

## Board of Directors Meeting - Cover Sheet

<b>Subject:</b>	NHSR and Ockenden Update Paper	<b>Date:</b>	1 July 2021	
<b>Prepared By:</b>	Lisa Gowan, General Manager			
<b>Approved By:</b>	Julie Hogg, Chief Nurse			
<b>Presented By:</b>	Julie Hogg, Chief Nurse			
<b>Purpose</b>				
The purpose of this paper is to provide Trust Board with an update on our implementation of the Ockenden immediate and essential actions and our compliance with the NHS Resolution (NHSR) safety actions.			<b>Approval</b>	X
			<b>Assurance</b>	X
			<b>Update</b>	X
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
X	X	X	X	
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
<b>Risks/Issues</b>				
<b>Financial</b>	NHSR provides SFH with a rebate			
<b>Patient Impact</b>	Links to the 10 steps to safety and 7 Immediate Ockenden Actions			
<b>Staff Impact</b>	Staffing workforce models under review			
<b>Services</b>	National and local compliance against Maternity and Neonatal service specifications			
<b>Reputational</b>				
<b>Committees/groups where this item has been presented before</b>				
The evidence provided for compliance with the NHS Resolution safety actions has been reviewed and approved by the Maternity Assurance Committee.				
<b>Executive Summary</b>				
<p>The purpose of this paper is to provide Trust Board with an update on our implementation of the Ockenden immediate and essential actions and our compliance with the NHS Resolution safety actions.</p> <p>Our NHSR submission requires the Trust Board to sign off our self-declaration by 15<sup>th</sup> July. This paper offers the Trust Board an overview of the Governance arrangements that have been followed to ensure full oversight on the evidence submissions.</p> <p>A self-assessment (gap analysis) against the Ockenden minimum evidence requirements of the seven immediate and essential actions (IEAs) has been undertaken by the maternity service and this paper provides an update on progress. For note, the national portal for uploading the evidence has been extended from 15 June to 30 June. Evidence will be validated by the national maternity team.</p> <p>Recommendations</p> <ol style="list-style-type: none"> <li>Trust Board are asked to confirm support for compliance against the 10 safety actions on the NHSR declaration form</li> <li>Trust Board note that this declaration form is required to be submitted by 12 noon on 15</li> </ol>				

July 2021

3. Trust Board are asked to note the self-assessment position against the seven IEA's of Ockenden.
4. Trust Board are asked to note that IEA 2,3 & 7 will remain partially compliant based on the availability of the minimum evidence
5. Trust Board are asked to confirm that they are content for the IEA's where partial compliance is demonstrated will continue be managed through the Maternity Assurance Committee which has executive oversight and reports to the Quality Committee

## Purpose

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## Governance

Both NHSR and Ockenden have been overseen by the Maternity Assurance Committee. This meeting is chaired by the Chief Nurse and has other executive representation. In addition, there are external colleagues from University College London Hospitals FT, the Maternity Voices Partnership along with the CCG. This committee has met twice since forming in May 2021.

Each meeting has allowed the committee members to review in detail the evidence provided by the maternity service.

## Reviewing evidence

All evidence has been uploaded to the NHS Futures Platform. All committee members have been granted access to the platform and have been able to review the progress of the evidence submissions in detail prior to the committee meetings.

In addition, the executive commissioned 360 assurance to review safety actions 3, 6, 8 and 9. This detailed review has provided further resilience along with confirm and challenge around the evidence submissions.

### 1. NHSR Update

The below gives an overview on the each of the 10 safety actions and the recommendation for sign off following the self-assessment process and the oversight of the Maternity Assurance Committee alongside the external review undertaken by 360 Assurance.

#### Safety Action 1

This safety action is externally validated

Description	Self-Assessment
Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	Compliant

## Safety Action 2

This action is externally validated

Description	Self-Assessment
Are you submitting data to the Maternity Services Dataset (MSDS) to the required standard?	Compliant

## Safety Action 3

This action was externally validated by 360 assurance who have supported compliance

Description	Self-Assessment
Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units programme?	Compliant

## Safety Action 4

This safety action was reported to Trust Board on 4 March 2021. The agreement to declare compliance was confirmed at the Maternity Assurance Committee meeting on 7 June 2021 accepting that there is a requirement to invest in the Advanced Neonatal Workforce (ANNP) which was a recommendation from the Neonatal Critical Care Review (NCCR). At this stage a funding stream has not been identified. There is, however, a developed operational and business plan. The division continues to work with the Neonatal Operational Delivery Network (ODN) to source external funding streams.

Therefore compliance is underpinned by having the relevant action plans in place.

