

In December 2020, the Interim Ockenden Report was published, which set out seven immediate and essential actions (IEAs) for NHS trust maternity services under 7 key themes. The final report was published on the 30th of March 2022 and identified 15 actions in total.

BPAS recognises that these reports relate to maternity services, however, as a responsive organisation that cares for pregnant women and is committed to following national recommendations aimed at improving quality of care, we have reviewed the recommendations for applicability to our service. BPAS have reviewed the 15 Actions within the final Ockenden report, and we have summarised our response as to how they fit in at BPAS by using the initial 7 (IEAs) as they are more aligned to the care provided at BPAS.

1

## Enhanced Safety

Safety is at the heart of the care we provide at BPAS. We have robust processes to identify and investigate incidents. These include local, regional, and national staff members and, where appropriate, external independent roles to provide oversight and scrutiny through a multi-disciplinary approach. Our Safety Strategy focuses on ensuring our culture supports a continuous learning approach so that opportunities for improvement are identified and acted on.

2

## Listening to Women and their Families

We will continue to work closely with our clients to ensure that we act on feedback from anyone who accesses our services. All clients are asked to provide feedback on and throughout their care pathway at BPAS. Results from feedback and client satisfaction surveys are presented and monitored through our safety and clinical governance processes: local action plans are implemented where improvements are required.

BPAS has a Director of Client Experience whose role is primarily to ensure that clients' experience and feedback is incorporated into policy and practice. Formal complaints are managed centrally with input and statements from the areas from which complaints have arisen. We share complaint findings across the organisation to learn from them and reduce the risk of a recurrence. Local complaints and concerns emerging from feedback are managed at the point of care by Treatment Unit Managers and Lead Nurses and Midwives. Where applicable we will meet face to face with clients to address their concerns or discuss a complaint response.

3

## Staff Training and Working Together

Staff who work together must train together. We continue to deliver a programme for staff training that is inclusive of all that are involved in service delivery to promote multi-disciplinary working. Recognising the importance of remaining current and enabling our staff to work effectively as a team, we are in the process of updating and relaunching our Scenario Based Education (SBE) training that is aligned with the principles of the NHS Health Education England (2018) SBE Framework. BPAS has invested in a Clinical Practice Facilitator to ensure that our program is delivered, evaluated and responsive. BPAS is also implementing a leadership development programme aimed at established and aspiring lead nurses, midwives, and operating department practitioners.

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## Managing Complex Pregnancies

Clients that attend BPAS may have complex medical histories and will be referred for review by a team of doctors assigned to assess suitability for treatment at BPAS if needed. This could include the involvement of a Regional Clinical Director or the Lead Anaesthetist. Where we at BPAS are unable to assist, we have pathways in place to refer to specialised units that continue the care of our clients.

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## Risk Assessment Throughout Pregnancy

Our staff must ensure that clients are risk assessed throughout their care pathway at BPAS. Our clients will receive a thorough formal risk assessment at consultation. We will continue to review our care pathways to ensure robust risk assessments are in place at all appropriate points and where improvements can be made, we will.

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## Monitoring a Baby during Pregnancy

BPAS recognises that for our clients this action is not directly relevant. However, BPAS also recognises that some women will choose to continue their pregnancy following counselling and discussion with staff. Some women will also need to be referred to Maternity Units if they exceed the gestational age limit for a lawful abortion within our service. BPAS will always refer clients directly to a Maternity Unit formally and immediately in such cases.

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## Informed Consent

BPAS places the client at the centre of decisions about their care. We aim to provide clients with all the information they require, in a format appropriate to their individual needs so that we can fully support and aid them to make informed decisions about their care. All staff who take consent from clients are trained in the consent process and undertake assessments of capacity for all clients in order for them to provide consent. If there are concerns with the ability of a client to consent, then a mental capacity assessment is completed. Our consent forms are standardised to ensure all risks and complications that have been individually discussed with the client in a way that is appropriate for their understanding and are documented and captured on the consent form. The clinicians sign to state that they have discussed the treatment options and risks and complications with the client, ensuring this is understood and accepted. We are currently trialling a video consent to further enable understanding along with an explanation of potential treatments prior to their consultation at BPAS.