

# Ockenden Report Assurance Committee (ORAC)

June 2023

## Safe and Effective Care - Neonatal Care

Date: 27.06.2023

Presenter:

- Dr. Patricia Cowley – Clinical Director of Neonatal Care



# The Neonatal Unit

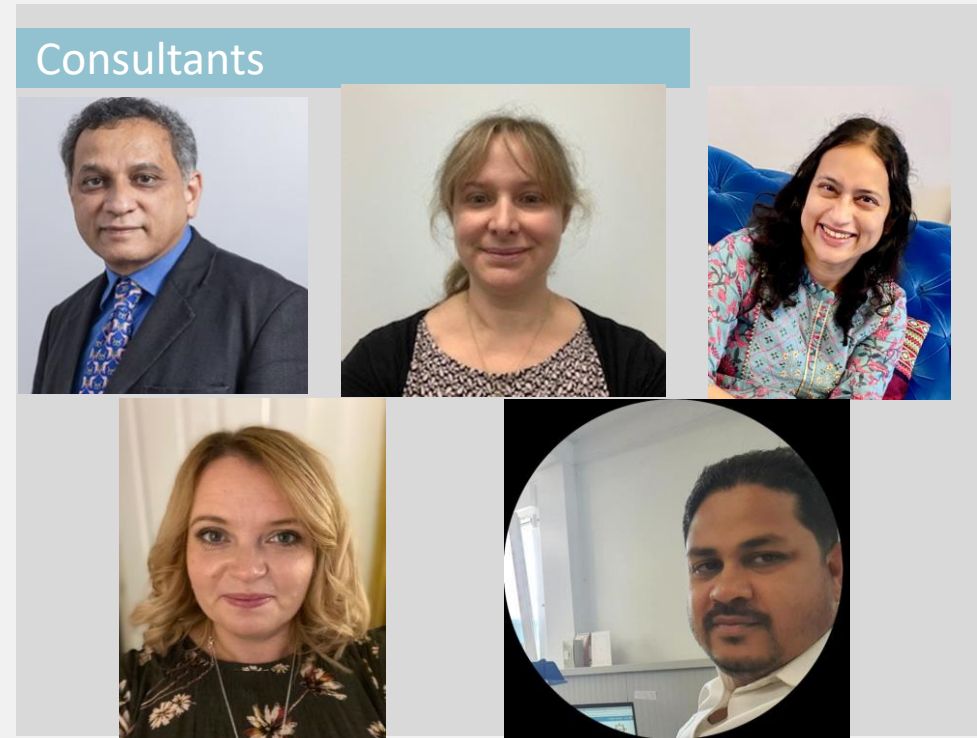
# Tour of the Neonatal Unit



# Who Works on the Neonatal Unit?



# Who Works on the Neonatal Unit?



# What do the Staff Working on the Neonatal Unit do?

Newborn resuscitation



Intensive care



High Dependency



Special Care



# Link to Ockenden Actions

# Ockenden Actions Linked to Neonatal Care – First Report

## First Ockenden Report

ID	Description	Status
LAFI 4.97	Medical and nursing notes must be combined; where they are kept separately there is the potential for important information not to be shared between all members of the clinical team. Daily clinical records, particularly for patients receiving intensive care, must be recorded using a structured format to ensure all important issues are addressed.	Evidenced and Assured
LAFI 4.98	There must be clearly documented early consultation with a neonatal intensive care unit (often referred to as tertiary units) for all babies born on a local neonatal unit who require intensive care.	Evidenced and Assured
LAFI 4.99	The neonatal unit should not undertake even short-term intensive care, if they cannot make arrangements for 24h on-site, immediate availability at either tier 2 or tier 3, with sole duties on the neonatal unit.	Evidenced and Assured
LAFI 4.100	There was some evidence of outdated neonatal practice at The Shrewsbury and Telford Hospital NHS Trust. Consultant neonatologists and ANNPs must have the opportunity of regular observational attachments at another neonatal intensive care unit.	Not Yet Delivered




