

Ockenden Report Assurance Committee (ORAC)

Position of the 210 Ockenden Report Actions – 1 year on from the publication of the Final Report

Date: 28.03.2023

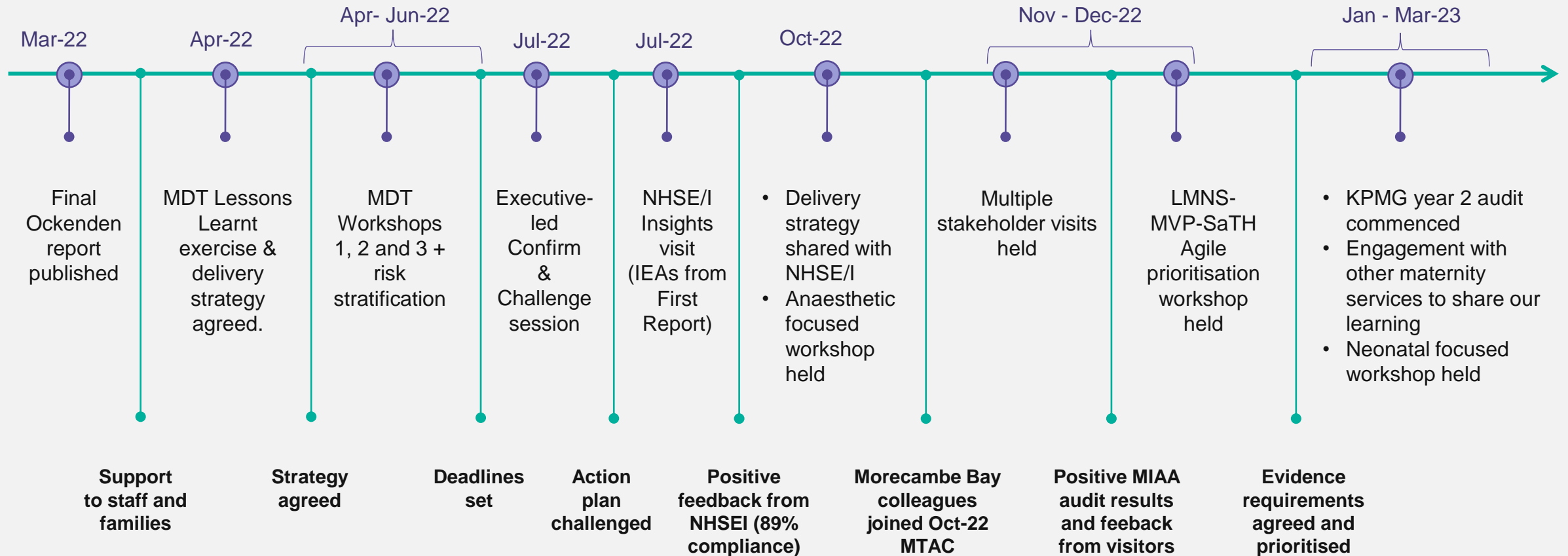
Presenter:

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



Timeline

High-level Timeline of Events



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

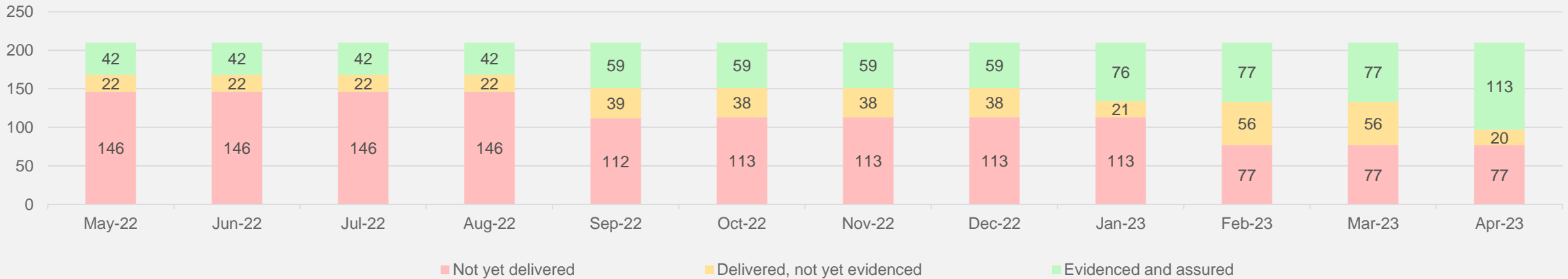
March 2023 Ockenden Position

The Maternity Transformation Assurance Committee (MTAC) scheduled for 13 March 2023 was cancelled due to unforeseen circumstances. Therefore, the data reported today is the position as at February 2023. Since then, further progress has been made but this will be formally approved at the April 2023 MTAC.

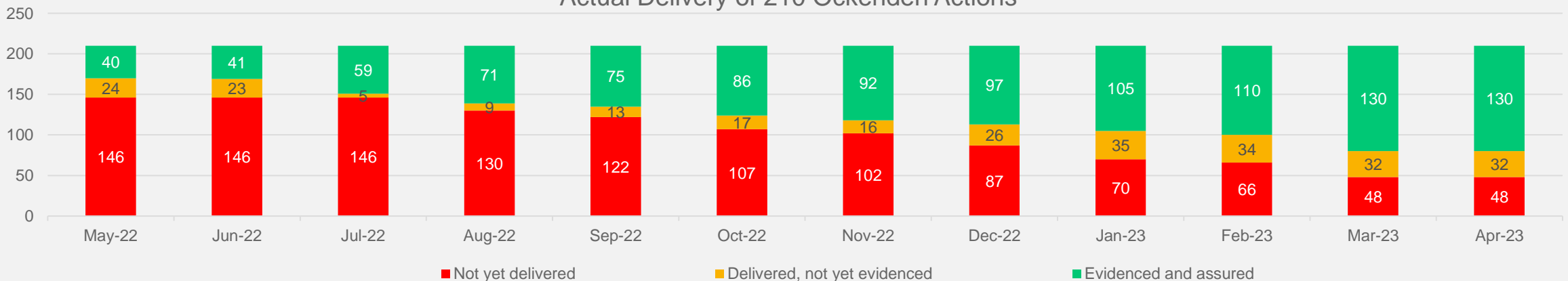
Assurance: Projected vs. Actual Delivery

