

# Ockenden Report Action Plan: Draft Exception Reports

To be ratified by MTAC at their December 2021 meeting

Prepared by:  
Cristina Knill (Senior Project Manager, MTP)

Date: 7 December 2021



## Ockenden Requirements Implementation: Exception Report (DRAFT – to be presented to / approved by MTAC, December meeting)

<b>Date of Report:</b>	17 November 2021	<b>Ockenden ID:</b>	IEA 1.1	<b>Delivery Status:</b>	Not Yet Delivered	<b>Progress Status:</b>	Off Track
<b>Executive Lead:</b>	Hayley Flavell	<b>Requirement:</b>	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 LMNS agendas at least every 3 months.				
<b>Action Lead:</b>	Shirley Jones						
<b>Reason for exception and consequences</b>		<b>Mitigation</b>					
<p>Neonatal maternity dashboard being developed in partnership with NHSEI</p> <ul style="list-style-type: none"> <li>LMNS as of the August MTAC meeting felt that the level of structured reporting currently provided was not yet sufficient to close this action</li> <li>Furthermore, the feedback from NHSE/I on the minimum evidence requirements so far submitted indicated 75% completion of this action. With the outstanding task being a need for an SOP to demonstrate how reporting is managed.</li> </ul>		<ol style="list-style-type: none"> <li>The Divisional Information Officer along with Divisional Governance Leads and LMNS partners are working to produce an SOP to demonstrate how the Trust reports the Maternity and neonatal dashboards both internally and externally via the LMNS (This is a requirement the Trust has self-identified and is also explicitly required under IEA 1 Q1 of the NHSE/I minimum evidence requirements.</li> <li>Note: agreement from the LMNS that they are comfortable that adequate assurance in terms of maternity and neonatal data is being provided to them will be needed before this action can be closed.</li> </ol>					
<b>Recommendation</b>		<b>What lessons have been learnt from this exception?</b>					
<p>The MTPG recommend that Divisional Governance work with the Information officer and LMNS colleagues to create the SOP in question. Following this SOP will ensure that appropriate oversight is enabled both internally to the Trust and externally to the LMNS. Due to forthcoming Christmas break, MTPG recommend a generous deadline extension to February-22 to allow for the SOP to be created and embedded.</p>		<p>Whilst it is encouraging that NHSE/I view this requirement to have largely been met, the Division acknowledge that the requirements for this SOP should have been identified and implemented earlier and better liaison with the LMNS could have been achieved. This lesson will be used to drive ongoing improvements in collaboration between the Trust and the LMNS.</p>					
<b>Recommendation approval (name / date)</b>		<b>Original due date:</b>			31/10/2021		
[To be presented to the MTAC meeting in December with request to approve the mitigation plan and extend deadline to February-2022]		<b>Proposed revised delivery date:</b>			28/02/2022		

## Ockenden Requirements Implementation: Exception Report (DRAFT – to be presented to / approved by MTAC, December meeting)

<b>Date of Report:</b>	17 November 2021	<b>Ockenden ID:</b>	IEA 4.2	<b>Delivery Status:</b>	Delivered, Not yet Evidenced	<b>Progress Status:</b>	Off Track
<b>Executive Lead:</b>	Hayley Flavell	<b>Requirement:</b>	Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the women and the team.				
<b>Action Lead:</b>	Guy Calcott						
<b>Reason for exception and consequences</b>		<b>Mitigation</b>					
<p>NHSE/I require further audit evidence (50% score)</p> <ul style="list-style-type: none"> <li>This will be captured under the Ockenden-specific case notes audit and review.</li> <li>MTPG expect to secure this before Christmas, however request a deadline extension to February 2022.</li> </ul>		<p>The feedback from NHSE/I minimum evidence indicates the following 2 pieces of evidence required:</p> <ol style="list-style-type: none"> <li>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 in place.</li> <li>Audit of 1% of notes, where women have complex pregnancies to ensure women have early specialist involvement and management plans are developed by the clinical team in consultation with the woman.</li> </ol> <p>Both of these will be captured in the Ockenden-specific case notes audit and review. This is now underway. The aim is to have completed the data collection and data analysis prior to the Christmas break. However, in order to avoid another deadline breach MTPG recommend to extend deadline to February-22.</p>					
<b>Recommendation</b>		<b>What lessons have been learnt from this exception?</b>					
<p>MTAC agreed the recommendation for this action to remain 'not yet evidenced' at their November-21 meeting. The recommendation is for MTAC to accept this exception report to extend the deadline to February-22.</p>		<p>The target date initially selected for this deliverable was intended to ensure timely compliance with the recommendation. However, given the complexities and strategic importance of the decision, the time allowed was too short.</p> <p>Conducting the audit has proven to be a time intensive and complex activity. The division went with an initial pilot audit of 20 sets of notes which proved to be sensible because the need for some amendments to the tool became apparent after this pilot, which saved wasted effort. However, in hindsight, earlier and greater allocation of audit resources would have avoided the delay in being able to evidence completion of this action.</p>					
<b>Recommendation approval (name / date)</b>		<b>Original due date:</b>			29/10//2021		
[To be presented to the MTAC meeting in December with request to approve the mitigation plan so action can be assured by February-2022.]		<b>Proposed revised delivery date:</b>			28/02/2022		