# Ockenden Actions Linked to Neonatal Care – Final Report (IEA)

Final Ockenden Report		
ID	Description	Status
IEA 14.1	Neonatal and maternity care providers, commissioners and networks must agree on pathways of care including the designation of each unit and on the level of neonatal care that is provided.	Evidenced and Assured
IEA 14.2	Care that is outside this agreed pathway must be monitored by exception reporting (at least quarterly) and reviewed by providers and the network. The activity and results of the reviews must be reported to commissioners and the Local Maternity Neonatal Systems (LMS/LMNS) quarterly.	Evidenced and Assured
IEA 14.3	Maternity and neonatal services must continue to work towards a position of at least 85% of births at less than 27 weeks gestation taking place at a maternity unit with an onsite NICU.	Evidenced and Assured
IEA 14.4	Neonatal Operational Delivery Networks must ensure that staff within provider units have the opportunity to share best practice and education to ensure units do not operate in isolation from their local clinical support network. For example senior medical, ANNP and nursing staff must have the opportunity for secondment to attend other appropriate network units on an occasional basis to maintain clinical expertise and avoid working in isolation.	Not Yet Delivered
IEA 14.5	Each network must report to commissioners annually what measures are in place to prevent units from working in isolation.	Delivered, Not Yet Evidenced

# Ockenden Actions Linked to Neonatal Care – Final Report (IEA)

Final Ockenden Report		
ID	Description	Status
IEA 14.6	Neonatal providers must ensure that processes are defined which enable telephone advice and instructions to be given, where appropriate, during the course of neonatal resuscitations. When it is anticipated that the consultant is not immediately available (for example out of hours), there must be a mechanism that allows a real-time dialogue to take place directly between the consultant and the resuscitating team if required.	Evidenced and Assured
IEA 14.7	Neonatal practitioners must ensure that once an airway is established and other reversible causes have been excluded, appropriate early consideration is given to increasing inflation pressures to achieve adequate chest rise. Pressures above 30cmH2O in term babies, or above 25cmH2O in preterm babies may be required. The Resuscitation Council UK Newborn Life Support (NLS) Course must consider highlighting this treatment point more clearly in the NLS algorithm.	Evidenced and Assured
IEA 14.8	Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs) and nurses are available in every type of neonatal unit (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications	Not Yet Delivered

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# Ockenden Actions Linked to Neonatal Care – Final Report (LAFL)

Final Ockenden Report		
ID	Description	Status
LAFL 14.56	The Trust must ensure that there is a clearly documented, early consultation with a tertiary NICU for babies who require, or are anticipated to require, continuing intensive care. This must be the subject of regular audit.	Evidenced and Assured
LAFL 14.57	As the Trust has benefitted from the presence of Advanced Neonatal Nurse Practitioners (ANNPs), the Trust must have a strategy for continuing recruitment, retention and training of ANNPs.	Not Yet Delivered
LAFL 14.58	The Trust must ensure that sufficient resources are available to provide safe neonatal medical or ANNP cover at all times commensurate with a unit of this size and designation, such that short term intensive care can be safely delivered, in consultation with a NICU.	Evidenced and Assured
LAFL 14.59	The number of neonatal nurses at the Trust who are “qualified-in-specialty” must be increased to the recommended level, by ensuring funding and access to appropriate training courses. Progress must be subject to annual review.	Delivered, Not Yet Evidenced

# Outcomes Linked to Ockenden

- ✓ We currently have two trainee ANNPs
- ✓ We have hosted an ANNP away afternoon
- ✓ We have extended the time that consultants are resident to deliver 7 day working
- ✓ Our Consultant Neonatologists are continuing to rotate to other NICUs to help maintain their competencies
- ✓ Our Tier 2 ANNPs are due to start rotating in September to visit NICUs to strengthen training



# Focus on Neonatal Staffing

# Ockenden Actions – Staffing Challenges

Ockenden Actions Linked to Neonatal Staffing		
ID	Description	Status
LAFI 4.100 (First Report)	There was some evidence of outdated neonatal practice at The Shrewsbury and Telford Hospital NHS Trust. Consultant neonatologists and ANNPs must have the opportunity of regular observational attachments at another neonatal intensive care unit.	Not Yet Delivered
IEA 14.8 (Final Report)	Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs) and nurses are available in every type of neonatal unit (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications.	Not Yet Delivered
IEA 14.4 (Final Report)	Neonatal Operational Delivery Networks must ensure that staff within provider units have the opportunity to share best practice and education to ensure units do not operate in isolation from their local clinical support network. For example senior medical, ANNP and nursing staff must have the opportunity for secondment to attend other appropriate network units on an occasional basis to maintain clinical expertise and avoid working in isolation.	Not Yet Delivered
LAFI 14.57 (Final Report)	As the Trust has benefitted from the presence of Advanced Neonatal Nurse Practitioners (ANNPs), the Trust must have a strategy for continuing recruitment, retention and training of ANNPs.	Not Yet Delivered

