The Shrewsbury and Telford Hospital NHS Trust

Ockenden Report Assurance Committee (ORAC)

Ockenden action plan update (first report)

Date: 18.10.2022

Presenter:

- Martyn Underwood, Medical Director, W&C Division

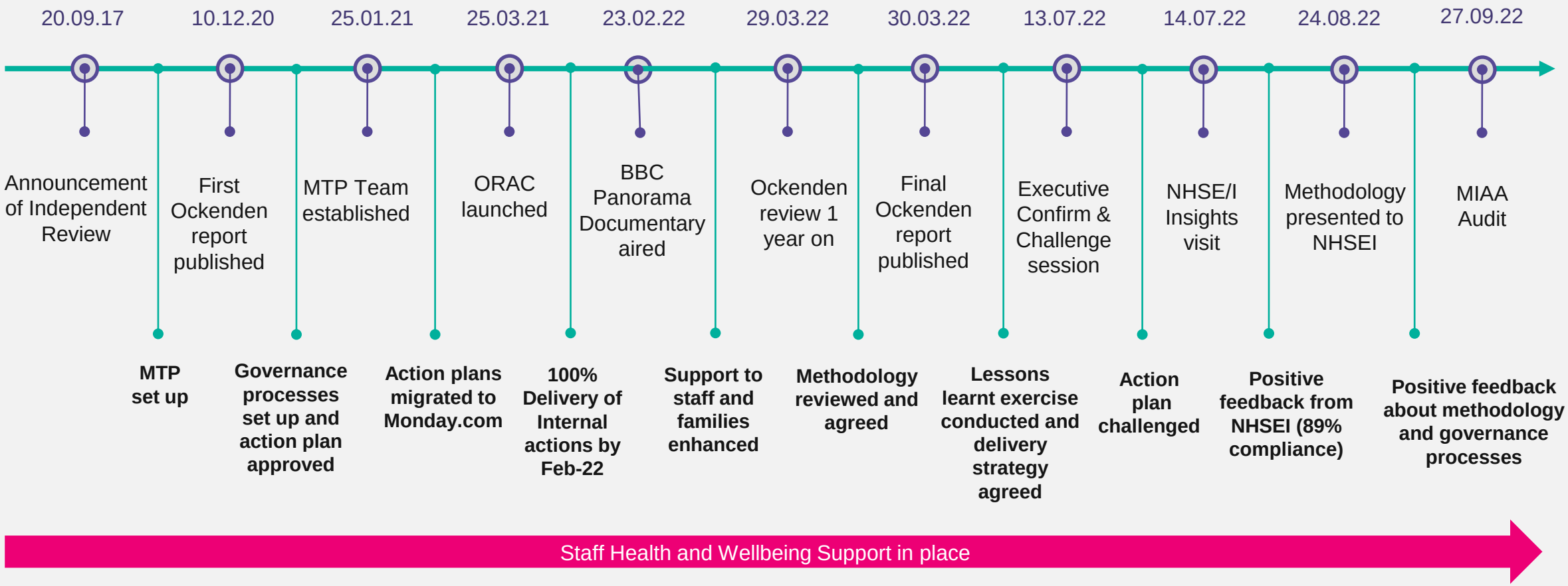
ORAC Forward Plan

The Shrewsbury and Telford Hospital NHS Trust

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	1. High-level Ockenden plan update (first report) 2. High-level Ockenden plan update (final report) 3. Thematic engagement piece/measurable benefits	First Report: IEA 7	Informed consent – focus on birth preferences	1. A. Lawrence 2. M. Underwood 3. K. Williams
Sept-22		Meeting cancelled		
Oct-22		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 and C. Eagleton
Nov-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
Dec-22		No meeting		
Jan-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

