

Sherwood Forest Hospitals NHS Trust

Maternity Services – Overview findings of Regional and System
Insight Visit

4th October 2022



Visit Purpose

An Insight visit to SFH NHS Trust maternity services was completed on the 4th October 2022.

The purpose of the visits was to provide assurance against the 7 immediate and essential actions from the Ockenden report. The Insight Visit Team used an appreciative enquiry and 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 senior leadership team and many front line staff ranging in job roles. Emerging themes from conversations were organised under the immediate and essential actions headings

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

Insight Visit Team members: Midlands Perinatal Team ;Sandra Smith Deputy Regional Midwife Midlands Perinatal Team; Chantal Knight Regional Governance and Assurance Lead Midwife; Natalie Whyte Regional MVP Midlands Perinatal Team; Joanna Morris Interim Head of Quality; Marie Teale Senior Project Manager Nottinghamshire LMNS ICB

Key Headlines

Points for Celebration

- Supportive, open and honest organisation with a shared understanding of issues at all levels and strong culture of escalation.
 - Loyal staff with access to career development and progression, who genuinely enjoy working at the unit
- Experienced senior leadership team with clear executive and NED visibility
- Wide range of specialist midwife roles in place with knowledgeable, enthusiastic and inspiring staff in post
- Good engagement with the executive team and safety champions demonstrating close links to Parents Representative
- A strong Parents Representative employed on temporary basis who is able provide robust user feedback
 - maximising the potential to reach minority groups
 - Links closely with all staff groups and senior leadership team

Key Headlines

Points for Consideration



- Strengthen audit plan to incorporate **all** Ockenden actions frequently and regularly reported throughout the division.
 - Ensure staff are aware of audit results and Ockenden requirements using a variety of communication pathways including information boards in clinical areas, social media and training study days
- Over reliance on small number of key obstetricians for multiple roles - risk if absences occur with need to support antenatal clinic capacity following increase in bookings from NUH
 - Review and increase the obstetric workforce to take this into account
 - Review and share PA allocation for important and essential additional obstetric roles including; governance lead; SBLCBv2 lead, audit lead, guideline lead, PMRT lead, fetal monitoring lead
- PMRT meetings should be coordinated by the governance team
 - currently led by the bereavement midwife, could lead to conflict of interest
 - all cases should be reviewed by external MDT
- Progress work to revisit the Birthrate + assessment
 - ensure the operational challenging increase in bookings from NUH and medical complexity of women are taken into account for recruitment of midwives

Summary of Insight Visit Review of Ockenden IEAs Status



IEA	i	ii	iii	iv	v	vi	vii	viii
1) Enhanced safety	Green	Green	Green	Green	Green	Green	Green	Green
2) Listening to women and families	N/A	N/A	Green	Green	Green	Green	Green	Green
3) Staff training and working together	Green	Green	Green	Grey	Green	Green	Green	Black
4) Managing complex pregnancy	Green	Green	Green	Yellow	Green	Green	Black	Black
5) Risk assessment throughout pregnancy	Green	Green	Yellow	Green	Black	Black	Black	Black
6) Monitoring fetal well-being	Green	*	Yellow	Green	*	Black	Black	Black
7) Informed consent	Yellow	Yellow	Green	Green	Green	Yellow	Black	Black
Workforce Planning	Green	Green	Green	Green	Black	Black	Black	Black
Guidelines	Green	Black	Black	Black	Black	Black	Black	Black

IEA1 Enhanced Safety

- Points for Celebration
- Clear Perinatal Clinical Quality Surveillance Model in place
- All SI cases have external review
- Good internal review of PMRT cases including of HSIB colleagues to fully discuss cases if required
- 100% of HSIB cases are reported and 95% + cases for PMRT are commenced in the timescale required

Points for Consideration

- Work towards external review for all PMRT case - consider grouping cases into thematic reviews for external clinical opinion e.g. congenital abnormality and severe prematurity
 - This will assist with workload requirement e.g. congenital abnormality and severe prematurity



IEA1	RAG
Q1 - Dashboards	Green
Q2 – External review of SIs	Green
Q3 – SIs to Board/LMNS	Green
Q4 - PMRT	Green
Q5 - MSDS	Green
Q6 - HSIB	Green
Q7 - PCQSM	Green
Q8 – SIs to Board/LMNS	Green

IEA2 Listening to Women & Families



Points for Celebration

- Posters with details of all maternity safety champions were visible in clinical areas
- A strong Parents Representative has been employed on a short term basis who is able provide robust user feedback
 - maximising the potential to reach minority groups
 - Links closely with all staff groups and senior leadership team

Points for Consideration

- PMRT meetings should be coordinated by the governance team
 - currently led by the bereavement midwife, could lead to conflict of interest
 - all cases should be reviewed by external MDT
- PMRT cases have MDT review and are taken for external review - consider grouping cases into thematic reviews for external clinical opinion e.g. congenital abnormality and severe prematurity
 - this would assist with workload for this requirement
- Support parent representative with longer term post to continue the excellent work underway

IEA2	RAG
Q9 – Advocate role	N/A
Q10 – Advocate role	N/A
Q11 – NED	
Q12 - PMRT	
Q13 – Service user feedback	
Q14 – Bimonthly safety champ meetings	
Q15 – Service user feedback	
Q16 – NED	

IEA3 Staff Training and Working Together



Points for Celebration

- Achieved the required standard for MDT training
- Comprehensive understanding of training data and training compliance rates
- At least twice daily consultant ward rounds are well embedded and feedback from staff is positive and supportive