# Our Plan to meet the Outstanding Ockenden Actions

- ✓ Separation of the Tier 2 rota
- ✓ Rotation of ANNPs
- ✓ Rotation of Nurses
- ✓ Achievement of QIS Numbers





# Other improvements on the Neonatal Unit

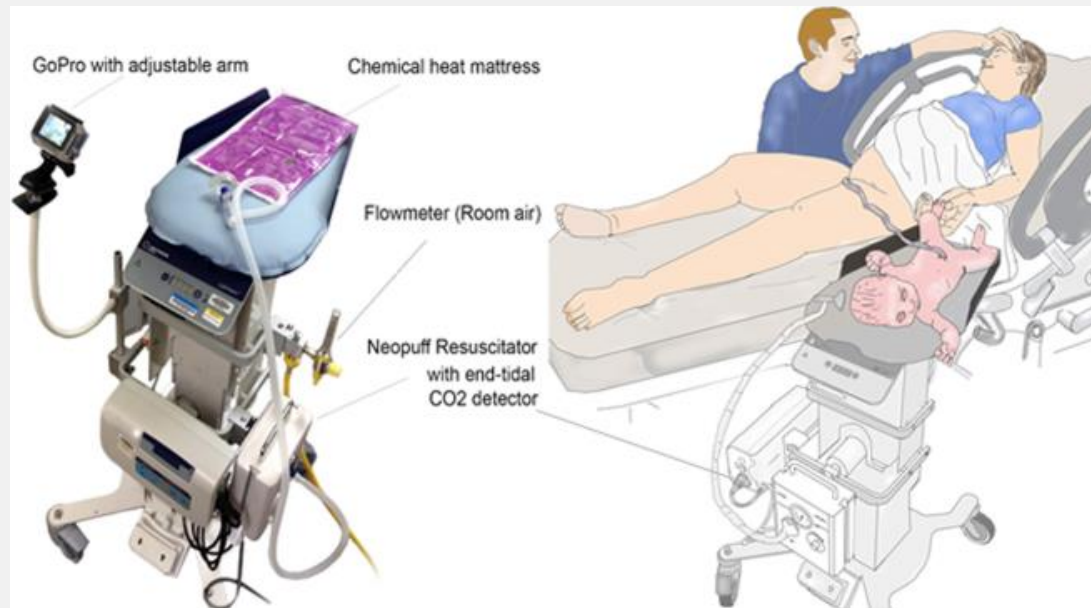
# Examples of Improvements – Pulse Oximetry Screening



# Examples of Improvements - PERIPrem



## ✓ Life Start Trolley



## ✓ Probiotics



We are pleased that we are a positive outlier for optimal cord clamping!

# Examples of Improvements – Allied Health Professionals (AHPs)



Occupational Therapists



Psychologist



Dietitian



Speech and Language Therapists



Physiotherapists

# Summary and Next Steps

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- We have delivered most of the Ockenden actions linked to Neonatal care and remain focused on delivering the outstanding ones.
- Staffing remains our biggest challenge to completing the remaining Ockenden actions. A plan is in place to address this.
- Improving the care we deliver to babies is our highest priority – the team has been busy working on improvements linked and non linked to Ockenden. Examples are the PERIPrem initiative, AHPs and pulse oximetry screening.
- We acknowledge that there is much work to maintain and build on the high-quality care already provided.

