for additional consultant hours to staff an "Urgent" Antenatal clinic to see women developing complex obstetric conditions.
- ✓ Individual pathways incorporating pre-existing morbidities created.
- ❑ 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.

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.

- Not Yet Delivered; On Track.
- Trust had hoped this would be in place by June 2021, but national developments are ongoing.

Summary:

- ✓ 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.

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

- Delivered, Not Yet Evidenced; On Track for embedding.
- Due to be in place by 30/06/2021.

Summary:

- ✓ Obstetric Clinical Director engaged with network on this topic.
- ✓ we have an established perinatal mental health team with weekly MDT meetings and established referral and communication pathways.
- Propose that provision of the relevant guidelines will show this action to be evidenced and assured.

IEA 5: Risk Assessment Throughout Pregnancy

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

5.1 (note links to LAFL 4.54*)

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

- Delivered, Not Yet Evidenced; On Track for Embedding.
- Due to be in place by 31/03/2021 and evidenced by 30/06/2021.

Summary:

- ✓ MTAC were satisfied to approve this to 'Delivered, Not Yet Evidenced' on 22/04/2021 based on the evidence provided for LAFL 4.54.
- ❑ They require to see evidence of risk assessment being made a mandatory field in Badgernet, and audit evidence to show that Place of Birth choice is reviewed at each appointment, in order to progress this to the next delivery stage.

**LAFL Theme 1: 'Maternity Care', subject of initial ORAC meeting.*

5.2 (Note link to LAFL 4.54 and 4.55*)

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

- Delivered, Not Yet Evidenced; On Track for Embedding.
- Due to be in place by 31/06/2021 and evidenced by 30/06/2021.

Summary:

- ✓ MTAC approved this as 'Delivered, Not Yet Evidenced' on 22/04/2021, based on evidence seen for elements of LAFL 4.54 and 4.55 (specifically, the monthly review clinic, from which minutes were provided, and the birthplace choices leaflet and online information).

**LAFL Theme 1: 'Maternity Care', subject of initial ORAC meeting.*

IEA 6: Monitoring Fetal Wellbeing

- **All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.**

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

- * 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.

- Not Yet Delivered; On Track.
- Due to be in place by 30/06/2021 and evidenced by 30/09/2021.

Summary:

- ✓ Job descriptions and personal specifications to be scoped to ensure they fulfil all of the required criteria.
- Both midwifery posts need to be substantive posts and this will be included in the workforce review and associated business cases.
- Develop CTG / IA competency programme.

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.

- Not Yet Delivered; On Track.
- Due to be in place by 30/06/2021 and evidenced by 30/09/2021.

Summary:

- ✓ Twice weekly training and review MDT meetings in place reviewing practice and identifying learning.
- ✓ Lead Midwife attends weekly risk meetings to ascertain if CTG is a key or incidental finding in any incident.
- ✓ Both midwifery posts made substantive and this has been included in the workforce review and associated business cases.
- ✓ K2 training for midwives and obstetricians in place.
- Incidents reviewed for contributory / causative factors to inform required actions.
- Audit compliance with new guideline.

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

- Not Yet Delivered; On Track.
- Due to be in place by 30/06/2021 and evidenced by 15/07/2021 (CNST deadline).

Summary:

- ✓ Dedicated SBL project midwife actively driving SBL delivery forward.
- ✓ Support, guidance and assurance from SFH partners.
- ✓ 12 of the 14 evidence requirements for SBL set out in CNST Safety Action 6 have been compiled; detailed assurance pending.

IEA 7: Informed Consent

- **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.**

7.1 (note link to LAFL 4.55*)

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.

- Delivered, Not Yet Evidenced; On Track for Embedding.
- Due to be in place by 31/03/2021 and evidenced by 30/06/2021.

Summary:

- ✓ MTAC approved this to 'Delivered, Not Yet Evidenced' status based on the evidence referenced for LAFL 4.55, including online and handheld information.
- ✓ They noted the introduction of new 'business cards' handed to mothers; the cards contain a QR link to BabyBuddy app and other verified information sources.
- ✓ MTAC also noted that, following a study of other Trusts' online information, including on social media platforms, and in partnership with the MVP, the Trust is moving forward with a quote to revamp their online presence to maximise accessibility, the funds coming from the MTP budget.

**LAFL Theme 1: 'Maternity Care', subject of initial ORAC meeting.*

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

- Not Yet Delivered; Off Track.
- Due to be in place by 31/03/2021 and evidenced by 30/06/2021; requested amendment to 31/07/2021 and 30/09/2021 respectively.

Summary:

- ✓ MTAC decided in their meeting on 22/04/2021 that this remains 'Not Yet Delivered', as they are not satisfied we have yet done enough to hear from women whether they feel they have all the information they require.
- ✓ MTAC instructed the MTP to liaise more closely with the MVP, who in turn are recruiting a wider section of volunteers and conducting a postnatal survey.
- ✓ Further, WS5 has been further reinforced with the appointment of the Clinical Director of Maternity Services as lead. Topics to explore have already been identified, and this area will be prioritised for the next phase of the project.

Women's choices following a shared and informed decision making process must be respected.

- Delivered, Not Yet Evidenced; On Track for Embedding.
- Due to be in place by 31/03/2021 and evidenced by 30/06/2021.

Summary:

- ✓ MTAC approved this to 'Delivered, Not Yet Evidenced', having been provided with copious meeting minutes (anonymised) from the Birth Options Clinic, showing multiple instances of individualised care being put in place in order to enable the mother's chosen care pathway and place of birth.
- ✓ Further audits, including a review of the findings of the above-mentioned MVP-led survey will be examined once available.