Oxford University Hospitals Foundation Trust

Maternity Services: Overview findings of Regional and System Assurance & Insight Visit

10th June 2022

Contents

Introduction - Visit Purpose

An Assurance & Insight Visit to Oxford University Hospitals Foundation Trust Maternity Services was completed on the 10th June 2022.

The purpose of this visit was to provide assurance against the 7 Immediate and Essential Actions (IEAs) from the Interim Ockenden Report from 2020. The Insight Visit Team used an appreciative enquiry and a learning approach to foster partnership working to ensure that the actions taken to meet the Ockenden recommendations were embedded in practice.

Conversations were held with members of the executive team, senior leadership team and frontline staff representing a range of midwifery, obstetric, anaesthetic and support job roles.

This report outlines the achievements and areas for improvement for the Trust identified at these visits in relation to the requirements outlined in the National Commissioning Support Unit (CSU) Assessment used in 2021:

1. Enhanced Safety
2. Listening to Women & Families
3. Staff Training and Working Together
4. Managing Complex Pregnancy
5. Risk Assessment Throughout Pregnancy
6. Monitoring Fetal Well-Being
7. Informed Consent
8. Workforce Planning and Guidelines

The visiting team acknowledge the preparation for the visit by the Trust was at a time when there was significant leadership change for the maternity service in response to the recent external report on culture within the unit.

The visiting team would like to express their thanks to all the Trust staff and Maternity Voices Partnership (MVP) engaged in this process for their welcome, participation and willingness to share their thoughts and experience of the OUH maternity services.

Introduction - Visiting Team

- [redacted] – NHS England SE Regional Chief Midwife
- [redacted] – NHS England Regional Obstetric Lead
- [redacted] – NHS England SE Regional Service User Voice Lead | MVP
- [redacted] – NHS England SE Regional Maternity Quality Lead
- [redacted] – NHS England SE Senior Quality Improvement Manager
- [redacted] - NHS England SE Regional MTP Support Administrator
- [redacted] – BOB LMNS Deputy SRO
- [redacted] –NHS England Maternity Improvement Advisor

Summary of Assurance & Insight Visit Review of Ockenden IEAs Status

IEA	Trust Dec 2021 Compliance	Trust Position as declared in presentation	Final position at Ockenden Visit 10th June 2022	Compliance - Breakdown						
1. Enhanced safety				Q1	Q2	Q3	Q4	Q5	Q 6	Q7
2. Listening to women and families				Q11	Q13	Q14	Q15	Q16		
3. Staff training and working together				Q17	Q 18	Q 19	Q21	Q22	Q23	
4. Managing complex pregnancy				Q24	Q25	Q26	Q27	Q28	Q29	
5. Risk assessment throughout pregnancy				Q30	Q31	Q33				
6. Monitoring fetal well-being				Q34	Q35	Q36	Q37			
7. Informed consent				Q39	Q41	Q42	Q43	Q44		
Workforce Planning				Q45	Q46	Q47	Q48			
Guidelines				Q49						

	No Question
	Compliant
	Partially Compliant

NB: Missing questions were removed by the National CSU team in the December 2021 Assessment

Key Headlines -1

The Trust was able to demonstrate compliance across IEA 1 (Safety), 2 (Listening) 4 (Complex Pregnancies) and Guidelines. Partial compliance was noted for the remaining four IEAs which have plans in place.

A summary of the key headlines per each IEA is below, followed by the Visiting Teams' recommendations for the Trust and offers of support. A further individual breakdown concludes this report.

IEA 1 - Enhanced Safety

- Full compliance against all evidence requirements.
- Good awareness by the Triumvirate in relation to the concerns identified via the Perinatal Clinical Quality Surveillance Report, with plans in place to attain improvements via the labour ward leads teaching sessions on Postpartum Haemorrhage (PPH) & Perineal Trauma.
- The Trust may wish to review the allocated time for Professional Midwifery Advocates (PMAs) and the timeliness of psychological support for staff in response to incidents.

IEA 2 - Listening to Women & Families

- Full compliance against all evidence requirements.
- A strong focus on perinatal equity was presented during the visit and we would like to offer the opportunity for the Trust to share this good work across the region at the October 2022 South East (SE) Maternity learning, sharing and celebration event.
- The Trust has an engaged MVP chair, who listens to and hears the voice of the local community on behalf of the Trust. Focus is now needed to ensure improvements are embedded and sustained.
- Several positive examples of co-production were mentioned during the visit and include Quality Improvement (QI) projects related to the flow on the Maternity Assessment Unit, the Induction of Labour Guidelines and a co-produced poster to highlight making decisions about care.