**Thank you. Any questions?**

# Ockenden Report Assurance Committee (ORAC)

## Position of the 210 Ockenden Report Actions

Date: 27<sup>th</sup> June 2023

Presenter:

- Annemarie Lawrence – Director of Midwifery

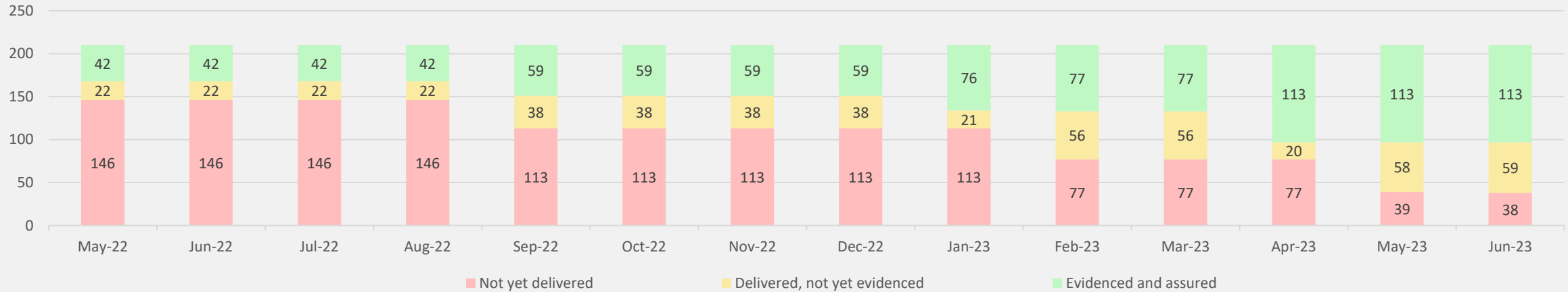




# Delivery against Actions from the Ockenden Reports (First and Final)

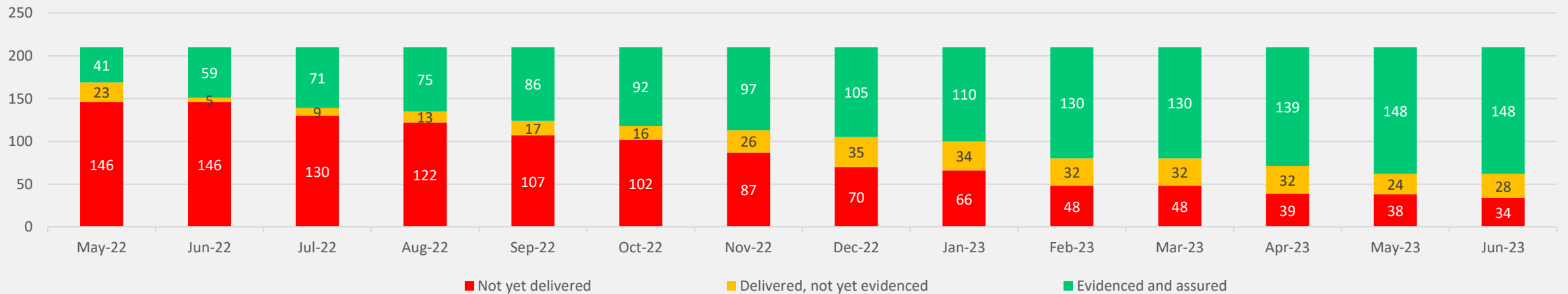
# Assurance: Projected vs. Actual Delivery

Projected Delivery of 210 Ockenden Actions



Actual Delivery of 210 Ockenden Actions

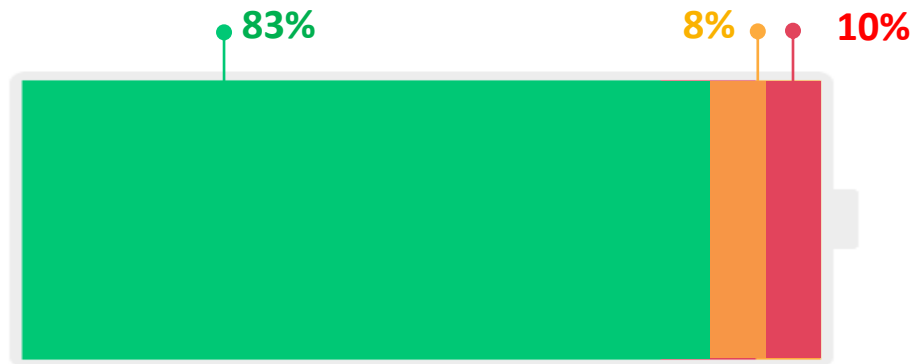
Position as of Jun-23 MTAC (13.06.23)



