

# Ockenden Review Assurance Committee (ORAC)

Ockenden Report (2020)  
Action plan update

Presenter:

Hayley Flavell – Executive Director of Nursing

Date: 15.02.2022



# Ockenden Report Action Plan - Progress update

# Colour Coding: Delivery & Progress Reverse RAG Rating

## Delivery Status

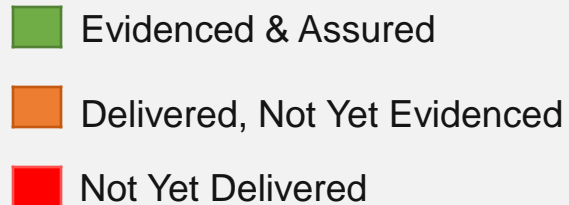
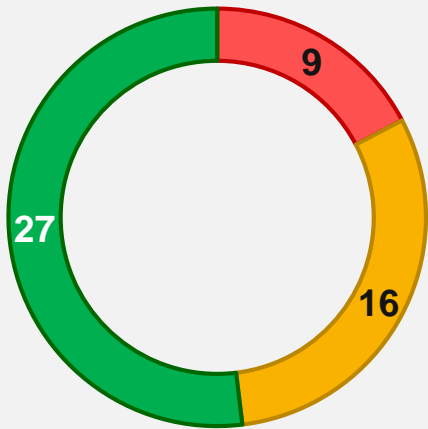
Colour	Status	Description
	Not yet Delivered	Action is not yet in place, there are outstanding tasks to deliver.
	Delivered, not yet Evidenced	Action is in place with all tasks completed, but has not yet been assured/evidenced as delivering the required improvements.
	Evidenced and Assured	Action is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

## Progress Status

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# Ockenden Update: Delivery Status

Delivery Status



43 Actions Implemented (83% overall), comprising:

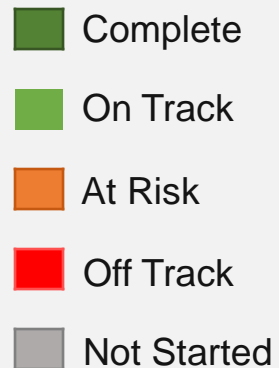
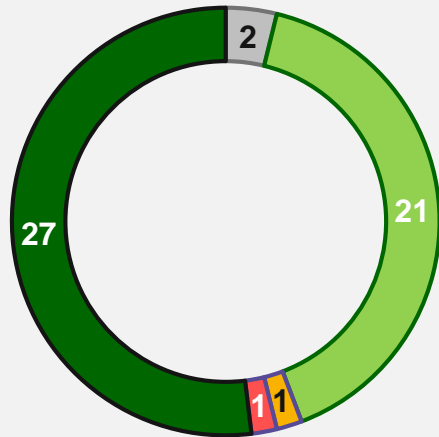
- 27 (52%) Evidenced & Assured
- 16 (31%) Delivered, Not Yet Evidenced

9 (17%) Actions 'not yet delivered'

LAFL 4.54	LAFL 4.55	LAFL 4.56	LAFL 4.57	LAFL 4.58	LAFL 4.59	LAFL 4.60	LAFL 4.61	LAFL 4.62	LAFL 4.63	LAFL 4.64	LAFL 4.65	LAFL 4.66
LAFL 4.72	LAFL 4.73	LAFL 4.74	LAFL 4.85	LAFL 4.86	LAFL 4.87	LAFL 4.88	LAFL 4.89	LAFL 4.90	LAFL 4.91	LAFL 4.97	LAFL 4.98	LAFL 4.99
LAFL 4.100	IEA 1.1	IEA 1.2	IEA 1.3	IEA 1.4	IEA 1.5	IEA 1.6	IEA 2.1	IEA 2.2	IEA 2.3	IEA 2.4	IEA 3.1	IEA 3.2
IEA 3.3	IEA 4.1	IEA 4.2	IEA 4.3	IEA 4.4	IEA 5.1	IEA 5.2	IEA 6.1	IEA 6.2	IEA 6.3	IEA 7.1	IEA 7.2	IEA 7.3

# Ockenden Update: Progress Status

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LAFL 4.54	LAFL 4.55	LAFL 4.56	LAFL 4.57	LAFL 4.58	LAFL 4.59	LAFL 4.60	LAFL 4.61	LAFL 4.62	LAFL 4.63	LAFL 4.64	LAFL 4.65	LAFL 4.66
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LAFL 4.100	IEA 1.1	IEA 1.2	IEA 1.3	IEA 1.4	IEA 1.5	IEA 1.6	IEA 2.1	IEA 2.2	IEA 2.3	IEA 2.4	IEA 3.1	IEA 3.2
IEA 3.3	IEA 4.1	IEA 4.2	IEA 4.3	IEA 4.4	IEA 5.1	IEA 5.2	IEA 6.1	IEA 6.2	IEA 6.3	IEA 7.1	IEA 7.2	IEA 7.3



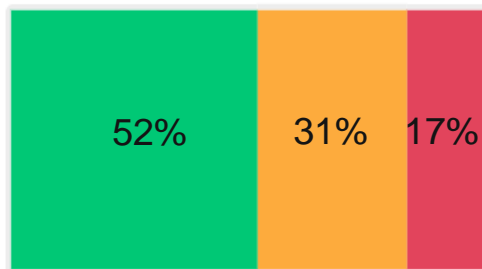
43 Actions Implemented (83% overall):

- 27 (52%) 'Complete' (Embedded)
- 16 (31%) 'On Track (Embedding)

# Completion Rate Batteries

## Overall completion battery - Delivery

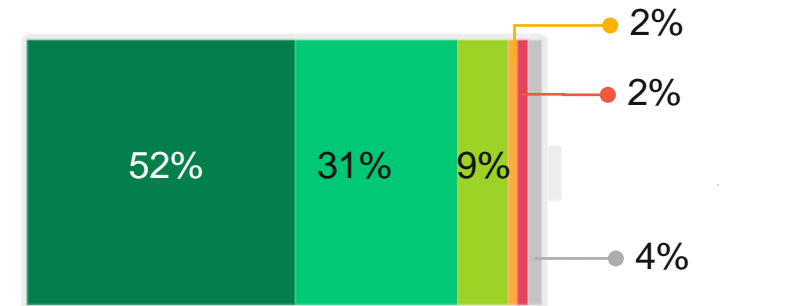
Overall completion battery (Delivery Status) ▾



● Evidenced & Assured ● Delivered, not yet evidenced ● Not yet delivered

## Overall completion battery - Progress

Overall completion battery (Progress Status) ▾



● Complete ● On Track (Embedd... ● On Track (Delivery) ● At Risk ● Off Track ● Not Started

# Actions ‘not yet delivered’ (‘red’ rated actions)

# 'Not yet delivered' (red) actions

Action	Dependency	Reasons	Due date
LAF 4.73	External	National/ regional dependency on the <a href="#">establishment of the Maternal Medicine Specialist Centres</a> (go live date: April-22)	Apr-22
LAF 4.90	Internal	<a href="#">This action relates to training and ensuring senior anaesthetic staff participate in maternal incident investigations.</a> SaTH team working to deliver this action that is 'on track'.	Mar-22
IEA 1.1	External	<a href="#">The action relates to developing structured reporting mechanisms so that clinical change is embedded in a timely way.</a> The LMNS is currently providing guidance on an Standard Operating Procedure (SOP) reflecting this action. LMNS colleagues working to deliver this action that is 'on track'.	Mar-22
IEA 1.3	External	<a href="#">The action relates to the LMNS having greater accountability and responsibility to ensure safe services.</a> LMNS colleagues are working to provide a due date and list of evidence requirements before this action can move forward.	Not specified
IEA 1.4	External	<a href="#">The action states that 'an LMNS cannot function as one maternity service only'.</a> LMNS colleagues are working to provide a due date and list of evidence requirements before this action can move forward.	Not specified
IEA 2.1	External	<a href="#">This action relates to Trusts creating an independent senior advocate role which reports to both the Trust and the LMNS Boards.</a> These roles are being developed, defined and recruited nationally. It is understood that this process is underway.	Unknown
IEA 2.2	External	<a href="#">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.</a> Once in post, methodology for this is to be developed. Action linked to 2.1.	Unknown
IEA 2.4	External	<a href="#">This action indicates that 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 (MVP).</a> The rests with the CQC to deliver.	Mar-22
IEA 4.3	External	National/ regional dependency on the <a href="#">establishment of the Maternal Medicine Specialist Centres</a> (go live date: April-22)	TBC (linked to 4.73)



