

25 May 2017

Thank you for your Freedom of Information Act request dated 27 April 2017.

Your request was as follows:-

In 2007 the NHS regulator at the time, the Healthcare Commission, wrote to SaTH expressing concerns about its maternity services, specifically (but not exclusively) after the families of two babies born with severe brain damage raised their own concerns. In particular, the Healthcare Commission's review said the trust should:

- *Keep an audit of CTG (foetal heart) monitor traces and send the latest CTGs to the commission so improvement could be regularly identified*
- *Revise staff training programmes, which were deemed to be lacking or inappropriate, particularly in relation to emergency situations*
- *Improve how staff learned from clinical incidents and how accountable staff were for errors*
- *Strengthen its clinical governance*
- *Consider appointing a full-time clinical risk adviser for children and maternity*

Please could you supply me with the trust's clinical governance policies that illustrate (at that time in circ. 2007/ 2008) when the above concerns were specifically addressed and brought into the working policies at the trust, or any policies or documentation that was specifically generated as a direct result of the Healthcare Commission's correspondence to address the concerns they raised.

In the trust's response at the time (circ. 2007) the trust said they would act on the Healthcare Commission's advice. Therefore, documentation should exist to illustrate all actions taken. I would like copies of all relevant documentation accordingly please.

In addition to these documents from the time – please can you send any additional policy documents that specifically illustrate follow up actions (and the required updating of policies) that were incorporated into the trust's maternity clinical governance as a direct result of the Healthcare Commission's concerns raised with the trust in 2007.

Finally, please provide a list of the persons responsible for ensuring the Healthcare Commission's advice was acted upon, ensuing actions and actions were documented, carried out, adopted into policy and fulfilled.

Should you require any further clarity on any of the above, please feel free to contact me on the numbers below.

I can confirm that the Trust has now considered your request. I have enclosed documents falling within the scope of your request. These have also been listed in the Disclosure Schedule at the end of this letter. I have also provided further explanation below by reference to the documents in the Schedule.

Clarification of Healthcare Commission's recommendations

In your request, you have referred to recommendations made by the Healthcare Commission (HCC) to the Trust in 2007. For the purposes of clarity, I would point out that the precise wording of the HCC's recommendations are set out at Annex A to a letter from

the HCC to the Trust dated 18th April 2007. I enclose a copy of that letter (Document 1), but for ease of reference I have set out the HCC's specific recommendations below and numbered these:-

1. CTG - The trust should send a copy of the latest CTG audit to the Commission and ensure that staff are aware of it for their learning. Trends, learning and improvements should be identified and acted upon.
2. Lack of/inappropriate staff training - Skills drills training programmes should be evaluated and revised where necessary.
3. Risk Management Systems (including incident reporting, root cause analysis, actions plans, follow-up and learning from incidents) - The trust needs to improve the quality of the action plans resulting from clinical incident cases and high risk case reviews, i.e. the actions need to be clearly measurable, the accountable person named and they should have timescales.
4. How policies and procedures are rolled out to staff and embedded in practice - Policies and procedures should be reviewed in a timely manner, in line with national guidance, and staff should be clear of any revisions.
5. Clinical Governance - The trust should share its revised Clinical Governance structure with the Commission.
6. Clinical Risk Adviser - The trust should consider the need for permanent additional resource for the Clinical Risk Adviser for the Children and Maternity Service

The Trust has based its response on the wording of the requirements as set out by the HCC in 2007.

I note that your request is limited to developments within the Trust that have been specifically generated in response to the HCC's recommendations. I would emphasise that patient safety policies and processes within the Trust have not been solely driven by the HCC's recommendations. Our learning and development is driven by a wide range of factors in addition to matters highlighted by regulators such as the HCC. For example, at the same time as the HCC was in correspondence with the Trust in 2007 there was already an ongoing review of the Trust's management and governance structures. The HCC's recommendation numbered 5 above was therefore incorporated into the existing review, rather than being taken forward as an entirely separate piece of work. There are therefore few developments which can be said to be solely attributable to the HCC's recommendations. This response therefore refers to actions by the Trust which were cited as part of its response to the HCC's recommendations.