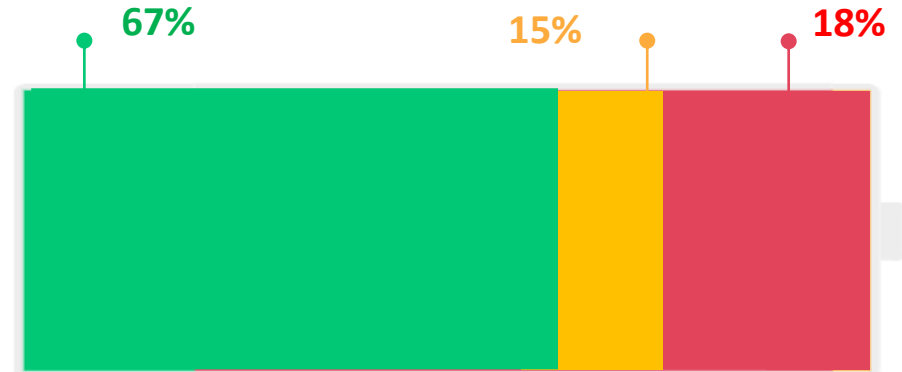
# Ockenden Actions – Completion Batteries

# Ockenden Reports - Completion Rates

## First Report - Delivery Battery



## Final Report - Delivery Battery



47/52 Actions Implemented (91% overall):

- 43 actions (83%) 'Evidenced & Assured'
- 4 actions (8%) 'Delivered, Not Yet Evidenced'
- 5 actions (10%) 'Not Yet Delivered'

129/158 Actions Implemented (82% overall):

- 105 actions (67%) 'Evidenced and Assured'
- 24 actions (15%) 'Delivered, Not Yet Evidenced'
- 29 actions (18%) 'Not Yet Delivered'

Position as of Jun-23 MTAC (13.06.23)

# Final Ockenden Report – Status Change Proposals Approved at Jun-23 MTAC

# Actions Proposed to 'go amber'



ID	Description	Evidence
IEA 1.9	All trusts must develop a core team of senior midwives who are trained in the provision of high dependency maternity care. The core team should be large enough to ensure there is at least one HDU trained midwife on each shift, 24/7.	<ul style="list-style-type: none"> <li>■ Enhanced care programme including clinical and theoretical modules - HDU training</li> <li>■ Enhanced care programme training plan</li> <li>■ Compliance records for HDU training</li> <li>■ Shift rota evidencing pattern</li> </ul>
LAFL 14.17	All staff involved in preparing complaint responses must receive training in complaints handling.	<ul style="list-style-type: none"> <li>■ List of staff identified for training</li> <li>■ Parliamentary Health Service Ombudsman (PHSO) Complaints Training Content</li> <li>■ Compliance with training</li> </ul>
LAFL 14.40	The labour ward coordinator must be the first point of referral and be proactive in role modelling the professional behaviours and personal values that are consistent with positive team working and providing timely support for midwives when asked or when abnormality in labour presents.	<ul style="list-style-type: none"> <li>■ Coordinators Development Programme including:                             <ul style="list-style-type: none"> <li>- Behaviours and Value training</li> <li>- Roles and Responsibilities</li> </ul> </li> <li>■ Standardised 360 Assessments undertaken</li> <li>■ 360 Action plans completed</li> <li>■ Preceptee feedback</li> </ul>

# Actions Proposed to 'go amber'



ID	Description	Evidence
LAFL 14.44	All clinicians at the Trust must work towards establishing a compassionate culture where staff learn together rather than apportioning blame. Staff must be encouraged to speak out when they have concerns about safe care	<ul style="list-style-type: none"> <li><span style="color: yellow;">■</span> FTSU</li> <li><span style="color: yellow;">■</span> Maternity and Neonatal Safety Champions</li> <li><span style="color: yellow;">■</span> Conflict of Clinical Opinion policy</li> <li><span style="color: yellow;">■</span> PMA Quarterly Report</li> <li><span style="color: yellow;">■</span> DOM drop in</li> <li><span style="color: green;">■</span> Staff Survey Results</li> <li><span style="color: green;">■</span> Datix Red Flags</li> <li><span style="color: green;">■</span> Improvewell Engagement Survey</li> <li><span style="color: green;">■</span> Audit results – Conflict of Clinical Opinion</li> </ul>

