

A large blue hexagon containing the date.

6th May
2021

Maternity Transformation Programme Update – Ockenden response

CNST Standards
Ockenden response
Continuity of carer



Ockenden progress

- The national portal for submission of evidence is due to open at the end of April, and is expected to remain open for circa four weeks
- National guidance on the minimum evidential requirements is expected from NHSE/I but has not yet been issued
- The regional NHSE/I maternity quality team will continue to support with reviewing our proposed submissions
- Funding has become available nationally for the workforce elements of the Ockenden requirements – bids are being coordinated via LMNS and will be submitted at the beginning of May

Key activities	Update	Status
<ul style="list-style-type: none"> - Implement tracking and review process for changes implemented as a result of serious incidents - Ensure LMNSB and Trust Board qualitative oversight of serious incidents - the former to facilitate shared learning across the region - Mapping and review of PMRT process required, to consider: cross-site reviews; strengthening message of parental involvement; potential for external participation - Implement reciprocal arrangements for reciprocal external expert clinical review of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death not qualifying for HSIB investigation - Implement Perinatal Clinical Quality Surveillance Model, under guidance of the LMNS 	<p>All activities initiated and progressing. Reciprocal external review arrangements are being explored with MSEFT</p>	On track
<ul style="list-style-type: none"> - Implement tracking and review process for process changes and service improvements implemented as a result of feedback/complaints - Embed collaboration between MVP, NED for maternity, safety champions, to support coproduction - Strengthen communications with parents around PMRT reviews - Reinstate regular internal comms re feedback received 	<p>Maternity and Neonatal safety champion meetings implemented - further work needed to support the collaboration required.</p>	On track
<ul style="list-style-type: none"> - Implement 7-day a week, twice daily obstetrician ward rounds at Ipswich - Implement LMNS validation and assurance of MDT training schedule - As part of full clinical and nursing review of staffing levels, include capacity for MDT training requirements 	<p>Additional resource to cover the weekend and bank holiday gap in twice daily obstetrician ward rounds at Ipswich has been secured for a six month period pending completion of the full clinical and nursing workforce staffing review. The staffing review has been commenced.</p>	On track
<ul style="list-style-type: none"> - Monitor appropriate recording of named consultant for all women with complex pregnancies - Review cross-divisional working to support joint clinics with consultant obstetricians and physicians - ESNEFT involvement in development of tertiary maternal medicine centres - Agreement and criteria in place for referral to, or case discussion with, the maternal medicine centre - Confirm and demonstrate that complex pregnancies have early specialist involvement and management plans agreed with the woman and team - As part of the full clinical and nursing staffing review, include demand and capacity modelling for maternal medicine clinics 	<p>Funding for additional joint maternal medicine clinics has been secured for a six month period, pending completion of the full clinical and nursing staffing review which is underway. For Colchester site, demonstration of early specialist obstetric involvement and agreed management plans requires discussion with the consultant body as part of the required review of Medway maternity workflow.</p>	Ongoing actions

Ockenden progress

<ul style="list-style-type: none"> - Ongoing monitoring of compliance with risk assessment completion at every antenatal contact, ensuring responsive action where compliance falls short. - Colchester site - review of Medway Maternity workflow with consultant body, to confirm responsibility for completion of all necessary fields to support assurance. - Assess what mechanism can be put in place to monitor usage and completion of Personalised Care and Support Plans, ensuring place of birth is a key feature of discussions 	<ul style="list-style-type: none"> - Current email process for sharing Personalised care and support plans between women and their care-givers is arduous and not conducive to a high rate of sharing. This is currently being re-assessed. - Current inability to monitor usage and completion of women's own personalised care and support plans threatens this item. Ongoing work to improve monitoring underway. 	Ongoing actions
<ul style="list-style-type: none"> -Embed physiological fetal monitoring at Ipswich, to align with Colchester - Review Job descriptions and job plans for lead obstetricians to ensure all required aspects covered, with required capacity as outlined. 	<p>Ipswich's implementation of FIGO supports this action. Fetal monitoring awareness week took place w/c 12/04/2021</p>	On track
<ul style="list-style-type: none"> -Review content of digital and paper format information shared with women (including review of ENSEFT website maternity pages), to ensure ready access to accurate information enabling informed choice of intended place of birth and mode of birth - Review what information is available for provision in multi-languages, to ensure all women enabled to participate equally in decision making - Consider how ESNEFT ensures (and can evidence) that women's choices following a shared and informed decision making process are respected 	<p>Information reviews underway, and a communications plan for reminding midwives of the available information has been formed for implementation shortly. Colchester's implementation of VBAC/Birth choices pathway (based on Optibirth) supports this action but exploration of more comprehensive way of monitoring compliance with the need to respect women's choices is required and will be undertaken.</p>	Ongoing actions
<ul style="list-style-type: none"> -Approval of the business case to increase midwifery staffing to the BirthRate Plus recommended levels enables us to demonstrate compliance with this section. - Use of the Medical workforce tool for RCOG to assess adequacy of medical workforce in line with national guidance, and in accordance with the Trust annual medical job planning, inclusive of both Obstetrics and Gynaecology. 	<p>The full clinical and nursing staffing review will include review of Consultant job plans to take into account the requirements of both Obstetrics and Gynaecology and consider the allocation of time for Consultant support to deliver the Maternity & Trust Quality & Safety agenda as well as regional and national requirements.</p>	On track
<ul style="list-style-type: none"> -Requirement to demonstrate actions taken to employ consultant midwives, or plans for the future development of the role 	<p>There are currently no plans in train to appoint consultant midwives, but this will form part of the full clinical and nursing staffing review</p>	On track
<ul style="list-style-type: none"> - Continue to adhere to NICE guidance processes already in place. - Map clinical guidelines, action plans, improvement plans and external reviews to NICE guidelines. - Ensure that the annual clinical audit programme captures (ACAP) areas where new practice has been put in place and where risks are identified. 	<p>Not yet clarified whether the ACAP captures all requirements. The team are currently reviewing the ACAP to ensure this work is met</p>	Ongoing actions