

## Board of Directors' Meeting 8 April 2021

|  |  |   |                               |   |
|--|--|---|-------------------------------|---|
| <b>Agenda item</b>                     | 085/21   |   |                               |   |
| <b>Report</b>                          | The Ockenden Report – Action Plan  |   |                               |   |
| <b>Executive Lead</b>                  | Director of Nursing  |   |                               |   |
|  | <b>Link to strategic pillar:</b>   |   | <b>Link to CQC domain:</b>    |   |
|  | Our patients and community   | √ | Safe                          | √ |
|  | Our people   | √ | Effective                     | √ |
|  | Our service delivery   | √ | Caring                        | √ |
|  | Our partners   | √ | Responsive                    | √ |
|  | Our governance   | √ | Well Led                      | √ |
|  | <b>Report recommendations:</b>   |   | <b>Link to BAF / risk:</b>    |   |
|  | For assurance  | √ | BAF 1<br>BAF 2<br>BAF 8       |   |
|  | For decision / approval  |   | <b>Link to risk register:</b> |   |
|  | For review / discussion  |   | CRR 16                        |   |
|  | For noting   |   | CRR 18                        |   |
|  | For information  |   | CRR 19                        |   |
|  | For consent  |   | CRR 23<br>CRR 27<br>CRR 31    |   |
| <b>Presented to:</b>                   | Directly to the Board of Directors   |   |                               |   |
| <b>Dependent upon (if applicable):</b> |  |   |                               |   |
| <b>Executive summary:</b>              | <p>This report presents an update to the Trust's Ockenden Report Action Plan and other related matters.</p> <p>Good progress is being made with many of the required actions, with three yet to start, which relate to the Trust being a single Local Maternity and Neonatal System (LNMS). An update is provided in relation to the revisions that are being made to the maternity services governance and assurance structure and, also, how changes to ratings of actions are being taken forward.</p> <p>The Board of Directors is requested to receive and review:</p> <ul style="list-style-type: none"> <li>• This report, and the Ockenden Report Action Plan at <b>Appendix One</b></li> <li>• The revised maternity governance and assurance structure at <b>Appendix Two</b></li> <li>• Decide if any further information, action and/or assurance is required</li> </ul> |   |                               |   |
| <b>Appendices</b>                      | <b>Appendix One:</b> Ockenden Report Action Plan at 26 <sup>th</sup> March   |   |                               |   |

2021

**Appendix Two:** The revised maternity governance and assurance structure

## 1. PURPOSE OF THIS REPORT

This report presents an update on all 52 actions in the Trust's Ockenden Report<sup>1</sup> Action Plan since the last meeting of the Board of Directors in Public on 11<sup>th</sup> March 2021. In addition, updates are provided in relation to other related matters.

## 2. THE OCKENDEN REPORT (INDEPENDENT MATERNITY REVIEW - IMR).

2.1. The Board of Directors received the first Ockenden Report - Emerging Findings and Recommendations from the Independent Review of Maternity Services at Shrewsbury and Telford NHS Trust; Our First Report following 250 Clinical Reviews, at its meeting in public on 7<sup>th</sup> January 2021.

2.2. The report sets out the following actions for the Trust to implement:

2.2.1. Twenty-seven Local Actions for Learning (LAFL), which are specific 'Must Do' actions for this Trust, and;

2.2.2. Seven Immediate and Essential Actions (IEA) for all NHS providers of maternity care, which apply to this Trust, also. These seven themes comprise 25 related actions.

2.2.3. In total, there are 52 specific actions for the Trust to implement.

2.3. All of the Ockenden actions (LAFL and IEA's) have been cross-referenced to the Trust's Maternity Improvement Plan (MIP) and the Maternity Transformation Plan (MTP). However, due to the significance of the first Ockenden Report, it was agreed with the Board of Directors that all 52 required actions should be available as a 'stand-alone' Ockenden Report Action Plan, also. Therefore, the current position against all 52 actions is presented at **Appendix One** for the Board's consideration (Note: Glossary and Index are at the back of the plan).

2.4. The action plan has been structured to give a summary overview of the position of each of the 52 actions as at 26 March 2021. In addition, many of the actions comprise a number of sub-actions/component parts; these are provided in more granular detail in the supporting project management software that is being used to support this. This is available to review on request.