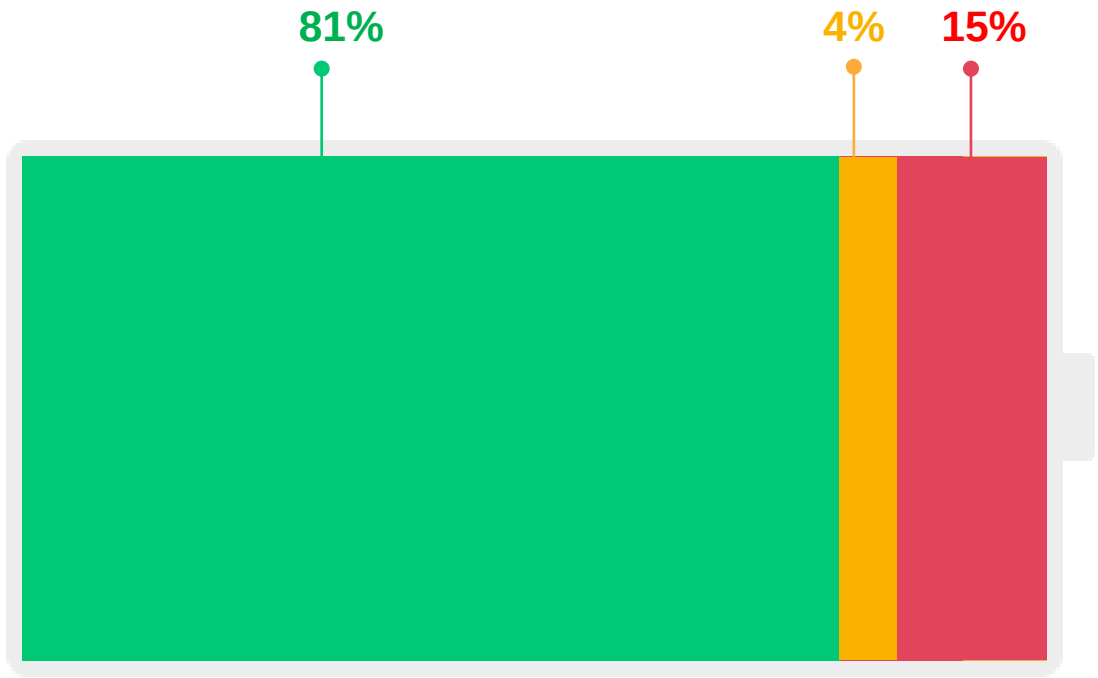
High level summary timeline of events

The Shrewsbury and Telford Hospital NHS Trust



Ockenden Action Plan (first report) – completion rates

First Ockenden report actions - Delivery



44/52 Actions Implemented (85% overall), comprising:

- 42 (81%) Evidenced & Assured
- 2 (4%) Delivered, Not Yet Evidenced

8 (15%) Actions ‘not yet delivered’. Of these, 4 are ‘on track’ and 4 are ‘off track’

Updates from 11.10.2022

‘Not Yet Delivered’ – Red actions

The Shrewsbury and Telford Hospital NHS Trust

ID	Dependent	Reasons	Due date	Progress
LAFL 4.89	Internal	Anaesthetics action. Quality improvement (QI) methodology used to audit and improve clinical performance of obstetric anaesthesia services. Action moved back to ‘not yet delivered’ and ‘at risk’ as QI lead no longer in post.	Jan-23	At Risk
LAFL 4.73	External	National/ regional dependency on the establishment of the Maternal Medicine Specialist Centres (go live date: April-22). Updates will be presented at November MTAC.	Oct-22	On Track
LAFL 4.100	Internal	Consultant neonatologists and ANNPs must have the opportunity of regular observational attachments at another neonatal intensive care unit. Plans underway for ANNPs to attend another NICU.	Mar-23	On Track
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 November MTAC requesting new deadline.	Apr-22	Off Track
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. Action to remain ‘off track’ with due date of ‘TBC’ until timeframes are known.	TBC	Off Track
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	Off Track
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. Action to remain ‘off track’ with due date of ‘TBC’ until timeframes are known.	Mar-22	Off Track
IEA 4.3	External	National/ regional dependency on the establishment of the Maternal Medicine Specialist Centres (go live date: April-22). Updates will be presented at November MTAC.	Oct-22	On Track

Summary (first report)

Summary - First report

The Shrewsbury and Telford Hospital NHS Trust

- 44/52 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
- 8 actions ‘not yet delivered’:

    - 2 internal actions which have moved back from amber to red

    - 6 external dependent actions (LMNS, CQC and NHSEI). 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
- We recently had an MIAA audit and received informal positive feedback on the day. Results will be available in November

Any questions?