# Summary

# Summary

- 83% overall actions have been delivered so far, 17% of the actions are still 'not yet delivered', of which 15% are dependent on external factors. The team will continue to work at pace to deliver all Ockenden actions in full
- Continued use of reverse 'RAG' delivery and progress status ratings. This has brought much greater rigour to the governance and assurance processes
- Continued use of reporting structure via Maternity Transformation Programme Group (MTPG), Maternity Transformation Assurance Committee (MTAC), ORAC meetings and Board of Directors
- Continued use of project management software to manage and store evidence
- Team will continue to partner with external stakeholders to deliver actions with external dependencies
- Continued strong collaboration with Maternity Voice Partnership (MVP) colleagues
- Project management strategy underway for arrival of the second Ockenden Report

# Any questions?

# Ockenden Review Assurance Committee (ORAC)

## Culture update

Presenter(s):

Rhia Boyode – Director of People and Organisational  
Development

Vicki Robinson – Interim People and Organisational  
Development Business Partner for Women's and  
Children

Claire Eagleton – Interim Matron for Acute Inpatient  
Services and Maternity Outpatients

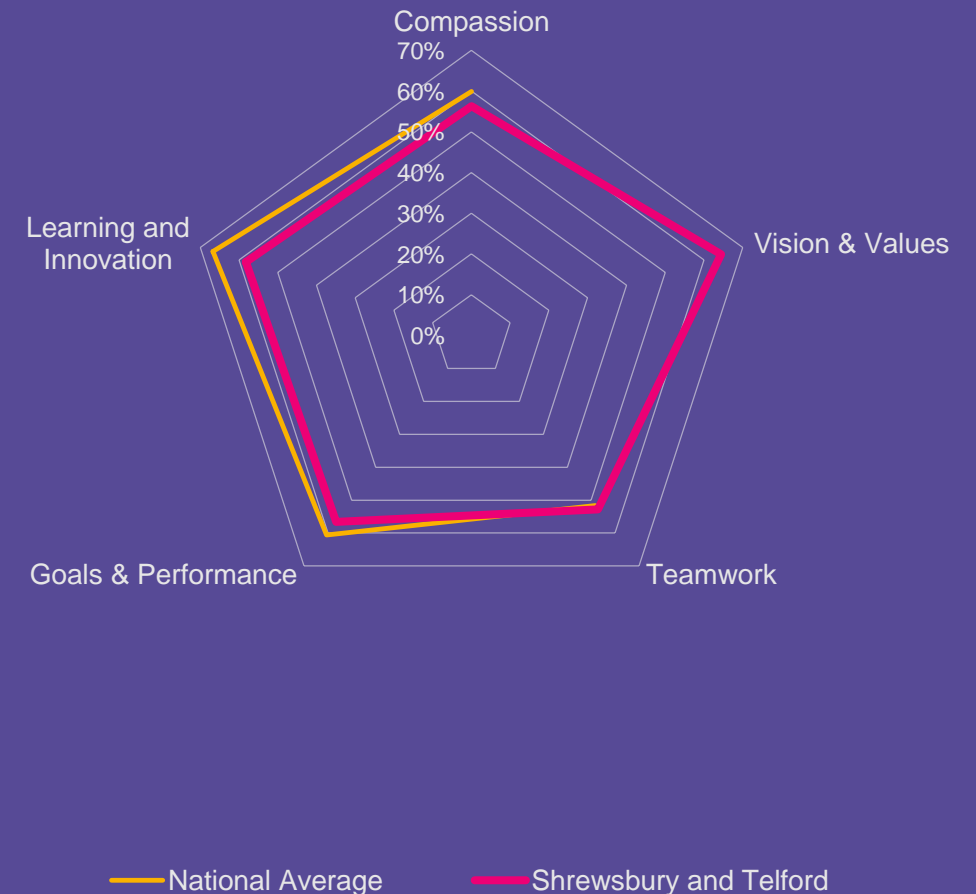
Date: 15.02.2022



# Corporate approach

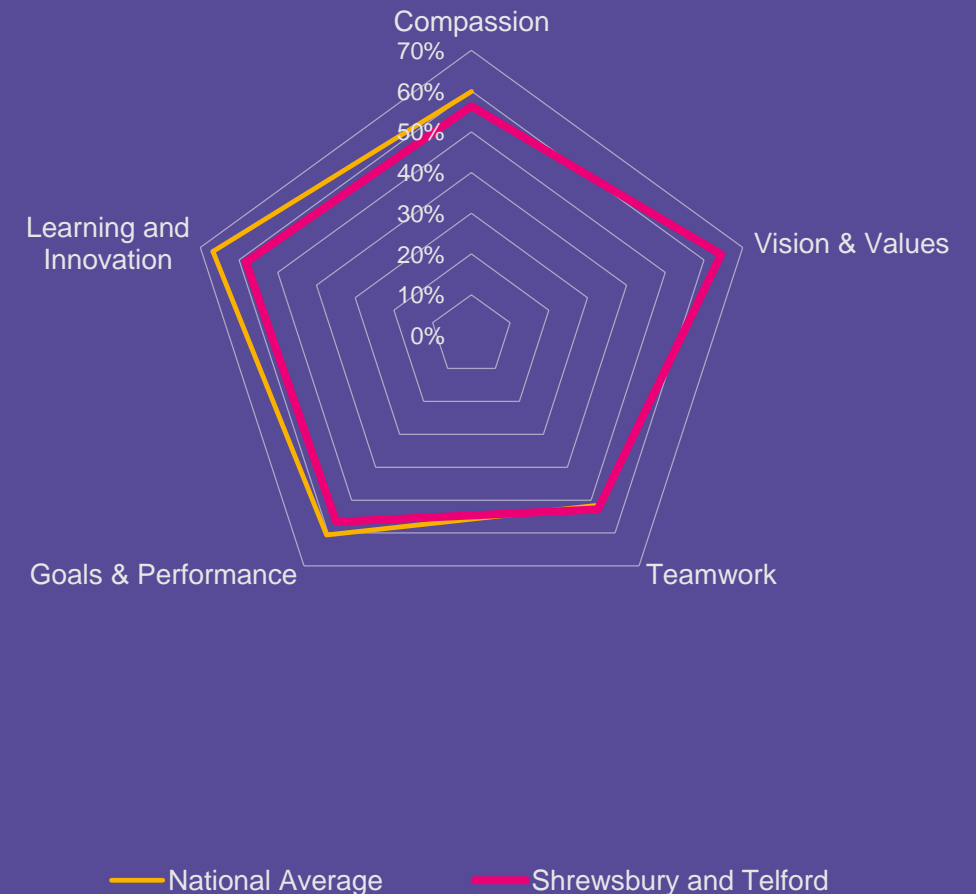
# Culture Dashboard

- The Culture Dashboard is collated from the results and data from the staff survey and the Making a difference platform.
- The Culture Dashboard shows 5 key theme areas:
  - Compassion
  - Learning and Innovation
  - Vision and Values
  - Goals and Performance
  - Teamwork
- The dashboard allows us to measure the success of targeted interventions related to cultural change.



# Culture Dashboard

- In 2022 there will be the addition of the Health and Wellbeing theme as this is a key area of focus for the people and culture within the organisation.
- The culture dashboard will ensure that targeted interventions are designed and delivered for key areas within the organisation to support the cultural change process.
- The culture dashboard will ensure that a measure is available for the interventions that have been delivered.



