The Ockenden Report (30 March 2022)

Findings, conclusions and essential actions from the independent review of maternity services at The Shrewsbury and Telford Hospitals NHS Trust

How clinical audit features in the report...

Clinical Audit
SUPPORT CENTRE

Concerns with clinical guidelines and clinical audit (p.35)

The above point is made in response to the review team looking at local governance arrangements in the Trust.

Lack of multidisciplinary input into audits (p.48)

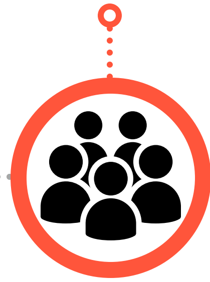
The report highlights attendance of junior doctors at audit meetings as 'often lacking'. Engagement of obstetricians, midwives and anaesthetists in clinical audit appears to have oscillated over time.

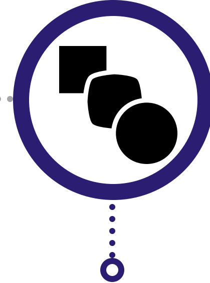
Evidence of audits being part of a corporate annual plan (p.48)

There is evidence of formal registration of women's and children's audits throughout the review period, forming part of the yearly corporate audit plan.

NHS Resolution (NHSR) rated audits highly at the Trust in 2013/14 (p.50-51)

The trust scored a remarkable 48/50 for their Level 3 NHSR assessment. Audits reports were described 'in general of a high quality'. There is a disparity between NHSR observations and the findings of the review team.





Clinical audit agreed, but not undertaken (p.38)

Following an RCA investigation focusing on fetal monitoring issues, changes in care were agreed and it was stated that a relevant clinical audit would be carried out. The review team found 'no evidence that an audit was undertaken... or that updated practice had been embedded'.

Lack of change in practice resulting from audits (p.48 and p.50)

The report cites 'a lack of change in practice and monitoring of compliance in response to clinical incidents'. Page 50 notes 'there is a lack of consistent evidence that practice changed as a result of audits'. The majority of audits did not make reference to previous audit findings. Opportunities for comparisons and improving care were lost.

Sub-standard action planning (p. 50)

'Many action plans merely stated the means of dissemination of findings rather than addressing the discrepancies identified'. Often there was no action plan to improve compliance. The management of maternity audits were a significant lost opportunity to improve the quality of maternity care at the Trust.