The Shrewsbury and Telford Hospital NHS Trust

Ockenden Report Assurance Committee (ORAC)

Ockenden action plan update (final report)

Date: 18.10.2022

Presenter:

- Annemarie Lawrence, Director of Midwifery

Actions approved at Oct-22 Maternity Transformation Assurance Committee (MTAC)

Actions approved at Sep-22 MTAC

The Shrewsbury and Telford Hospital NHS Trust

Ockenden action	Theme	Description	Status change approved
LAFL 14.15	Improving complaints handling	Complaint responses should be empathetic and kind in their nature. The local MVP must be involved in helping design and implement a complaints response template which is relevant and appropriate for maternity services	
LAFL 14.26	Leadership and oversight	The Director of Midwifery must have direct oversight of all complaints and the final sign off of responsibility before submission to the Patient Experience team and the Chief Executive	
LAFL 14.33	Hypertension	Staff working in maternity care at the Trust must be vigilant with regard to management of gestational hypertension in pregnancy. Hospital guidance must be updated to reflect national guidelines in a timely manner particularly when changes occur. Where there is deviation in local guidance from national guidance a comprehensive local risk assessment must be undertaken with the reasons for the deviation documented clearly in the guidance	Rejected as green, accepted as amber
IEA 13.2	Bereavement	All trusts must ensure adequate numbers of staff are trained to take post-mortem consent, so that families can be counselled about post-mortem within 48 hours of birth. They should have been trained in dealing with bereavement and in the purpose and procedures of post-mortem examinations.	

Actions approved at Sep-22 MTAC - LAFLs

The Shrewsbury and Telford Hospital NHS Trust

Ockenden action	Theme	Description	Status change approved
LAFL 14.3	Improving management of incidents	All investigations must be undertaken by a multi-professional team of investigators and never by one individual or a single profession.	
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 14.27	Care of vulnerable and high risk women	The Trust must adopt a consistent and systematic approach to risk assessment at booking and throughout pregnancy to ensure women are supported effectively and referred to specialist services where required.	
LAFL 14.35	Consultant obstetric Wardrounds and review	All women admitted for induction of labour, apart from those that are for post-dates, require a full clinical review prior to commencing the induction as recommended by the NICE Guidance Induction of Labour 2021238.	