# Ockenden Requirements Implementation: Exception Report (DRAFT – to be presented to / approved by MTAC, December meeting)

<b>Date of Report:</b>	17 November 2021	<b>Ockenden ID:</b>	IEA 4.3	<b>Delivery Status:</b>	Not Yet Delivered	<b>Progress Status:</b>	Off Track
<b>Executive Lead:</b>	Hayley Flavell	<b>Requirement:</b>	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.				
<b>Action Lead:</b>	Guy Calcott						
<b>Reason for exception and consequences</b>		<b>Mitigation</b>					
<p>The Maternal Medicine Specialist Centres are in the process of being rolled out with likely go-live in April-22.</p> <p>MTPG do not feel it would be appropriate to propose this action as 'evidenced &amp; assured' until the MMCs have been fully established.</p> <p>Despite the fact that the NHSE/I feedback was that SaTH have completed 86% of the actions required to deliver IEA 4 overall, with a 1% audit being the only outstanding factor, the MTPG do not feel that this action can be marked complete until the Maternal Medicine Centres are established.</p> <p>Note, this action aligns closely with LAFL 4.73, for which a provisional exception report has already been accepted.</p>		<p>MTAC are requested to take assurance from the fact that informal referral mechanisms are already in place to ensure that women with complex pregnancies are receiving the appropriate care.</p> <p>SaTH have a nominated obstetric consultant who is working with the regional network to finalise and formalise the referral guidelines.</p>					
<b>Recommendation</b>		<b>What lessons have been learnt from this exception?</b>					
<p>MTAC agreed that the recommendation for this action to remain 'not yet evidenced' at their November-21 meeting. The recommendation is for MTAC to accept this exception report to extend the deadline to April-22.</p>		<p>The target date initially selected for this deliverable was intended to ensure timely compliance with the recommendation. However, given the complexities and strategic importance of the decision, the time allowed was too short. Not enough contingency was allowed for external dependencies.</p>					
<b>Recommendation approval (name / date)</b>		<b>Original due date:</b>		31-Oct-2021			
[To be presented to the MTAC meeting in December with request to approve the mitigation plan so action can be assured by April-2022.]		<b>Proposed revised delivery date:</b>		30/04/2022			

# Ockenden Requirements Implementation: Exception Report (DRAFT – to be presented to / approved by MTAC, December meeting)

<b>Date of Report:</b>	17 November 2021	<b>Ockenden ID:</b>	IEA 4.4	<b>Delivery Status:</b>	Delivered, Not yet Evidenced	<b>Progress Status:</b>	Off Track
<b>Executive Lead:</b>	Hayley Flavell	<b>Requirement:</b>	This must also include regional integration of maternal mental health services (links to IEA 4.3)				
<b>Action Lead:</b>	Guy Calcott						
<b>Reason for exception and consequences</b>		<b>Mitigation</b>					
<ol style="list-style-type: none"> <li>The Obstetric Clinical Director is engaged with network on this topic. Perinatal mental health guidelines and referral pathways have been shared as evidence, and this was accepted by MTAC as 'Delivered, Not Yet Evidenced' in April-21 and by NHSE/I in September-21</li> <li>The Maternal Medicine Centres will not be operational until April 2022. Numbers of women requiring referral to the centres for mental health care are likely to be low. For this reason, a generous deadline extension to August 2022 for evidencing this action is proposed: this is to allow time for enough data to be collected to ensure that referrals are taking place in accordance with the associated policies and guidelines.</li> </ol>		<p>The feedback from NHSE/I was that overall IEA 4 is 86% complete. With regards to maternal medicine centres (MMCs) NHSEI require evidence in the form of:</p> <ul style="list-style-type: none"> <li>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</li> </ul> <p>This is underway. Of note: the MMCs are in the process of being rolled out with likely go-live in April-22.</p> <ul style="list-style-type: none"> <li>SaTH has become an early implementer of the Perinatal Mental Health Service, under the leadership of one of the Transformation Midwives. The Lighthouse Clinic is now operational, with specialist midwives and psychologists recruited.</li> </ul>					
<b>Recommendation</b>		<b>What lessons have been learnt from this exception?</b>					
<p>MTAC agreed that the recommendation for this action to remain 'not yet evidenced' at their November-21 meeting. The recommendation is for MTAC to accept this exception report to extend the deadline to August-22.</p>		<p>The target date initially selected for this deliverable was intended to ensure timely compliance with the recommendation. However, given the complexities and strategic importance of the decision, the time allowed was too short. As with IEA 4.3, not enough consideration was given to the number of external dependencies when selecting the initial deadline for this action to be evidenced.</p>					
<b>Recommendation approval (name / date)</b>		<b>Original due date:</b>			30/06/2021		
<p>[To be presented to the MTAC meeting in December with request to approve the mitigation plan so action can be assured by August-2022.]</p>		<b>Proposed revised delivery date:</b>			31/08/2022		