Actions taken by the Trust relevant the Healthcare Commission's correspondence

1. CTG Traces

The HCC asked the Trust to provide it with a copy of its most recent CTG audit. This was provided to the HCC as an attachment to an email on 13th July 2007 (Document 2).

Document 2 also describes the methodology used for the CTG audit including the means by which records for audit were selected, those responsible for undertaking audits and how audit results should be followed up both within the maternity team and with individual clinicians. It was confirmed that audits were being carried out on a monthly basis.

The system for CTG audit has developed since then. We currently hold twice weekly multidisciplinary meetings on the delivery suite to discuss CTGs with staff; and are finalising central CTG monitoring and review by different staff every hour.

2. *Staff Training*

At the time of the Trust's correspondence with the HCC, its skills drill programme had recently been reviewed to include new skills in relation to fundal height and cell salvage procedures, as referred to in the Chief Executive's letter to the HCC of 7th June 2007 (Document 3). These were additions to the existing programme which covered neonatal resuscitation, shoulder dystocia, breech delivery, massive postpartum haemorrhage and antepartum haemorrhage, cord prolapse and CTG interpretation.

I additionally enclose a copy of the Trust's Training Guideline, implemented in November 2008, as Document 4. This includes a Training Needs Analysis as an appendix. For the purposes of responding to your request, I would highlight:-

- Paragraph 5.22 which details how training needs identified through incidents, complaints, claims and audits would be acted upon by modifying training as necessary
- Paragraph 3.2 of the Training Needs Assessment, setting out how staff attendance at training sessions will be secured
- Paragraph 3.4 of the Training Needs Assessment, which explains how the content of training will be reviewed periodically
- Paragraph 4.3 of the Training Needs Assessment, which explains how the quality and relevance of training will be reviewed.

3. *Risk Management*

In his letter to the HCC of 7th June 2007 (Document 3), the then Chief Executive noted that the Trust had already introduced a new format for action plans following an incident. These had superseded the ones in use at the time of the HCC's initial investigation, which concerned events in 2004. A template action plan with defined actions, timescales and responsible individuals was included at Appendix 1 of his letter.

Action plans based on the template continued to be used by the Trust until a further updated version was introduced in approximately January 2011.

4. *Implementation of policies and procedures*

In his letter to the HCC (Document 3), the then Chief Executive provided as Appendix 2 a flowchart taken from the Maternity Department's Framework for the Development of Protocols and Guidelines. This sets out how the need to review a guideline was to be identified, the mechanism for review and the means by which amendments should be brought to the attention of staff.

In addition, Appendix 3 to that letter is a copy of the Trust's Women's Services Risk Management Strategy. One of the stated objectives of the strategy is "to ensure there is a framework for communication through the service for principles and practices of Clinical Risk Management". Under the heading "Feedback", this emphasises the importance of effective communication of risk related information to staff and lists a number of means by which information would be shared within Women's Services. The strategy also includes Terms of

Reference for the Maternity Guideline Group, which include the requirement to “ensure distribution of maternity guidelines is achieved to all relevant areas”.

I also enclose a copy of the Trust’s Framework for the Development of Protocols and Guidelines, in its version of December 2006 (Document 5). For the purposes of your request, I would point out Paragraph 4.1 which provides that the development of guidance will be informed by a variety of sources including “incident reporting, clinical audit, complaints, litigation, Coroners”. You will also note that the Terms of Reference for the Maternity Guideline Group on the last page of the Framework includes ensuring distribution of maternity guidelines is achieved to all relevant areas.

5. *Clinical Governance*

The HCC asked the Trust to share a copy of its revised Clinical Governance structure. At the time of the Trust’s correspondence with the HCC, the Clinical Governance structure of the Women’s Division at the Trust had most recently been reviewed in January 2007 and was set out in the Women’s Division Risk Management Strategy. A copy of the strategy was sent to the HCC as Appendix 3 to the Chief Executive’s letter (Document 3).

