

Meeting title:	UHL Trust Board	Public Paper L
Date of the meeting:	6 October 2022	
Title:	UHL Maternity Ockenden Update	
Report presented by:	Elaine Broughton	
Report written by:	Liz James, Senior Project Manager	

Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
Where this report has been discussed previously	Women’s Governance Board (26 September 2022)					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
The quarterly report provides an update of maternity services progress against the recommendations in Ockenden, highlighting areas of challenge and actions required to achieve compliance.

Impact assessment
N/A

Acronyms used: Please see abbreviations commonly used in maternity reports
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Purpose of the Report

This paper provides an update on the Ockenden response following the publication of the final report in March 2022. Actions are also noted from the NHSE insite visit in July 2022 which focused on the original 7 Immediate and Essential Actions (IEAs).

Trust Board members are asked to note the updated commentary which is described below against the 15 IEAs.

Executive Summary

There are 15 Immediate & Essential actions identified:

- | | |
|---|--------------------|
| 1. Workforce planning & sustainability | Partial compliance |
| 2. Safe staffing | Partial compliance |
| 3. Escalation & accountability | Partial compliance |
| 4. Clinical governance (CG) - leadership | Full compliance |
| 5. CG – incident investigation & complaints | Partial compliance |
| 6. Learning from maternal deaths | Full compliance |
| 7. Multidisciplinary training | Partial compliance |
| 8. Complex antenatal care | Partial compliance |

9. Preterm birth	Full compliance
10. Labour & birth	Partial compliance
11. Obstetric anaesthesia	Partial compliance
12. Postnatal care	Partial compliance
13. Bereavement care	Partial compliance
14. Neonatal care	Partial compliance
15. Supporting families	Full compliance

The service is partially compliant with 11 of the 15 IEAs with actions in place for compliance, highlighted in the table below. The majority of actions are expected to be complete by December 2022.

There are 3 elements of significant challenge:

IEA 1: Compliance is demonstrated with the actions specified, however there is still a significant shortfall in midwifery staffing which impacts on service delivery and staff morale.

IEA 10: Centralised CTG monitoring requires significant investment and redesign of labour wards. Awaiting steer from the national fetal monitoring group,

IEA 14: The risks from the split site neonatal services is on UHL risk register. Reconfiguration pause workstreams set up to mitigate these risks.

Recommendation

The board of directors are asked to be assured by the progress to date and note the plans in place to achieve full compliance.

Exception Summary: Leicester Maternity Ockenden September 2022
Ockenden Final Report, 15 IEA's (published March 2022)

Overview	RAG	Outstanding Actions	Update (if required)
IEA 1: Workforce Planning and Sustainability			
Includes specific standards for labour ward co-ordinators, HDU care & Newly Qualified Midwives and an emphasis on funding MDT workforce & staff training		Workforce planning, recruitment & retention actions ongoing	Establishment reviews complete (Sept 22) & in line with Birth Rate plus establishment setting tool. Progress indicated as amber due to the workforce vacancies.
		2 national actions, awaiting further update re: investment in maternity & neonatal services; and review of BirthRate Plus tool	
IEA 2: Safe Staffing			
Focus on clear escalation processes and associated actions		Update Midwifery Staffing Policy to reflect escalation processes for both community & hospital based teams	Due Nov 22
			Compliant with all other actions however amber reflects reality of day to day operational pressures
IEA 3: Escalation and Accountability			
Need for clear guidance which supports all staff to escalate clinical concerns.		Trusts should aim to increase resident consultant obstetrician presence where this is achievable.	Consultant PA's increased. Focus on increasing weekend cover with recruitment & job plan reviews in progress
IEA 4: Clinical Governance - Leadership			
Reinforces need for Trust Board oversight of maternity governance. Midwifery & obstetric leadership needed through governance, guidelines & audit.			Compliant with all actions
IEA 5: Clinical Governance - Incident Investigation and Complaints			
Focus on investigations being meaningful for families and lessons being learnt in a timely manner in practice.		Change in practice arising from an SI investigation must be seen within 6 months after the incident occurred.	Additional resource for governance team in place, rapid reviews & associated actions implemented. Embedded compliance Dec 22
		All maternity services must involve service users (ideally via their MVP) in developing complaints response processes.	Engaged in redesign of MVP, re-launch date subject to ICB procurement process. Standards from national recommendations included in this workstream.

