To: NHS Trust and Foundation Trust Chief Executives  
CC: Trust Chairs, STP and ICS Leaders, CCGs  

11 January 2021

Dear colleagues,

OCKENDEN REVIEW OF MATERNITY SERVICES – UPDATE ON URGENT ACTION

Thank you all for your efforts in reporting on the 12 clinical priorities outlined in our letter of 14 December, and for your continued focus on these.

We have heard from you about the sustained pressure on your organisations over the last few weeks, including challenges of staff absence through both sickness and shielding and the impact this has had on service provision. We are therefore extending the deadline for submission of the Assurance Assessment Tool. We also want to respond to some of the questions we have received and update you on the advocate role.

1) Assurance Assessment Tool – completion by 15 February 2021

Your assurance assessment tool should be completed and reported through your LMS and shared with regional teams by the 15th February 2021.

We have asked that you review the report at your next public board, and use the assurance assessment tool to support these discussions.

2) Additional guidance regarding Immediate and Essential Action 2 - Listening to Women and Families

- Maternity services must ensure that women and their families are listened to with their voices heard.
- Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.
- The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome.

To ensure consistency and equity across England, we are developing a national model for a network of advocates. Ensuring we get the right people into these roles is essential to improving maternity services in line with the Ockenden report. We know that the training, skills and credibility of the advocates will be key. We are
therefore co-producing a framework, including a standard JD, training package and principles for establishing a network. We will develop a clear process so that women and families know how to contact the advocates. This will also include mechanisms for contracting advocates so they remain independent and how these will be funded.

We know many of you are working at pace to introduce these recommendations. However, we believe the benefits of a sustainable national network of advocates will deliver the intent of this action. In the meantime, we would be grateful for your suggestions or comments on this england.maternitytransformation@nhs.net

Yours faithfully,

Professor Jacqueline Dunkley-Bent OBE
Chief Midwifery Officer
National Maternity Safety Champion

Mr Matthew Jolly
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National Maternity Safety Champion