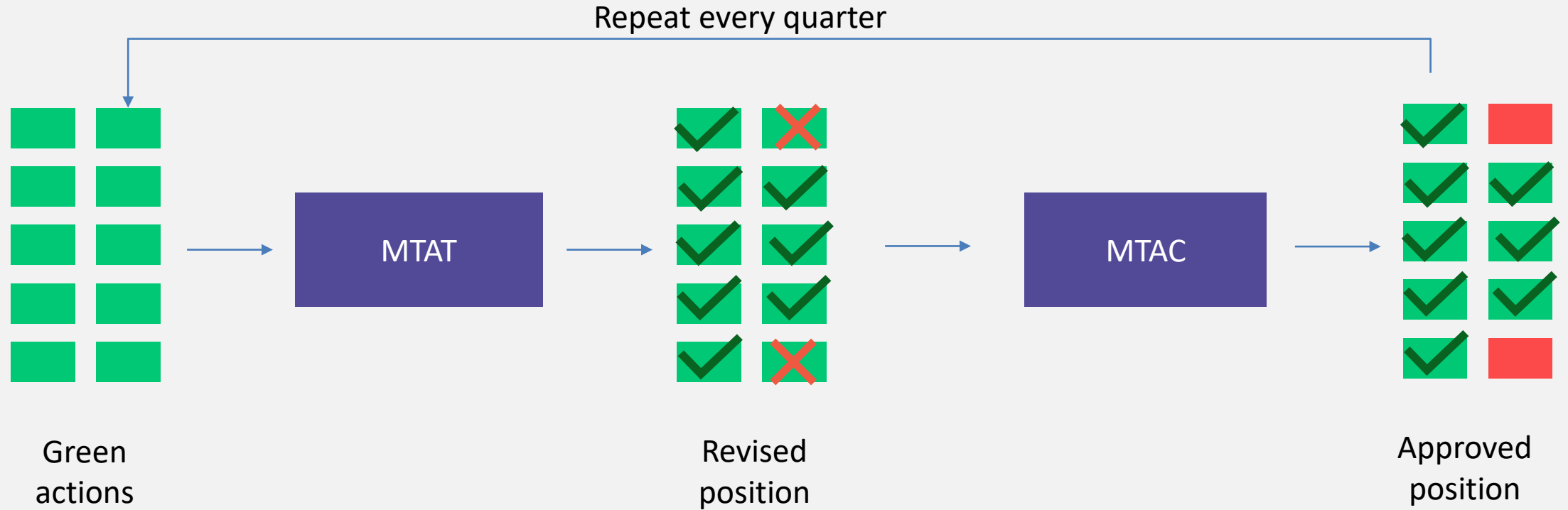
# Achieving Sustainability: Maternity Transformation Assurance Tool (MTAT) – Overview



# Maternity Transformation Assurance Tool (MTAT)

- The Ockenden Reports comprise 210 Ockenden Actions. Each action has a Reverse RAG © status assigned to it, approved by the Maternity Transformation Assurance Committee (MTAC).
- How do we make sure that a green action remains green? By using a bespoke Maternity Transformation Assurance Tool (MTAT).
- The MTAT is group of audits/ reviews which are linked to the Ockenden actions. The aim is to utilise the tool on a quarterly basis to ensure that the action remains ‘evidenced and assured’, and does not revert back to ‘not yet delivered’.
- The MTAT has been included within the Maternity Forward Audit Plan, which is presented and reviewed at Maternity Governance and Divisional committee on a monthly basis.
- Moving forward, MTAC will receive updates from the MTAT on a quarterly basis, alongside the descoped actions.