## 3. STATUS OF REQUIRED ACTIONS

The '**Delivery Status**' position of each of the 52 actions as at 26 March 2021 is summarised in the following table:

|              | Total Number of Actions | Not Yet Delivered | Delivered, Not Yet Evidenced | Evidenced and Assured |
|--------------|-------------------------|-------------------|------------------------------|-----------------------|
| LAFL         | 27                      | 24                | 3                            | 0                     |
| IEA          | 25                      | 23                | 2                            | 0                     |
| <b>Total</b> | <b>52</b>               | <b>47</b>         | <b>5</b>                     | <b>0</b>              |

<sup>1</sup> [www.gov.uk/official-documents](http://www.gov.uk/official-documents). (2010) Ockenden Report – Emerging Findings and Recommendations from the Independent Review of Maternity Services at Shrewsbury and Telford NHS Trust; Our First Report following 250 Clinical Reviews.

The 'Progress Status' position of each action as at 26 March 2021 is summarised in the following table:

|              | Total Number of Actions | Not Started | Off Track (see exception report) | At Risk (see exception report) | On Track  | Completed |
|--------------|-------------------------|-------------|----------------------------------|--------------------------------|-----------|-----------|
| LAFL         | 27                      | 0           | 0                                | 0                              | 27        | 0         |
| IEA          | 25                      | 3           | 0                                | 0                              | 22        | 0         |
| <b>Total</b> | <b>52</b>               | <b>3</b>    | <b>0</b>                         | <b>0</b>                       | <b>49</b> | <b>0</b>  |

The Board of Directors will see that these numbers have not changed since the first version of this report was presented to it in February 2021. It is not that there has not been any progress with this action plan; it's just that any proposed changes to 'delivery status' or 'progress status' ratings have not yet been validated independently. At 26<sup>th</sup> March 2021, the number of actions awaiting independent validation are summarised, as follows:

| ACTION | AWAITING POSSIBLE IMPROVEMENT IN RATING | POSSIBLE IMPROVEMENT AND/OR OFF TRACK | TOTAL AWAITING REVIEW on 7 <sup>th</sup> APRIL* |
|--------|---|---------------------------------------|---|
| LAFL   | 5                                       | 5                                     | 10  |
| IEA    | 3                                       | 4                                     | 7   |

\*these numbers may change

The specific actions awaiting review are highlighted in yellow in the attached Ockenden Action Plan at **Appendix One**.

In order to progress the independent review of all of these actions, an extraordinary meeting of the Maternity Quality Operational Committee (MQOC) will take place on 7<sup>th</sup> April 2021. The outcome of the review of these actions will be presented verbally at this Board of Directors' meeting and represented formally when the action plan is next presented to the May 2021 Board meeting. Going forward, the new Maternity Transformation Assurance Committee (MTAC) will attend to this work.

There are three actions that have not yet started. These all relate to the Trust being a single-organisation Local Maternity and Neonatal System (LMNS) and, also, about what should be reported to the LNMS going forward. The chief executive and director of nursing are leading on this with the LMNS.

#### 4. PROPOSED CHANGES TO THE MATERNITY GOVERNANCE AND ASSURANCE STRUCTURE

As the Board is aware, the Trust is revising its maternity governance and assurance arrangements. Currently, these arrangements within the organisation are not fully satisfactory, for a number of reasons, including:

A lot of information and reports produced are by the maternity team for others to consider. However:

- They don't all get the attention/scrutiny they deserve or warrant in the current meeting structure and format.
- Committee agendas can be formulaic, with the same agenda items every time, but without any weighting/prioritisation according to the importance/relevance of the subject matter. This can result in papers being 'rushed through' without any real debate or challenge.
- The opportunity to consider evidence of delivery of actions is extremely limited and sometimes non-existent (either the opportunity or the evidence).

As examples:

- The Maternity Improvement Plan is not getting the review or scrutiny outside of maternity services that it deserves (includes CNST, 'Saving Babies Lives' and 'Better Births' standards – all national initiatives for all trusts).
- The Maternity Transformation Plan has no overarching MTP project group/governance structure in place and, again, gets very little review or scrutiny outside of maternity services.
- The Ockenden Action Plan is produced within Maternity services but, currently, goes straight to the Board of Directors, without any prior checks or challenge, which is unsatisfactory.
- Quite often there is narrative in reports to say something has been delivered or that the delivery status is improving, but where the supporting evidence of delivery and sustainability are lacking.