IEA 6: Learning from Maternal Deaths			
Standards around post-mortems, joint investigations & timely learning in practice.		1 national action, awaiting further update re: availability of expert maternity pathologists	Compliant with all actions
IEA 7: Multi-Disciplinary Training			
Continues to support MDT training in emergency skills, CTG & human factors		All members of the multidisciplinary team working within maternity should attend regular joint training, governance and audit events and attendance should be monitored.	MDT training program in place however not consistently meeting 90% compliance expected of CNST – actions in place to achieve across MDT Oct 22
		Clinicians must not work on labour wards or provide intrapartum care in any location without appropriate regular CTG training and emergency skills training. This must be mandatory.	
IEA 8: Complex Antenatal Care			
Focus on Maternal Medicine Networks, and care for women with multiple pregnancy, diabetes & hypertension.		Trusts must have in place specialist antenatal clinics dedicated to accommodate women with multifetal pregnancies. Supported by the NICE Guideline Twin and Triplet Pregnancies 2019.	Plan to develop specialist multifetal clinic (requires midwife recruitment).
IEA 9: Preterm Birth			
Systems & processes to support women at risk of preterm birth			Compliant with all actions
IEA 10: Labour and Birth			
Includes care outside hospital setting, IOL pathways and centralised CTG monitoring systems.		All women must have full clinical assessment including place of birth	Risk assessment completed at every contact – monthly audits show improvement but not consistently meeting 90% target
		Midwifery-led units must complete yearly operational risk assessments.	Operational plan being created with annual review date
		Women who choose birth outside a hospital setting are provided accurate and up to date written information about the transfer times to the consultant obstetric unit.	Information for women being updated, due Oct 22
		Centralised CTG monitoring systems must be made mandatory in obstetric units across England to ensure regular multi-professional review of CTGs	Awaiting further information from national fetal monitoring group
IEA 11: Obstetric Anaesthesia			
Includes safe staffing, documentation, information for women &		Review documentation in maternity patient records and take steps to improve this where necessary	HoS supporting national work around anaesthetic documentation. Local audit of documentation taking

follow-ups.			place to inform actions
		The full range of obstetric anaesthesia workload including, elective caesarean lists, clinic work, labour ward cover, as well as teaching, attendance at multidisciplinary training, and governance activity.	Business case agreed to increase caesarean section capacity. Implementation process initiated.
		Participation by anaesthetists in the maternity multidisciplinary ward rounds	HoS working to ensure full MDT ward rounds twice each day, due Nov 22
IEA 12: Postnatal Care			
Safe staffing for postnatal care, timely consultant reviews for women re-admitted or unwell postnatally.		Staffing levels must be appropriate for both the activity and acuity on the postnatal ward both day and night.	Further exploration of the best way to monitor acuity on the wards taking place
IEA 13: Bereavement Care			
Focus on compassionate, individualised bereavement care available 24/7.		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.	Substantive bereavement team increased to 7 day service. Plan in place to increase training for MDT in bereavement care & to increase number of team trained in post mortem consent
IEA 14: Neonatal Care			
Increasing neonatal critical care cots. Clear pathways of care with advice & support throughout the network		Care that is outside the agreed pathway for neonatal care must be monitored by exception reporting (at least quarterly) and reviewed by providers and the network.	Working with LMNS to agree process for oversight exceptions (network consistency)
		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.	Continued engagement with regional QI projects which support this
		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 to deliver safe care 24/7.	Business cases for medical, nursing & AHP workforce with ongoing recruitment. Risk of split site working recognised by the Trust.
IEA 15: Supporting Families			
Supporting maternal mental health including specialist psychological support.			Compliant with all actions

**Additional actions (not captured above) from NHSE Insight Visit July 2022
Ockenden Initial Report, 7 IEAs (published December 2020)**

Overview	RAG	Outstanding Actions	Update (if required)
IEA 1: Listening to women and families			
Includes the roles of safety champions and maternity voices partnership (MVP)		Strengthen MVP role and the relationship between safety champions and service users	Engaged in redesign of MVP, re-launch date subject to ICB procurement process. Evidence of engagement with service users in QI projects
IEA 3: Staff training and working together			
Focus on the MDT's importance in patient safety		Consultant led MDT ward rounds twice each day	Plan to trial new model to increase consultant cover (involves job planning reviews) Auditing monthly
		90% compliance required for MDT training in emergency skills drills & fetal monitoring	Actions being taken to increase compliance across all MDT
IEA 7: Informed consent			
Focus on information available to women		Information available on the maternity website	Current website under review following input from MVP, new internal website launch October 22

Meeting title:	UHL Trust Board
Date of the meeting:	6 October 2022
Title:	UHL Maternity Saving Babies Lives Update
Report presented by:	Elaine Broughton, Head of Midwifery
Report written by:	Liz James, Senior Project Manager

Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
Where this report has been discussed previously	Women’s Governance Board (26 September 2022)					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
The quarterly report provides an update of maternity services progress against the recommendations in Saving Babies Lives, highlighting areas of challenge and actions required to achieve compliance.

