

Ockenden Report Assurance Committee (ORAC)

First Ockenden Report Progress

Date: 21st June 2022

Presenter:

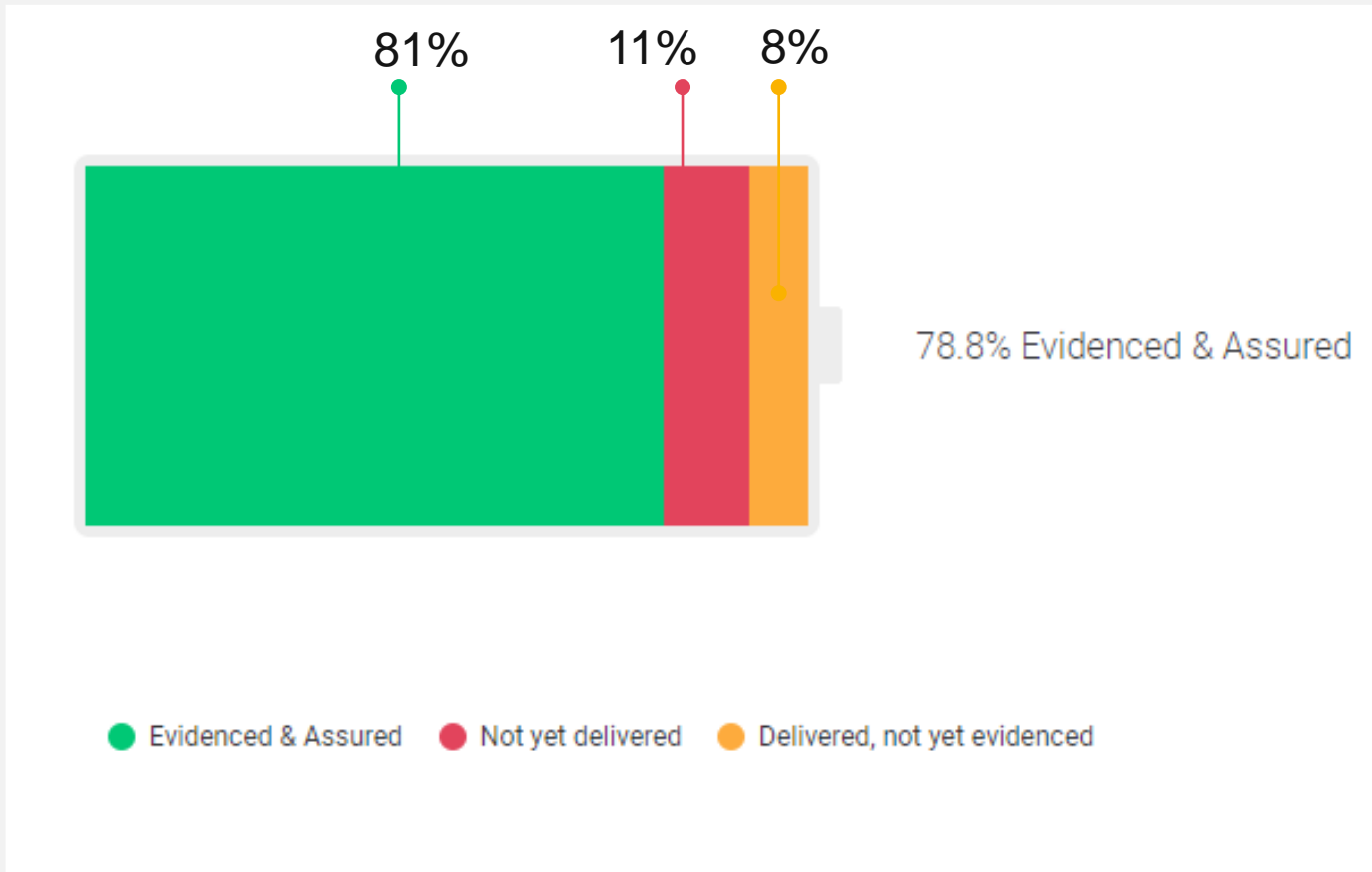
- Martyn Underwood – Medical Director, W&C Division
- Carol McInnes – Director of Operations, W&C Division



Action Progress

Presenter: Martyn Underwood

Completion battery: Ockenden I actions



47/52 Actions Implemented (89% overall), comprising:

- 42 (79%) Evidenced & Assured
- 4 (8%) Delivered, Not Yet Evidenced

6 (11%) Actions 'not yet delivered'. Of these 5 are 'on track' and 1 is 'off track'.