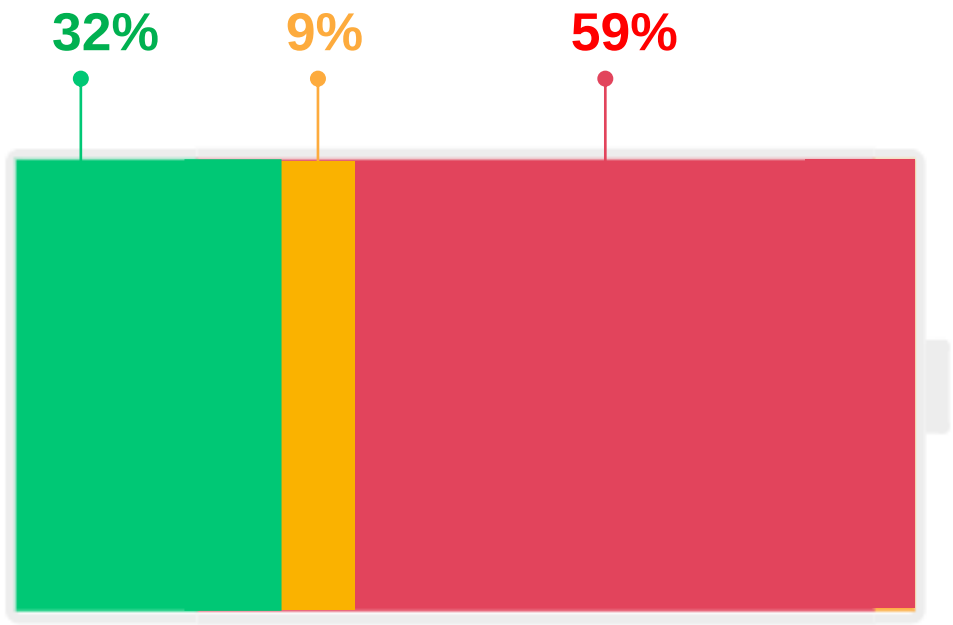
Actions approved at Sep-22 MTAC - IEAs

The Shrewsbury and Telford Hospital NHS Trust

Ockenden action	Theme	Description	Status change approved
IEA 2.9	Safe staffing	All trusts must develop strategies to maintain bi-directional robust pathways between midwifery staff in the community setting and those based in the hospital setting, to ensure high quality care and communication.	
IEA 12.3	Escalation and accountability	There must be clear local guidelines detailing when the consultant obstetrician and the midwifery manager on-call should be informed of activity within the unit	

Ockenden Action Plan (final report) – completion rates

Final Ockenden report actions - Delivery



- 50 actions (32%) green – ‘Evidenced and Assured’
- 14 actions (9%) amber – ‘Delivered, not yet evidenced’