Points for Consideration

- The upcoming implementation of a bespoke maternity EPR will assist in robust recording of the consultant ward round occurrences for evidence of continuing compliance

IEA1	RAG
Q17 – MDT Training	Green
Q18 – Cons. Ward Rounds	Green
Q19 – Ring-Fenced Funding	Green
Q20 -	Grey
Q21 – 90% MDT Training	Green
Q22 – Cons Ward Rounds	Green
Q23 – MDT Training Schedule	Green

IEA4 Managing Complex Pregnancy



Points for Celebration

- All women who were classified as high risk pregnancies were allocated a named consultant
- Maternal Medicine Network pathways are in place

Points for Consideration

- Two divergences are in place for SBLCBv2 with actions in place to address the non compliance
 - Continue to progress at pace UtAD training and the care pathway of women with a BMI of >35 to conform with national requirements

IEA4	RAG
Q24 – MMC Criteria	Green
Q25 – Named Consultant	Green
Q26 – Complex Pregnancies	Green
Q27 – SBLCBv2	Yellow
Q28 – Named Cons/Audit	Green
Q29 – MMC	Green

IEA5 Risk Assessment Throughout Pregnancy



Points for Celebration

- Antidotally antenatal risk assessment is carried out at every contact with evidence confirming compliance
- Review of incidents looks at care pathways and antenatal risk assessment compliance

Points for Consideration

- Two divergences are in place for SBLCBv2 with actions in place to address the non compliance
 - Continue to progress at pace UtAD training and the care pathway of women with a BMI of >35 to conform with national requirements
- The upcoming implementation of a bespoke maternity EPR will assist in robust recording of the antenatal risk assessment occurrences and interactive PCSP for evidence of continuing compliance

IEA5	RAG
Q30 – Risk assessment	Green
Q31 – Place of Birth RA	Green
Q32 – SBLCBv2	Yellow
Q33 – RA recorded with PCSP	Green

IEA6 Monitoring Fetal Well-Being



Points for Celebration

- Fetal wellbeing leads in post with clinical expertise
- Achieved the required standard for MDT training
- Comprehensive understanding of training data and training compliance rates

Points for Consideration

- Two divergences are in place for SBLCBv2 with actions in place to address the non compliance
 - Continue to progress at pace UtAD training and the care pathway of women with a BMI of >35 to confirm with national requirements
- *Q35 & 38 remains amber whilst not fully SBLCBv2 compliant

IEA6	RAG
Q34 – Leads in post	Green
Q35 – Leads expertise	Amber *
Q36 – SBLCBv2	Amber
Q37 – 90% MDT Training	Green
Q38 – Leads in post	Amber *

IEA7 Informed Consent

Points for Celebration

- A strong Parents Representative has been employed on a short term basis who is able provide robust user feedback
 - maximising the potential to reach minority groups
 - Links closely with all staff groups and senior leadership team
- Reinstatement of Homebirth services is welcomed to provide choice for women in place of birth

Points for Consideration

- Consider reviewing the existing forward audit plan to ensure the evidence demonstrates that women's choices have been respected, informed choice has been given and accessible information in all formats is available
- lack of patient information regarding choice of birth on trust website impacting on informed choice process.
 - trust website function converts english into other languages does not convert leaflets into the relevant language.
 - ensure the website can give service users access to pathways of care in any language required and capability of providing information for women and their families who have auditory and visual impairments



IEA7	RAG
Q39 – Accessible Information, Place of Birth	Yellow
Q40 – Accessible Information, All Care	Yellow
Q41 – Decision making and Informed Consent	Green
Q42 – Women’s Choices Respected	Green
Q43 – Service User Feedback	Green
Q44 - Website	Yellow

Workforce Planning & Guidelines



Points for celebration

- Visible leadership from director of midwifery and triumvirate in place, meeting weekly to discuss current concerns and solutions
- New dedicated retention midwife in post and already demonstrating ability to support staff to stay in post
- Wide range of specialist midwife roles in place who were extremely knowledgeable, enthusiastic and inspiring staff in post
- Coherent matron team who work well together

Points for consideration

- There is an over reliance on a small number of key obstetricians for multiple roles which is a risk if any absences occur and additionally to support antenatal clinic capacity with the increase in bookings from NUH
 - Review and increase the obstetric workforce to take this into account
 - Review and share the PA allocation for important and essential additional obstetric roles including; governance Lead; SBLCBv2 lead, audit Lead, guideline Lead, PMRT Lead, fetal monitoring lead
- Continue the plan to recruit a Head of Nursing to support the DOM for Children's and Neonates workload

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

Additional Celebration Points

- Effective induction of labour pathway in place keeping delays to a minimum
- Excellent Blood spot screening QI project –improving the screening pathway and experience of women and babies
- Introduction of the Each Baby Counts Escalation Tool to improve safety and support staff in structured conversations
- Listening event has been undertaken to hear the voices of obstetric trainees and plan solutions following concerns raised in HEE survey

Additional Points for Consideration

- Progress the work underway to fully implement BSOTS when staffing allows
 - continue to monitor outcome data and ability to achieve timely assessment in triage

Offers of Support to Trust



- Link SFH Digital lead Midwife with other Trusts using Badgernet

The visiting team would like to express thanks to all the staff who on the day of the visit were very welcoming in sharing their thoughts regarding the maternity services.