Actions 'not yet delivered'

Presenter: Martyn Underwood

'Not Yet Delivered' (Red) Actions

Action	Dependency	Reasons	Due date
LAFI 4.73	External	National/ regional dependency on the establishment of the Maternal Medicine Specialist Centres (go live date: April-22)	Oct-22
IEA 1.4	External	The action states that 'an LMNS cannot function as one maternity service only' . LMNS colleagues are working to provide a due date and list of evidence requirements before this action can move forward. Action off track. Exception report to be presented at July MTAC requesting new deadline.	Apr-22
IEA 2.1	External	This action relates to Trusts creating an independent senior advocate role which reports to both the Trust and the LMNS Boards . These roles are being developed, defined and recruited nationally. It is understood that this process is underway.	TBC
IEA 2.2	External	The action states that 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 . Once in post, methodology for this is to be developed. Action linked to 2.1.	TBC
IEA 2.4	External	This action indicates that CQC inspections must include an assessment of whether womens' voices are truly heard by the maternity service through the active and meaningful involvement of the Maternity Voices Partnership (MVP) . The rests with the CQC to deliver.	Mar-22
IEA 4.3	External	National/ regional dependency on the establishment of the Maternal Medicine Specialist Centres (go live date: April-22)	Oct-22

Note: Action 1.4 'off track'. LMNS colleagues to present exception report to June MTAC

‘Delivered, not yet evidenced’ Amber Actions

Presenter: Martyn Underwood

'Delivered, not yet Evidenced' (Amber) Actions

Action	Dependency	Reasons	Due date
LAFI 4.87	Internal	Obstetric anaesthesia action . Review of current clinical guidelines to ensure best practice, and adherence, audits and training to teams. Guidelines have been reviewed and updated, audits are underway. Action on Track for October 2022 .	Oct-22
LAFI 4.88	Internal	Obstetric anaesthesia action . Review of existing guidelines for escalation to the consultant on-call. The guideline was updated to include the phrase '...the consultant should attend'. However caused dismay amongst some anaesthesia consultants who felt this could put them in an unfair situation if they are tending to another (non-maternity) patient at the time. MTAC requested to approve a deadline extension to Dec-2022 to allow time for the Surgery, Anaesthesia and Cancer division to resolve the rota issue. Action on track for December 2022 .	Dec-22
LAFI 4.89	Internal	Obstetric anaesthesia action . Quality improvement methodology used to audit and improve clinical performance of obstetric anaesthesia services. Although much audit and QI work has been conducted in connection with this guideline, there is currently insufficient evidence of this having used 'approved QI' techniques, this will go into workstream 7. Action on track for October 2022 .	Oct-22
LAFI 4.100	Internal	Consultant neonatologists and ANNPs must have the opportunity of regular observational attachments at another neonatal intensive care unit . Although this has been achieved for Neonatal Consultants, there are currently too few ANNPs to allow these staff to be freed up for attachments at other units. Action on Track for October 2022.	Oct-22

Note: New anaesthetics workstream added to the Maternity Transformation Programme (MTP) to ensure embedding of anaesthetic related actions.

‘Lessons Learned’ – 18 months on from publication of first report

Presenter: Martyn Underwood

Lessons Learned – June 2022

Sustain

- Multidisciplinary (MDT) approach within workstreams and the Division, including service user input
- Strong Divisional Leadership
- Clinically led
- Use of Monday.com software (all action plans in one place)
- Use of Agile Project Management methodology (prioritisation techniques in particular)
- Reverse Red-Amber-Green (RAG) rating
- Well-developed working relationship with MVP
- Governance and assurance processes (MTPG→MTAC→ORAC)
- Governance and assurance processes: confirm and challenge
- Facilitation of workshops and away days for MDT project planning
- Dedicated Project Management Team in place
- Project Funding

Fix/Improve

- Improving how we describe the benefits of all of the positive changes, and the impact of these on care and service delivery
- Engagement with ORAC (To avoid overuse of PowerPoint)
- Ensure scope is kept under control in light of prioritised projects
- To well-define roles, responsibilities, scope, metrics and budget at the start of the project
- Standardised reporting (To avoid writing numerous papers with the same information but different formats)
- Better integration of risk within project planning
- Improve rigour around defining actions and follow ups
- Celebrating success and keeping stakeholders up to date with MTP

Conclusion

Presenter: Martyn Underwood

Conclusion

- So far, 89% of the Ockenden actions from the first report have been delivered. The remaining 11%, equate to the 6 actions with external dependencies.
- Out of the actions fully within our control, we have delivered 100%.
- Of the remaining 6 actions, 5 of these are on track. One is off track, stating ‘an LMNS cannot function as one maternity service only’, work is underway to address this action.
- We have incorporated a new workstream into the MTP: Anaesthetics, to ensure that those actions that do not sit fully within the control of the W&C Division continue to be fully embedded.
- A quarterly assurance exercise has been incorporated into MTPG to ensure embedded (green) actions remain embedded (green).
- In addition to the Ockenden work, further transformation work has been completed. For example, the co-produced User Experience (UX) system and Engagement platform, ImproveWell.