Impact assessment
N/A

Acronyms used: Please see abbreviations commonly used in maternity reports
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Purpose of the Report

The Saving Babies Lives Care Bundle V2 (SBL 2019) consists of 5 elements designed to reduce perinatal mortality. Compliance with the SBL care standards forms part of the Ockenden essential actions and CNST safety actions.

This report, produced quarterly, aims to provide Trust Board with an overview of the maternity team’s progress against the 5 elements of SBL. Information is provided about progress to date and further actions being implemented to support compliance.

Executive Summary

The 5 elements of SBL are:

1. Smoking Cessation
2. Fetal Growth Restriction
3. Reduced Fetal Movements
4. Fetal Monitoring
5. Prevention of Preterm Birth

To achieve and maintain the standards of SBL, leads are in place who co-ordinate associated quality improvement projects. Following NHSE's insight visit, a safety bulletin has been shared with the maternity team outlining: each standard; work already in place; and further actions being taken, with quarterly updates planned. There are up to date clinical practice guidelines in place for each element. Compliance is monitored from training records and audits as a standing item on the Women's monthly Governance Board.

A summary of progress against each element is attached below. There are 2 elements of significant challenge:

Element 1: There has been significant progress in carbon monoxide monitoring. Compliant at booking, however remain below expected 80% target for CNST at 36 weeks of pregnancy

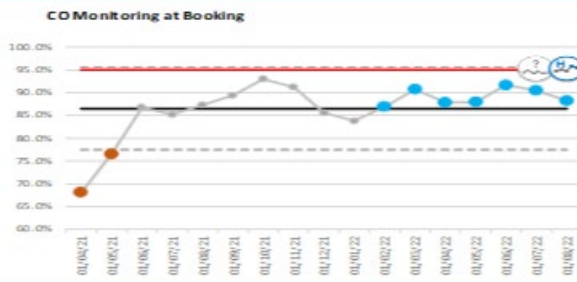
Element 4: MDT training not compliant with 90% standard. Issues with data reporting identified with data cleansing being completed in October. This may increase compliance each month however current data would not meet requirements of CNST year 4.

Clear plans are in place to increase compliance with these elements.

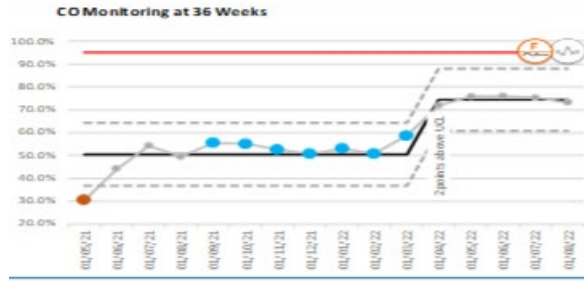
Recommendation

The board of directors are asked to be assured by the progress to date and note the areas where improvement is required.

Element 1: Reduced smoking in pregnancy



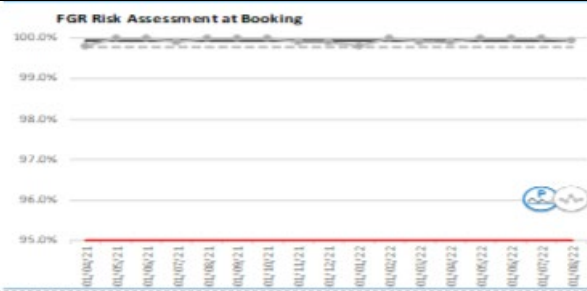
Target 95% August 88% Mean 87%



Target 95% August 73% Mean 75%

Progress	In place	Actions
CNST year 4 requires compliance with 80% achieved over a 4 month period – achieving for booking, 36 weeks between 70-75%. August data affected by an issue with equipment supplies, now resolved.	Carbon monoxide (CO) testing for all women at every contact Monthly audit of CO monitoring	Joint work with smoking cessation team to establish new pathways for referral & treatment