41% implemented (64/158 actions) as of 11.10.22

From the 94 actions (59%) ‘Not yet Delivered’, 58 actions (37%) are ‘On Track’ for progress

Summary (final report)

Summary - Final report

The Shrewsbury and Telford Hospital NHS Trust

- From the final report, 64/158 (41%) of the actions have been ‘delivered’, with 50 (32%) 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?

The Shrewsbury and Telford Hospital NHS Trust

Ockenden Report Assurance Committee (ORAC)

Risk assessment throughout pregnancy – focus on antenatal contacts and support

Date: 18.10.2022

Presenters:

Mei-See Hon – Clinical Director for Obstetrics, Women's and Children's Division

Claire Eagleton – Deputy Director of Midwifery

Related Ockenden actions (First Report)

Related Ockenden actions

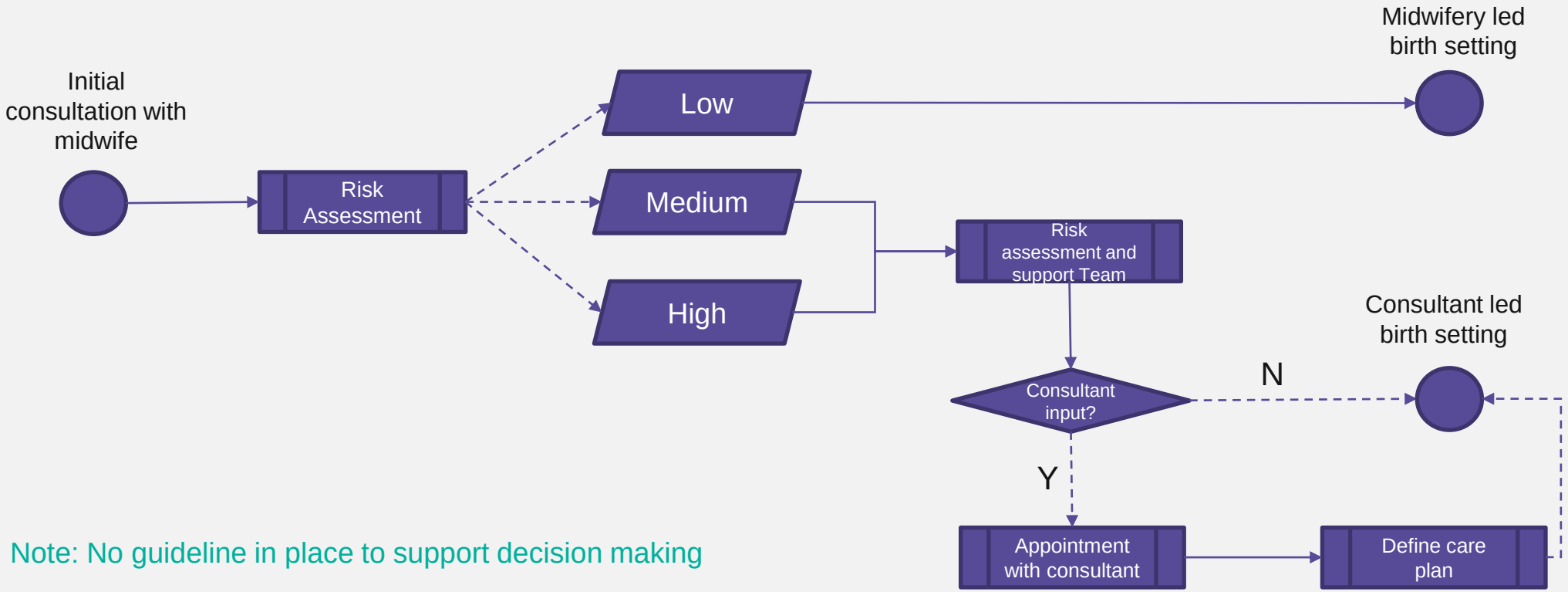
The Shrewsbury and Telford Hospital NHS Trust