Current position: 162/210 Actions Delivered (77% overall): 62% 'Evidenced and Assured', 15% 'Delivered, not yet Evidenced' and 23% 'Not yet Delivered'

Projected Delivery of 210 Ockenden Actions



Actual Delivery of 210 Ockenden Actions



48/210 Red 'Not Yet Delivered' Actions: Breakdown

First Report: 5 actions:

- 1 neonatal action (ANNPs rotating to tertiary unit) **'On Track'**
- 4 external actions (LMNS, CQC, NHSEI). **1 'On Track'**, **2 'Off Track'** and **1 'De-scoped'**

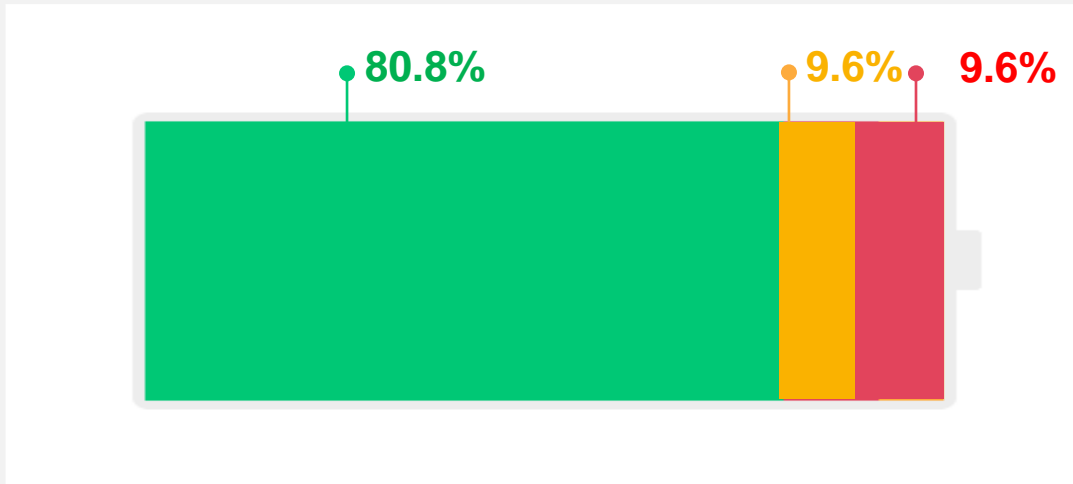
Final Report: 43 actions:

- 12 external actions: **6 'On Track'** and **6 'De-scoped'** (LMNS, NHSE/I, Royal colleges)
- 31 internal actions: **2 'Not Started'**, **2 'De-scoped'** and **27 'On Track'** (L and XL actions). Actions mostly linked to governance and workforce

First Ockenden Report – Completion Battery

First Report - Completion Battery

Delivery Battery

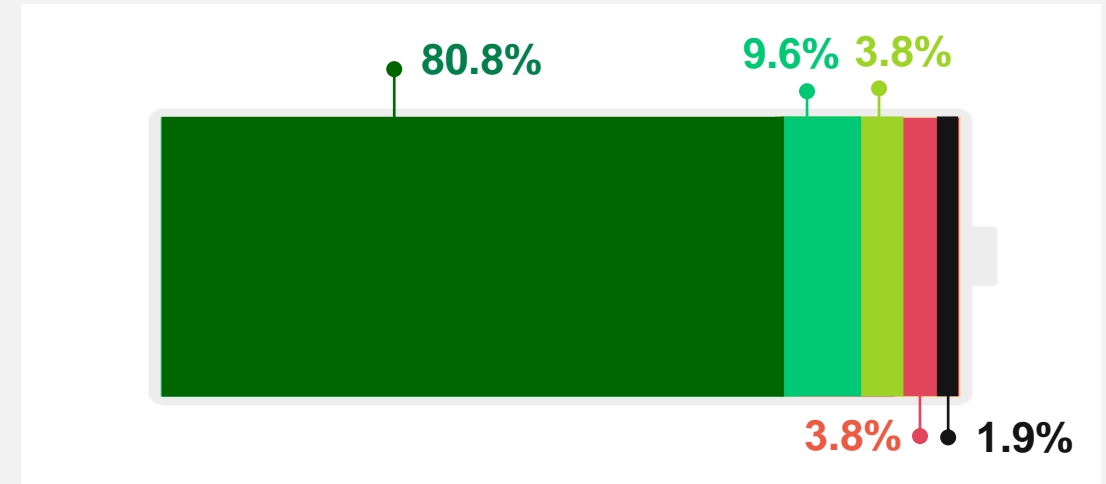


47/52 Actions Implemented (89% overall), comprising:

- 42 (81%) 'Evidenced & Assured'
- 5 (10%) 'Delivered, Not Yet Evidenced'

5 (10%) Actions 'Not Yet Delivered'

Progress Battery



- 42 (81%) 'Complete'
- 5 (10%) 'Embedding'
- 2 (4%) 'Off Track'
- 2 (4%) 'On Track'
- 1 (2%) 'De-scoped'

