Ockenden Report Assurance Committee (ORAC)

ORAC Forward Plan

Date: 23.08.2022

Presenter:

- Carol McInnes, Director of Operations, W&C Division

Partnering · Ambitious
Caring · Trusted

ORAC Forward Plan

Date	Agenda Structure	LAFL/ IEA Reference	Theme	Presenter
Jul-22	1. Update on progress against actions from first and final Ockenden reports 2. Service user feedback	First Report: LAFL 4.65 & 4.66 Final Report: IEA 13	Maternity care – focus on bereavement care	1. A. Lawrence 2. C. Eagleton
Aug-22		First Report: IEA 7	Informed consent – focus on birth preferences	1. A. Lawrence 2. M. Underwood 3. K. Williams
Sep-22	1. High-level Ockenden plan update (first report) 2. High-level Ockenden plan update (final report) 3. Thematic engagement piece/measurable benefits	First Report: LAFL 4.54 & IEA 5	Risk assessment throughout pregnancy – focus on antenatal contacts and support	1. M. Underwood 2. A. Lawrence 3. M. Hon
Oct-22		First Report: IEA 3 & LAFL 4.62	Staff training and working together – focus on MDT training and demonstration of how this translates to the care provided in our delivery suite (safety huddles, ward rounds, CTG interpretation etc)	1. A. Lawrence 2. M. Underwood 3. K. Williams/ G. Calcott
Nov-22		Compassion and kindness – core theme from both reports	People and culture – Focus on compassionate care from both our staff and service user perspective linked to complaints management	1. M. Underwood 2. A. Lawrence 3. C. McInnes/ A. Lawrence
Dec-22		No meeting		

Any questions?

Ockenden Report Assurance Committee (ORAC)

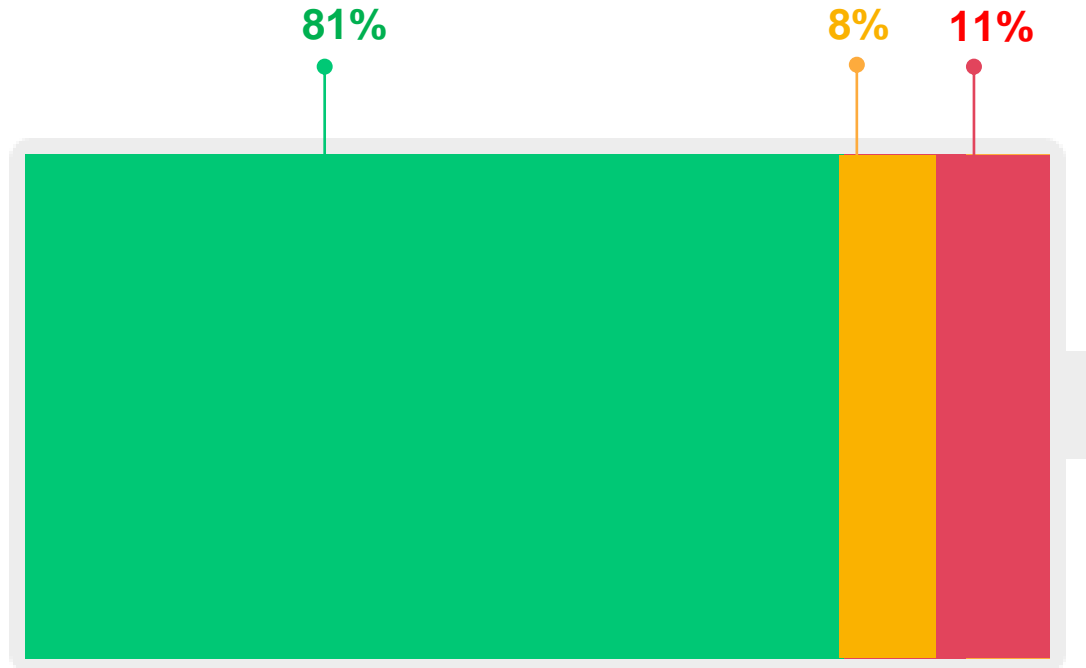## Ockenden action plan update (first report)

Date: 23.08.2022

Presenter:

- Annemarie Lawrence, Director of Midwifery

Ockenden Action Plan
(first report) – completion rates

PACT
Partnering · Ambitious
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Completion battery: Ockenden I actions

81% **8%** **11%**

46/52 Actions Implemented (89% overall), comprising:
- 42 (81%) Evidenced & Assured
- 4 (8%) Delivered, Not Yet Evidenced

6 (11%) Actions 'not yet delivered'. Of these, 4 are 'on track' and 2 are 'off track'

'Not yet delivered' (red) actions

Action	Dependency	Reasons	Due date
LAFL 4.73	External	National/ regional dependency on the establishment of the Maternal Medicine Specialist Centres.	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 June 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 in 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). This rests with the CQC to deliver.	Mar-22
IEA 4.3	External	National/ regional dependency on the establishment of the Maternal Medicine Specialist Centres.	Oct-22

Note: Action 1.4 and 2.4 'off track'. Ongoing conversations with system stakeholders to address these.