Wellbeing support for families and staff in place prior to publication

Presenter: Carol McInnes

Support to Families – services offered

Support Area	Impact/ Changes
Clinical support and assurance	<ul style="list-style-type: none"> • 24/7 Triage Service • Access to named community midwife • Non-Invasive Prenatal Testing (NIPT) offered free of charge
Mental health support and counselling	<ul style="list-style-type: none"> • Good liaison with Midlands Partnership Foundation Trust for mental health care and support • Lighthouse Service available to women with pregnancy-related anxiety and tokophobia; specialist midwife support provided • 'Talk-about' Service available on Delivery Suite
Bereavement care	<ul style="list-style-type: none"> • Two specialist bereavement support midwives in post • SaTH is championing the National Bereavement Care Pathway • Memory-making facilities • Rainbow clinic being developed • Good liaison with Hope house Hospice for respite support for bereaved families
Health and well-being support	<ul style="list-style-type: none"> • Well-resourced Healthy Pregnancy Support Service available for smoking cessation, weight management and vaccinations support • Safeguarding Support Team in place alongside specialist midwife for support to vulnerable women • Lactation Consultant midwife in post to support with breastfeeding; community peer support network also established • Frenulotomy ('tongue-tie') service
Feedback opportunities	<ul style="list-style-type: none"> • User Experience System • SaTH, CQC and MVP service user surveys • Dedicated PALS officer for Women and Children's Division

Wellbeing support for staff

Support Area	Impact/ Changes
Staff support	<ul style="list-style-type: none">• Increased visibility from senior leadership team in and out of hours across the week of publication and open sessions.• Psychological support available to staff (hotline telephone and email provided).• Staff can also arrange an appointment with an MPFT Clinical psychologist for specific maternity/Ockenden support by calling/emailing the same contact.• Staff reminded of the available wellbeing support provided by the Trust.
Cultural/leadership support	<ul style="list-style-type: none">• Ensured that staff can easily contact senior leaders to discuss any concerns/questions linked to Ockenden (telephone number/ email address provided).• Reiterated that FTSU is there to be used and PMAs are always available to support.• Maternity and midwifery drop-in Teams call set up and conducted every 2 weeks, chaired by DOM/ DDOM.

Ockenden Report Assurance Committee (ORAC)

Final Ockenden Report Updates

Date: 21st June 2022

Presenter:

- Annemarie Lawrence – Director of Midwifery
- Carol McInnes – Director of Operations, W&C Division