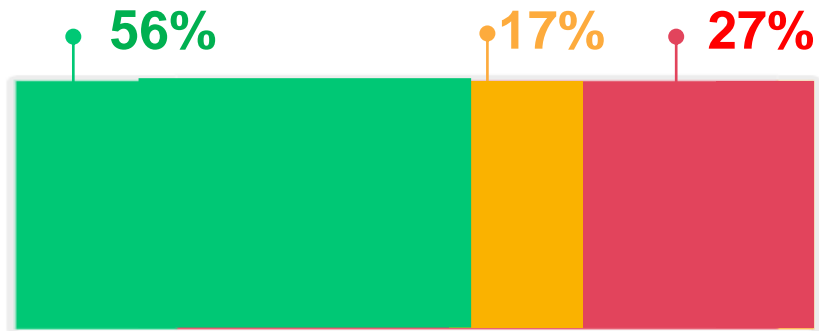
'Not Yet Delivered' – Red Actions

ID	Dependent	Reasons	Deadline	Progress
LAFI 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.	Oct-23	On Track
IEA 1.4	External	The action states that 'an LMNS cannot function as one maternity service only'. LMNS colleagues are working on buddying-up agreement, in partnership with SaTH and potential partner LMNS's.	Jun-23	On 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. Recruitment for our Trust is underway with interviews planned for the beginning of April. Action to remain 'off track' with due date of 'TBC' until new timeframes are presented to the Committee.	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. Initial planning for the methodology has taken place in Feb-23 at a Steering group. Action to remain 'off track' with due date of 'TBC' until new timeframes are presented to the Committee. 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). This rests with the CQC to deliver.	TBC	De-scoped

Final Ockenden Report – Completion Battery

Final Report – Completion Battery

Delivery Battery

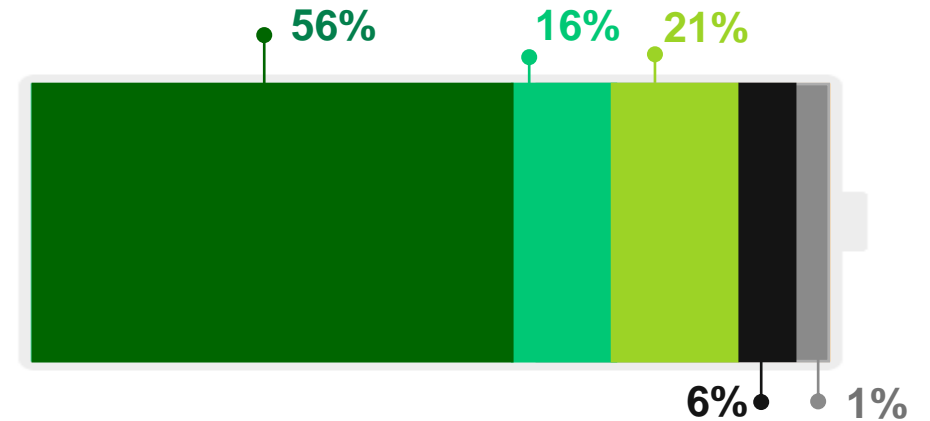


73% implemented (115/158 actions) as of Feb-23 MTAC.

- 88 actions (56%) green – ‘Evidenced and Assured’
- 27 actions (17%) amber – ‘Delivered, Not Yet Evidenced’

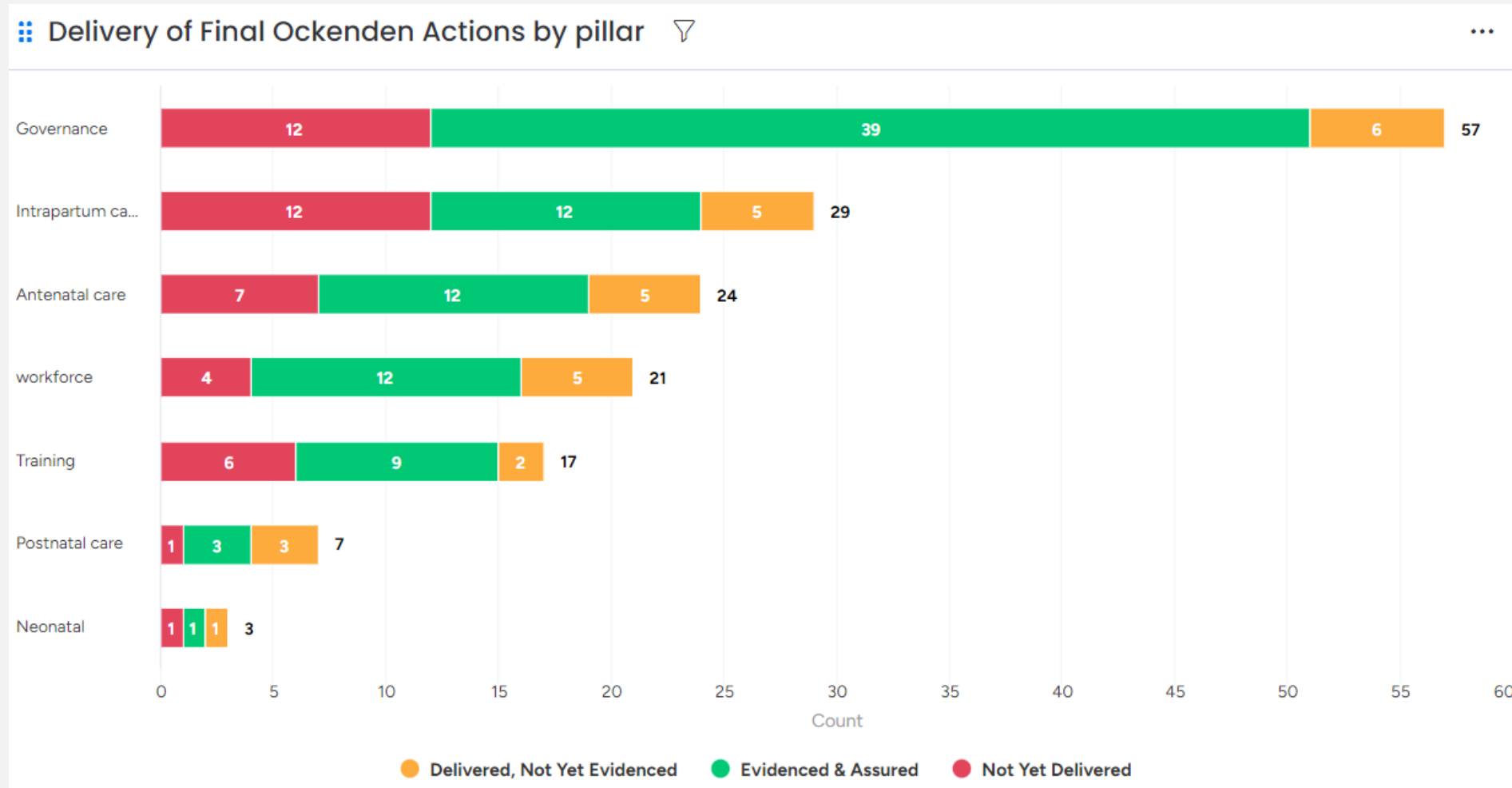
43 actions (27%) ‘Not yet Delivered’