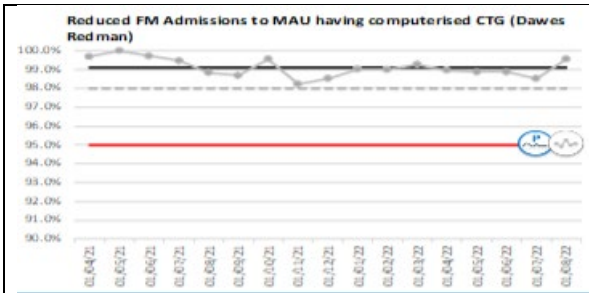
Element 2: Reducing fetal growth restriction (FGR)



Target 95% August 100% Mean 100%

Progress	In place	Actions
Consistent compliance with risk assessment at booking.	GROW e-learning for obstetricians & midwives. Scan pathway for monitoring growth.	Audited cases where FGR not detected (no common theme) – sonography team reviewing all cases quarterly for learning. Developing app for referrals for scans

Element 3: Raising awareness of reduced fetal movements (RFM)



Target 95% August 99% Mean 99%

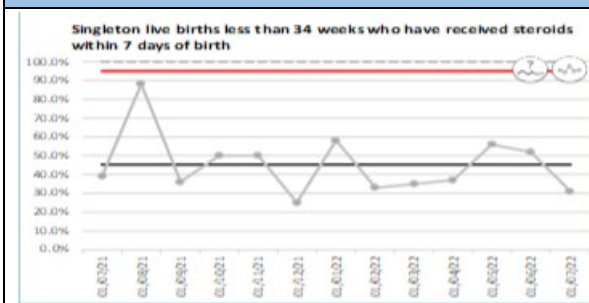
Progress	In place	Actions
Consistently meet required targets <ul style="list-style-type: none"> women receiving information (in handheld record) Computerised CTG on admission 	Training for obstetricians & midwives (in fetal monitoring below)	Re-launching triage system for women attending with RFM so women follow correct care pathway

Element 4: Effective fetal monitoring in labour

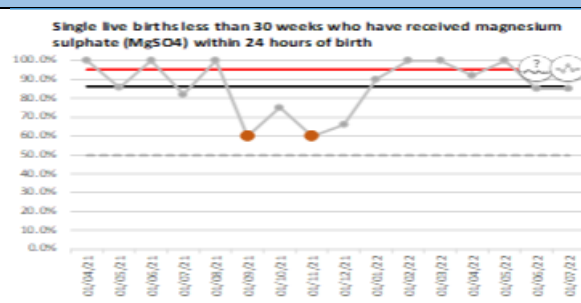
	March	April	May	June	July	Aug	Average (YTD)
% staff attending FM training & assessment	94%	82%	82%	87%	80%	96%	85%

Progress	In place	Actions
Confidence in August data (96% compliance). Retrospective data cleansing will be complete next month and may increase figures. CNST year 4 requires 12 month rolling period with compliance above 90%	Training for obstetricians & midwives	Embedding hourly fresh eyes assessment Awaiting "Avoiding Brain Injury in Children" national launch expected Spring 2023

Element 5: Reducing preterm birth



Target 95% August 69% Mean 47%



Target 95% August 100% Mean 85%

Progress	In place	Actions
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<p>CNST year 4 compliant with 80% achieved. Significant increase in compliance following introduction of Periprem QI workstream</p>	<p>Periprem QI project with passport to improve compliance with 10 interventions to reduce preterm birth</p>	<p>Introducing near patient testing to identify likelihood of preterm birth & inform use of steroids</p>
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Monthly Maternity Scorecard – Exception Report
September 2022 (August data)

Metric underperformed	Driver for underperformance	Actions to address the underperformance
Patient Safety	8 moderate harms reported in August	<ul style="list-style-type: none"> • Additional resources in patient safety team having positive impact (short-term support as well as permanent increase in establishment) • 9 open SI's with planned RCA's (rapid reviews and Duty of Candour complete) • Cluster report completed for 6 term Intra-Uterine Fetal Deaths (IUFD). No contributory issues highlighted, some themes identified however not related to diagnosis of IUFD, report being finalised for review by Quality Committee • Cluster review to be arranged for 3 Massive Obstetric Haemorrhage with hysterectomies
Workforce	<p>Daily impact of vacancies impacting on staff morale, retention and service delivery</p> <p>Midwifery vacancy 55 WTE reflecting national qualified midwife position.</p>	<ul style="list-style-type: none"> • External investment in culture work with maternity teams in progress, draft report written following 1-1 staff discussions with external facilitator, not yet shared with CMG. Once workshops with staff complete and report received, action plans need to be developed. • 27 newly qualified midwives due to start around November. 3 international midwives have passed osce with 3 more due to start in November
Training	Issues with data reporting identified (confidence in accuracy of August data showing MDT training compliant with 90% standard).	<ul style="list-style-type: none"> • Retrospective data cleansing being completed in October 2022. This may increase compliance each month however current data would not meet requirements of CNST year 4.
Friends and family	Number of women completing survey is persistently below target	<ul style="list-style-type: none"> • Establish different ways to increase the number of women completing the friends and family survey • Network with other providers to explore potential solutions to address the issue
Outcomes	<p>Increase in numbers of elective caesarean sections</p> <p>Variation in management of Post Partum Haemorrhage (PPH)</p> <p>National outlier for 3rd & 4th degree tear rates identified through benchmarking</p>	<ul style="list-style-type: none"> • Increased capacity for caesarean sections started September 2022 • PPH rates fluctuating. Workstream in progress linking with the national pathway from Wales to standardise management of PPH • Tears workstream focusing on education of the tears prevention care bundle to improve outcomes