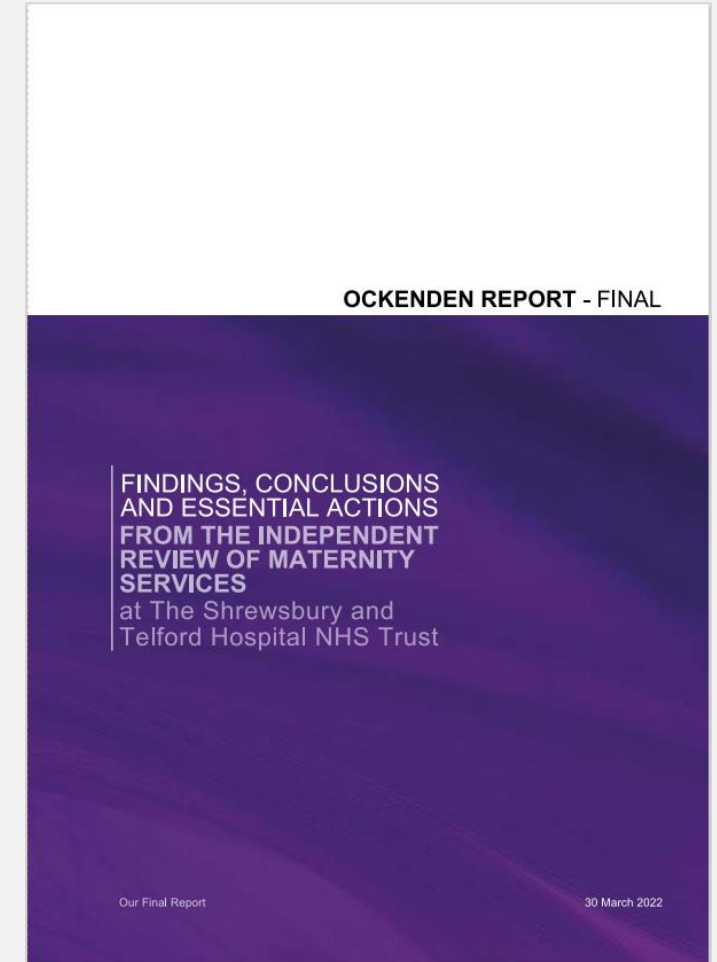


Background

Presenter: Carol McInnes

Background

- The final Ockenden report was published on the 30 March 2022. This final report follows on from the first report, published in December 2020 (containing 52 actions). The second report details:
 - 66 Local Actions for Learning (LAFLs)
 - 15 Immediate and Essential Actions (IEAs) (comprising 92 sub-actions)
- The report highlights significant failings at the Trust's maternity services and the impact this has had, and continues to have, on the families concerned. This must never happen again and the Trust must learn from its failings and address them without delay. The Chief Executive has apologised unreservedly to the families involved and has committed that the Trust will learn from their experiences.
- Improvement work is underway with the aim of ensuring the highest standards of maternity care and rebuilding the confidence and Trust of the community. The Trust must continue to implement actions contained in the first report, along with all new actions from the second report.
- In total, there are 210 Ockenden actions. On 14.06.22 65/210 actions have been delivered.