First report		
ID	Summary	Progress
LAFL 4.54	A thorough risk assessment must take place at the booking appointment and at every antenatal appointment to ensure that the plan of care remains appropriate.	Complete
IEA 5.1	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional	Complete
IEA 5.2	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture	Complete

Risk assessment overview

Risk assessment in antenatal period before improvements made (before 2020)

The Shrewsbury and Telford Hospital NHS Trust



Note: No guideline in place to support decision making

LEGEND

Start/End

Predefined process

output

Decision

Document

Direct reaction

Potential route

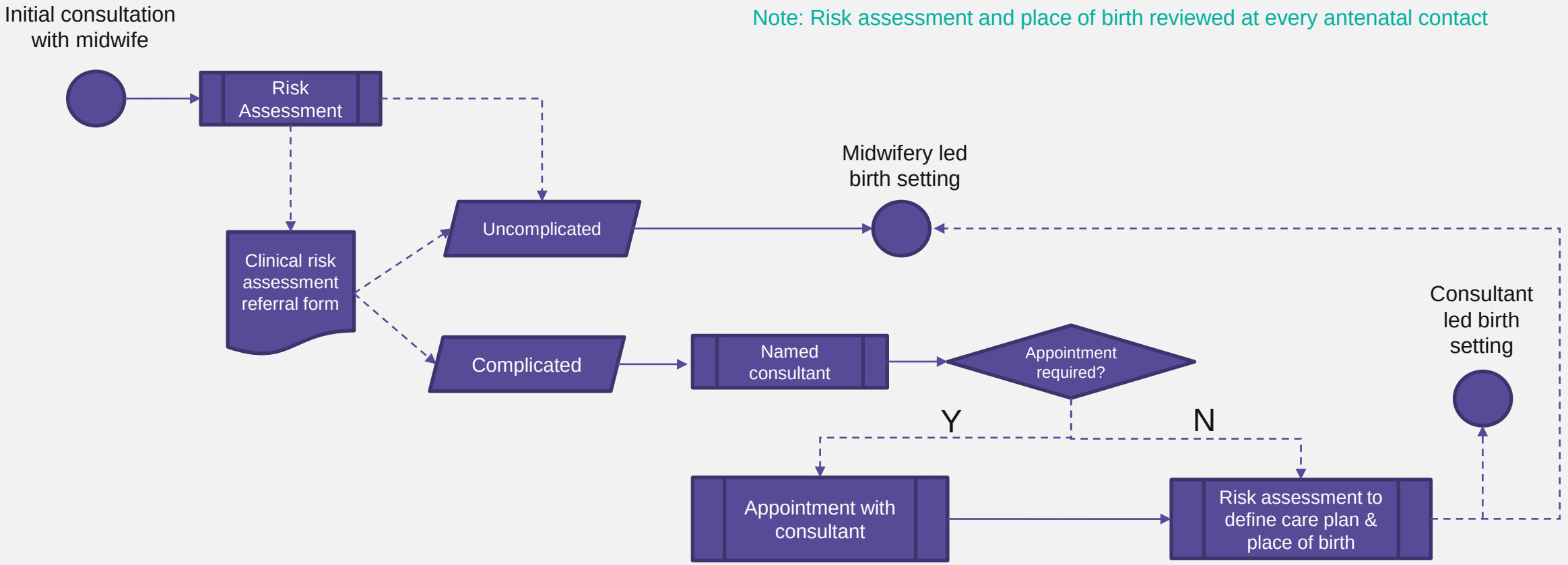
Issues

- Initial consultation risk assessments were less robust due to a lengthy process, where midwives were not empowered to make decisions about care plans.
- Three risk categories were available (low, medium, high) which were not in line with NICE guidance of uncomplicated/ complicated care pathways.
- A large proportion of these risks were defined as medium risk at initial consultation.
- The risk assessment and support team were operating without a guideline which led to non standardised care and potential safety issues.
- Service users unaware of their risk classification and care plan in a timely manner, often not until the third trimester.
- Communication regarding risk assessment and care plan was poor and non standardised (e.g., women would sometimes not receive a letter, others would).
- Appropriate place of birth was not risk assessed at every appointment.
- There was a combination of written and digital documentation which led to confusion and poor communication (e.g., risk assessment only recorded in one format and inconsistently).