Summary (first report)

Summary (first report)

- 46/52 actions 'delivered'. We are carrying out audits to ensure that the actions remain green and are refreshing the evidence to keep it up to date.

- 6 actions 'not yet delivered', all of which lie outside of SaTH's direct control (external dependency linked to LMNS, CQC and NHSEI) :

    -We have been informed by our system stakeholders that work is underway on all of them.

    -IEA 1.4 and IEA 2.4 set as 'off track' until clear timeframes can be provided. Work is underway with system stakeholders to try and resolve these.

- We recently had an NHSE/I Insights visit that reviewed evidence for the 7 IEAs. The Trust received positive feedback and an 89% compliance score.

Summary of Insight Visit Review of Ockenden IEAs Status

Final score: **89% compliant**

IEA	i	ii	iii	iv	v	vi	vii	viii
1) Enhanced safety	🟩	🟨	🟩	🟩	🟩	🟩	🟩	🟩
2) Listening to women and families	N/A	N/A	🟨	🟩	🟩	🟩	🟩	🟨
3) Staff training and working together	🟩	🟩	🟩	⬛	🟩	🟩	🟩	⬛
4) Managing complex pregnancy	🟩	🟩	🟩	🟩	🟩	🟩	⬛	⬛
5) Risk assessment throughout pregnancy	🟩	🟩	🟩	🟩	⬛	⬛	⬛	⬛
6) Monitoring fetal well-being	🟩	🟩	🟩	🟩	🟩	⬛	⬛	⬛
7) Informed consent	🟩	🟩	🟨	🟩	🟩	🟩	⬛	⬛
Workforce Planning	🟩	🟩	🟩	🟩	⬛	⬛	⬛	⬛
Guidelines	🟨	⬛	⬛	⬛	⬛	⬛	⬛	⬛

Points for consideration:

- Different approach to communication with staff
- Robust management of guidelines
- Continuous audit processes for Ockenden actions
- Strengthen relationship between MVP and Safety Champions

Any questions?

Ockenden Report Assurance Committee (ORAC)

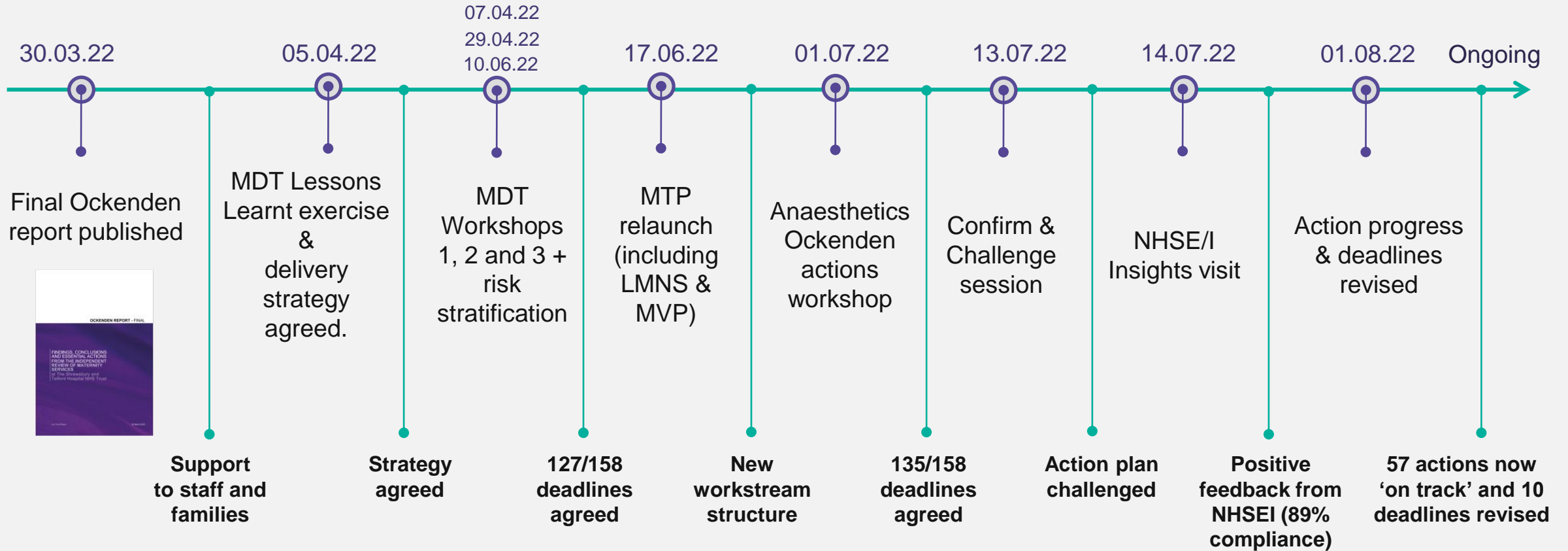## Ockenden action plan update (final report)