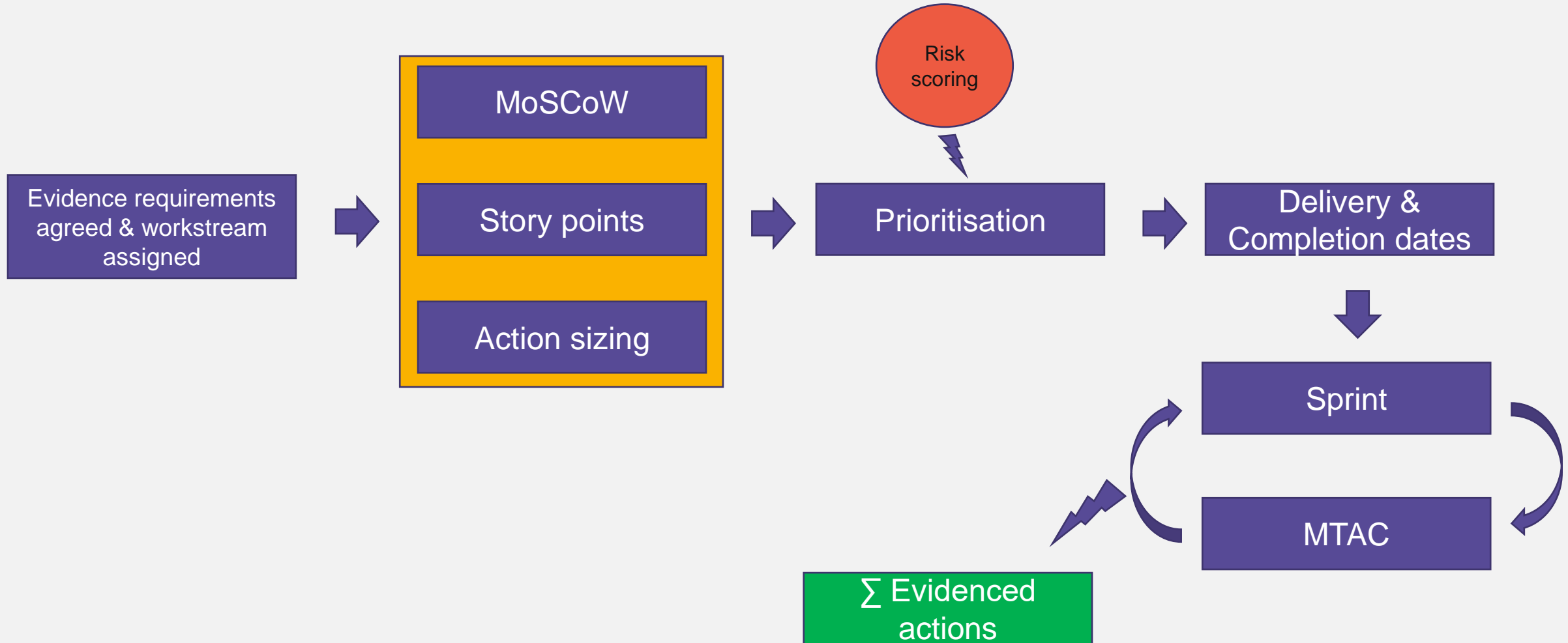
Ockenden delivery strategy

Presenter: Carol McInnes

Delivery strategy

1. Lessons learned exercise conducted from the delivery of the first Ockenden set of actions
2. Methodology reviewed and agreed for delivery of final Ockenden report actions
3. Three multidisciplinary team (MDT) 'Away Day' Ockenden planning workshops conducted
4. Gap analysis undertaken to understand what actions may have been captured as a result of MTP year 1 following the first Ockenden report
5. Risk stratified action plan created and delivery strategy devised – new board available on Monday.com
6. New actions amalgamated with first set of actions in a single plan and progress report that goes to each Board of Directors' meeting, when it meets in public
7. Further actions identified from narrative of final Ockenden report that are not captured in actions section, that will be aligned with the delivery plan
8. Further analysis and planning to be conducted on several IEAs (e.g., Anaesthetics and externally-dependant actions)
9. Programme refresh and relaunch undertaken with Divisional team, programme leads and MVP

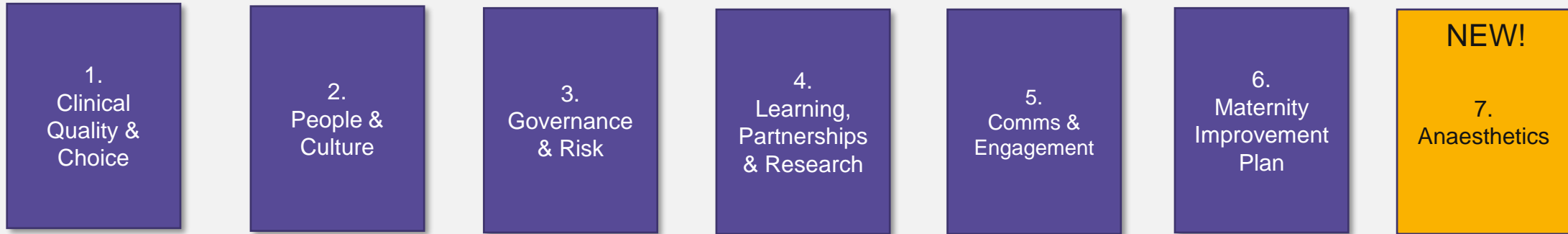
Methodology process map



Ockenden planning 'Away day' – MDT attendance

Martyn Underwood – W&C Divisional Medical Director	Carol McInnes – W&C Divisional Director of Operations	Annemarie Lawrence – Director of Midwifery	Julie Plant – Divisional director of nursing	Tom Baker – W&C Deputy Divisional Director of Operations	Claire Eagleton- Matron for inpatients and outpatients	Kim Williams - Deputy director of midwifery	Will Parry- Smith – Clinical Director of Gynaecology & R&I Director	Fi McCarron – Consultant midwife	Guy Calcott – Consultant Obstetrician	Vicki Robinson – Senior HR BP	Cris Knill – Senior Project Manager
Cécile Pollit – Project Support	Sam Farmer – Assistant Project Manager	Silje Almklow – Quality governance officer	Liz Pearson – Quality governance lead, W&C	Bea Cooke – Neonatal ward manager	Tina Kirby – Centre manager for maternity, neonatal unit and obstetrics	Mei-See Hon – Clinical Director of obstetrics	Dovejah McLean – Matron for neonatal services	Patricia Cowley – Clinical director for neonates	Wendy Tyler - MTP/DO Neonatal Lead Consultant Neonatologist	Lorien Branfield – Consultant anaesthetist	Saiprasad Annadurai – Consultant anaesthetist