Maternity Quality Scorecard - W&C CMG Month 5 (August) 2022-23

	National Target / Alert Level	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	2022-23 TOTAL / AVERAGE (YTD)	Variation - 12 month period / SPC
PATIENT SAFETY										
Total deliveries (LRI, LGH, SMBC, HB & BBA)	Actual	741	842	787	809	786	781	850	4013	
No. of hospital deliveries at LRI (excl HB & BBA)	Actual	416	473	463	440	443	431	495	2272	
No. of hospital deliveries at LGH (excl HB & BBA)	Actual	303	344	305	344	315	312	326	1602	
No. of hospital deliveries at SMBC Plus HB & BBA	Actual	22	25	19	25	28	38	29	139	
SIs (Obstetrics)	Actual	3	2	3	1	3	5	1	13	
SIs (Neonatology)	Actual	0	0	0	1	0	0	0	1	
Number of Still births - overall total	Actual	6	5	2	3	3	8	4	20	
Still births as %age of Total Deliveries	<0.45%	0.8%	0.6%	0.3%	0.4%	0.4%	1.0%	0.5%	0.5%	
HSIB Referrals	Actual		2	1	0	4	5	1	13	
Moderate Incident	Actual		9	5	5	8	5	8	7	
Coroner Regulation 28 Requests	Actual	0	0	0	0	0	0	0	0	
WORKFORCE										
Funded Midwife to Birth ratio (UHL complete care) - 1	>1:26.4	1:27.0	1:27.0	1:25.5	1:25.5	1:25.5	1:25.5	1:25.6	1:25.5	
Midwife Vacancies (%)	Actual					14.4%	13.6%	13.6%	13.9%	
1 to 1 Care in Labour	Actual	100%	100%	100%	100%	100%	100%	100%	100%	
TRAINING										
% of All Staff attending Annual MDT Clinical Simulation	Actual	82%	78%	81%	67%	83%	91%	90%	82%	
% of All Staff attending NLS Training	Actual	84%	88%	83%	76%	81%	92%	93%	85%	
% of All Staff attending CEFM Training (Theory)	Actual	83%	94%	82%	81%	87%	80%	96%	85%	
% of All Staff attending CEFM Training (Assessment)	Actual	81%	92%	81%	80%	87%	80%	96%	85%	
FRIENDS AND FAMILY										
Maternity Friends & Family - Footfall	>=30% (UHL Target)	21.9%	19.3%	17.4%	19.7%	15.4%	19.0%	18.3%	18.0%	
Maternity Friends & Family - percentage of promoters	>=96% (UHL Target)	95.4%	96.3%	96.6%	97.3%	95.7%	95.4%	95%	96.0%	
OUTCOME										
Spontaneous Deliveries %	Alert if <51%	48.9%	47.4%	48.2%	47.3%	46.4%	49.7%	50.0%	48.3%	
Caesarean Section Rate - total	Alert if >23%	37.4%	41.6%	38.5%	39.6%	38.2%	38.7%	38.2%	38.6%	
% Blood loss greater than 1500 ml (as a % of total deliveries)	<3.6% (Local Target <=2.7%)	2.3%	3.3%	2.9%	3.7%	2.9%	4.0%	2.7%	3.2%	
% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	4.1%	1.8%	3.7%	3.3%	2.7%	3.7%	3.0%	3.3%	
% of Full term babies admitted to NNU	ATAIN Target <6.0%	4.58%	4.42%	4.42%	3.31%	5.86%	3.99%	3.51%	4.36%	
NB: Figures from January 2019 reflect ATAIN: Term admissions to NNU as % of UHL Term births										