Improved Risk assessment in antenatal period

The Shrewsbury and Telford Hospital NHS Trust

Note: Risk assessment and place of birth reviewed at every antenatal contact



LEGEND

Start/End

Predefined process

output

Decision

Document

Direct reaction

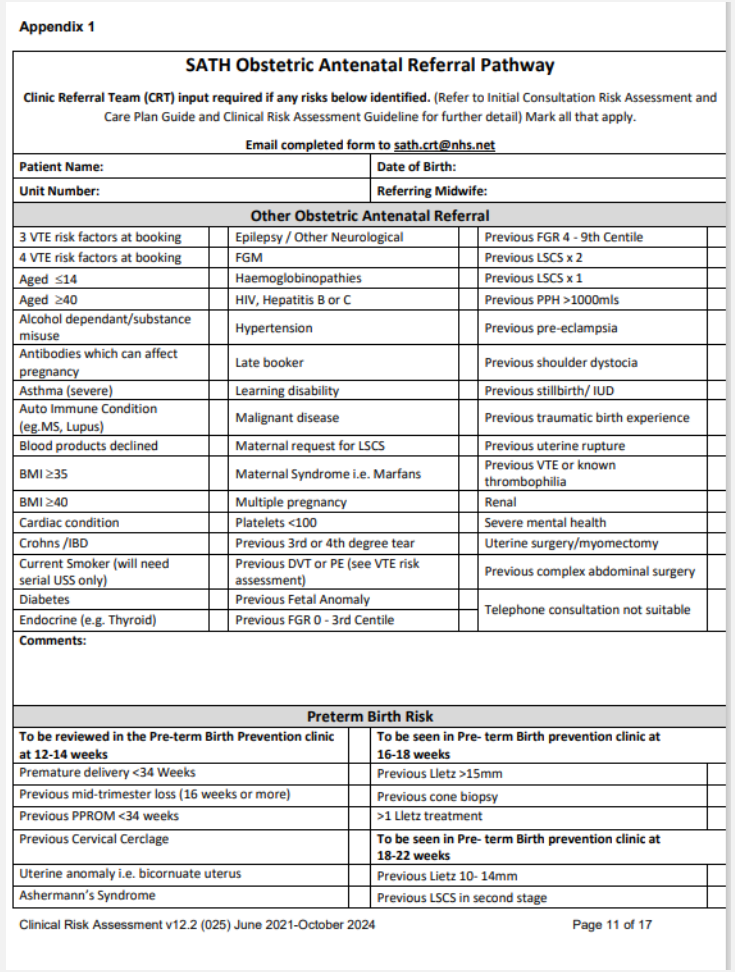
Potential route

Partnering · Ambitious Caring · Trusted

Our Vision: To provide excellent care for the communities we serve

Improvements

- Risk assessment completed by midwife undertaking initial consultation. The clinical risk assessment guideline was updated to include: initial consultation risk assessment and care plan guide to aid decision making, and a digital referral form to the clinic referral team.
- The service user is informed of their risk status and plan of care at that point.
- Risk assessments are completed at every antenatal appointment. Mandatory fields within Badgernet workflows. Service users aware of their risk status throughout pregnancy.
- It is now a dynamic process with movement between complicated and uncomplicated care pathways dependent on risk assessment.
- Service users able to make informed choices based on communication of their risk factors and supporting information.



Appendix 1

SATH Obstetric Antenatal Referral Pathway

Clinic Referral Team (CRT) input required if any risks below identified. (Refer to Initial Consultation Risk Assessment and Care Plan Guide and Clinical Risk Assessment Guideline for further detail) Mark all that apply.

Email completed form to sath.crt@nhs.net

Patient Name:	**Date of Birth:**
Unit Number:	**Referring Midwife:**

Other Obstetric Antenatal Referral

3 VTE risk factors at booking	Epilepsy / Other Neurological	Previous FGR 4 - 9th Centile
4 VTE risk factors at booking	FGM	Previous LSCS x 2
Aged ≤14	Haemoglobinopathies	Previous LSCS x 1
Aged ≥40	HIV, Hepatitis B or C	Previous PPH >1000mls
Alcohol dependant/substance misuse	Hypertension	Previous pre-eclampsia
Antibodies which can affect pregnancy	Late booker	Previous shoulder dystocia
Asthma (severe)	Learning disability	Previous stillbirth/ IUD
Auto Immune Condition (eg.MS, Lupus)	Malignant disease	Previous traumatic birth experience
Blood products declined	Maternal request for LSCS	Previous uterine rupture
BMI ≥35	Maternal Syndrome i.e. Marfans	Previous VTE or known thrombophilia
BMI ≥40	Multiple pregnancy	Renal
Cardiac condition	Platelets <100	Severe mental health
Crohns /IBD	Previous 3rd or 4th degree tear	Uterine surgery/myomectomy
Current Smoker (will need serial USS only)	Previous DVT or PE (see VTE risk assessment)	Previous complex abdominal surgery
Diabetes	Previous Fetal Anomaly	Telephone consultation not suitable
Endocrine (e.g. Thyroid)	Previous FGR 0 - 3rd Centile	

Comments:

Preterm Birth Risk

To be reviewed in the Pre-term Birth Prevention clinic at 12-14 weeks	**To be seen in Pre- term Birth prevention clinic at 16-18 weeks**
Premature delivery <34 Weeks	Previous Lletz >15mm
Previous mid-trimester loss (16 weeks or more)	Previous cone biopsy
Previous PPROM <34 weeks	>1 Lletz treatment
Previous Cervical Cerclage	**To be seen in Pre- term Birth prevention clinic at 18-22 weeks**
Uterine anomaly i.e. bicornuate uterus	Previous Lietz 10- 14mm
Ashermann's Syndrome	Previous LSCS in second stage

Clinical Risk Assessment v12.2 (025) June 2021-October 2024 Page 11 of 17

Feedback

Conclusion and Next Steps

Conclusion and Next Steps

The Shrewsbury and Telford Hospital NHS Trust

Conclusion:

- ✓ All actions described in the first Ockenden report related to antenatal risk assessment during the antenatal period have been completed
- ✓ We have received positive feedback relating to antenatal risk assessments from service users

Next steps:

- ✓ Documentation and recording of details on Badgernet to be improved (lack of mandatory fields)
- ✓ Further training and support for midwives completing Badgernet
- ✓ To ensure completed Ockenden actions remain green (ongoing assurance evidence)

Thank you