Programme structure: workstreams



Guy Calcott
Consultant –
Obstetrics and
Gynaecology



Carol McInnes
Director of
Operations, W&C
Division



**Annemarie
Lawrence**
Director of
Midwifery



**Fiona
McCarron**
Consultant
Midwife



**Mei-See
Hon**
Clinical
Director –
Obstetrics



Kim Williams
Deputy Director
of Midwifery



**Lorien
Branfield**
Consultant
Anaesthetist

Governance and Assurance

Presenter: Annemarie Lawrence

Continued use of Reverse RAG

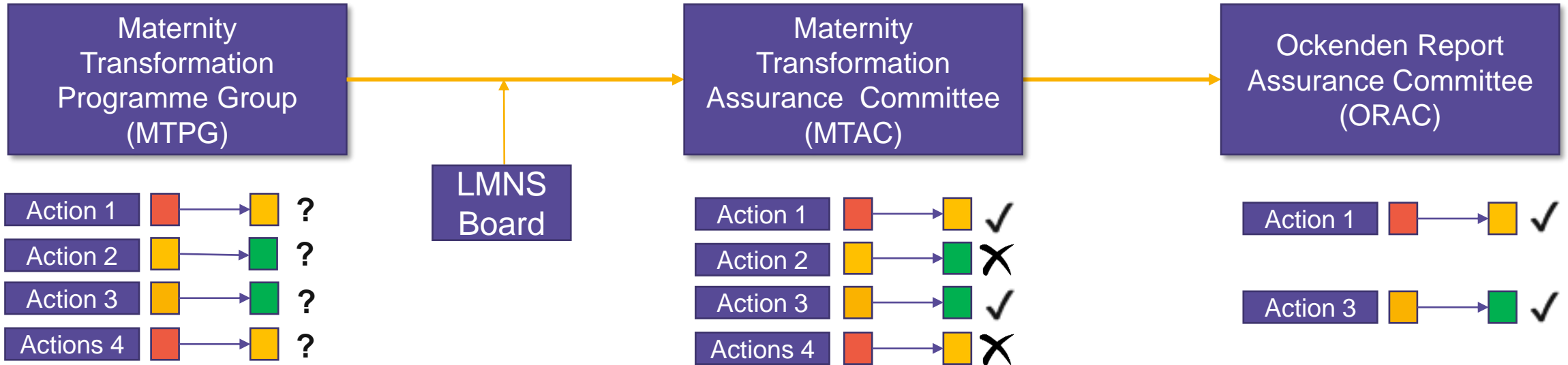
Delivery Status

Colour	Status	Description
	Not yet Delivered	Action is not yet in place, there are outstanding tasks to deliver.
	Delivered, not yet Evidenced	Action is in place with all tasks completed, but has not yet been assured/evidenced as delivering the required improvements.
	Evidenced and Assured	Action is in place; with assurance/evidence that the action has been/continued to be addressed.

Progress Status

Colour	Status	Description
	Not Started	Work on the tasks required to deliver this action has not yet started.
	Off Track	Achievement of the action has missed or the scheduled deadline. An exception report must be created to explain why, along with mitigating actions, where possible.
	At Risk	There is a risk that achievement of the action may miss the scheduled deadline or quality tolerances, but the owner judges that this can be remedied without needing to escalate. An exception report must nonetheless be created to explain why exception may occur, along with mitigating actions, where possible.
	On Track	Work to deliver this action is underway and expected to meet deadline and quality tolerances.
	Complete	The work to deliver this action has been completed and there is assurance/evidence that the action is being delivered and sustained.

Governance and Assurance processes



- Sprint actions reviewed
- Evidence is reviewed to take to MTAC
- Exception reports reviewed to be presented at MTAC
- Finance/operational aspects discussed