The governance and assurance of maternity services in any hospital is complex, as they all have maternity improvement and/or transformation plans to deliver. However, SATH has the additional requirements of the first Ockenden Report to deliver, also. Therefore, it is essential that the Trust's governance and assurance systems and processes provide sufficient structure and time to support all of these properly.

Therefore, the maternity governance and assurance structure for the Trust has been revised. The organisational chart for this is attached at **Appendix Two**. The changes are summarised, as follows:

- Issue: The Maternity Improvement Plan (MIP) sits on its own and doesn't appear to get as much attention as the five work streams of the Maternity Transformation Plan (MTP).

Change: that the MIP becomes the 6<sup>th</sup> workstream of the MTP, putting all maternity improvements in one place.

- Issues: The MTP does not have any governing/overarching meeting to provide management and coordination of the (6) work-streams. The Director of Midwifery is the Senior Responsible Officer (SRO) and yet leads on some of the work-streams, which is a potential conflict of interest. The Medical Director for the Women and Children's division does not lead a workstream but is willing to become the lead coordinator of the MTP.

Change: The Divisional Medical Director (DMD) becomes the SRO and overall coordinator of the MTP (subject to being able to back cover 2 x clinical programmed activity sessions). The Maternity Programme Office team will work alongside and in support of the SRO. The DMD will be responsible for establishing and leading an MTP Programme Management Group.

- Issue: The MTP has executive leads assigned to each workstream currently. However, this does not appear to be working and is, in some cases, illustrative rather than actual. The MTP is really the domain of the executive director of nursing and executive medical director.

Change: that the executive director of nursing and executive medical director become the executive sponsors for the whole MTP jointly, and all others are 'stood down', but can be contacted/consulted with on any matters of relevance as required.

- Issue: The Maternity Quality Operational Committee (MQOC) considers a wide range of information at each monthly meeting. The agenda is very tight with often insufficient time to debate and drill down into many significant subject areas.

Changes: Standard Maternity Reports (staffing, risk register, quality information etc.) should go to the Quality Operational Committee in line with other Divisions (perhaps using an integrated governance report format – yet to be confirmed). MQOC to then become the Maternity Transformation Assurance Committee (MTAC) that considers the six MTP work-streams only, on rotation (e.g. one or two a month). This then provides the opportunity to scrutinise the MIP more closely (as the new work-stream 6). MTAC then becomes the forum that approves changes to RAG ratings for the MTP (including Ockenden Actions) and, also, approve spend against the MTP budget. This will provide a further level of assurance. MTAC will provide the Assurance, Alert and Advise (AAA) report to QSAC on all MTP matters. All Ockenden Actions would then be exported by the PMO into the 'stand-alone' action plan format for reporting to the Ockenden Assurance Committee and Board of Directors each month.

## **5. AN UPDATE ON ACTIONS FROM THE BOARD OF DIRECTORS' MEETING IN PUBLIC ON 11<sup>th</sup> MARCH 2021**

### **5.1. IEA Return to NHS Midlands on delivery of the Immediate and Essential Actions**

- 5.1.1. The Trust made a required submission to NHSE/I on 12<sup>th</sup> February 2021 prior to the required deadline of 15<sup>th</sup> February. This provided the Trust's status against the Immediate and Essential actions.
- 5.1.2. From this information, the Trust has received a benchmarking report from NHSE/I Midlands. Early indicators are that this places the Trust in a reasonably positive position overall in terms of delivering against these actions. However, the report will be discussed at a meeting with NHSE/I Midlands on 23<sup>rd</sup> April 2021 where further information will be obtained. A fuller description of the report's findings will be presented to the Board in due course.

### **5.2. Patient/Family Engagement**

- 5.2.1. The organisation that the Trust is working with to develop its patient and family engagement strategy and plan is the Healthcare Safety Investigation Branch (HSIB). HSIB is an organisation that conducts independent investigations of patient safety concerns in NHS-funded care across England. HSIB is funded by, and reports, to the Department of Health. HSIB has specific expertise in the area of patient and family engagement, which the Trust will be able to draw upon. The partnership agreement between the Trust and HSIB is being finalised. The first part of this work will consider

engagement with those women and families affected by the Independent Maternity Review.

### 5.3. External Expert Advisory Panel (EEAP)

5.3.1. The Board of Directors is aware that the Terms of Reference for the External Expert Advisory Panel have been revised and been sent to Dr Kirkup and the EEAP for their consideration. A meeting to finalise these is being arranged.