# Women & Children's – MTP workstream 2: people & culture



**“An inclusive culture where staff are valued, listened to and supported to deliver patient centred care. Together, we make maternity services the best place to work”**

Workstream 2: people & culture vision

# Overview and aims

# Context

- Part of the Maternity Transformation Programme (MTP) - Workstream 2: people and culture led by Vicki Robinson and Claire Eagleton
- Workstream aims based on the people and culture dashboard and the seven NHS people promises
- Links to Ockenden work – specifically Immediate and Essential Action 3 – ‘staff training and working together’



# Key Achievements so far

## Learning and Innovation

- Middle manager leadership development
- Maternity Support Workers on the wards

## Team work

- B7 Coordinators in Delivery Suite
- Students Golden Ticket scheme launched

## Wellbeing

- Psychological support on site
- Updated offers communicated

# Key Achievements so far

## Teamwork - “We are recognised and rewarded”



👏😊 Amazing start to the week presenting awards for Practice Assessor & Supervisor of the Year to midwives on Postnatal ward and Delivery suite. One of our NQM Kate was able to present the award to Hannah who she nominated during her final placement! 🎓



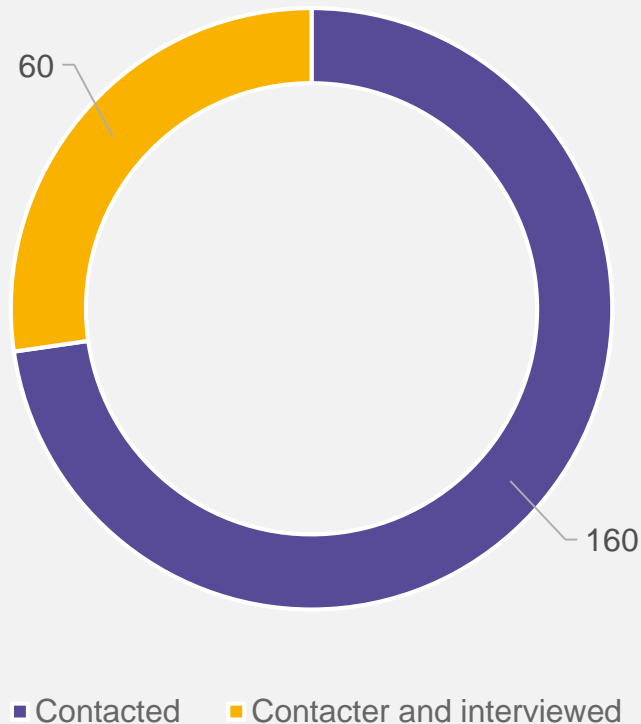
8:54 pm · 6 Dec 2021 · Twitter for iPhone

# Stay conversations –

**“ We each have a voice that counts, we are a team”**

# Stay conversations overview

## Stay conversations



## 15 Questions

**Initial target audience:** Midwives (220 in total)

- What is a stay conversation and what is the purpose?

- Who are the 'interviewers'?

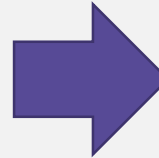
Cohort	N. of midwives
Cohort 1	95
Cohort 2	27
Cohort 3,4 & 5	98
<b>Total</b>	<b>220</b>

- The Stay Conversations Review
- Cohorts of WSA, MSW, Admin staff and medical teams over 2022.

# Themes identified and work in progress

## Some themes identified:

- Everyone is proud to be a midwife and is very passionate
- Many staff feel respected by and value their Ward Managers
- Many feel the teamwork between them is excellent
- On call system requires review and colleagues feel that it is not fairly spread across the team
- They want to be more involved in things that effect them on a day to day
- We need to communicate better
- We need the right staff in the right place at the right time
- They want visibility of leaders and them to have some clinical time
- There isn't enough time to complete training
- We don't always offer flexible working options
- We don't celebrate when things are going well
- More development opportunities



## Some opportunities identified:

- Collaborative approach to things that will effect them
- Clear staffing plan that is shared with colleagues
- Communication & Language use workshops
- Agreed recognition strategy
- To bring the teams together – we are more resilient together
- Deputy Ward Manager development programme
- Full time SaTH led Wellbeing support hub
- Out to advert now for the Student Midwives graduating this September
- A robust communication and continuous improvement strategy



# Improvewell –

**“We are a team, we each have a voice that counts, we are always learning”**

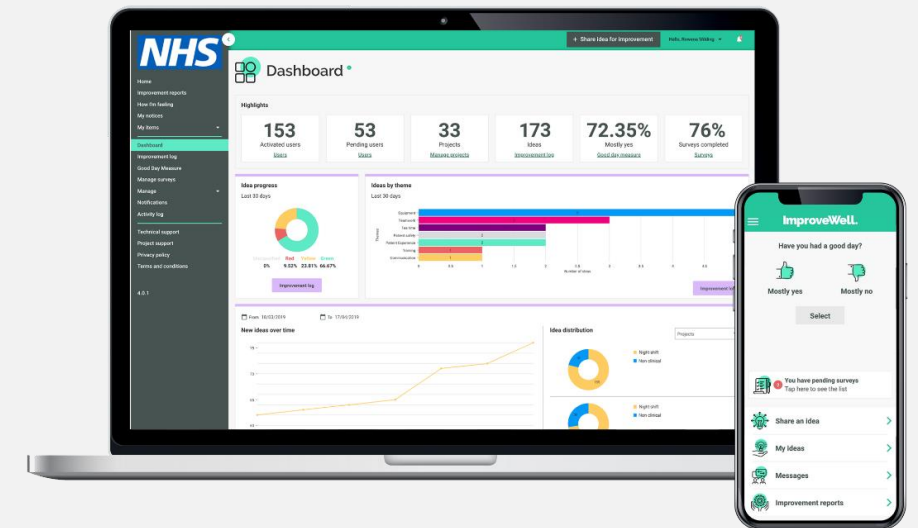
# Improvewell overview

## A NEW WAY TO IMPROVE:

Improvewell is a digital staff engagement solution for improving quality in healthcare. Giving all staff a voice, the Improvewell solution helps your organisation to improve staff experiences and the quality of patient care from the ground up.

The platform offers **4 main features**:

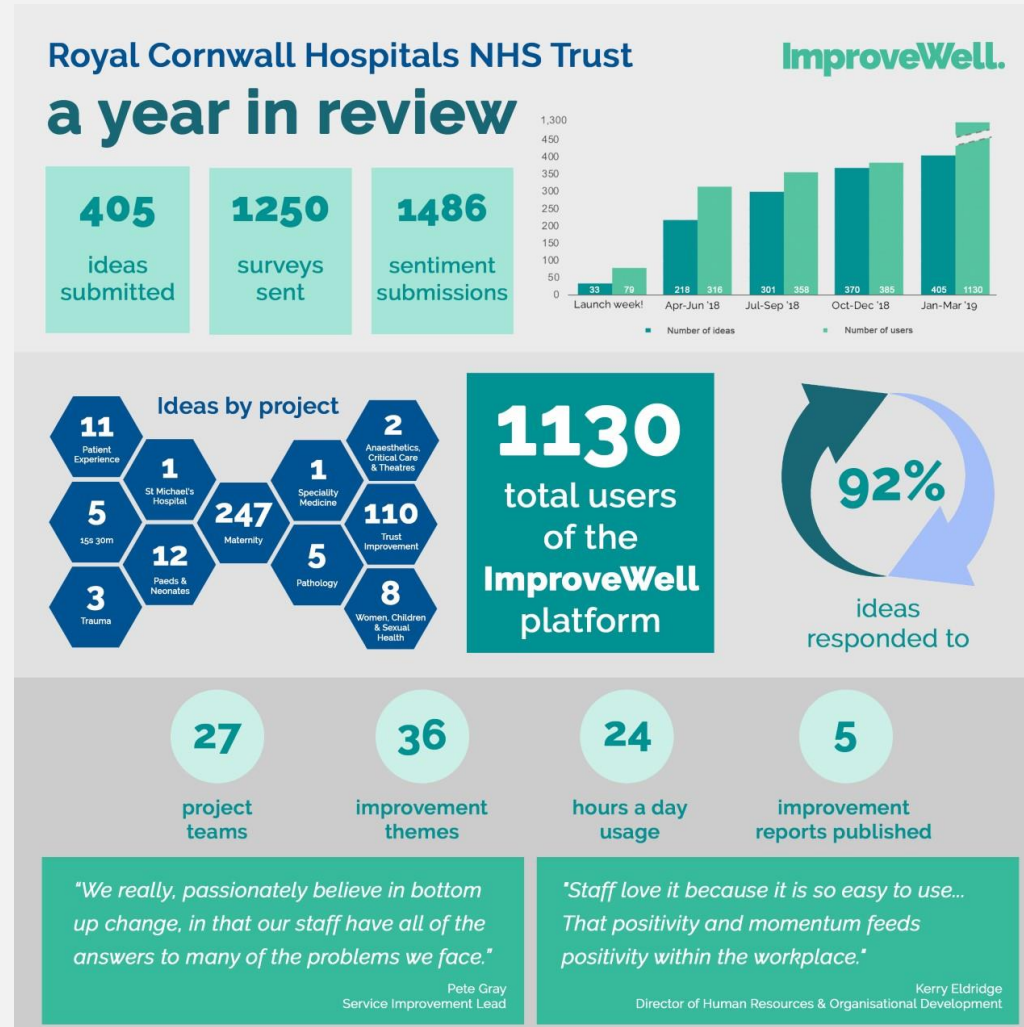
- Sentiment tracker (have you had a good day?)
- Idea hub
- Pulse surveys
- Push notifications.