# MTAT Process Map for 'Evidenced and Assured' Actions



# Position Statements

# Summary

- Over the coming months, our focus will be on those larger, more complex actions, that we now need to deliver
- We are ahead of schedule for delivery and have focused on those with higher risk scores initially, as part of our prioritisation process
- The Divisions can provide assurance that work continues at pace to deliver the rest of the programme

## First Report

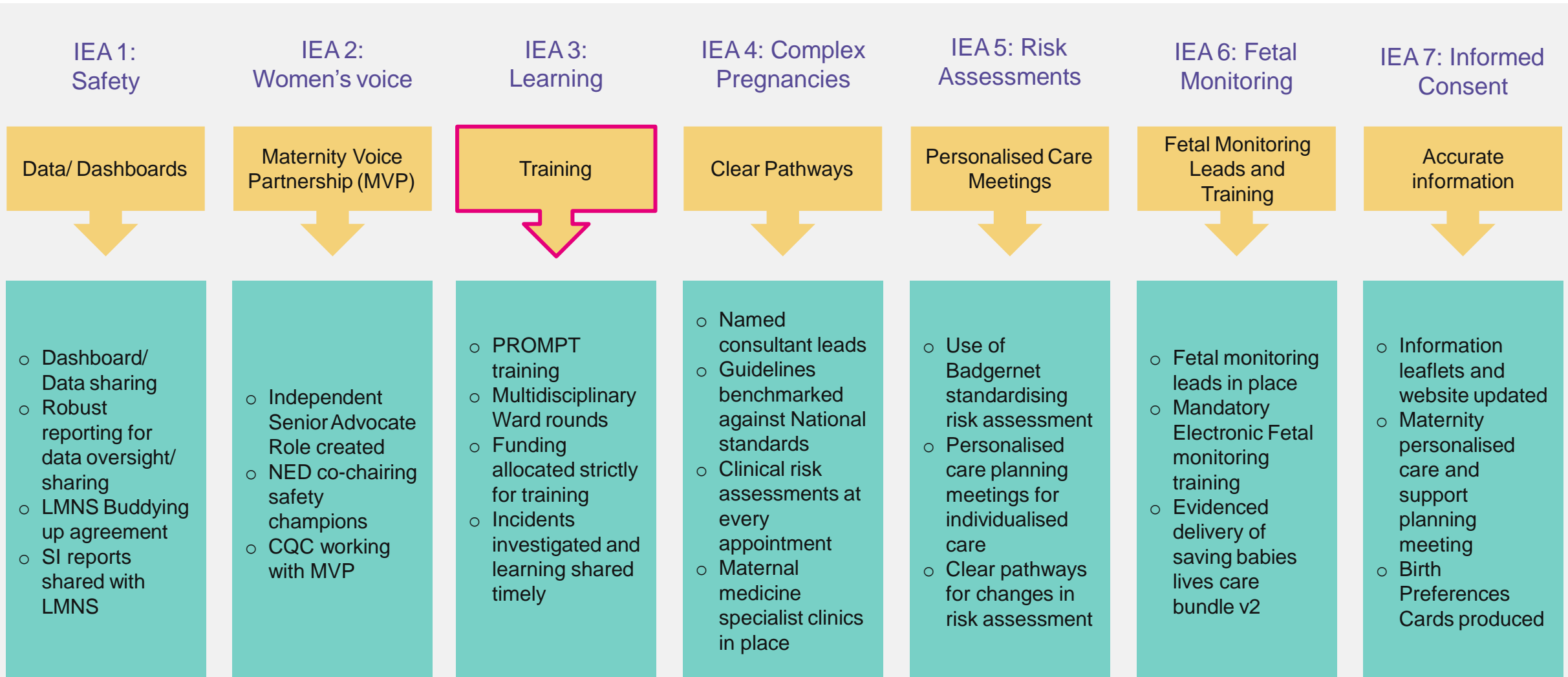
- 47/52 actions 'Delivered' (91%). We are carrying out audits to ensure that the actions rated as green-green, sustain those ratings
- 5 actions 'Not Yet Delivered', 4 lying outside of SaTH's direct control (external dependency linked to LMNS, CQC and NHSEI)

## Final Report

- 129/158 actions 'Delivered' (82%). From the 18% 'not yet delivered', over two thirds of these are underway

# Summary of Improvements made from the Ockenden Reports

# First Ockenden Report Summary of Improvements: IEAs



# First Ockenden Report Summary of Improvements: LAFLs

## Theme 1: Maternity Care

### Specific Improvements

- Accurate information provided (leaflets, website, videos, etc.)
- Clinical governance team well-resourced
- Consultant-led ward rounds
- Lead midwife and obstetrician for bereavement care
- National Bereavement care pathway adopted