Key Headlines - 2

IEA 3 – Staff Training and Working Together

- Partially compliant as further refinement required on the Training Needs Analysis (TNA) to articulate the expectation for training of all professional groups and the requirement for progress to be externally reviewed and validated by the LMNS.
- Positive staff feedback on Multidisciplinary Team (MDT) Training – the process in place for booking training was reported to be robust.
- Joint emergency skills training for Community Midwives and Paramedics planned.
- Face to Face training hindered by Covid-19 and estates, plans in place to restart September 2022.
- Further investment would be of benefit as limited externally allocated budget for training was reported.
- Staff reported that the Twice-daily consultant led ward rounds have a strong MDT focus.
- Medical & Midwifery Student emergency skills training, a positive aspect of training to promote a MDT focus from the start.

IEA 4 - Managing Complex Pregnancy

- Full Compliance against all evidence requirements.
- Maternal Medicine Network (MMN) Pathways established since 2019, good clinical engagement reported across the 7 Trusts that meet quarterly.
- Although there are some vacant posts within the senior leadership team, there is cover in place and substantive recruitment planned.

IEA 5 – Risk Assessment Throughout Pregnancy

- Partially compliant as audits to review the implementation of Personalised Care & Support Plans (PCSPs) not planned until December 2022 due to the paper based records and introduction of the new Risk assessment proforma March 2022.
- Procurement of a new digital system to conduct ongoing risk assessments and review of PCSPs is planned for 2023/24.

Key Headlines - 3

IEA 6 – Monitoring Fetal Wellbeing

- Partially compliant – Further triangulation with the Regional Saving Babies Live Care Bundle (SBLCB) audit submitted in May 2022, identified that whilst audits were completed, compliance was not consistent across all five elements.
- Positive staff feedback in relation to the support given by Fetal Wellbeing Leads.
- Fetal monitoring skills and drills on Delivery Suite as well as the Midwifery Led Unit and community bases.
- Leads conduct clinical debriefs, reflections on incidents and near misses.

IEA 7 – Informed Consent

- Partially compliant as improvements are required on the Trust website to ensure pathways are clearly described; a plan is in place to develop the website.
- The Trust has invested in equipment (two-way headphones) to improve communication via interpreters.
- MDT Birth Choices clinic to support women who make decisions outside of guidance

Workforce (WF)

- Partially compliant - Midwifery leadership structure planned in line within the Royal College of Midwives manifesto, not all posts are recruited to but recruitment is ongoing. Recent changes noted as a result of the Ibex Gale Culture survey. The Regional Chief Midwife and Maternity Safety & Support programme (MSSP) Maternity Improvement Advisor (MIA) are providing additional support.

NICE Guidelines (G)

- Fully compliant – process in place to audit and review Trust guidance against NICE guidance.

Incidental finding:

- Maternity Support Workers and Student Midwives would benefit from being included in Intrapartum training
- Focus is needed to ensure Maternity Support Worker (MSW) are included in handovers/ward rounds/safety huddles to understand the needs of the women and babies on the wards

Recommendations

1. Trust to develop an agreed deep dive forward planner for reporting in line with the Perinatal Quality Surveillance Model (PQSM).
2. Training trajectory to be included on the Maternity TNA by the Trust for all MDT Training and external TNA validation via LMNS Workforce Lead once in post on 19th July 2022.
3. Trust to the review the allocation of funding for Maternity training to ensure there is adequate opportunity for staff development.
4. The Trust to review the Risk assessment (Antenatal A3 chart) against the NHSI (2021) Personalised care and support planning guidance - Report template - NHSE website (england.nhs.uk), so that all elements of the PCSP are included to support the audit planned December 2022.
5. Trust to complete an action plan to outline the actions and needed to attain full compliance with survey 6 for SBLCB.
6. Further exploration is suggested to understand if there are any themes around the groups of women not involved in shared decision making/informed consent.

Offers of Support to Trust

1. • The Regional Chief Midwife to support the Trust with recruitment of the vacant leadership post for the DOM.
2. • Opportunity to share the good work on perinatal equity across the region at the SE Regional MMAs.
3. • A regional review on PCSP is planned to review the support required for all Trusts.
4. • Ongoing support from MSSP MIA

Full Assessment

The KLOEs used within all SE Ockenden Visits are based on the CSU Assessment Document used in 2021 and include all evidence elements that were assessed as non-compliant further to the final assessment letter sent to the Trust in December 2021.

Additionally a selection of ‘Standard Questions’ were agreed by the SE Regional Team from all the CSU 2021 evidence elements, and were used to provide confirmation that the changes made by the Trust since the Interim Ockenden Report are now embedded in practice.