Progress Battery



- 88 (56%) ‘Complete’
- 26 (16%) ‘Embedding’
- 22 (21%) ‘On Track’
- 9 (6%) ‘De-scoped’
- 2 (1%) ‘Not started’

Delivery of Final Ockenden Actions by Pillar



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

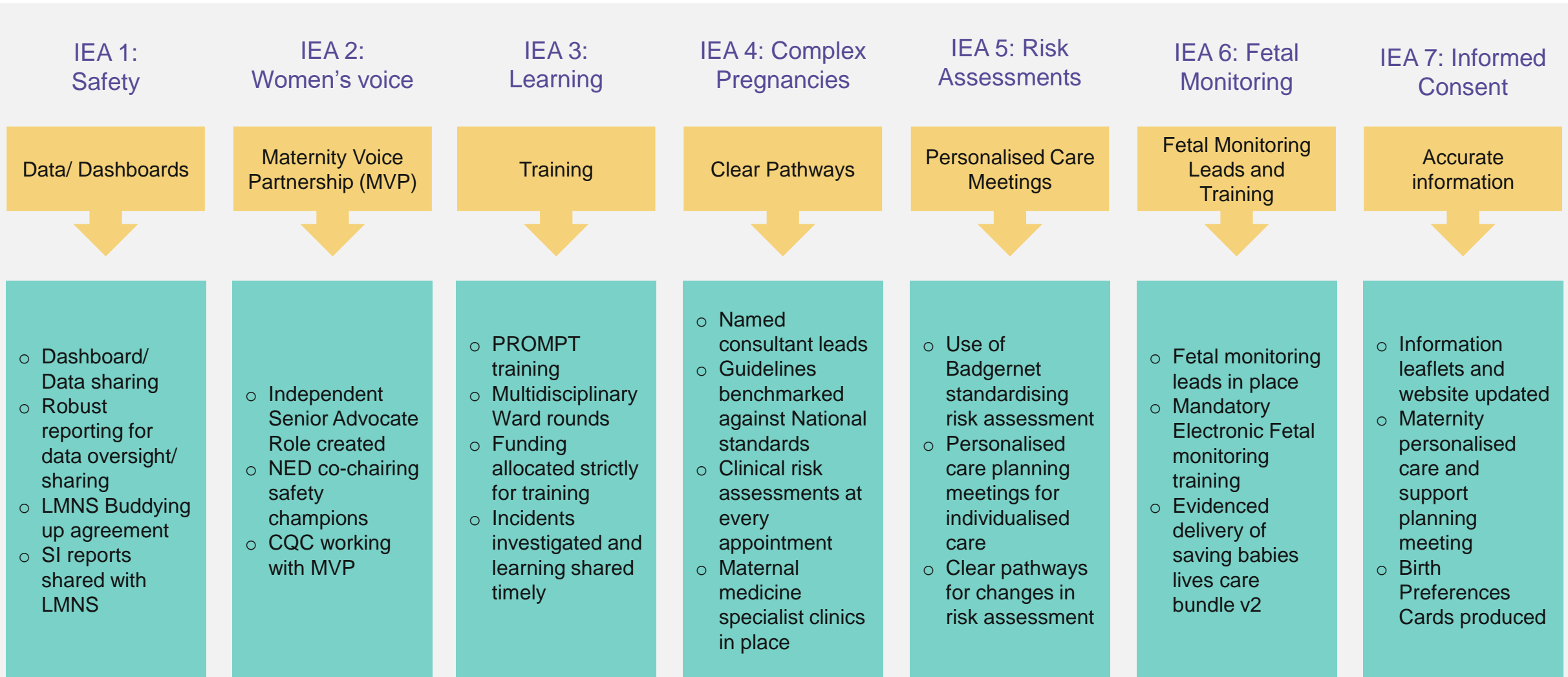
- 47/52 actions 'Delivered' (89%). We are carrying out audits to ensure that the actions rated as green-green, sustain those ratings
- 5 actions 'Not Yet Delivered', 4 lying outside of SaTH's direct control (external dependency linked to LMNS, CQC and NHSEI)

Final Report

- 115/158 actions 'Delivered' (73%). From the 27% '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