# Partnering with peers – Royal Cornwall



Zoe Nelson - Midwife



- Ongoing conversations with Zoe Nelson – midwife from RCHT and Improvewell advocate.
- Presentation for leads.
- Full collaboration around launch and learning, to ensure smooth rollout of the platform.

# Platform planning.

1. Delivery suite (PRH)
2. Postnatal ward (PRH)
3. Antenatal ward and Triage (PRH)
4. Maternity out patients
5. Wrekin MLU
6. Telford and Market Drayton community
7. Bridgnorth and Ludlow Units
8. RSH, Oswestry and Whitchurch Units
9. Midwife sonographers
10. Specialist midwives
11. Staff wellbeing
12. Tier 1 & 2 doctors
13. Consultants

- 13 groups and leads/ deputies identified
- ImproveWell Champions for areas requested
- Idea themes matched to MTP workstreams
- Internal communications plan devised
- Platform-based aims agreed and quarterly survey created
- Regular meetings planned between Workstream and ImproveWell team
- Certificates of recognition created
- Incentivising strategies devised

# Internal communication/ promotion

## Maternity to launch innovative improvement app

Our Maternity services are gearing up for the launch of **ImproveWell**, a digital improvement tool, on Monday 31 January.

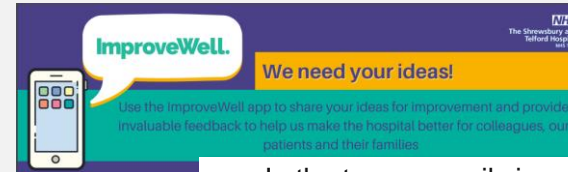
ImproveWell is an innovative digital platform that can be accessed through desktop or mobile and provides a space for colleagues on the shop-floor to share their ideas for how they would improve their areas of work.

The ground-breaking app has been successfully rolled out across 150 hospitals within the UK, North America and Africa

and has helped to drive local improvement using the voices of staff throughout their organisations. ImproveWell helps to ensure that everyone's voice is heard, and every idea that is submitted through ImproveWell will be seen and reviewed by our SaTH ImproveWell leads. Colleagues will also be kept up to date on their ideas progress and have the opportunity to champion their own ideas, if they wish.

If you are a member of Maternity services at SaTH, keep your eye out for further information on Monday for how you can download the app and start submitting your ideas.

In Chatterbox on 28.01.2022



In the teams email signatures

An innovative improvement app called ImproveWell was launched across our Maternity Services yesterday. ImproveWell provides colleagues on the shop-floor with a space to share their ideas for how they would improve their areas of work. To find out more, or to sign up for the app, visit the dedicated [intranet page](#).

In monthly bulletin on 01.02.2022

## Engage to Improve.

### We need your ideas!

Use the ImproveWell app to share your ideas for improvement and provide invaluable feedback to help us to make the hospital better for staff, for patients and for their families



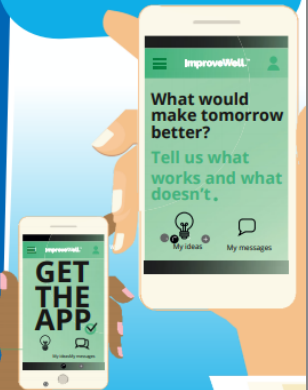
Make your voice heard  
and help drive change.

Sign up for a chance to win a  
£30 Amazon voucher.

## Download the ImproveWell.™ App

1. Sign up with authentication code: **SATH22**
2. Check your email inbox to verify your account and set password.
3. Sign into the app and when prompted click 'Join project group' next to your relevant group(s).

For help:  
[support@improvewell.zendesk.com](mailto:support@improvewell.zendesk.com)  
Available for iOS and Android  
[www.imrovewell.com](http://www.improvewell.com)



Sent via email on 05.02.22/ prints coming

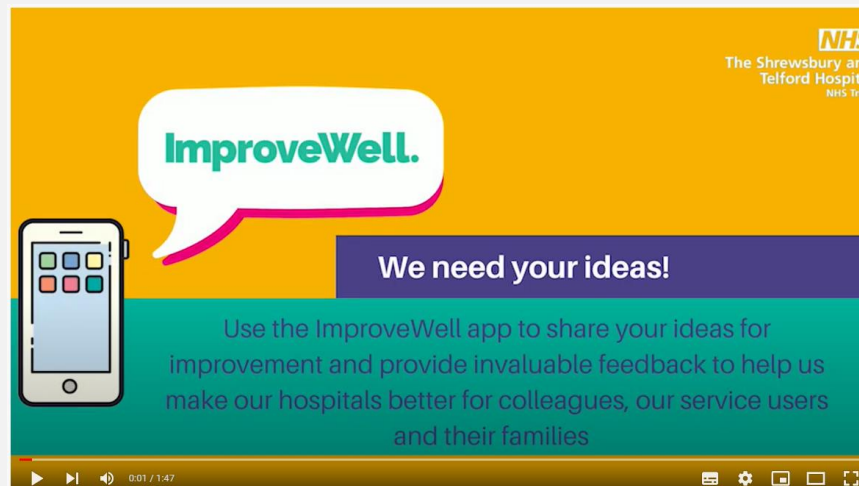


Tweeted on 06.02.2022



Tweeted on 04.02.2022

<https://www.youtube.com/watch?v=SHfcmh0054c>



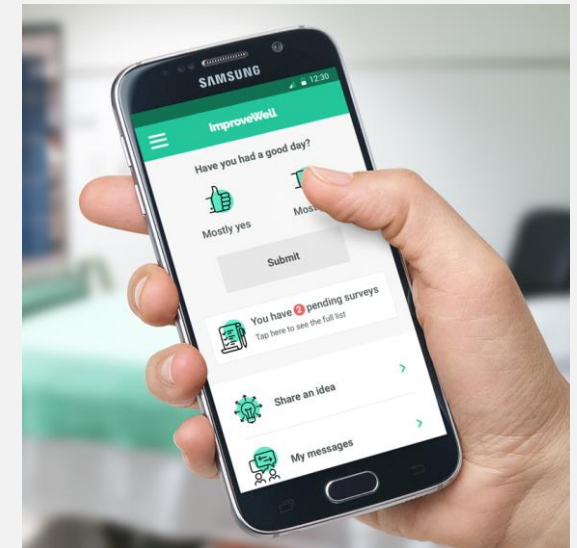
Video launched 31.01.2022



# ImproveWell visit



Visits to Bridgnorth, Princess  
Royal Hospital, Royal  
Shrewsbury Hospital and  
Oswestry maternity – demos,  
goodies and cupcakes offered!