IEA 1 Enhanced Safety

- IEA 1 is comprised of 7 questions
- 16 pieces of evidence are required to demonstrate full compliance with IEA 1.
- The Trust demonstrated compliance with 15/16 at the Dec 2021 CSU assessment
- The following table shows compliance with the 16 pieces of evidence in IEA 1 following the Ockenden Insight Visit.

IEA 1				
Question | Evidences →	1	2	3	4
Q 1 - Dashboards				
Q 2 - External review of SIs				
Q 3 - SIs to Board/LMNS				
Q 4 - PMRT				
Q 5 - MSDS				
Q 6 - HSIB				
Q 7 - PCQSM				

KEY	
	No Question
	Compliant
	Compliant following Visit

NB: Missing questions were removed by the National CSU team in the December 2021 Assessment

IEA 1 - Enhanced Safety

There was just one outstanding evidence requirement in IEA 1 that was assessed to be non-compliant further to the final December 2021 CSU assessment. One further evidence area was explored on the visit from the Standard Questions, see the outcome below:

Q7 - Plan to implement the Perinatal Clinical Quality Surveillance Model (PCQSM)	
EVIDENCE REQUIRED	**7.1 - Full evidence of full implementation of the perinatal surveillance framework.**
EVIDENCE ATTAINED	All Bimonthly Board reports since July 2021 seen. From the Triumvirate discussion Postpartum Haemorrhage and Third degree tears were identified as the currents areas of focus further to the PCQSM processes and there are plans in place to attain improvements via the labour ward leads teaching sessions.
OUTCOME	Compliant

Additional comments: Frequent additional reporting requests from the Board was reported during the site visit, additional to that outlined with the PCQSM, impacting of the time allocated to ensuring improvements are made.

RECOMMENDATIONS 1: Trust to develop an agreed deep dive forward planner for reporting in line with the PQSM.

Standard Q6 - Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme	
EVIDENCE REQUIRED	**6.1 - Audit showing compliance of 100% reporting to both HSIB and NHSR Early Notification Scheme**.
EVIDENCE ATTAINED	Process in place supported by spreadsheet to audit compliance on reporting, this is discussed at the monthly Action Plan meeting.
OUTCOME	Compliant

IEA Overall Outcome	Full Compliance for IEA 1 - Enhanced Safety

IEA1	RAG
Q1 Dashboards	
Q2 External review	
Q3 SIs to Board/ LMNS	
Q4 PMRT	
Q5 MSDS	
Q6 HSIB	
Q7 PCQSM	

IEA 2 Listening to Women & Families

- IEA 2 is comprised of 5 questions
- 18 pieces of evidence are required to demonstrate full compliance with IEA 2.
- The Trust demonstrated compliance with 17/18 at the Dec 2021 CSU assessment
- The following table shows compliance with the 18 pieces of evidence in IEA 2 following the Ockenden Insight Visit.

IEA 2						
Question | Evidences →	1	2	3	4	5	6
Q 11 - NED						
Q 13 - Service user feedback						
Q 14 - Bimonthly safety champ meetings						
Q 15 - Service user feedback						
Q 16 - NED						

KEY	
	No Question
	Compliant
	Compliant following Visit

NB: Missing questions were removed by the National CSU team in the December 2021 Assessment

IEA 2 Listening to Women & Families

For IEA 3 there was one outstanding evidence requirement that was assessed to be non-compliant further to the final CSU December 2021 assessment. One further evidence area was included on the visit from the Standard Questions, see the outcome below:

Q11 - Non-executive director who has oversight of maternity services	
EVIDENCE REQUIRED	**11.2 - Evidence of link in to MVP; any other mechanisms**
EVIDENCE ATTAINED	6 monthly walk around's with MVP, Safety Champions & NED in progress, key issues identified relate to estates and the need for local hubs. NED does not yet attend MVP meetings but plans to link in with MVP more by attending meetings and going on MVP distribution list. NED chairs champion meetings monthly and attends other meetings to gain overview of safety.
OUTCOME	Compliant

Standard Q11 - Non-executive director who has oversight of maternity services	
EVIDENCE REQUIRED	**11.1 Evidence of how all voices are represented**
EVIDENCE ATTAINED	Quarterly MVP meetings includes feedback from a range of different people, one of the main concerns currently relates to estates and the need for more local hubs not less. MVP gathers feedback from wide range of communities, there would be benefit in NED linking in more to hear this and take it to other relevant meetings.
OUTCOME	Compliant

Additional comments: Several positive examples of co-production were mentioned during the visit and include QI projects related to the flow on the Maternity Assessment Unit, the Induction of Labour Guidelines and a co-produced poster to highlight making decisions about care.