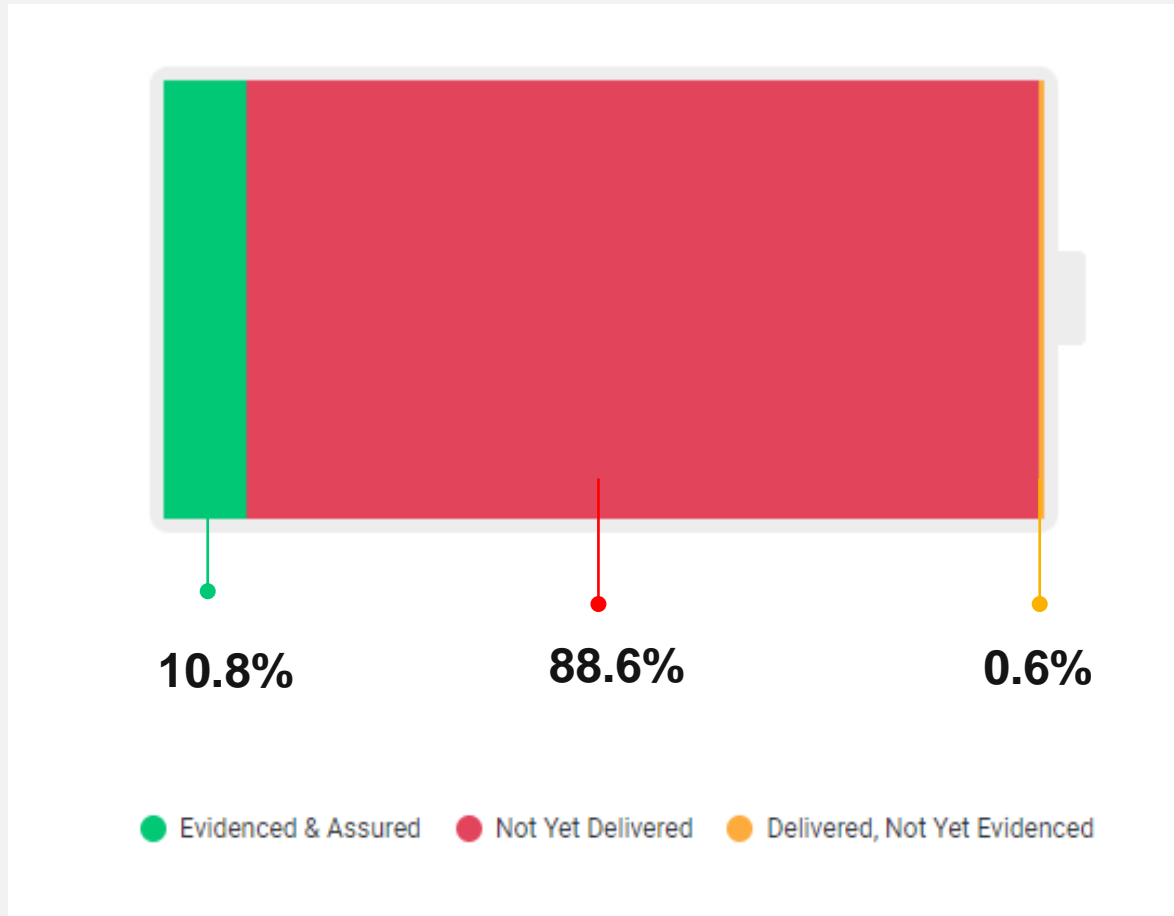
- Sprint delivery overview
- Review of all sprint sub-actions
- Ockenden actions due presented and accepted/rejected as delivered or evidenced
- Exception reports accepted/rejected
- Act upon escalated risks & issues

- To provide assurance of Ockenden completion
- Sub committee of Board of Directors
- Independent co-chair
- Stakeholder involvement
- Live-streamed to public

Ockenden Action Plan (final report) – completion rates as of 14.06.22

Presenter: Annemarie Lawrence

Final Ockenden report actions: Delivery status



Implementation of 11.4%

- 17 /158 actions approved as Green – ‘Evidenced and Assured’ (11%)
- 1/158 Action approved as ‘delivered, not yet evidenced’ (0.6%)

Actions identified as 'green' – 'Evidenced and Assured'

Validated at MTAC on 14.06.22








Presenter: Annemarie Lawrence

LAFs accepted as 'Evidenced and Assured'

ID	Description	Evidence
14.9	Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan.	<ul style="list-style-type: none"> • Lessons learnt – PROMPT • Lesson Plans/training content
14.18	There must be midwifery and obstetric co-leads for audits.	<ul style="list-style-type: none"> • Job plans
14.25	Completion of National Maternity Self-Assessment Tool (NHSEI, 2021) and comprehensive report of their self-assessment, including any remedial plans which must be shared with the Trust Board.	<ul style="list-style-type: none"> • Self-assessment • Report • Board minutes
14.29	Audits must be undertaken of babies born with fetal growth restriction to ensure guidance has been followed. These recommendations are part of the Saving Babies Lives Toolkit (2015 and 2019).	<ul style="list-style-type: none"> • Delivery of SBLv2 action plan • Board / QSAC Papers showing FGR audits (CNST Year 4)

Evidence loaded in Monday.com: [\(1\) Ockenden Final Report \(monday.com\)](#)

IEAs accepted as 'Evidenced and Assured'

ID	Description	Evidence
3.3	Staff must be able to escalate concerns if necessary. Trusts should aim to increase resident consultant obstetrician presence where this is achievable.	<ul style="list-style-type: none">  'Ockenden 1 year On - Letter' showing 24/7 consultant cover
3.4	Staff must be able to escalate concerns if necessary. There must be clear local guidelines for when consultant obstetricians' attendance is mandatory within the unit.	<ul style="list-style-type: none">  'Consultant attendance' poster  Guideline  CNST SA4 evidence
4.2	Crossover with LAFL 14.25. Completion of National Maternity Self-Assessment Tool (NHSEI, 2021)	<ul style="list-style-type: none">  Self-assessment  Report  Board minutes






IEAs accepted as 'Evidenced and Assured'