1. Idea is submitted to the app/ website
2. Group lead reviews idea and acknowledges
3. Categorises into 'quick win' or 'complex idea'.
4. Group lead actions idea. Progress updated using RAG rating
5. Recognition certificate issued once idea implemented

# Ideas so far - examples

## Area for improvement

It's not always easy to identify who you are working alongside in theatre. First names are now on hats but this doesn't help when trying to find surnames on Medway or Badgernet

## Improvement idea

To have a way of staff identifying themselves, for example a sign in sheet that can be used going in or out of theatre. Or nominating a member of staff to document each person's name on a whiteboard?

## Response

Agree, in addition staff images + Dr images and staff list to assist rotating staff and those called in escalation. Memo to be sent to ensure whiteboard is updated with staff names. Stitched theatre hats in progress.

Searching for key guidelines on the intranet can take time and PC's tend to be slow.

With Badgernet, we now have increased availability of ipads. I propose a QR code index of key guidelines on a laminated card in each room to ease access of policies rapidly.

Laminated card to be produced as part of MTP workstream 3 with key guidelines with intranet QR code



# What our partners have said about our culture recently

# Examples: CQC maternity survey



## 2021 Maternity Survey

Identifying outliers in  
trust-level results

Published: February 2022 |

- The national report summarises the experiences of over 23,000 women (nationally) who gave birth during January and February 2021. The response rate increased substantially, from 36% in 2019 to 52% in 2021, with 89% of women taking part online.
- This was during the third COVID-19 national lockdown, so the survey results this year reflect women's experiences of care during the pandemic.
- The survey asked women about their experiences of care across the entire pregnancy pathway from antenatal care, labour and birth, and postnatal care.
- ...'The Shrewsbury and Telford Hospital NHS Trust has been identified as performing '**better than expected**'. This is because the proportion of women who answered positively to questions about their care during labour and birth was significantly above the other trusts average'.
- An example of one question scoring a **better by 10% score** was "If you raised a concern during labour or birth did you feel this was taken seriously?"

# Summary

# Summary

- Structured approach connected to Trust and National priorities – Trust Culture Dashboard & NHS seven people promise initiatives
- Working to continue celebrating success
- Good progress made with stay conversation interventions
- Working party focusing on targeting themes identified
- Positive uptake and engagement with new Improvewell app
- Positive feedback from CQC 2021 Maternity Survey



# Any questions?

# Ockenden Review Assurance Committee

## Governance updates

Presenters:

**Kath Preece**

Assistant Director of Nursing, Quality Governance

**Liz Pearson**

Quality Governance Lead, Women and Children's  
Division

**Tom Baker**

Deputy Director of Operations, Women & Children's  
Division

Date: 15 February 2022



# Scope

# Scope of this update

1. Background
2. MTP Workstream 3: Governance and Risk
3. Deep dive: Quality Governance Team Structure / Actions
4. The Sherwood Forest Hospitals partnered review
5. Leadership
6. Next steps



# Background

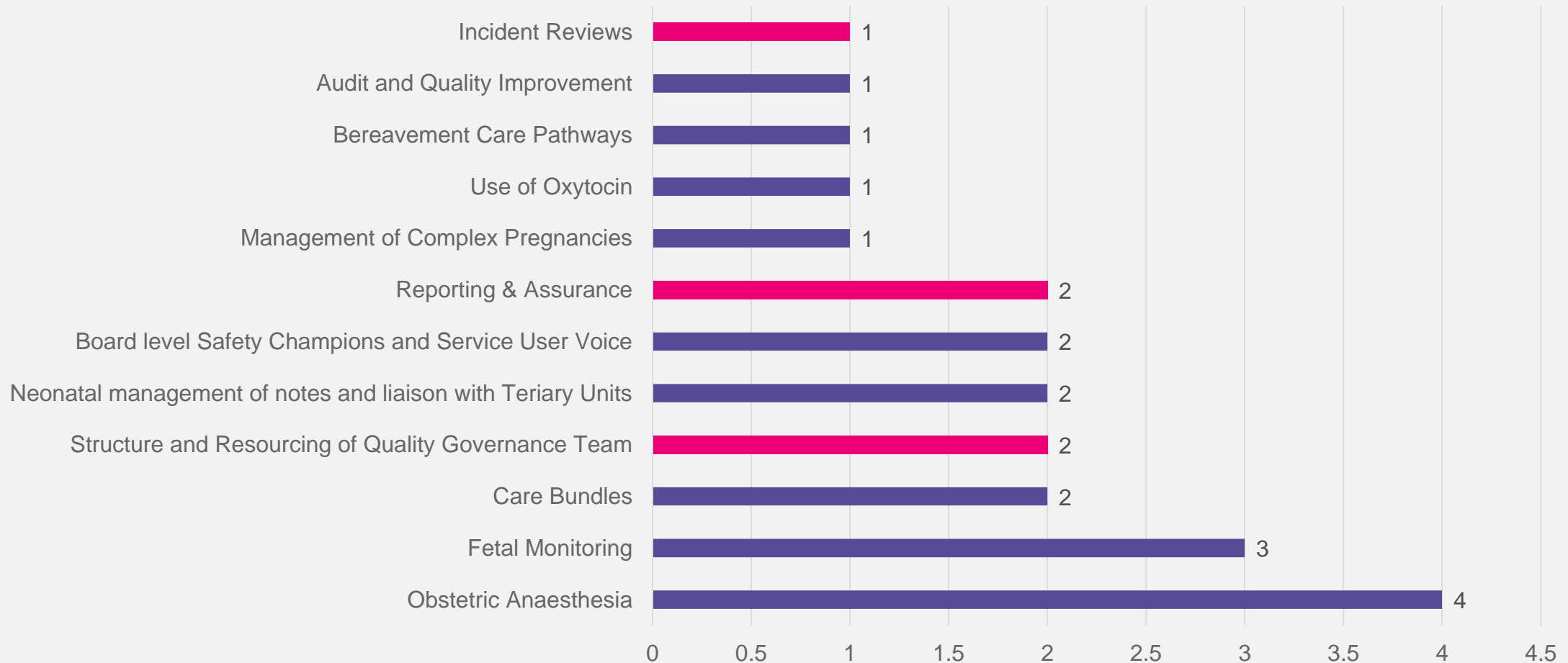
# What does the Report Say about Quality Governance?

## *Section 2.9*

“For the governance documentation considered so far for this report the review team have found inconsistent governance processes for the reporting, investigation, learning and implementation of maternity-wide changes”

# What are the Main Themes?

Count of Quality Governance Related Ockenden Actions by Theme



# What is Quality Governance in Healthcare Context?

“a framework through which UK National Health Service (NHS) organisations and their staff are accountable for continuously improving the quality of patient care.”

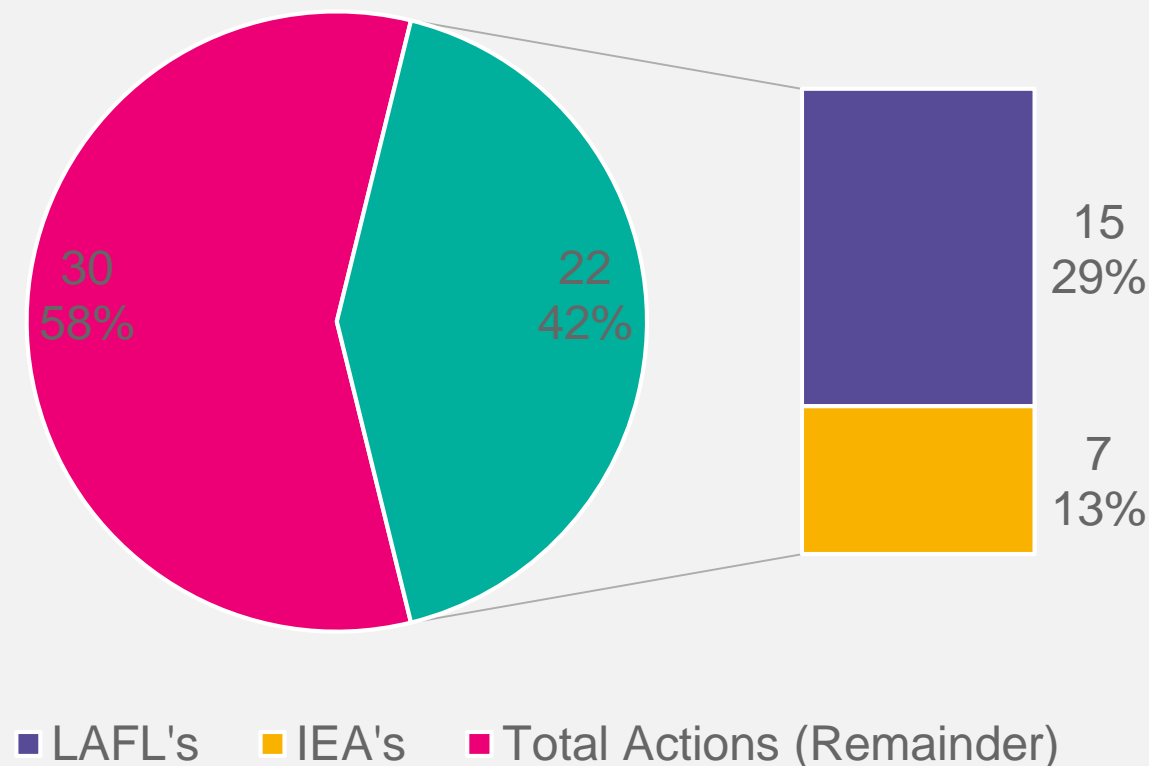
Source: UK NHS Briefing Paper, Dr Keyvan Zahir, 2001

