

Board of Directors' Meeting 10 June 2021

Agenda item	132/21			
Report	The Ockenden Report – Progress Report			
Executive Lead	Director of Nursing			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance	√	BAF 1, BAF 2, BAF 8	
	For decision / approval		Link to risk register:	
	For review / discussion		CRR 16	
	For noting		CRR 18	
	For information		CRR 19	
	For consent		CRR 23	
		CRR 27		
		CRR 31		
Presented to:				
Dependent upon (if applicable):				
Executive summary:	<p>This report presents an update to the Trust's Ockenden Report Action Plan and other related matters.</p> <p>The Board of Directors is requested to receive and review:</p> <ul style="list-style-type: none"> • This report, and the Ockenden Report Action Plan at Appendix One • Decide if any further information, action and/or assurance is required 			
Appendices	Appendix One: Ockenden Report Action Plan at 30 th May 2021			

1. PURPOSE OF THIS REPORT

1.1 This report presents an update on all 52 actions in the Trust's Ockenden Report¹ Action Plan since the last meeting of the Board of Directors in Public on 6th May 2021. In addition, updates are provided in relation to other related matters.

2. THE OCKENDEN REPORT (INDEPENDENT MATERNITY REVIEW - IMR)

2.1. The Board of Directors received the first Ockenden Report - Emerging Findings and Recommendations from the Independent Review of Maternity Services at Shrewsbury and Telford NHS Trust; Our First Report following 250 Clinical Reviews, at its meeting in public on 7th January 2021.

2.2. The report sets out the following actions for the Trust to implement:

2.2.1. Twenty-seven Local Actions for Learning (LAFL), which are specific 'Must Do' actions for this Trust, and;

2.2.2. Seven Immediate and Essential Actions (IEA) for all NHS providers of maternity care, which apply to this Trust, also. These seven themes comprise 25 related actions.

2.2.3. In total, there are 52 specific actions for the Trust to implement.

2.3. All of the Ockenden actions (LAFL and IAE's) have been cross-referenced to the Trust's Maternity Transformation Plan, which now includes The Maternity Improvement Plan, as workstream 6.

2.4. The latest version of the first Ockenden Report Action Plan is presented at **Appendix One** for the Board's consideration (Note: Glossary and Index are at the back of the plan).

3. STATUS OF REQUIRED ACTIONS

3.1. During May 2021, none of the actions have been due to meet their delivery dates. As such, there are no changes this month to the numbers of action at delivered, not yet evidenced status. The '**Delivery Status**' position of each of the 52 actions as at 30 May 2021 is summarised in the following table:

	Total Number of Actions	Not Yet Delivered		Delivered, Not Yet Evidenced		Evidenced and Assured
		March	April/May	March	April/May	
LAFL	27	24	15	3	12	0
IEA	25	23	17	2	8	0
Total	52	47	32	5	20	0

3.2. The '**Progress Status**' position of each action as at 30 May 2021 is summarised in the following table, which shows that 45 actions remain 'on-track'. In May 2021, the Board of Directors was advised that four actions were off track for a variety of reasons. These are:

¹ www.gov.uk/official-documents. (2010) Ockenden Report – Emerging Findings and Recommendations from the Independent Review of Maternity Services at Shrewsbury and Telford NHS Trust; Our First Report following 250 Clinical Reviews.

- 3.2.1. **LAFI 4.65** – *The maternity service must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion the development and improvement of the practice of bereavement care within maternity services at the Trust.*

There is the need for additional posts to be in place before this action can be met fully. These form part of the overall maternity business case that is under consideration. Interim arrangements are in place in the meantime.

- 3.2.2. **LAFI 4.98** – *There must be clearly documented early consultation with a neonatal intensive care unit (often referred to as tertiary units) for all babies born on a local neonatal unit who require intensive care.*

There is an apparent contradiction between the requirement as expressed in the Ockenden Report, and current national and network guidance (from BAPM - the British Association of Perinatal Medicine). Attempts are being made to seek clarification on this.

- 3.2.3. **IEA 1.6** – *All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time the LMS for scrutiny, oversight and transparency. This must be done every 3 months.*

There is plan to start to provide a summary of all maternity serious incidents and key related issues to the Board of Directors' meeting in public from August 2021.

- 3.2.4. **IEA 7.2** – *women must be enabled to participate equally in all decision making processes and to make informed choices about their care.*

This actions requires greater consultation with service users, the Maternity Voices Partnership, and Workstream 5 of the Maternity Transformation Plan – Communications and Engagement. Dr Mei-See Hon, Clinical Director is taking over as the leader for this workstream, which should ensure that greater traction is made going forward.