## Theme 2: Maternal Death

### Avoiding Maternal Death

- Audits against escalation policy
- Women with pre-existing co-morbidities seen by specialist MDT
- Named consultant for high-risk women
- Early referrals to Maternal Medicine Specialist Centre
- All guidelines benchmarked against National standards

## Theme 3: Obstetric Anaesthesia

### Anaesthetic Improvements

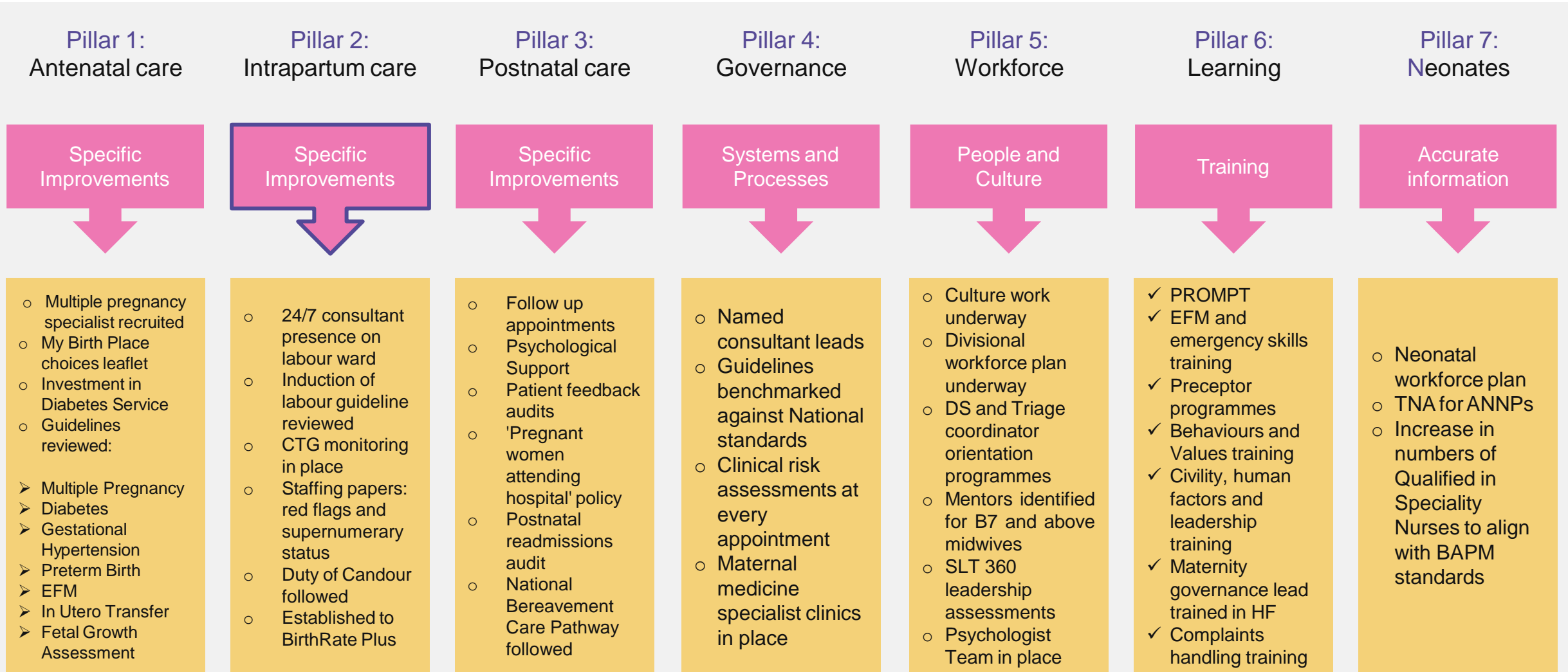
- PROMPT attendance and teaching
- Ward round attendance
- Guidelines reviewed and audited
- Escalation to the on-call consultant guideline
- Quality improvement methods in place to improve service
- Learning from incident investigations alongside maternity colleagues

## Theme 4: Neonatal Services

### Neonatal Service Improvements

- Neonatologists and ANNPs visiting other NICUs for learning
- Medical and Nursing notes combined
- Neonatal exception reports shared with Network
- Business case produced to align with BAPM standards

# Final Ockenden Report Summary of Improvements: IEAs & LAFLs





# Thank You. Any Questions?