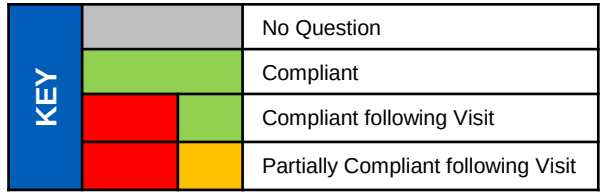
IEA Overall Outcome	Compliant

IEA2	RAG
Q11 NED	
Q13 Service user feedback	
Q14 Bimonthly safety champ meetings	
Q15 Service user feedback	
Q16 NED	

IEA3 Staff Training and Working Together

- IEA 3 is comprised of 6 questions
- 18 pieces of evidence are required to demonstrate full compliance with IEA 3.
- The Trust demonstrated compliance with 15/18 at the Dec 2021 CSU assessment
- The following table shows compliance with the 18 pieces of evidence in IEA 3 following the Ockenden Insight Visit.

IEA 3					
Question | Evidences →	1	2	3	4	5
Q 17 - MDT Training					
Q 18 - Cons. Ward Rounds					
Q 19 - Ring-Fenced Funding					
Q 21- 90% MDT Training					
Q 22 - Cons Ward Rounds					
Q 23 - MDT Training Schedule					



NB: Missing questions were removed by the National CSU team in the December 2021 Assessment

IEA 3 Staff Training and Working Together -1

The Trust had two outstanding evidence requirements for IEA 3 that were assessed to be non-compliant further to the final assessment from CSU shared with the Trust in December 2021. Further additional evidence areas were explored on the visit from the Standard Questions, see the outcomes below:

Q17 Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year.	
EVIDENCE REQUIRED	**17.1 - A clear trajectory in place to meet and maintain compliance as articulated in the Training Needs Analysis (TNA).**
EVIDENCE ATTAINED	There is a clear trajectory for emergency skills within the OUH Maternity Training Plan but not for all MDT training, the Trust presentation shared that work is in progress to update the TNA. External validation on the TNA 3 times a year will commence once the LMNS Workforce Lead in is post in July 2022.
OUTCOME	Partially Compliant

OUTCOME: Overall Compliance for Q17 is partially Compliant due to the compliance on other evidence elements outlined within the final CSU assessment December 2021.
RECOMMENDATION 2: Training trajectory to be included on the Maternity TNA by the Trust for all MDT Training and external TNA validation via LMNS Workforce Lead once in post.

Standard Q18 Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.	
EVIDENCE REQUIRED	**18.1- Evidence of scheduled MDT ward rounds taking place since December, twice a day, day & night. 7 days a week (e.g.. audit of compliance with SOP) .**
EVIDENCE ATTAINED	A copy of the Staff described the process for ward rounds with the focus on shared decision making and students reported feeling comfortable to ask questions.
OUTCOME	Compliant

Additional Information: Evidence for all elements of Q19 related to the ringfencing of external funding for the training of maternity staff was outlined within the CSU December 2021 final assessment. When discussing funding on the day, this was confirmed however the allocation of funds was described as limited, e.g.. consultants - £1300 / 3 years.

RECOMMENDATIONS – 3. Trust the review the allocation of funding for Maternity training to ensure there is adequate opportunity for staff development.

IEA3	RAG
Q17 MDT Training	
Q18 & 22 Cons. Ward Rounds	
Q19 Ring-Fenced Funding	
Q21 90% MDT Training	
Q23 MDT Training Schedule	

IEA 3 Staff Training and Working Together - 2

Q21 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session	
EVIDENCE REQUIRED	**21.1 & 23.1 A clear trajectory in place to meet and maintain compliance as articulated in the TNA.**
EVIDENCE ATTAINED	Trajectory for monthly attendees to the emergencies MDT Training maintained as per OUH Maternity Training Plan- last updated Nov 2021 and in line with Maternity Incentive Scheme requirements. Theatre staff attendance currently optional, but to be compulsory from September once training venue access resolved.
OUTCOME	Compliant

EVIDENCE REQUIRED	**Standard Questions 21.2 Attendance records - summarised**
EVIDENCE ATTAINED	All staff as outlined within the MIS year 4 standard are above 90% as of the month of June 2022. Additionally, RNs are at 83% as per trajectory and there are plans to include Theatre staff from September 2022.
OUTCOME	Compliant

Additional Information: Feedback from the Trust on TNA's has prompted further conversation at Region around the expectation of a Training Needs Analysis for maternity. Whilst the OUH Maternity Training Plan covers the core competency framework and has a clear trajectory for emergencies training sessions as directed by Ockenden it did not chart the trajectory for attendance to all core competency training.

