

Board of Directors Meeting - Cover Sheet

Subject:	Ockenden Report- One Year On at Sherwood Forest Hospitals		Date: 7 th April 2022															
Prepared By:	Paula Shore, Divisional Head of Nursing and Midwifery																	
Approved By:	Julie Hogg, Chief Nurse																	
Presented By:	Julie Hogg, Executive Board Safety Champion & Clare Ward, Non-executive Board safety champion																	
Purpose																		
This paper provides a further update to Trust Board on the Ockenden response one year on from the previous report, presented on the 4 th of February 2021.			Approval															
Trust Board members are asked to note the updated commentary which is described below against the seven Immediate and Essential Actions (IEAs)			Assurance	x														
			Update	x														
			Consider															
Strategic Objectives																		
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value														
x		X	x															
Overall Level of Assurance																		
	Significant	Sufficient	Limited	None														
		X Full compliance with 6 out of 7 IEA with partial in the remaining 1																
Risks/Issues																		
Financial																		
Patient Impact	x																	
Staff Impact	X																	
Services	x																	
Reputational	x																	
Committees/groups where this item has been presented before																		
Maternity Assurance Committee 8 th March 2022 LMNS Ockenden Panel Review Meeting 23 rd March 2022																		
Executive Summary																		
This paper provides the Board with an updated position and assurance against the Ockenden One Year on questioning. The proposed response has been endorsed by the LMNS.																		
There are seven Immediate & Essential actions identified:																		
<table border="0"> <tr> <td>1. Enhanced Safety</td> <td>Fully compliant</td> </tr> <tr> <td>2. Listening to Women & Families</td> <td>Fully compliant</td> </tr> <tr> <td>3. Staff training & working together</td> <td>Fully compliant</td> </tr> <tr> <td>4. Managing complex pregnancy</td> <td>Fully compliant</td> </tr> <tr> <td>5. Risk assessment throughout pregnancy</td> <td>Fully compliant</td> </tr> <tr> <td>6. Monitoring fetal wellbeing</td> <td>Fully compliant</td> </tr> <tr> <td>7. Informed consent</td> <td>Partial compliance (71%)</td> </tr> </table>					1. Enhanced Safety	Fully compliant	2. Listening to Women & Families	Fully compliant	3. Staff training & working together	Fully compliant	4. Managing complex pregnancy	Fully compliant	5. Risk assessment throughout pregnancy	Fully compliant	6. Monitoring fetal wellbeing	Fully compliant	7. Informed consent	Partial compliance (71%)
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The service is partially compliant with IEA 7 due to the questioning around the Maternity Voice partnerships, in which the action requires a sign off from the MVP chair. This position, having been vacant since August 2021 is acknowledged as a risk on the LMNS risk register. Whilst we have been able to make a local plan to ensure the woman's / birthing person's voice has been heard through other mechanisms, anything requiring the sign off from the MVP chair, following the panel review has been marked off as non-compliant.

The Board are asked to note:

- This version has been endorsed by the LMNS
- Partial compliance is highlighted in the paper below at IEA7
- Local actions taken over the last year, using funding from the LMNS have strengthened the evidence for ensuring the woman's / birthing persons voice is heard.