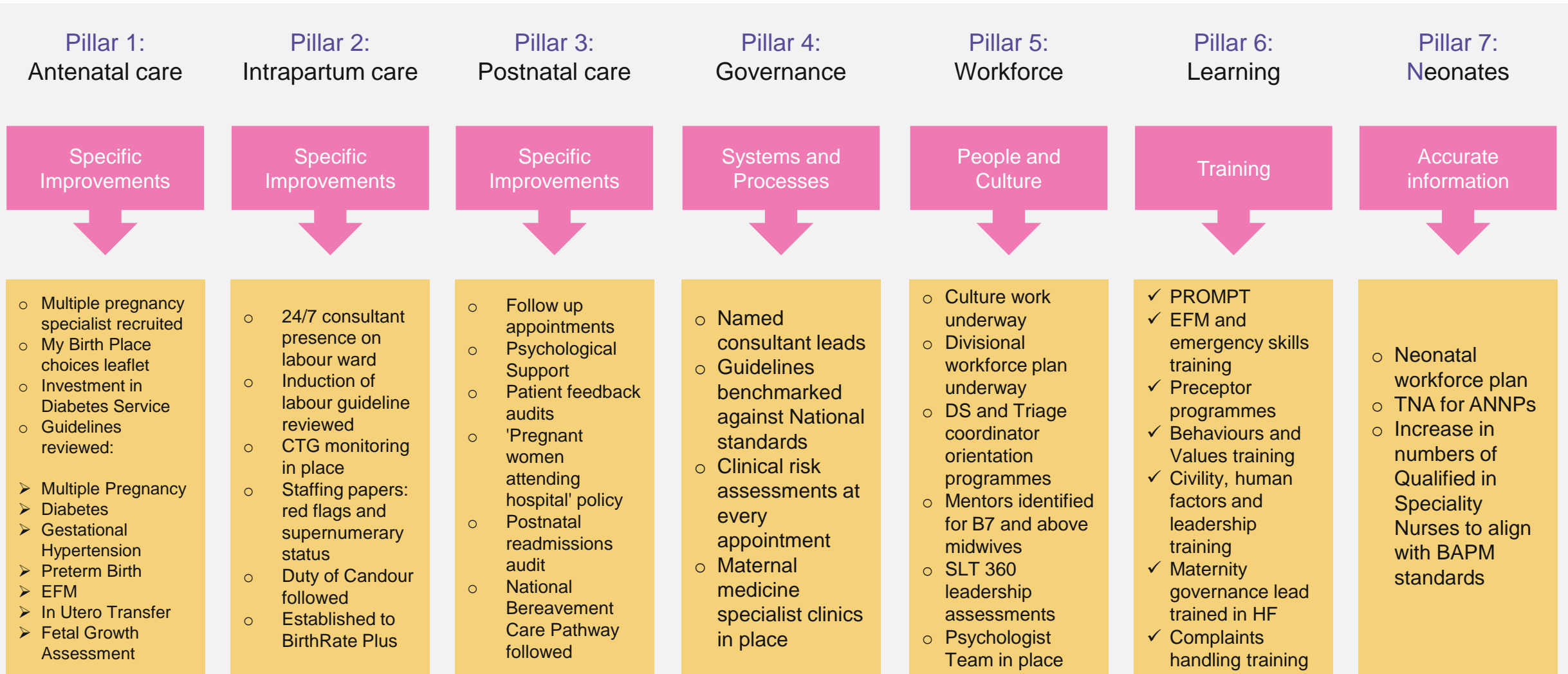
- PROMPT attendance and teaching
- Ward round attendance
- Guidelines reviewed and audited
- Escalation to the on-call consultant guideline
- Quality improvement methods in place to improve service
- Learning from incident investigations alongside maternity colleagues

Theme 4: Neonatal Services

Neonatal Service Improvements

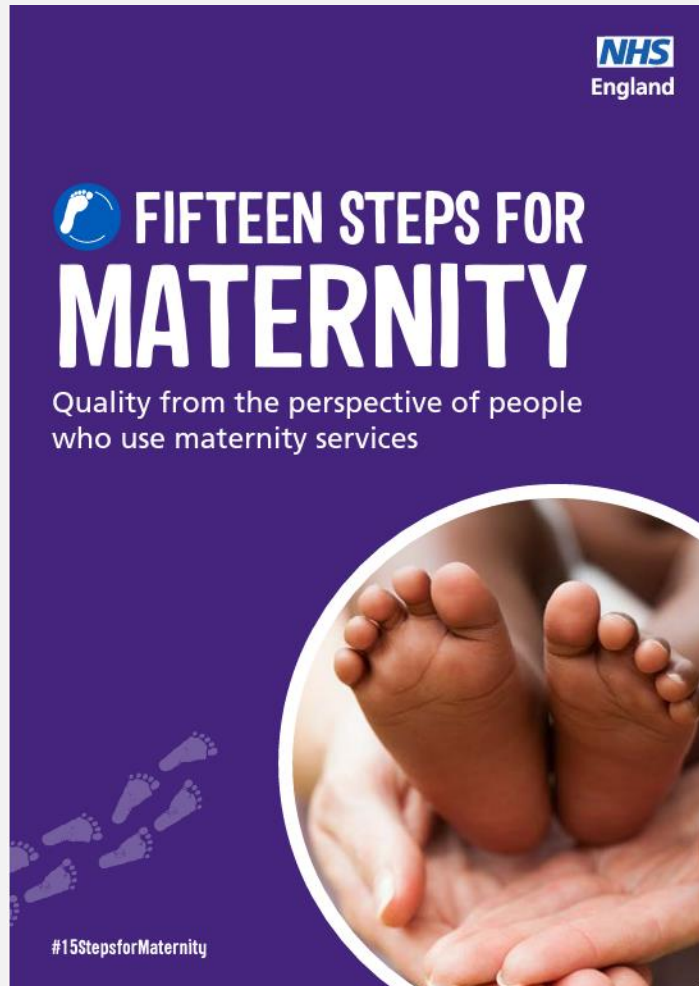
- Neonatologists and ANNPs visiting other NICUs for learning
- Medical and Nursing notes combined
- Neonatal exception reports shared with Network
- Business case produced to align with BAPM standards

Final Ockenden Report Summary of Improvements: IEAs & LAFLs



Examples of Improvements

Improvement Example – 15 steps



Some of the ideas suggested from previous 15 Steps events that have been implemented to date include:

- ✓ Maternity web page now includes a video walkthrough from the carpark, through the atrium to the Delivery Suite
- ✓ Lights with Bluetooth speakers and soft glow in place on Delivery Suite
- ✓ Triage phonedlines relocated to a private office
- ✓ Wall murals agreed and design produced – *currently awaiting delivery
- ✓ Trust redecoration programme will add softer colours to birthing rooms and relocation of the welcome board
- ✓ Large Birth Preferences Posters in each birthing room, which include support people's names
- ✓ Awaiting delivery of wall posters to promote a range of different coping strategies and labour/birth positions
- ✓ Noticeboards on Delivery Suite reviewed and acronyms removed

Improvement Example – Social Media

The Shrewsbury and Telford Hospital NHS Trust Maternity Information Hub
2 d · 🌐

This week we caught up with Kristal, a midwife in our Triage service and Delivery Suite co-ordinator...