IEA Overall Outcome	Partially Complaint

IEA3	RAG
Q17 MDT Training	
Q18 & 22 Cons. Ward Rounds	
Q19 Ring-Fenced Funding	
Q21 90% MDT Training	
Q23 MDT Training Schedule	

IEA 4 Managing Complex Pregnancy

- IEA 4 is comprised of 6 questions.
- 14 pieces of evidence are required to demonstrate full compliance with IEA 4.
- The Trust demonstrated compliance with 14/14 at the Dec 2021 CSU assessment
- The following table shows compliance with the 14 pieces of evidence in IEA 4 following the Ockenden Insight Visit.

IEA 4			
Question | Evidences →	1	2	3
Q 24 - MMC Criteria			
Q 25 - Named Consultant			
Q 26 - Complex Pregnancies			
Q 27 - SBLCBv2			
Q 28 - Named Cons/Audit			
Q 29 - MMC			

KEY		
		No Question
		Compliant

NB: Missing questions were removed by the National CSU team in the December 2021 Assessment

IEA 4 Managing Complex Pregnancy

There were no outstanding evidence requirement for IEA 4 that was assessed to be non-compliant further to the final assessment from CSU shared with the Trust in December 2021.

Standard Q29 Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	
EVIDENCE REQUIRED	**29.3 The maternity services involved in the establishment of maternal medicine networks (MMN) evidenced by notes of meetings, agendas, action logs.**
EVIDENCE ATTAINED	MMN Pathways established since 2019, good clinical engagement reported across the 7 Trusts that meet quarterly. Work is ongoing to resolve the workforce challenges.
OUTCOME	Compliant

IEA Overall Outcome	Compliant for IEA 4 – Managing Complex Pregnancy

IEA 4	RAG
Q24 MMC Criteria	
Q25 Named Consultant	
Q26 Complex Pregnancies	
Q27 SBLCBv2	
Q28 Named Cons/Audit	
Q29 MMC	

IEA 5 Risk Assessment Throughout Pregnancy

- IEA 5 is comprised of 3 questions.
- 15 pieces of evidence are required to demonstrate full compliance with IEA 5.
- The Trust demonstrated compliance with 10/15 at the Dec 2021 CSU assessment
- The following table shows compliance with the 15 pieces of evidence in IEA 5 following the Ockenden Insight Visit.

IEA 5						
Question | Evidences →	1	2	3	4	5	6
Q 30 - Risk assessment						
Q 31- Place of Birth RA						
Q 33 - RA recorded with PCSP						

KEY	
	No Question
	Compliant
	Compliant following Visit
	Partially Complaint
	Non Compliant
	Partially Compliant following Visit

NB: Missing questions were removed by the National CSU team in the December 2021 Assessment

IEA 5 Risk Assessment Throughout Pregnancy - 1

There were five outstanding evidence requirements in IEA 5 related to risk assessments that were assessed to be non-compliant further to the final December 2021 CSU assessment. Further evidence was explored on the visit from the Standard Questions, see the outcomes below:

Q 30 - 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.	
EVIDENCE REQUIRED	• **30.2 & 31.3- Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.** • **33.3 - Personal Care and Support plans are in place and an ongoing audit of 5% of records that demonstrates compliance of the above.**
EVIDENCE ATTAINED	Audit planned December 2022 as new antenatal risk assessment chart launched March 2022, and records currently not electronic with all information contained within the hand-held records. Current assurance based on non-reporting of inappropriate care via Ulysses.
OUTCOME	Partially compliant

Standard Q 30 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.	
EVIDENCE REQUIRED	• **30.4 - SOP that includes definition of antenatal risk assessment as per NICE guidance.** • **33.5 - SOP to describe risk assessment being undertaken at every contact.**
EVIDENCE ATTAINED	Antenatal Care Guideline published May 2022 aligns with the NICE Guidance NG201 the risk assessment definition as outlined in 1.2.10 of NG201 and it to be used at every antenatal contact.
OUTCOME	Compliant

Additional comments - The reference list on the OUH Antenatal Care Guideline refers to CG62 ‘Antenatal care for uncomplicated pregnancies’ this has now been replaced with NG201 Antenatal Care published 19.08.21.