Description	Self-Assessment
Can you demonstrate an effective system of clinical workforce planning to the required standard?	Compliant

## Safety Action 5

The Maternity Assurance Committee confirmed compliance on 7 June 2021 noting the midwifery staffing paper presented previously to Trust Board following the Birthrate Plus workforce review. Midwifery recruitment continues to increase the establishment. Trust Board will continue to have oversight of this via the bi-annual staffing papers.

Description	Self-Assessment
Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Compliant

## Safety Action 6

This action was externally reviewed by 360 assurance and following acceptance from the Clinical Network on 2 June 2021 on clinical divergence for women requiring uterine artery Doppler's and BMI>35, this safety action was confirmed as compliant.

Description	Self-Assessment
Can you demonstrate compliance with all five elements of the Saving Babies Lives care bundle version two?	Compliant

## Safety Action 7

It was acknowledged at the Maternity Assurance Committee on 7 June 2021 that whilst there was support to confirm compliance, the evidence provided demonstrated an immature approach to co-production. It was agreed that further work with the MVP was required to develop a framework to support co-production.

Description	Self-Assessment
Can you demonstrate that you have a mechanism for gathering service user feedback and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services	Compliant

## Safety Action 8

This action has been externally validated by 360 assurance as well as the Maternity Assurance Committee on 7 June 2021. Sign off was supported by both.

Description	Self-Assessment
Can you evidence that the maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	Compliant

## Safety Action 9

This action has been externally validated by 360 assurance as well as the Maternity Assurance Committee on 7 June 2021. There was significant debate around the terminology used in the evidence requirements around "Board oversight" and "Board level oversight" which appears interchangeable in relation to the Continuity of Carer (CoC) action plan.

The outcome from MAC was to further clarify with the Regional Chief Midwife that she was content that CoC is discussed as a regular agenda item at Safety Champions and that the Maternity Transformation programme was overseen organisationally at the Transformation Cabinet. Both groups have board level representation and report to Non-Exec led overarching committees.

Based on the Regional Chief Midwife's feedback that our approach is consistent with the spirit of the safety action, the recommendation is to declare this as compliant noting that this

has had board level oversight between January and April and formal board oversight from May.

Description	Self-Assessment
Can you demonstrate that the Trust safety champions are meeting bi-monthly with Board level champions to escalate locally identified issues?	Compliant

### **Safety Action 10**

Compliance was supported following review at the Maternity Assurance Committee on 7 June 2021.

Description	Self-Assessment
Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification (EN) Scheme?	Compliant

## **2. Ockenden Submission Update**

In the Trust Board paper from February 2021, the maternity service had declared non-compliance on two out of the seven IEA's. These are described below along with a short update:-

### **IEA 2 – Listening to Women and their Families**

This was due to us not having an Independent Senior advocate or an advocate in place to support families. We are now awaiting further national guidance on both of these roles before this is taken forward. Because of this change nationally, we feel now we are compliant against all the other elements within IEA 2. However, to ensure transparency, we will continue to be partially compliant until the detail of these posts becomes clear and we are able to respond to this.

### **IEA 3 – staff training and working together**

This centred on the ability to embed resident twice daily ward rounds on labour ward 7 days a week. The service has now appointed an additional consultant on 7 June 2021 to provide a sustainable solution. This IEA will remain partially compliant until the new consultant starts in September.

## Current RAG rated position

Below is the current position on the Immediate & Essential Actions (IEA's) alongside the self-assessment RAG rating against the minimum evidence requirements:-

	June 21	Sept 21	Dec 21	March 22
IEA 1 Enhanced Safety	Green	Green	Green	Green
IEA 2 Listening to Women and families	Yellow	Yellow	Green	Green
IEA 3 Staff training and working together	Yellow	Green	Green	Green
IEA 4 Managing complex pregnancy	Green	Green	Green	Green
IEA 5 Risk assessment throughout pregnancy	Green	Green	Green	Green
IEA 6 Monitoring fetal wellbeing	Green	Green	Green	Green
IEA 7 Informed consent	Yellow	Green	Green	Green

### IEA 7 – Informed Consent

It was noted that there was a significant absence of data which requires further discussion with the Maternity Voices Partnership (MVP) Chair. It was also noted that the most recent Ockenden guidance sets an expectation of all information being available on the website. This is currently not the case at SFH. For this reason, we have self-assessed IEA 7 as partially compliant.

### Conclusion

Trust Board are asked to take note of the update on both NHSR and Ockenden as described above.

### Recommendations

1. Trust Board are asked to confirm support for compliance against the 10 safety actions on the NHSR declaration form
2. Trust Board note that this declaration form is required to be submitted by 12 noon on 15 July 2021
3. Trust Board are asked to note the self-assessment position against the seven IEA's of Ockenden.
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