Date: 23.08.2022

Presenter:

- Martyn Underwood, Medical Director, W&C Division

# Process followed to address actions from final report

Timeline of events

30.03.22

Final Ockenden report published

05.04.22

MDT Lessons Learnt exercise & delivery strategy agreed.

07.04.22
29.04.22
10.06.22

MDT Workshops 1, 2 and 3 + risk stratification

17.06.22

MTP relaunch (including LMNS & MVP)

01.07.22

Anaesthetics Ockenden actions workshop

13.07.22

Confirm & Challenge session

14.07.22

NHSE/I Insights visit

01.08.22

Action progress & deadlines revised

Ongoing

Support to staff and families

Strategy agreed

127/158 deadlines agreed

New workstream structure

135/158 deadlines agreed

Action plan challenged

Positive feedback from NHSEI (89% compliance)

57 actions now 'on track' and 10 deadlines revised

MTAC									
Acknowledgements		18 ✓			1	17 ✓		5	29			9	33
Apr MTAC		May MTAC			June MTAC			July MTAC	+4 +4	Aug MTAC

Actions approved at Aug-22 MTAC

Ockenden action	Theme	Description	Status change approved
LAFL 14.13	Staff support	There must be a robust process in place to ensure that all safety concerns raised by staff are investigated, with feedback given to the person raising the concern	
LAFL 14.23	Improving guidelines processes	A process must be put in place to ensure guidelines are regularly kept up-to-date and amended as new national guidelines come into use	
LAFL 14.34	Clinical reviews	All patients with unplanned acute admissions to the antenatal ward, excluding women in early labour, must have a consultant review within 14 hours of admission	
IEA 5.2	Clinical governance	Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan	

Actions approved at Aug-22 MTAC

Ockenden action	Theme	Description	Status change approved
IEA 2.3	Safe staffing	All trusts must ensure the labour ward coordinator role is recognised as a specialist job role with an accompanying job description and person specification	
IEA 2.5	Safe staffing	The reinstatement of MCoC should be withheld until robust evidence is available to support its reintroduction	
IEA 5.2	Clinical governance	Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan	
IEA 7.6	MDT training	Systems must be in place in all trusts to ensure that all staff are trained and up to date in CTG and emergency skills	

Ockenden Action Plan
(final report) – completion rates

Final Ockenden report actions: Delivery
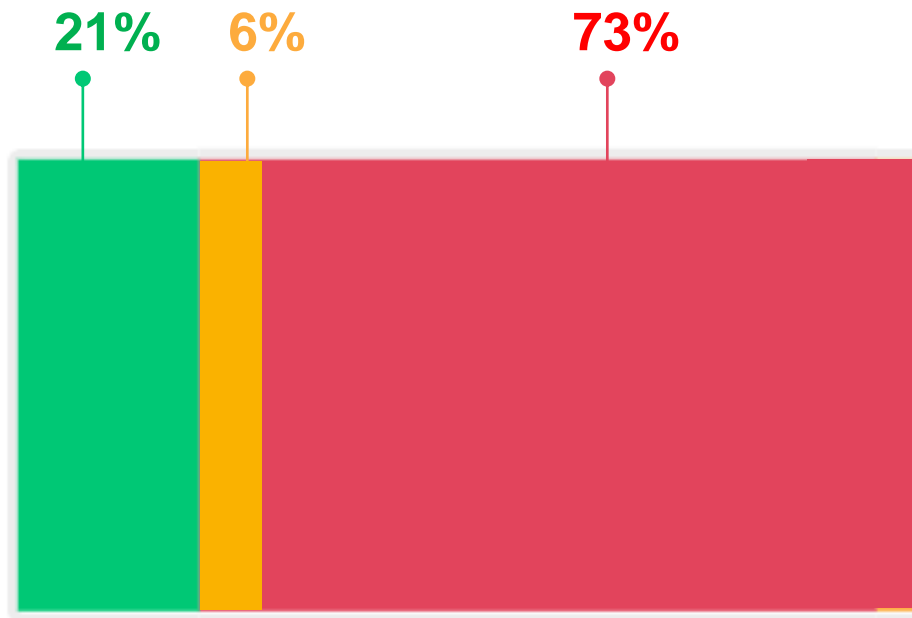
- 33 actions (21%) green – 'Evidenced and Assured'