COLLEAGUE SPOTLIGHT

Kristal Jenks
Midwife Triage / Delivery Suite co-ordinator

What does your job entail?
I work in maternity triage, which is urgent/unplanned care for anything to do with pregnancy and birth; we are open 24/7 for telephone advice and in-person care if anyone develops an unexpected complication, such as bleeding, pain or worries about their baby's movements.

Why did you choose your career?
I've always been fascinated with the process of pregnancy and birth and I've never lost my sense of wonder at how miraculous it really is. I am in awe of every woman's ability to adapt and grow physically and mentally during the process and despite having been doing this job for 20 years, it continues to amaze me.

What is the best thing about your job?
It sounds like a cliché, but getting to be part of someone's journey at such a special time in their life is an honour and a privilege. In Triage we see people when they are perhaps feeling worried and anxious about what is happening, so being able to give them reassurance and make sure they get the right care is very rewarding.

What book should everyone read?
Read anything, read everything and read as widely as possible.

👍❤️ 38 2 comments 1 share

- Our Maternity Service Facebook page was **launched in October 2022**
- The page offers **health and pregnancy advice**, innovations, improvements, staff achievements and patient experiences.
- The page also provides another **opportunity for women** and families to get in touch with **feedback or questions**, and allows us to respond to and signpost service users who contact the page.
- The page has **more than 1,250 followers** to date and we have reached more than 7,000 people in the last 28 days with more than 3,000 engagements

Improvement Example – Birth Preferences Card

New version of 'Birth Preferences Card' with copyright co-produced with MVP. Cards currently being printed.

DEFINITIONS

Golden Hour: The first hour after birth with uninterrupted skin-to-skin contact with the baby. During the golden hour, weighing is delayed, and newborn checks are either delayed or carried out quietly whilst the baby remains on the mum (or partner).

Monitoring: Continuous monitoring uses ultrasound waves to monitor the baby's heart rate throughout labour. This is recommended for higher-risk labours. Your midwife can also check the baby's heart rate intermittently using a Pinard stethoscope or Doppler.

3rd Stage: This is when the placenta is birthed. You can either wait for this to naturally be birthed (physiological 3rd stage) or, depending on your birth preferences, you can have an injection in your thigh of a combination of Ergotmetrine and Oxytocin or just Oxytocin if you have heart anomalies. This will make your uterus contract and birth the placenta faster (active 3rd stage).

Vitamin K: A group of vitamins that the body needs to help with normal blood clotting. This is either given to the baby as a single dose via injection or oral drops given twice in the first week and then again at 1 month.

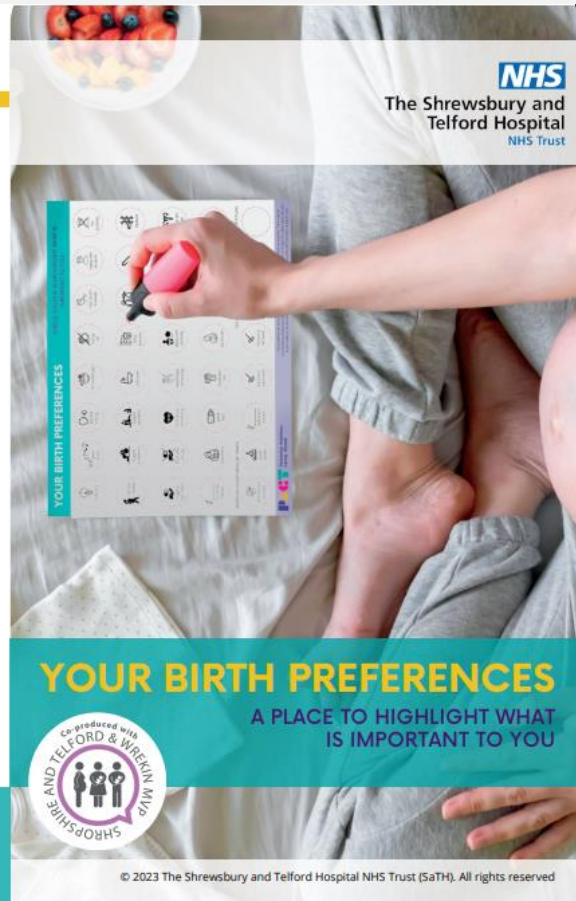
Electrocardiogram (ECG) dots: ECG dots are attached to the skin, which are connected to an ECG machine via leads to record the heart electrical activity, this helps the anaesthetist monitor your heart rate in theatre. If these are placed on your back, better skin-to-skin contact with the baby after birth is achieved.

Cannula: A small plastic tube inserted in a vein (usually in hand) that can be used to administer drugs to speed up labour, intravenous fluids or anti-sickness medication.

Pain relief: Several pain relief options are available during labour; however, availability varies by place of birth. A TENS machine uses an electrical current to stimulate your body to produce endorphins. Gas and air (Entonox) is a mixture of nitrous oxide and oxygen you breathe in through a mask or mouthpiece to provide short-term relief. Pethidine is an injection into your thigh or buttock, which takes around 20 minutes to work but can last 2-4 hours. An epidural is a local anaesthetic administered into your back by an anaesthetist, it takes approximately 10 minutes to set up and a further 10-15 minutes to be effective pain relief.