# Workstream 3: Governance & Risk

“To deliver a safe maternity service that is underpinned by a first-class quality governance process, to drive and improve the delivery of high-quality person-centred care”

# Quality Governance as a topic within the Report

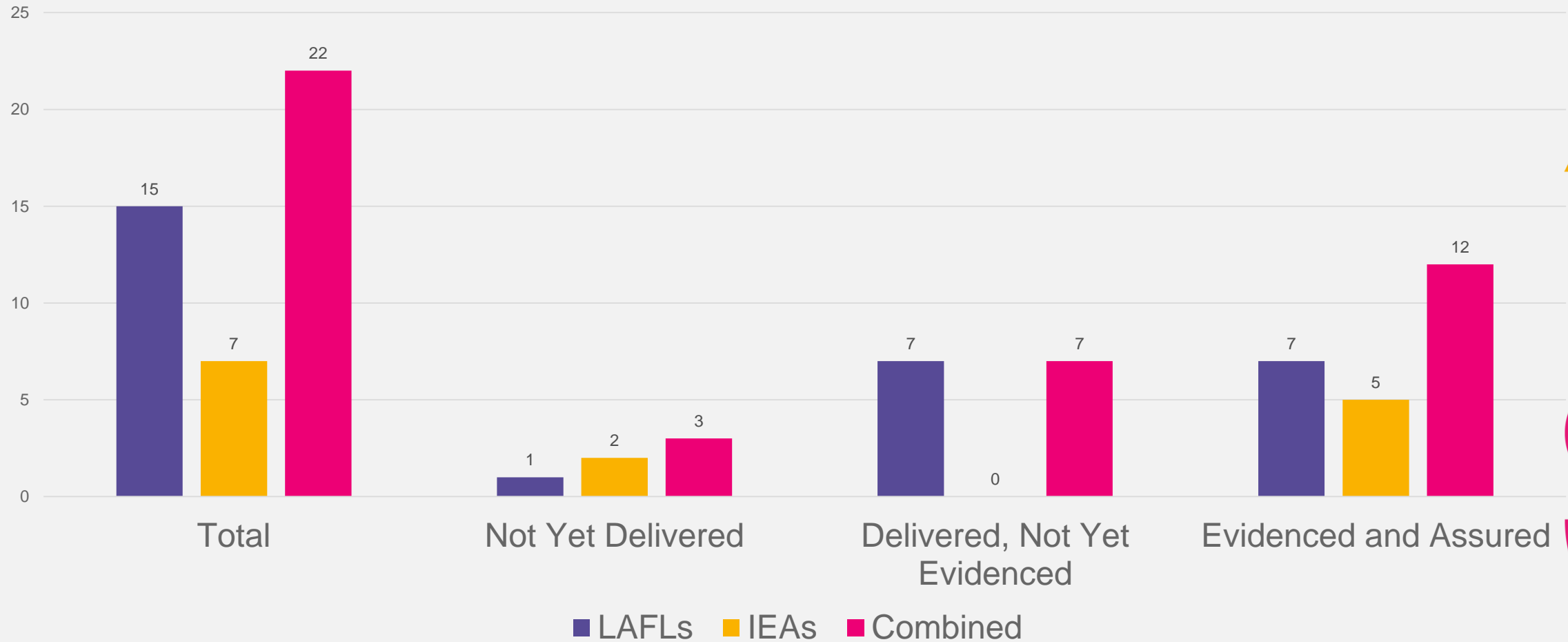
Workstream 3 Actions as a Proportion of  
Total Actions



- 22 Ockenden Actions assigned to Workstream 3 (Governance and Risk):
- 7 IEA's, 15 LAFL's
- Overall, comprises 42% of the 52 Ockenden Actions SaTH must deliver

# Workstream 3 Ockenden Action Progress

Workstream 3 Ockenden Report Actions by Delivery Status



# Deep Dive: Quality Governance

Delivery and progress updates: Ockenden Actions relating to the Quality Governance Team and Incident Investigation and Learning Processes



# Colour coding: delivery & progress reverse 'RAG' rating

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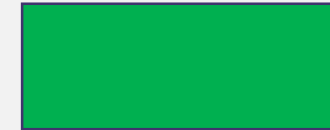
# Local Action for Learning 4.59

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

Delivery Status:



Progress Status:



- Implement Sherwood Forest Partnered Review (On Track)
- Recruit dedicated divisional Quality Governance Lead (Completed)
- Implement Trust-Wide Quality Governance Structure (Completed)

# Local Action for Learning 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 incidents in line with the NHS England Serious Incident Framework 2015.

Delivery Status:



Progress Status:



- Review risk meeting structure to conduct review of incidents (Completed)
- Introduce new Divisional Oversight and Assurance Group (DOAG) (Completed)
- Implement revised Trust-Wide Quality Governance Structure (Completed)
- Triangulation of data to ensure consistency of approach (On Track)

# Immediate and Essential Action 1.1

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.

Delivery Status:



Progress Status:



- SOP required with demonstrates how the Trust reports this both internally and externally through the LMS. (At risk of missing deadline (February 2022) but work underway, partnered with LMNS).
- Submission of minutes and organogram that shows how this takes place (completed).
- Minutes and agendas to identify regular review and use of common data dashboards and the response / actions taken (completed).

# Immediate and Essential Action 1.2

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

Delivery Status:



Progress Status:



- Policy or SOP which is in place for involving external clinical specialists in reviews (completed).
- Audit to demonstrate this takes place (completed).
- Implement revised Trust-Wide Quality Governance Structure (completed).

# Immediate and Essential Action 1.6

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.

Delivery Status:



Progress Status:



- SOP to govern how Serious Incident Reports are shared (completed).
- A Serious Incident overview report is presented to the Trust Board of Directors on a monthly basis. This comprises:
  - Individual SI's;
  - overall summary of case;
  - key learning;
  - recommendations.