IEA5	RAG
Q30 Risk assessment	
Q31 Place of Birth RA	
Q33 RA recorded with PCSP	

IEA 5 Risk Assessment Throughout Pregnancy - 2

Q 31 Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	
EVIDENCE REQUIRED	Standard 31.1 Evidence of referral to birth options clinics
	31.2 - Out with guidance pathway.
EVIDENCE ATTAINED	Positive feedback received from staff on the guidance in place and MDT Birth options clinic. The guidance pathway is within the OUH Birth Choices Guideline on the Staff Intranet, this document is complimented by the MLU referral and Homebirth Guideline, both shared by the Trust.
OUTCOME	Compliant
EVIDENCE REQUIRED	Standard 31.4 SOP that includes review of intended place of birth.
EVIDENCE ATTAINED	OUH Antenatal Care Guidelines updated 30.5.22 to state 'Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture'.
OUTCOME	Compliant

Q 33 A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	
EVIDENCE REQUIRED	**33.1 Example submission of a Personalised Care and Support Plan (It is important that we recognise that PCSP will be variable in how they are presented from each trust)**
EVIDENCE ATTAINED	OUH Antenatal A3 chart for antenatal risk assessment submitted as evidence, however it does not contain the information required to document the PCSP compliance.
OUTCOME	Non-compliant

Recommendation 4: The Trust to review the Risk assessment (Antenatal A3 chart) against the NHSI (2021) Personalised care and support planning guidance - Report template - NHSI website (england.nhs.uk),so that all elements of the PCSP are included to support the audit planned December 2022. A regional review on PCSP is planned to review the support required for all Trusts.

IEA Overall Outcome	Partially Compliant for IEA 5 – Risk Assessments

IEA5	RAG
Q30 Risk assessment	
Q31 Place of Birth RA	
Q33 RA recorded with PCSP	

IEA 6 Monitoring Fetal Well-Being

- IEA 6 is comprised of 4 questions.
- 18 pieces of evidence are required to demonstrate full compliance with IEA 6.
- The Trust demonstrated compliance with15/18 at the Dec 2021 CSU assessment
- The following table shows compliance with the 18 pieces of evidence in IEA 6 following the Ockenden Insight Visit.

IEA 6								
Question | Evidences →	1	2	3	4	5	6	7	8
Q 34 - Leads in post								
Q 35 - Leads expertise								
Q 36 - SBLCBv2								
Q 37 - 90% MDT Training								

KEY	
	No Question
	Compliant
	Compliant following Visit
	Non- Compliant following Visit

NB: Missing questions were removed by the National CSU team in the December 2021 Assessment

IEA6 Monitoring Fetal Well-Being -1

In IEA 6 there were three outstanding evidence requirements related to risk assessments. Further evidence area was explored on the visit from the Standard Questions, see the outcomes below:

Q 35 - The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health.	
EVIDENCE REQUIRED	**35.2 - Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported e.g. clinical supervision** **Standard Q 35.8 - Plan and run regular departmental fetal heart rate (FHR) monitoring meetings and training.**
EVIDENCE ATTAINED	Updated fetal monitoring guidance, Fetal monitoring skills and drills on labour ward and the Midwifery Led Unit and got out to community bases. Conduct clinical debriefs and reflection on incidents and near misses. MDT focus demonstrated by Leads. Learning actions shared with staff. Involved in PMRT investigation. Fetal wellbeing study with a formative assessment on interpretation and physiology. Escalation plan for unsuccessful candidates. Advocate lifelong learning and encourage full time staff to attend at least 8 shared learning events per year. Lunch time sessions also held. Staff reported excellent support from the Fetal Wellbeing Leads and are working to improve communication with Midwifery Students.
OUTCOME	Compliant

EVIDENCE REQUIRED	**35.7 - Lead on the review of cases of adverse outcome involving poor FHR interpretation and practice.**
EVIDENCE ATTAINED	Fetal Wellbeing Leads are involved in the review of Perinatal Mortality Review investigations and weekly intrapartum shared learning events. The Maternity Governance Team advise that, in partnership with the risk midwife they have been reviewing the fetal monitoring aspects of cases with adverse outcome involving poor FHR interpretation as part of the 72 hour report (initial summary review - ISR) and follow up with staff. They have a record of the debriefs that they undertake with staff.
OUTCOME	Compliant

IEA6	RAG
Q34 Leads in post	
Q35 Leads expertise	
Q36 SBLCBv2	
Q37 90% MDT Training	