### 5.4. Workforce Plan, Including Birthrate Plus Assessment

5.4.1. The Trust has received the final Birthrate Plus report from the audit that was undertaken in 2020. It was hoped to bring the results from this to this meeting. However, for unavoidable reasons, the analysis of this has not yet been completed. Once this work has been completed, it will be brought to the Board of Directors for consideration.

## 6. **OCKENDEN REPORT ASSURANCE COMMITTEE (ORAC)**

The inaugural Ockenden Report Assurance Committee took place on Thursday 25<sup>th</sup> March 2021. The Chair will discuss this committee in her report at today's meeting. This committee will meet monthly.

## 7. **NHS ENGLAND – NEW MATERNITY INVESTMENT**

On 25<sup>th</sup> March 2021, NHS England announced that it was making a circa. £96m investment across maternity services in England. It is understood that £46m will go towards recruiting extra midwives, £10m to extra doctors and £26.5m towards safety training for midwives and doctors. It is not yet known what this Trust's proportion of this investment will be. However, this is really positive news.

## 8. **SUMMARY**

Progress continues to be made against the required actions from the first Ockenden Report (2020), and this work continues at pace.

## 9. **ACTION REQUIRED OF THE BOARD OF DIRECTORS**

The Board of Directors is requested to receive and review:

- This report, and the Ockenden Report Action Plan at **Appendix One**
- The revised maternity governance and assurance structure at **Appendix Two**
- Decide if any further information, action and/or assurance is required

**Hayley Flavell**  
**Executive Director of Nursing**  
**April 2021**

### **Appendices:**

**Appendix One:** Ockenden Report Action Plan at 26<sup>th</sup> March 2021

**Appendix Two:** The revised maternity governance and assurance structure

## Glossary and Index to the Ockenden Report Action Plan

### Colour coding: Delivery Status

| Colour | Status                       | Description  |
|--------|------------------------------|--|
|        | Not yet delivered            | Action is not yet in place; there are outstanding tasks to deliver.  |
|        | Delivered, Not Yet Evidenced | Action is in place with all tasks completed, but has not yet been assured/evidenced as delivering the required improvements. |
|        | Evidenced and Assured        | Action is in place; with assurance/evidence that the action has been/continues to be addressed.                              |

### Colour coding: Progress Status

| Colour | Status      | Description  |
|--------|-------------|--|
|        | Not started | Work on the tasks required to deliver this action has not yet started.   |
|        | Off track   | Achievement of the action has missed or the scheduled deadline. An exception report must be created to explain why, along with mitigating actions, where possible.   |
|        | At risk     | There is a risk that achievement of the action may miss the scheduled deadline or quality tolerances, but the owner judges that this can be remedied without needing to escalate. An exception report must nonetheless be created to explain why exception may occur, along with mitigating actions, where possible. |
|        | On track    | Work to deliver this action is underway and expected to meet deadline and quality tolerances.  |
|        | Complete    | The work to deliver this action has been completed and there is assurance/evidence that this action is being delivered and sustained.  |

### Accountable Executive and Owner Index

| Name                | Title and Role                | Project Role                              |  |  |  |  |  |  |
|---------------------|-------------------------------|---|--|--|--|--|--|--|
| Hayley Flavell      | Executive Director of Nursing | Overall MTP Executive Sponsor             |  |  |  |  |  |  |
| Arne Rose           | Executive Medical Director    | Executive Sponsor                         |  |  |  |  |  |  |
| Mei-See Hon         | Clinical Director, Obstetrics | Co-Lead, Quality and Choice Workstream    |  |  |  |  |  |  |
| Guy Calcott         | Obstetric Consultant          | Co-Lead, Quality and Choice Workstream    |  |  |  |  |  |  |
| Janine McDonnell    | W&C Divisional Director       | Lead, People and Culture Workstream       |  |  |  |  |  |  |
| Nicola Wenlock      | Director of Midwifery         | Lead, Risk and Governance Workstream      |  |  |  |  |  |  |
| William Parry-Smith | Obstetric Consultant          | Lead, Learning, Partnerships and Research |  |  |  |  |  |  |
| tbc                 | tbc                           | Communications and engagement Workstream  |  |  |  |  |  |  |





# Appendix Two - Revised Maternity Governance & Assurance Structure