INFORMATION

www.sath.nhs.uk
Find more information on the SATH maternity pages or the Badgenet library



YOUR BIRTH PREFERENCES

Your preferences are important to us. Depending on the clinical situation on the day, we may recommend alternatives to your indicated preferences

Low light	Own music	Minimal talking	Hands off	Use touch/massage	Suggest pain relief	Don't offer I will ask	Happy with a student
Remain mobile	Suggest equipment	Suggest positions	Use water	TENS machine	Gas & air	Pethidine	Epidural
Continuous monitoring	Intermittent monitoring	Cannula in right hand	Cannula in left hand	Delay cord clamping	Cuts the cord	Physiological 3rd stage	Active 3rd stage
To tell me the sex	Breastfeed	Bottle feed	Expressed milk	Skin-to-skin	Golden hour	Vitamin K injection	Vitamin K drops by mouth

Additional Considerations for Theatre

ECG dots on my back	Lower screen	With me in theatre
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Use this space to add anything else that is important to you

CIRCLE, COLOUR IN OR INDICATE WHAT IS IMPORTANT TO YOU
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Next Steps

Next Steps

- To continue delivering the Ockenden actions on time (before March 2024)
- To continue reviewing those completed actions to ensure they remain 'evidenced and assured'
- To measure success following delivery of Ockenden actions/ MTP improvements using Key Performance Indicators, plus external validation
- To create BAU process in preparation for closure of the MTP in March 2024 to ensure improvements are sustained
- To continue to support and engage with our staff providing them with compassionate leadership, that promotes an open and honest culture
- To continue to engage with the communities we serve to restore their confidence in our services

Thank You. Any Questions?

Ockenden Report Assurance Committee (ORAC)

March 2023

Learning from Complaints

Date: 28.03.2023

Presenter:

- Claire Eagleton – Deputy Director of Midwifery



Link to Ockenden Actions

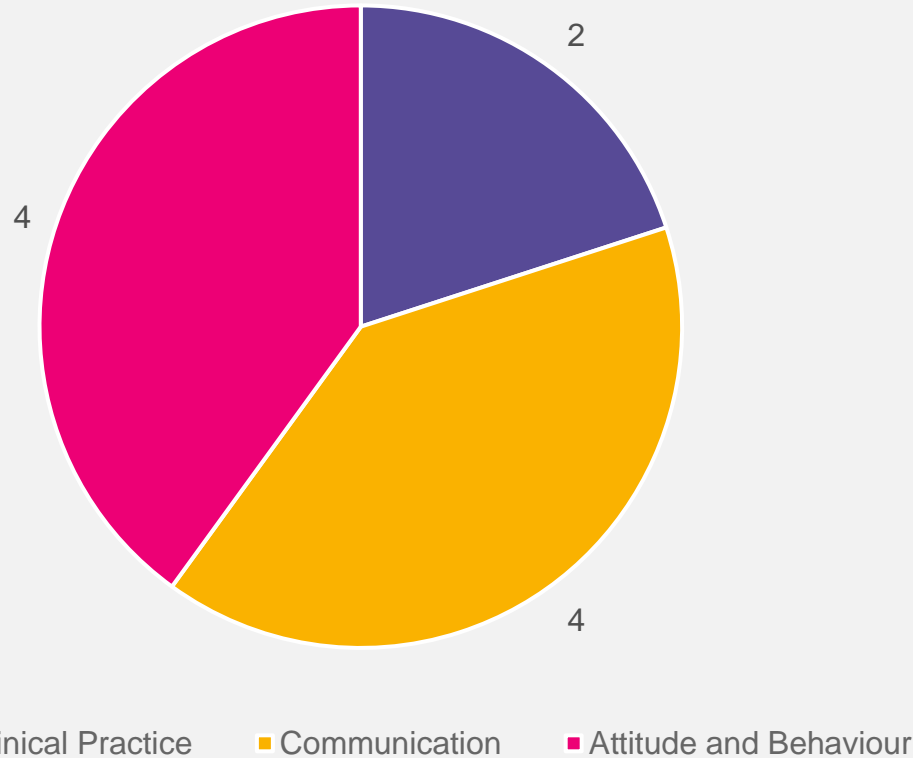
Ockenden Actions linked to Complaints Management

Final Ockenden Report		
ID	Description	Status
IEA 5.5	All trusts must ensure that complaints which meet SI threshold must be investigated as such.	Evidenced and Assured
IEA 5.6	All maternity services must involve service users (ideally via their MVP) in developing complaints response processes that are caring and transparent	Evidenced and Assured
IEA 5.7	Complaints themes and trends must be monitored by the maternity governance team.	Evidenced and Assured
LAFI 14.15	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.	Evidenced and Assured
LAFI 14.16	Complaints themes and trends should be monitored at the maternity governance meeting, with actions to follow and shared with the MVP.	Evidenced and Assured
LAFI 14.17	All staff involved in preparing complaint responses must receive training in complaints handling.	Not Yet Delivered
LAFI 14.26	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	Evidenced and Assured

Complaints Themes and Trends

0 complaints received in Feb-23, 6 complaints in Jan-23 and 4 in Dec-22. Crossover exists between Communication/ Behaviour themes