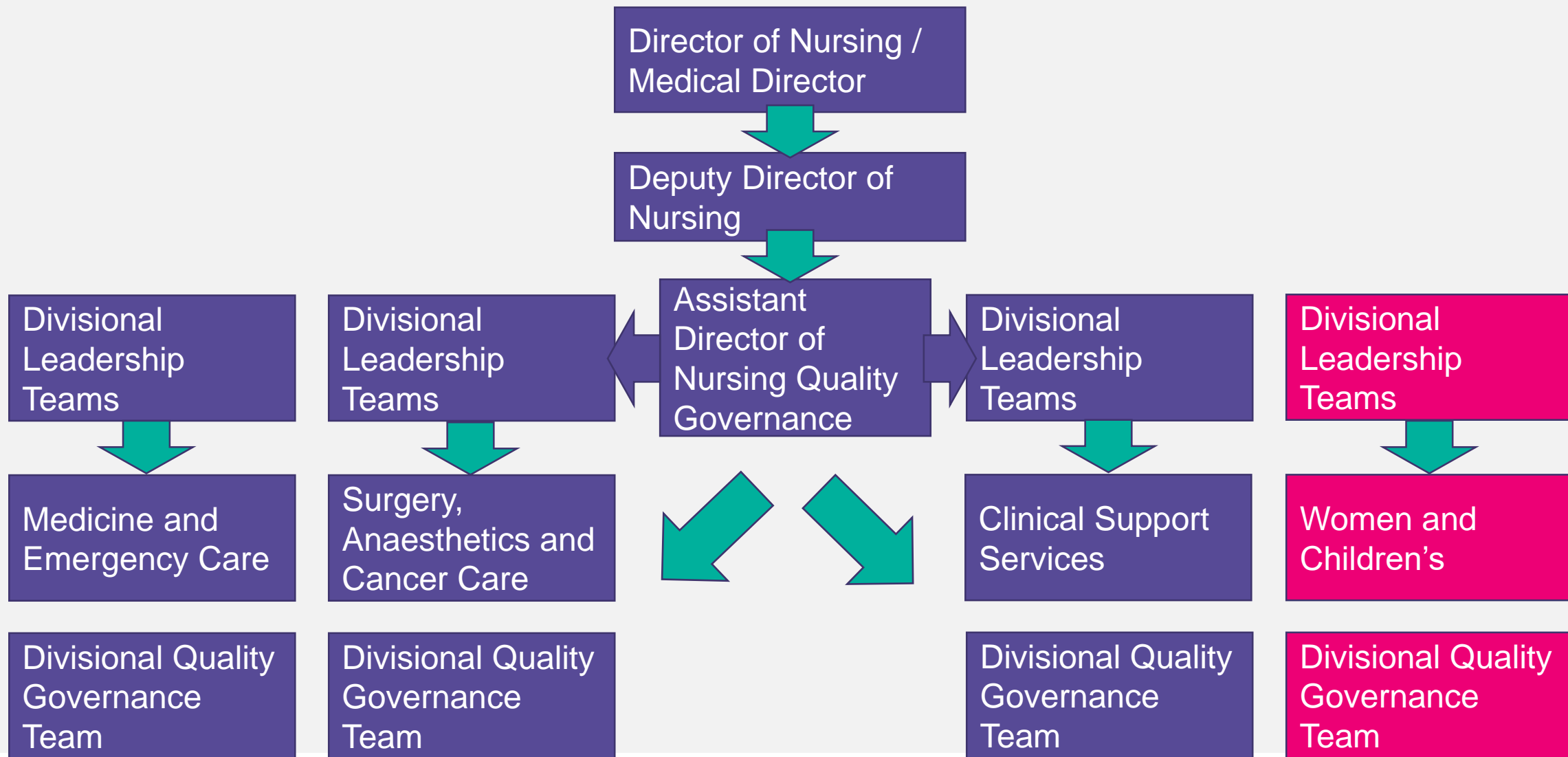
# New Quality Governance Structure

# Background to the New Structure

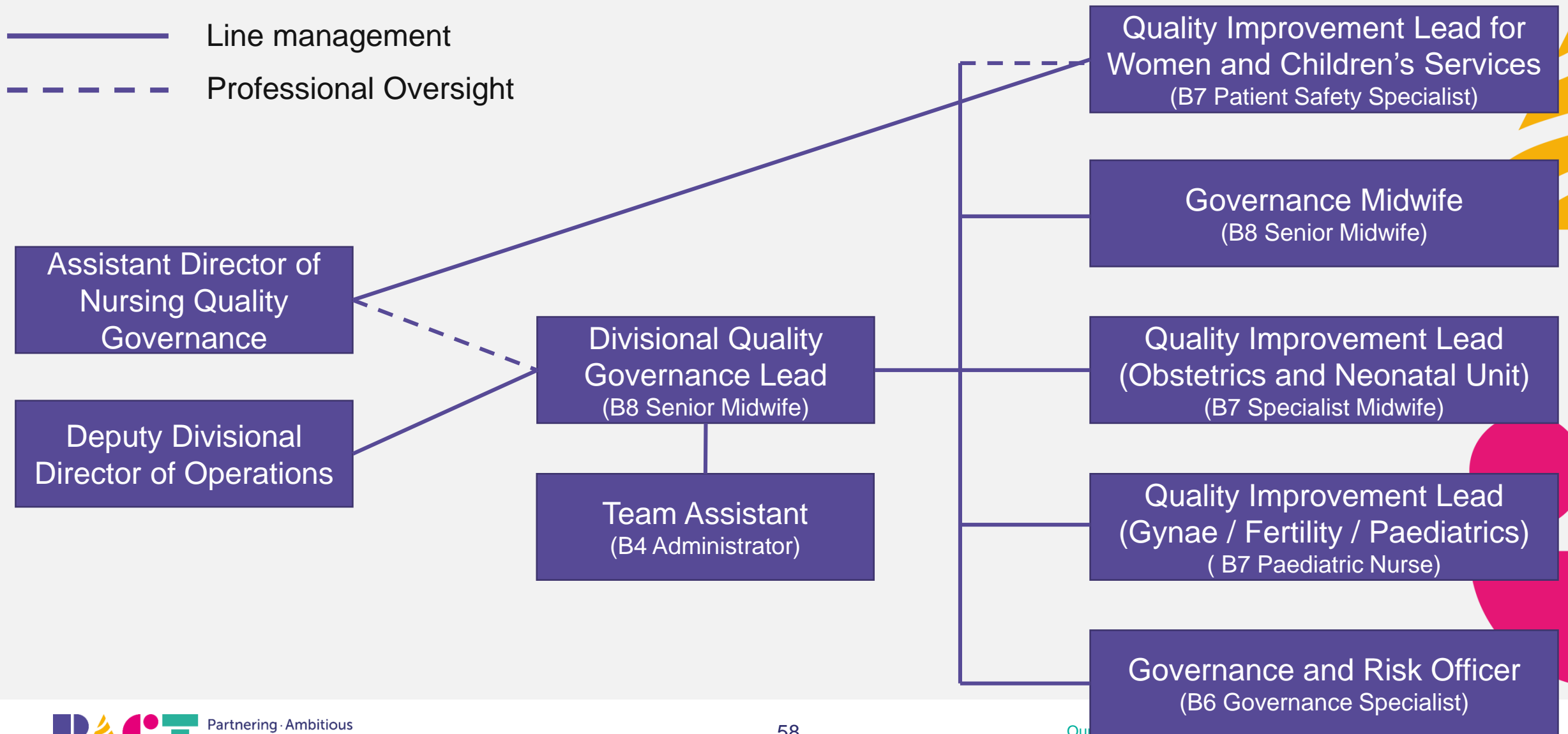
- ✓ Considered national framework and requirements (NHS approved)
- ✓ Best practice from other organisations
- ✓ Sherwood Forest Hospital NHS Foundation Trust (SFHNHSFT) peer-review
- ✓ Standardised



