

## Board of Directors

4<sup>th</sup> February 2020

<b>Report Title:</b>	Transforming Perinatal Safety, Ockenden Assessment Assurance
<b>Executive/NED Lead:</b>	Giles Thorpe, Chief Nurse
<b>Report author(s):</b>	Anne Rutland, Associate Director of Clinical Governance
<b>Previously considered by:</b>	N/A

**Approval**

**Discussion**

**Information**

**Assurance**

### Executive summary

Following the publication of the Ockenden Report in December 2020 and introduction of the Transforming Perinatal Safety Programme (also taking into account previous reports such as Kirkup and Morecombe Bay), all Trusts have been asked to assess their current position against the 7 Immediate and Essential Actions (IEAs) in the Ockenden Report and provide assurance of *effective* implementation to their boards, Local Maternity and Neonatal System Board (LMNSB) and NHS England and NHS Improvement regional teams.

The 7 Immediate & Essential Actions (IEA's) are:

1. **Enhanced Safety:** Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.
2. **Listening to Women & Families:** Maternity services must ensure that women and their families are listened to with their voices heard.
3. **Staff Training & Working Together:** Staff who work together must train together
4. **Managing Complex Pregnancy:** There must be robust pathways in place for managing women with complex pregnancies
5. **Risk Assessment Throughout Pregnancy:** Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.
6. **Monitoring Fetal Wellbeing:** All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.
7. **Informed Consent:** All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.

The assessment and assurance tool has been provided by NHSE/I to enable the Trust to critically evaluate the current position and identify further actions and support requirements in a structured response. Evidence of the assessment will be submitted in the coming months and according to guidance when issued, and with the support of the Maternity Voices Partnership as required. Regional Teams will assess the outputs of the self-assessment and will work with providers to understand where the gaps are and provide additional support where this is needed. This will ensure that the 7 IEAs and the associated 12 clinical priorities will be

implemented with the pace and rigour commensurate with the findings and ensure that pregnant people and their babies are safe.		
<b>Action Required of the Board/Committee</b> The Board is asked to approve the assessment and response following recommendation by the Chief Nurse and NED responsible for the oversight of maternity services, prior to submission to NHS England and Improvement.		
For the Board to be informed of actions taken to mitigate nosocomial transmission of Covid-19 and the work required to address the gaps identified.		
<b>Link to Strategic Objectives (SO)</b>		<b>Please tick</b>
SO1	Keep people in control of their health	<input checked="" type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO4	Drive technology enabled care	<input type="checkbox"/>
<b>Risk Implications for the Trust</b> <i>(including any clinical and financial consequences)</i>		A failure to learn lessons from high level inquiries such as the Ockenden Review may lead to people in our care coming to harm.
<b>Trust Risk Appetite</b>		The Board has a cautious view of risk when it comes to patient safety, patient experience or clinical outcomes and places the principle of “no harm” at the heart of every decision it takes. It is prepared to accept some risk if, on balance, the benefits are justifiable and the potential for mitigation actions are strong. When taking decisions involving choices between a wide range of outcomes, it will prioritise the option resulting in the greatest benefit for the most patients.
<b>Legal and regulatory implications</b> <i>(including links to CQC outcomes, Monitor, inspections, audits, etc.)</i>		A risk of enforcement action under the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.
<b>Financial Implications</b>		There may be future financial implications associated with delivery of actions. The Board has committed £1.4m of 2021/22 growth monies to achieving Birth Rate +. There is a medium to long term potential of positive impact of CNST premium for the Trust.
<b>Equality and Diversity</b>		In order to ensure that we do not directly or indirectly discriminate we have considered the needs of patients and staff in accordance to the Equality Act 2010. Consideration has been given to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sex.