IEA6 Monitoring Fetal Well-Being - 2

Q 37 - Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	
EVIDENCE REQUIRED	**37.1 - A clear trajectory in place to meet and maintain compliance as articulated in the TNA.**
EVIDENCE ATTAINED	Trajectory for monthly attendees to the emergencies MDT Training maintained as per OUH Maternity Training Plan - Nov 2021 and reflect the Maternity Incentive Scheme Year 4 requirements for the staff involved. Theatre staff attendance is currently optional, but to be compulsory from September once training venue access resolved.
OUTCOME	Compliant

Standard Q 34 - Appointment of a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.	
EVIDENCE REQUIRED	**34.3 - Name of dedicated Lead Midwife and Lead Obstetrician**
EVIDENCE ATTAINED	Midwife and Obstetric Lead in Place and attended the Visits Group 4 session on Fetal Wellbeing.
OUTCOME	Compliant

Standard Q 35 - The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health.	
EVIDENCE REQUIRED	**35.4 - Interface with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.** **35.6 - Keeping abreast of developments in the field.**
EVIDENCE ATTAINED	National Network monthly meeting attended this offers opportunity for networking and shared learning. The leads link in with Oxford Academic Health Sciences Network (AHSN) and BOB LMNS.
OUTCOME	Compliant

IEA6	RAG
Q34 Leads in post	
Q35 Leads expertise	
Q36 SBLCBv2	
Q37 90% MDT Training	

IEA 6 Monitoring Fetal Well-Being - 3

Standard Q 36 Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?	
EVIDENCE REQUIRED	**36.1 Audits for each element.**
EVIDENCE ATTAINED	It was reported that the audit is in progress for SBLCB, believed to be compliant in all areas, and all evidence for MIS years 1-3 was submitted and passed. Further triangulation with the Regional SBLCB survey submitted in May 2022, identified that whilst audits were completed compliance was not consistent across all five elements and an action plan is recommended.
OUTCOME	Non Compliant

Recommendation 5: Trust to complete an action plan to outline the actions needed to attain full compliance for SBLCB V2.

Standard Q 37 - Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	
EVIDENCE REQUIRED	**37.2 Attendance records - summarised**
EVIDENCE ATTAINED	OUH document named 'Number of Attendee's monthly' shows that all staff groups required by CNST year 4 are above 90% for June 2022.
OUTCOME	Compliant

Standard Q 37 - Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	
EVIDENCE REQUIRED	**37.3 Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements.**
EVIDENCE ATTAINED	The OUH Trust Presentation states that 'Work in progress to update the TNA to clearly articulate the expectation of all professional groups in attendance at MDT training and core competency training. Best practice would be to have a Training Plan that outline the expectation with regards to frequency of Training and the trajectory for all courses.
OUTCOME	Compliant

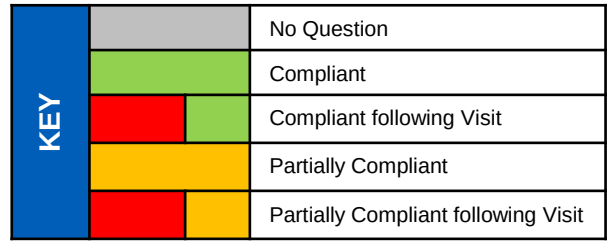
IEA Overall Outcome	Partially Compliant for IEA 6 – Fetal Wellbeing Monitoring

IEA6	RAG
Q34 Leads in post	
Q35 Leads expertise	
Q36 SBLCBv2	
Q37 90% MDT Training	

IEA 7 Informed Consent

- IEA 7 is comprised of 5 questions.
- 14 pieces of evidence are required to demonstrate full compliance with IEA 7.
- The Trust demonstrated compliance with 11/14 at the Dec 2021 CSU assessment
- The following table shows compliance with the 14 pieces of evidence in IEA 7 following the Ockenden Insight Visit.

IEA 7				
Question | Evidences →	1	2	3	4
Q 39 - Accessible Information, Place of Birth				
Q 41 - Decision making and Informed Consent				
Q 42 - Women's Choices Respected				
Q 43 - Service User Feedback				
Q 44 - Website				



NB: Missing questions were removed by the National CSU team in the December 2021 Assessment

IEA7 Informed Consent

There were three outstanding evidence requirements in IEA 5 related to risk assessments that were assessed to be non-compliant further to the final December 2021 CSU assessment, see the outcomes below:

Q 41 - Women must be enabled to participate equally in all decision-making processes	
EVIDENCE REQUIRED	**41.1 - An audit of 1% of notes demonstrating compliance.**
EVIDENCE ATTAINED	Audit undertaken April 2022 received, 79% compliance attained and there is a plan to re-audit in 6 months
OUTCOME	Compliant

Additional comments: Good compliance was achieved on the Decision-making audit, there is however no recommendations for exploring why 21% were not involved in the decision-making process and no clarification on where shared decision making is not applicable.