# Trust-Wide Quality Governance Structure



# Divisional Quality Governance Structure



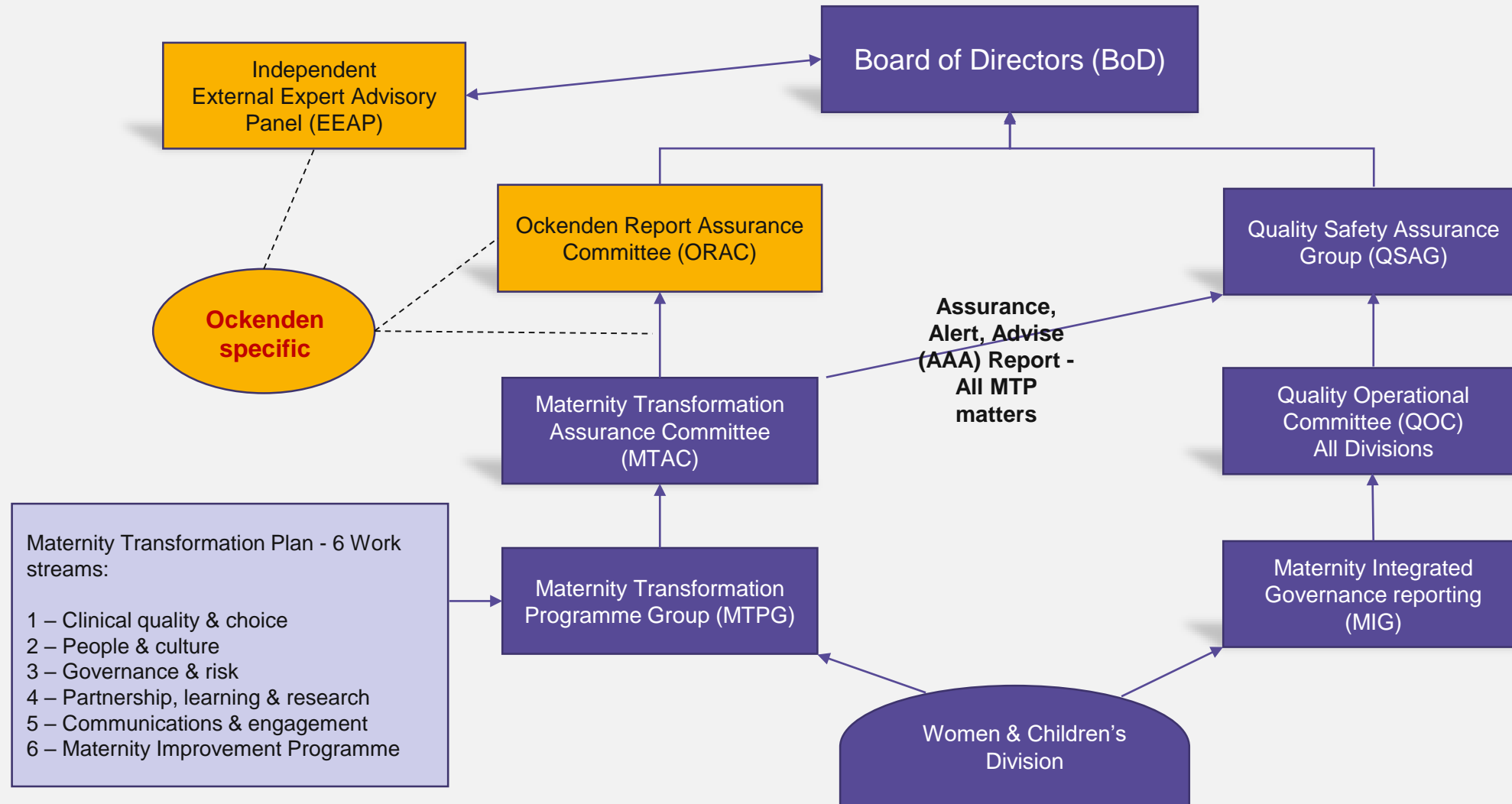
# Role of the Quality Governance Teams

- ✓ Divisional Governance
- ✓ Handling of Complaints
- ✓ Audit
- ✓ Incident Management (Datix)
- ✓ Serious Incidents
- ✓ Divisional Investigations
- ✓ Learning from Deaths
- ✓ Clinical Negligence Claims

# Clinical Incident Process (NHS approved)

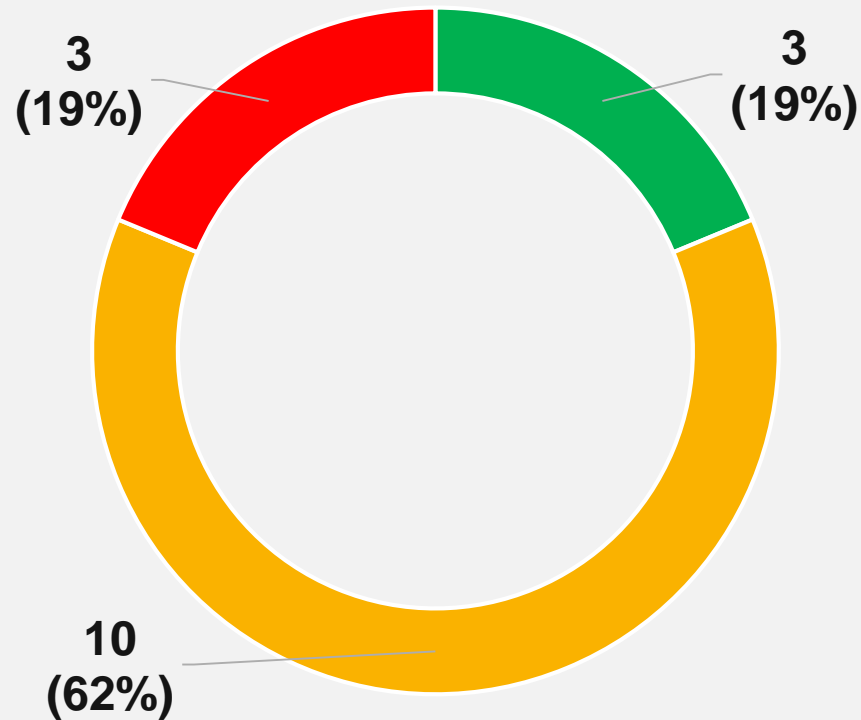


# Maternity Governance & Assurance Structure



# Sherwood Forest Review (published Jan 2022)

# Review – Indicative Progress



■ Evidenced and Assured      ■ Delivered, Not Yet Evidenced  
■ Not Yet Delivered

16 Actions:

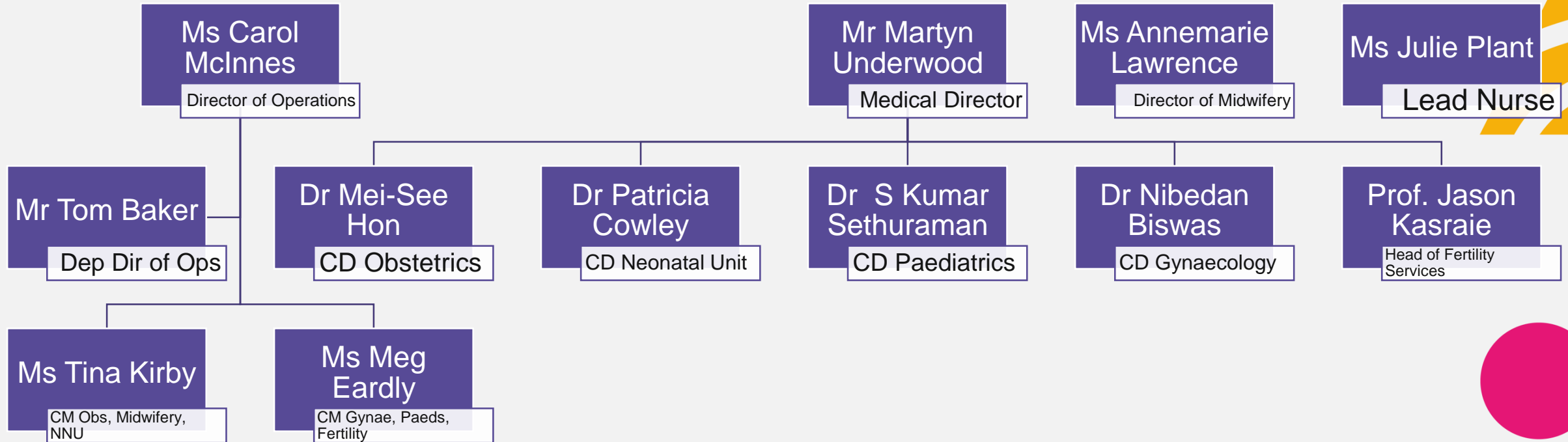
3 'Evidenced and Assured'  
10 'Delivered, Not Yet Evidenced'  
3 'Not Yet Delivered'

Subject to MTAC ratification

# Leadership



# Women and Children's Division – Senior Leadership Structure



# Next steps

# Next steps

- Continue implementing the required actions
- Patient Safety Incident Review Framework (PSIRF)

# Any questions?