6. *Clinical Risk Advisor*

I have enclosed a document detailing proposals for restructuring governance arrangements within the Trust (Document 6). This refers to the HCC’s recommendations at paragraph 2 on page 1 and the intention of the Trust to appoint a Patient Safety Team Manager, as well as increasing the working hours of an existing clinical risk advisor.

I also attach a diagram from October 2007 explaining the existing and proposed governance structures in the Trust (Document 7). The existing structure is shown on page 1, with the proposed new structure on page 2. You will note that the role of clinical risk advisor was to be expanded from 1.81 Whole Time Equivalent staff in the existing structure, to two full time advisors plus a full time Patient Safety Team Manager giving a total allocation of 3.0 Whole Time Equivalent staff.

The Trust also holds an email confirming the appointment of a Patient Safety Team Manager with effect from 1st August 2008 as part of the implementation of the new structure.

Finally, you have requested details of those individuals responsible for implementing the HCC’s recommendations. As you will see from the documentation that has been disclosed accountability for issues of patient safety, of which the HCC’s recommendations form a part, was and is part of a wide number of roles across the Trust. It would not therefore be accurate to identify a small group of individuals as bearing responsibility for implementing the recommendations.

As stated at the start of this response, the information provided in this response deals with actions immediately following and related to the HCC’s correspondence of 2007. The Trust has continued to develop its arrangements for patient safety since that time. We are committed to continuing to learn and develop so that we provide the best possible care for patients.

In summary:

1. CTG - The trust should send a copy of the latest CTG audit to the Commission and ensure that staff are aware of it for their learning. Trends, learning and improvements should be identified and acted upon – fully completed in 2007

2. Lack of/inappropriate staff training - Skills drills training programmes should be evaluated and revised where necessary – fully completed in 2007.
3. Risk Management Systems (including incident reporting, root cause analysis, actions plans, follow-up and learning from incidents) - The trust needs to improve the quality of the action plans resulting from clinical incident cases and high risk case reviews, i.e. the actions need to be clearly measurable, the accountable person named and they should have timescales - fully completed in 2007.
4. How policies and procedures are rolled out to staff and embedded in practice - Policies and procedures should be reviewed in a timely manner, in line with national guidance, and staff should be clear of any revisions - fully completed in 2007.
5. Clinical Governance - The trust should share its revised Clinical Governance structure with the Commission – fully completed in 2007.
6. Clinical Risk Adviser - The trust should consider the need for permanent additional resource for the Clinical Risk Adviser for the Children and Maternity Service – fully met. – fully completed in 2008

If you are unhappy with our response, you are entitled to make a complaint to the Trust. Complaints can be made in writing to the Trust's Freedom of Information Officer at foi@sath.nhs.uk

Under Section 50 of the Freedom of Information Act 2000, if you choose to use our complaints procedure and are unhappy with the outcome you also have a right to then complain to the Information Commissioner, who can be contacted at:

Information
Commissioner's Office,
Wycliffe House,
Water Lane,
Wilmslow,
Cheshire,
SK9 5AF
www.informationcommissioner.gov.uk

We will remind you of this when responding to any complaint.

Yours sincerely

Sophie Cole
Freedom of Information Officer

Disclosure Schedule

1. Letter dated 18th April 2007 from Paula Palmer, Investigation Officer, Healthcare Commission to Tom Taylor, Trust Chief Executive
2. Email dated 13th July 2007 from Clare Jowett, Trust Head of Governance to Shelagh Hawkins, Healthcare Commission (with enclosures)
3. Letter dated 7th June 2007 from Tom Taylor, Trust Chief Executive to Sheelagh Hawkins, Healthcare Commission
4. Trust's Training Guideline and Training Needs Analysis, November 2008
5. Trust's Framework for the Development of Protocols and Guidelines Maternity, December 2006 version
6. Trust paper on governance restructure proposals
7. Diagrams showing existing and proposed Trust governance structures, 2007