ID	Description	Evidence
4.4	All clinicians with responsibility for maternity governance must be given sufficient time in their job plans to be able to engage effectively with their management responsibilities	<ul style="list-style-type: none"> Job plans for Dr Hon (CD) and Dr Charlesworth (risk lead)
4.6	All maternity services must ensure there are midwifery and obstetric co-leads for developing guidelines. The midwife co-lead must be of a senior level, such as a consultant midwife, who can drive the guideline agenda and have links with audit and research.	<ul style="list-style-type: none"> Job plan (Fi McCarron) Job plan Nasreen Soliman)
4.7	Crossover with LAFL 14.18. All maternity services must ensure they have midwifery and obstetric co-leads for audits.	<ul style="list-style-type: none"> Job plans
5.7	Complaints themes and trends must be monitored by the maternity governance team.	<ul style="list-style-type: none"> Complaints section from monthly governance report to Divisional Committee for Q4 2021-22 and Q1 2022-23 Minutes from Mty Gov showing review of complaints

IEAs accepted as ‘Evidenced and Assured’

ID	Description	Evidence
7.2	Multidisciplinary training must integrate the local handover tools (such as SBAR) into the teaching programme at all trusts.	<ul style="list-style-type: none"> SBAR handover taught as part of CNST Mandatory Training Additional SBAR training
7.5	Mechanisms in place to support the emotional and psychological needs of staff, at both an individual and team level.	<ul style="list-style-type: none"> Trust wellbeing support (FTSU, peer 2 peer listeners, coaching, wellbeing podcasts, etc.) Midwifery drop in sessions DOM/DDOM led TOR Staff hotline and email contact CQC engagement event Open letter to staff/ briefing pack following Ockenden report publication
10.3	Midwifery-led units must undertake regular multidisciplinary team skill drills to correspond with the training needs analysis plan	<ul style="list-style-type: none"> MDT training schedule for skills drills for MLUs Training needs analysis plan for MLUs CNST safety action 8 compliance Training compliance records
10.6	Centralised CTG monitoring systems must be made mandatory in obstetric units across England to ensure regular multi-professional review of CTGs.	<ul style="list-style-type: none"> Centralised CTG monitoring system in place Proof that system physically in place (e.g., photo)

IEAs accepted as 'Evidenced and Assured'










ID	Description	Evidence
13.3	All trusts must develop a system to ensure that all families are offered follow-up appointments after perinatal loss or poor serious neonatal outcome.	<ul style="list-style-type: none"> • SOP • Audit ensuring compliance
13.4	Compassionate, individualised, high quality bereavement care must be delivered for all families who have experienced a perinatal loss, with reference to guidance such as the National Bereavement Care Pathway.	<ul style="list-style-type: none"> • Sands report demonstrating high-quality service • NBCP self-assessment results • Positive service user feedback

Evidence loaded in Monday.com: [\(1\) Ockenden Final Report \(monday.com\)](#)

Actions rejected as not yet ‘Evidenced and assured’

Presenter: Annemarie Lawrence

Actions not accepted as 'evidenced and assured'

ID	Description	Evidence
IEA 4.1	Trust boards must work together with maternity departments to develop regular progress and exception reports, assurance reviews and regularly review the progress of any maternity improvement and transformation plans.	<ul style="list-style-type: none">  • Governance diagram  • Ockenden action plan  • Maternity dashboard  • Minutes (MTAC, ORAC, Board)  • To include: G2G MTP reports and quarterly MIP reports incorporated into progress report that goes to board.
LAFL 14.24	The Trust Board must review the progress of the maternity improvement and transformation plan every month.	<ul style="list-style-type: none">  • Ockenden action plan  • Board of Directors progress report  • Minutes (Board)  • To include: G2G MTP reports and quarterly MIP reports incorporated into progress report that goes to board.

Conclusion

Presenter: Annemarie Lawrence

Conclusion

- So far, 12% (18/158) of the final Ockenden actions have been delivered. Work is underway to deliver the remaining 88% to improve our maternity care.
- From the final Ockenden report actions, we have identified 16% (26/158) actions with external dependencies. We are partnering up with our system stakeholders (e.g., LMNS) to deliver these actions.
- Various MDT 'away day' planning sessions have taken place successfully, where actions have been analysed in depth, risk assessed and prioritised, which guides the development of the action plan.
- We will continue to work with our Maternity Voice Partnerships (MVP) with the aim of providing the safest and kindest maternity care possible.
- Twenty-seven actions have not yet been assigned delivery dates, due to complexities or external dependencies. These continue to be worked upon.
- Executive directors to complete a confirm and challenge exercise with the W&C Division to review the action plan and proposed approach. This is in the process of being arranged.

Any Questions?