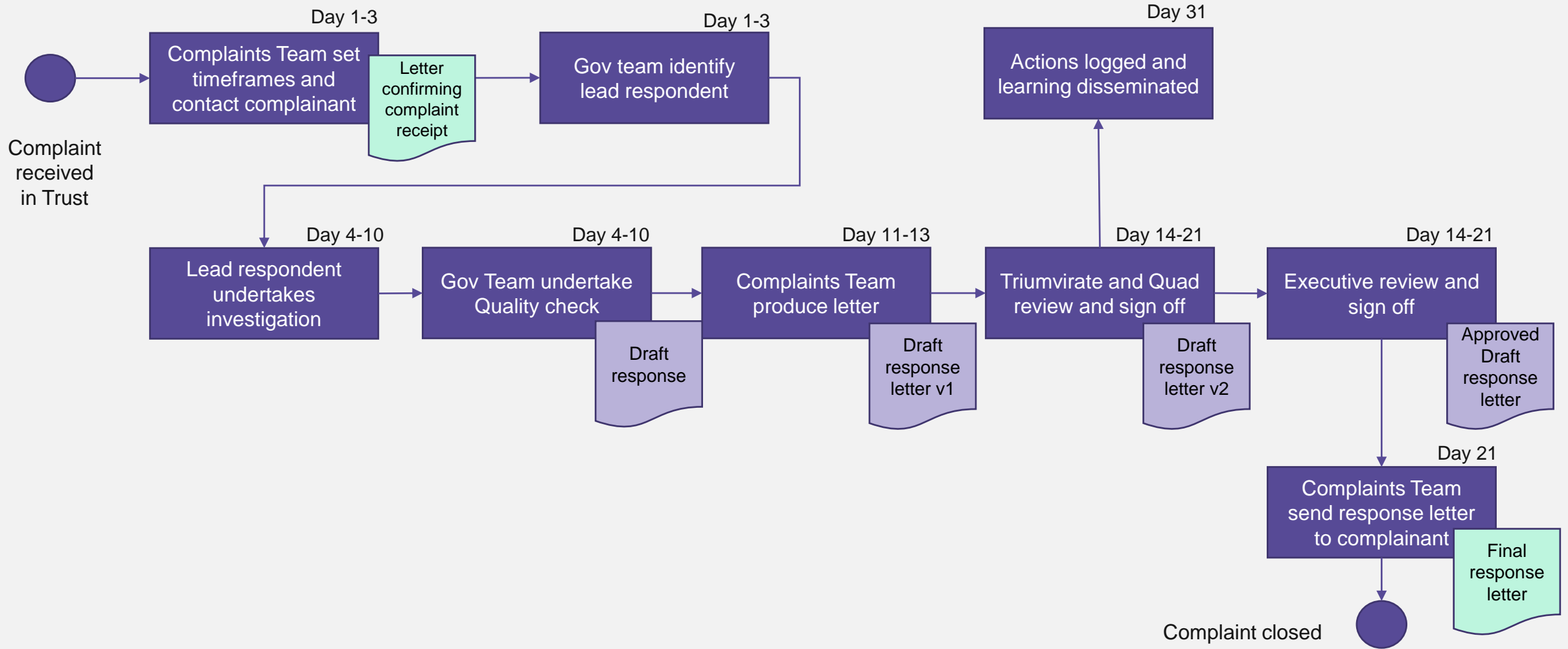
Complaints Themes and Trends: Dec-22 – Feb-23



Theme	Points for Learning and consideration
Clinical Practice	<ul style="list-style-type: none"> • Due diligence when taking blood and processing samples
Clarity of Information	<ul style="list-style-type: none"> • Explanation of risks associated with caesareans • Explanation of detail in interventions (hormone drip and fluids) • Explanation of catheter insertion • Explanation of sterilisation after caesarean
Communication / Attitude and behaviour	<ul style="list-style-type: none"> • Empathy from staff (asking family members to leave clinical area) • Communication style from receptionist (facilitating the opportunity to ask domestic abuse questions without partner present) • Politeness/ insensitivity from staff (regarding high BMI) • Mental health and domestic abuse questions to service users as part of booking process

Complaints Management Process Map

Complaints Management Process Map



Example of a Complaint and Process Followed Through

Actual Complaint Example (Anonymised)

To whom it may concern,

I am currently 29 weeks pregnant with my first child and unfortunately don't feel like I've had the positive and reassuring service I should have received so far from the maternity service at Shrewsbury Hospital [all stemming from my 9 week booking appointment](#).

I had my 9-week booking appointment in February, however the results of my [blood tests weren't accessible in BadgerNotes until mid-May when I called the hospital and asked why I couldn't see anything on the app](#). I still can't see any of the results from my screening or NIPT tests, and when I called they couldn't tell me whether they would be loaded onto the app or not. [I also didn't receive my exemption certificate until mid-May](#) following the same phone call to the hospital. At the time they advised that this should have been arranged at my booking appointment. I was only aware that I hadn't had the information/certificate that I should have as one of my close friends is also pregnant and was able to show me the information she could see.

At approximately 24 weeks I moved from Shrewsbury to Telford and therefore moved midwives and GP. Thankfully I'm a lot happier with the service at Telford but there are still ongoing issues from the original booking appointment in Shrewsbury. At my 28 week midwife appointment when measurements were taken a [growth chart wasn't able to be populated](#) and it now transpires that this wasn't set up correctly at my booking appointment.

[Based on my BMI at my booking appointment I should have been referred for a Glucose Tolerance Test \(GTT\)](#), however as I hadn't received any information about this by my 28 week midwife appointment my mid-wife referred me again. Following a phone conversation today with the antenatal clinic they confirmed that the reason I hadn't received any information about the GTT was because I was never referred from booking. My GTT is now booked for when I will be 31 weeks pregnant, rather than 24-28 weeks as the NHS website suggests.

As this is my first pregnancy I have nothing to compare it to, and I'm not aware of what I should have received by what point so there could still be things that I have missed, I just don't know it yet.

I feel like I've been let down by the service from Shrewsbury and would like this email to be acknowledged as a complaint.

I look forward to your reply.

Regards,

Lessons learnt

Learning was identified and actions created to areas for improvement:

1. Processes for recording investigations within badgernet reviewed and communicated
2. Electronic referral training (covering GTT)
3. Request of exemption certificate process reviewed and communicated
4. Badgernet training programme for all staff (end-to-end training)



Summary

Summary

- We are always grateful to our service users for sharing their experiences so that we can learn and improve our care
- We value working closely with our MVP colleagues to ensure our responses are kind and compassionate
- Service user feedback makes it possible for the Trust to ensure that concerns are investigated in order to provide and explanation and apology
- The complaints management process ensures a standardised approach
- There is a complaints and compliments folder in place in each clinical area. Updated every quarter.
- A complaints report is a standing agenda item on monthly clinical governance meetings
- Complaint themes are standing agenda items on monthly ward meeting and discussed at monthly Patient and Carer Experience (PACE) meetings
- The complaint themes shared in monthly Clinical Governance 'Gems' newsletter
- We remain committed to continuing to learn, and improve our service user experience

Thank you. Any questions?