RECOMMENDATION 6: Further exploration is suggested to understand if there are any themes around the groups of women not involved in shared decision making/informed consent.

EVIDENCE REQUIRED	**41.2 - CQC survey and associated action plans**
EVIDENCE ATTAINED	The action plan was not available when requested. There is a plan in place to ratify the action plan by the Clinical Governance Committee by August 2022.
OUTCOME	Partially Compliant

Q 44 Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.	
EVIDENCE REQUIRED	**44.1 - Co-produced action plan to address gaps identified**
EVIDENCE ATTAINED	Co-produced action plan completed and described by Group 2 on the day as a working document. It is yet to be formally completed Awaiting Senior Responsible Officer sign off on website changes. The Trust shared that the Action plan had recently been updated and awaited ratification.
OUTCOME	Partially Compliant

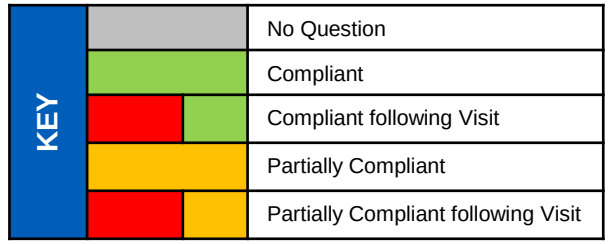
IEA Overall Outcome	Partially Compliant for IEA 7 – Informed Consent

IEA7	RAG
Q39 Accessible Information Place of Birth	
Q41 Decision making and Informed Consent	
Q42 Women's Choices Respected	
Q43 Service User Feedback	
Q44 Website	

Workforce Planning & Guidelines

- Workforce Planning & Guidelines is comprised of 5 questions.
- 10 pieces of evidence are required to demonstrate full compliance with WF & G.
- The Trust demonstrated compliance with 7/10 at the Dec 2021 CSU assessment
- The following table shows compliance with the 10 pieces of evidence in WF & G following the Ockenden Insight Visit.

Workforce Planning & Guidelines			
Question | Evidences →	1	2	3
Q 45 - Clinical Workforce Planning			
Q 46 - Midwifery Workforce Planning			
Q 47 - D/HoM Accountable to Exec Dir			
Q 48 - Strengthening Midwifery Leadership			
Q 49 - Guidelines			



NB: Missing questions were removed by the National CSU team in the December 2021 Assessment

Workforce Planning & Guidelines

For Workforce Planning there was three outstanding evidence requirements – one concerning workforce related to the leadership requirements for Maternity as set by the Royal College of midwives. Two were outstanding for guidelines please see the next slide.

Q48 - Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care:	
EVIDENCE REQUIRED	**48.1 Action plan where manifesto is not met**
EVIDENCE ATTAINED	The strengthening of midwifery leadership within OUH was evidenced via the Trust presentation on the day and whilst not all posts are recruited to, recruitment is ongoing. The Regional Chief Midwife and NHSE Maternity Improvement Advisor are supporting the Trust to mitigate gaps in the midwifery leadership team
OUTCOME	Partially Compliant

IEA Overall Outcome	Partially Compliant for Workforce Planning

WFP & G	RAG
Q45 Clinical Workforce Planning	
Q46 Midwifery Workforce Planning	
Q47 D/HoM Accountable to Exec Dir	
Q48 Strengthening Midwifery Leadership	
Q49 Guidelines	

Workforce Planning & Guidelines - 2

Q49 - Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate.	
EVIDENCE REQUIRED	**49.1 - Audit to demonstrate all guidelines are in date.**
EVIDENCE ATTAINED	NICE Guidance Update for OUH Clinical Improvement Committee (CIC) for June 2022 received, this indicates those NICE documents pending review, 6 Maternity related documents were identified. Quarterly compliance reports are received by the CIC.
OUTCOME	Compliant

EVIDENCE REQUIRED	**49.2 - Evidence of risk assessment where guidance is not implemented.**
EVIDENCE ATTAINED	Guidelines are updated monthly via the Maternity Clinical Governance Committee which links with the CIC. The CIC TOR indicates part of the purpose of the CIC is escalate concerns where assurance cannot be given to ensure action is taken to mitigate clinical risk.
OUTCOME	Compliant

IEA Overall Outcome	Compliant for NICE Guidance

WFP & G	RAG
Q45 Clinical Workforce Planning	
Q46 Midwifery Workforce Planning	
Q47 D/HoM Accountable to Exec Dir	
Q48 Strengthening Midwifery Leadership	
Q49 Guidelines	