- 3.2.5. The three actions that have not yet started (insert IEA's 1.1, 1.3 and 1.4), all relate to the Trust not being a single Local Maternity and Neonatal System (LNMS) and, also, the assurance of the same. Discussions about this are progressing steadily and the status of these three actions will be considered at the Maternity Transformation Assurance Committee on Tuesday 8th June 2021.

During May 2021, discussions have been taking place with the Shropshire, Telford and Wrekin LMNS to commission some work as part of the system-wide dashboard development in order to support the Trust to strengthen the timeliness and accuracy of maternity-related data that is reported on currently. The idea is to integrate the Trust and LMNS data sources to produce one suite of information that can then be used in a variety of ways and for a number of meetings and accountability forums. This work is being progressed and will be tested before being taken forward more formally.

In the meantime, the following table summarises the position in relation to the 'Progress Status' of all of the actions

	Total Number of Actions	Not Started	Off Track (see exception report)		At Risk (see exception report)		On Track		Completed
			March	April/ May	March	April/ May	March	April/ May	
LAFI	27	0	0	2	0	0	27	25	0
IEA	25	3	0	2	0	0	22	20	0
Total	52	3**	0	4 (det.* by 4)	0	0	49	45 (det.* by 4)	0

*deteriorated but due to have proposed revised timeframes for completion considered at the MTAC meeting on 8th June 2021** delivery and progress status due to be considered at the MTAC meeting on 8th June 2021

3.3. In summary, good progress is being made with the action plan overall, and the governance and assurance around this is becoming more robust and clearer. The Maternity Transformation and Assurance Committee (MTAC) will continue to oversee the delivery of and assurance around this action plan.

4. OTHER MATTERS RELATING TO THE OCKENDEN REPORT ACTIONS

4.1. IEA Return to NHS Midlands on delivery of the Immediate and Essential Actions

4.1.1. The Trust made the required submission to NHSE/I on 12th February 2021 prior to the required deadline of 15th February. This provided the Trust's status against all of the Immediate and Essential Actions.

4.1.2. All NHS providers of maternity care are required to upload their evidence against the seven Immediate and Essential Actions to a central portal by Monday 14th June 2021. A minimum evidence template has been provided to Trusts to support this work. The Trust is in the process of compiling and uploading its evidence. On Tuesday 15th June, representatives of the Trust will attend a 'confirm and challenge' meeting with NHS Midlands region, the CCG and LMNS to determine the Trust's progress against the IEA actions. The outcome of this will be reported to the Board of Directors in due course.

4.2. Patient/Family Engagement

4.2.1. The Terms of Engagement with the Healthcare Safety Investigation Branch (HSIB) have now been finalised. The Trust is now developing a Family Liaison role and the job description and person specification for this are now being developed and progressed.

4.3. External Expert Advisory Panel (EEAP)

4.3.1. A meeting between the members of the EEAP and the Trust's Chair, Director of Nursing, Independent Governance Adviser and the Programme Director for Maternity Assurance took place on 18th May. This was to re-engage with the panel and to discuss options for them to work with the Trust. This was a really positive meeting and the panel would like to continue to work with the Trust. With regards to the way forward, the panel has suggested having meetings with the Trust, for them to establish direct contact between panel members and their clinical counterparts and, possibly, a panel visit to the Trust. These are all now being progressed with the panel.

4.4. Workforce Plan, Including Birthrate Plus Assessment

4.4.1. The Trust has received the final Birthrate Plus report from the audit that was undertaken in 2020. It was hoped to bring the results from this to this meeting. The draft report was considered as part of the Clinical Negligence Scheme for Trusts' (CNST) review work that is underway currently. However, further work is required on it in order to make it compliant with the standards. Therefore, this will need to be deferred to the July 2021 meeting of the Board of Directors.

5. **OCKENDEN REPORT ASSURANCE COMMITTEE (ORAC)**

The third Ockenden Report Assurance Committee took place on Thursday 27th May 2021. The Chair will discuss this committee in her report at today's meeting.

6. **SUMMARY**

Progress continues to be made against the required actions from the first Ockenden Report (2020), and this work continues at pace.

7. **ACTION REQUIRED OF THE BOARD OF DIRECTORS**

The Board of Directors is requested to receive and review:

- This report, and the Ockenden Report Action Plan at **Appendix One**
- Decide if any further information, action and/or assurance is required

Hayley Flavell
Executive Director of Nursing
June 2021

Appendix One: Ockenden Report Action Plan at 23rd April 2021