

Meeting Title	Board of Directors		
Date	18.03.21	Agenda item	Bo.3.21.28

## OCKENDEN ASSURANCE SUBMISSION

Presented by	Karen Dawber, Chief Nurse		
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Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	For Quality Committee to note the completed Ockenden assurance template which will be submitted to the Regional Chief Midwifery Officer on behalf of the National Maternity Transformation Team, on 15 February 2021		
Key control	N/A		
Action required	For information		
Previously discussed at/ informed by	N/A		
Previously approved at:	Academy/Group	Date	
	Executive Team Meeting E.2(2).21.11	08.02.21	
	Regulation and Assurance Committee RC.2.21.10	17.02.21/10/03/21	
	Quality Academy QA.2.21.10	24.02.21	

### Key Options, Issues and Risks

The Ockenden report of Maternity Services at Shrewsbury and Telford NHS Trust was published on 10 December 2020. The report looked at maternal and neonatal harms occurring between 2000-2019 at Shrewsbury and Telford Hospital and resulted in 27 recommendations for the named Trust with a further 7 early recommendations, referred to as immediate and essential actions (IAEs) to be implemented by all NHS Maternity services.

BTHFT Maternity service responded promptly to the report, completing initial benchmarking within 3 days and provided assurance of implementation of the 7 IAEs to NHSE by the 15 December 2020 submission deadline.

A further assurance template has now been completed for executive approval prior to submission to the Regional Midwifery Officer on 15 February 2021.

Following submission of the template, evidence of compliance and progress will be submitted via a national portal which is yet to be developed and opened. The service has commenced evidence collection in anticipation of a submission date in late February/early March.

### Analysis

Completion of the assurance template demonstrates a high level of existing compliance with the 7 immediate and essential Ockenden safety actions. In some instances, recommendations are already well embedded within the governance and ward to board reporting structure at BTHFT.

A number of recommendations require a statement of commitment to implement, on receipt of further National and Local Maternity System guidance and agreed processes. These recommendations are beyond the immediate control of the service. However, there is full engagement and a willingness to implement as soon as further information is available.

The assurance template has identified some recommendations which will have a resource implication to implement fully. The full extent of this is as yet unknown as some resource will be required to implement recommendations including the independent advocate role, which does not currently have an agreed job description.

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The service has a high level of confidence that compliance with the outstanding recommendations will be achieved.

#### **Recommendation**

- The Board of Directors is asked to receive and note the assurance template (Appendix 1).
- The Board of Directors is asked to receive and note the 'statement of commitment' which will be submitted as supporting evidence (Appendix 2).
- The Board of Directors is asked to note that there will be a resource implication, as yet unquantified, to implement some of the outstanding recommendations.

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
<b>NHS Improvement: (please tick those that are relevant)</b> <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain:</b> Choose an item.
<b>Care Quality Commission Fundamental Standard:</b> Choose an item.
<b>NHS Improvement Effective Use of Resources:</b> Choose an item.
<b>Other (please state):</b>

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>1</b>	<b>PURPOSE/ AIM</b>
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This paper has been prepared for the Quality Academy to note the completed Ockenden assurance template and which will be submitted to the Regional Chief Midwifery Officer on behalf of the National Maternity Transformation Team, on 15 February 2021.

<b>2</b>	<b>BACKGROUND/CONTEXT</b>
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The Ockenden report of Maternity Services at Shrewsbury and Telford NHS Trust was published on 10 December 2020. The report looked at maternal and neonatal harms occurring between 2000-2019 at Shrewsbury and Telford Hospital and resulted in 27 recommendations for the named Trust with a further 7 early recommendations, referred to as immediate and essential actions (IAEs) to be implemented by all NHS Maternity services.

BTHFT Maternity service responded promptly to the report, completing initial benchmarking within 3 days and provided assurance of implementation of the 7 IAEs to NHSE by the 15 December 2020 submission deadline.

A further assurance template has now been completed for and was approved by the executive team prior to submission to the Regional Midwifery Officer on 15 February 2021. All Maternity services have been asked to populate the attached template (Appendix 1) and were asked not to deviate from this format.

Following submission of the template, evidence of compliance and progress will be submitted via a national portal which is yet to be developed and opened. The service has commenced evidence collection in anticipation of a submission date in late February/early March.

#### Compliance and progress:

Completion of the assurance template has provided a high level of confidence that the Maternity service at BTHFT is well on the way to meeting the Ockenden recommendations. Indeed, some recommendations are already well embedded in practice, particularly the direct relationship between the service and the Board which provides clear and transparent oversight of both poor outcomes and successes/achievements on a monthly basis.

A number of recommendations require further information and guidance either from National level, for example implementation of the independent advocate role, or from the West Yorkshire and Harrogate Local Maternity System, such as agreed processes for Serious Incident reporting.

The service commits to supporting and implementing these outstanding recommendations on receipt of further guidance.

#### Resource Implications:

The Regional Chief Midwife and the LMS have asked organisations to identify any potential resource implications associated with implementation of the recommendations. This is to enable the regional and national teams to understand any potential barriers to implementation.

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The service has identified the following as potential resource implications:

- Potential that Consultant Obstetrician time may be required to review SI's for other organisations as part of the LMS process.
- Appointment of an Independent Perinatal Advocate. As yet it is unknown who will have responsibility for appointing and hosting this role, therefore the resource required is unknown.
- It is likely that Bradford will become a regional 'spoke' for maternal medicine, with Leeds Teaching Hospitals being the 'hub'. Funding arrangements have yet to be determined.
- The service have committed to implementing the national antenatal risk assessment process, as yet undescribed. It is unknown if this will have a resource implication.
- The service has identified an Obstetric Fetal Monitoring Lead. Guidance on the recommended time allocated to this role has not yet been shared.
- Ongoing development and maintenance of the Trust's Maternity website to the required standard, may incur additional costs.
- Birth Rate Plus has been commissioned and data collection commenced in November 2020. Analysis is expected in February/March 2021 and an increase to the midwifery establishment to meet the needs of the service and implement further continuity of carer pathways to achieve the 51% trajectory, is an anticipated recommendation.

### **3 PROPOSAL**

The service proposes that the Executive Team are updated with a paper outlining the additional resource requirements to achieve full compliance, when the outstanding national guidance and LMS pathways are received.

### **4 BENCHMARKING IMPLICATIONS**

The completed assurance templates will be collected and collated at North East and Yorkshire Regional level, and West Yorkshire and Harrogate Local Maternity System (LMS), to provide an overview of compliance and areas of challenge which will contribute to the national picture.

### **5 RISK ASSESSMENT**

### **6 RECOMMENDATIONS**

- The Board of Directors is asked to receive and note the assurance template (Appendix 1).
- The Board of Directors is asked to receive and note the 'statement of commitment' which will be submitted as supporting evidence (Appendix 2).
- The Board of Directors is asked to note that there will be a resource implication, as yet unquantified, to implement some of the outstanding recommendations.

### **7 Appendices**

- Ockenden assurance template - Appendix 1
- Statement of Commitment - Appendix 2