- 9 actions (6%) amber – 'Delivered not yet evidenced'

27% implemented (42/158 actions) as of 09.08.22

From the 116 actions (73%) 'Not yet Delivered', 57 actions (36%) are 'On Track' for progress

Final Ockenden report actions: Timeframes

The current timeframe profile for actions to be delivered is, as follows:

Financial year	Number of actions expected to be fully implemented during this period
2022-23	51
2023-24	85
Yet to be determined	22

With regards to the overall responsibility for leading on the delivery of the required actions, the breakdown is, as follows:

Lead agent	Number of Actions
Internal (Trust only)	131
External (combined Trust- external agencies)	27 (Addition of IEA 11.4 - external dependency on Royal College of Anaesthetics, as advised by Anaesthetics Division at recent planning workshop)

Summary (final report)

Summary (final report)

- From the final report, 42/158 (27%) of the actions have been 'delivered', with 33 (21%) of these 'evidenced and assured'.

- The Trust is getting positive external and stakeholder feedback (NHSE/I and CQC) on its progress to date: *RPQCG (Regional Perinatal Quality Committee) described SaTH, (and two other trusts) as 'shining examples following the Ockenden assurance visit'.*

- There is still much more to do.

- Work continues at pace to deliver the rest of the programme.

Any questions?

Ockenden Report Assurance Committee (ORAC)

Informed Consent – Focus on Birth Preferences

Date: 23.08.2022

Presenter:

Kim Williams, Deputy Director of Midwifery

Related Ockenden actions

Related Ockenden actions

First report		
ID	**Summary**	**Progress**
LAFL 4.55	All members of the maternity team must provide women with accurate and contemporaneous evidence-based information as per national guidance. This will ensure women can participate equally in all decision making processes and make informed choices about their care. Women's choices following a shared decision making process must be respected.	Complete
IEA 7.2	Women must be enabled to participate equally in all decision making processes and to make informed choices about their care.	Complete
IEA 7.3	Women's choices following a shared and informed decision making process must be respected.	Complete

The Birth Preferences Card

Birth Preferences Card

YOUR BIRTH PREFERENCES — CIRCLE, COLOUR IN OR INDICATE WHAT IS IMPORTANT TO YOU

The Birth Preferences Card was launched earlier this year and was co-produced with the Maternity Voices Partnership (MVP).

Aim:

✓ To empower women and birthing people to have more conversations about their preferences.

✓ To ensure they feel fully supported during their birth experience.

Birth Preferences Card -Introduction video

Example of Birth Preferences Card in use and service user feedback 1

Ruth's experience, August 2022 [Source: MVP] – Consent has been obtained from Ruth to use this video for this purpose.

Service user experience 3/3

Kerry's experience, August 2022 [Source: MVP] - Consent has been obtained from Kerry to use her experience for this purpose.

"I found the birth preferences card an invaluable tool in preparing for both the labour I hoped for as well as the labour you do not necessarily anticipate.

The card clearly displays options available and this aids in decision making and ensures you do not forget to consider things that you may have otherwise not thought of (easily done in the haze of pregnancy even second time around !).

I feel the visual aspect of the card aids in making choices easily identifiable to hospital staff and more so than an A4 piece of excessive writing as is traditionally done. The only thing I would change is to make the additional spaces for your own additional information bigger as it is challenging trying to write in them.

I think the card is easy to use and helps promote discussion between expectant parents and health professionals."

Conclusion and Next Steps

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Conclusion:

✓ The Birth Preferences Card was co-produced with the MVP as part of the Communication and Engagement workstream under the User Experience (UX) system led by Dr. Hon.

✓ The tool was rolled out at the start of the year and is being used by our staff and service users.

✓ We have received positive feedback from our staff and service users.

Next steps:

✓ To print more!

✓ To include more training about how to use the tool.

✓ To improve it where possible to ensure continuous service enhancement and service user experience.

Thank you