The Shrewsbury and Telford Hospital NHS Trust

Ockenden Report Assurance Committee
AGENDA

Meeting Details

Date Thursday 23rd September 2021
Time 09.00 – 11.00
Location Via MS Teams – to be live streamed to the public

AGENDA

Item No.	Agenda Item	Paper / Verbal	Lead	Required Action	Time
2021/42	Welcome and Apologies	Verbal	Chair	Noting	09.00 (15 min)
2021/43	Declarations of Interest relevant to agenda items	Verbal	Chair	Noting	
2021/44	Minutes of meeting on 22nd July 2021 Matter Arising: Update on LAFL's 4.98 & 4.99 (Mr. M. Wright and Dr. R. Kennedy to respond)	Enc 1.1 Verbal	Chair	Approval	
2021/45	Review of all of the Actions from the first Ockenden Report	Presentation	Mr Martyn Underwood – Medical Director for W&C Division and Consultant Obstetrician and Gynaecologist Mr Guy Calcott – Consultant Obstetrician and Gynaecologist	Discussion	09.15 (45 mins)
2021/46	Financial Review – Review of how the financial support is being used / allocated	Presentation	Mrs Helen Troalen, Executive Director of Finance	Discussion	10.00 (30 mins)
2021/47	Presentation on BadgerNet – rollout plan and anticipated benefits and risks	Presentation	Mr Neil Bain, Project Manager - BadgertNet Ms Lisa Yeaman, Specialist Digital Midwife	Discussion	10.30 (30 mins)
2021/48	Observations and comments from relevant stakeholders and groups representing service users • What have the stakeholders and groups representing service users heard so far in the first four meetings? • What reflections and observations do they have and wish to share at this stage? • Based on where the work of the Committee so far, what would stakeholders wish to see in the future meetings relating to the Ockenden Report action plan?	Verbal	Chair All	Discussion	11.00 (15 min)
2021/49	Discussion and reflection • Key messages for the Board of Directors • Key messages for service users - women and families • Any other steps we need/wish to take	Verbal	Chair All	Discussion	11.15 (15 min)

2021/50	Meeting closes Date of Next Meeting: 19 October 2021	Verbal	Chair		Finish 11.30

Possible Items for Future Meetings (subject to change)

Formal business items

Emerging related themes

Review of all audited Local Actions for Learning
Engagement strategy – listening to women
Management of bereavement
Communication/ Culture

The Shrewsbury & Telford Hospital NHS Trust

Ockenden Report Assurance Committee meeting in PUBLIC

Thursday 22nd July 2021 via MS Teams

Minutes

NAME	TITLE	ITEM
MEMBERS		
Dr C McMahon	Co-Chair	
Ms J Garvey	Co-Chair	
Professor T Purt	Non-Executive Director (Trust) and Chair of Audit & Risk Assurance Committee	
Mr A Bristlin	Non-Executive Director (Trust) and Non-Executive Director Lead for Maternity Services	
Ms H Flavell	Director of Nursing (Trust)	
Ms V Barrett	Chair, Healthwatch Shropshire	
Dr A Wilson	Member, Powys Community Health Council	
ATTENDEES		
Dr Lorien Branfield	Lead Consultant Anaesthetist for Obstetrics	
Mr M Underwood	Divisional Medical Director for Women & Children (Trust)	
Dr M-S Hon	Clinical Director – Obstetrics / Maternity (Trust)	
Mr M Wright	Programme Director Maternity Assurance (Trust)	
Mr T Baker	Senior Project Manager Maternity Transformation Programme (Trust)	
Mr K Haynes	Independent Governance Consultant	
Mr B Russell	Interim Head of Communications	
Mr R Kennedy	Associate Medical Director NHSE/I Midlands	
Mrs L MacLeod	Maternity Voices Partnership Development CoordinatorTelford & Wrekin	
Ms A Davies	Powys Teaching Health Board - Nursing	
Ms F Ellis	Maternity Voices Partnership (MVP)	
Ms J Hogg	Sherwood Forrest Rep	
Ms K Kirk	Sherwood Forrest Rep	
Mr S Mehigan	Director of Midwifery, Royal Oldham Hospital	
Ms J Payne	Interim Head of Midwifery	
Ms A Wallace	Acting W&C Care Group Director	
Mr S Parker	Web Development Team	
APOLOGIES		
Mrs L Barnett	Chief Executive (Trust)	
Mr N Lee	Chief Operating Officer (Trust)	
Dr J Jones	Acting Medical Director (Trust)	
Ms E Evans	MVP Service User Chair	
Ms Z Young	Director of Nursing & Quality, Shropshire, Telford & WrekinCCG and Local Maternity & Neonatal System	
Ms L Cawley	Chief Officer, Healthwatch Shropshire	

No. 2020	ITEM	ACTION
Procedural Items		
036/21	**Welcome, introductions and apologies**. The Co- Chair, Jane Garvey welcomed all present including the public to the live stream of the meeting. Introductions were made and apologies were noted.	
037/21	**Declarations of Conflicts of Interests** There were no declarations of interest noted.	
038/21	**Minutes of the previous meeting and matters arising** Mike Wright confirmed the presence of simple typos on page 12 of the June minutes and page 14 of the May minutes. Also regarding LAFL 4.98 and 4.99 specifically requiring the Trust to contact a tertiary unit for any baby that requires intensive care, which is probably not necessary because the Trust currently complies with national guidance. Mike Wright has spoken and written to Mrs Ockenden regarding this matter seeking clarity. She replied to say she has been advised that she shouldn't be the person responding and that the response should be coming from the NHS Regional Medical Director. This route is now being pursued and it is hopeful a response will be received by the September meeting of ORAC. Richard Kennedy confirmed he was happy to support this discussion and push this action forward.	
039/21	**Ockenden Report Action Plan: Obstetric Anaesthesia** Dr Lorien Branfield introduced herself as the Lead Obstetric Anaesthetist for Shrewsbury and Telford Hospital. She joined the Trust as a Consultant in 2010 and since 2015 has been the Lead for Obstetric Anaesthesia. She is also a service user having had three babies in the Shrewsbury and Telford Maternity Unit in 2005, 2007 and 2011. Dr Branfield explained the key roles anaesthetists have in the maternity unit: • Provide pain relief – mainly labour epidurals and post-operative pain • Administer anaesthetics for operations • Act as advocates for the birthing person • Provide critical support and intervention for women who become unwell in pregnancy • Anaesthetists are essential members of the multi-disciplinary team In the year 2020 the team provided some sort of anaesthetic to approximately 2,000 women, this represents about half the women coming through the Unit. Dr Branfield explained who makes up the multi-disciplinary team: • Obstetricians • Midwives • Neonatologists • Support workers	

- Theatre personnel
- Anaesthetists
- General surgeons, specialist physicians

Dr Branfield then explained who are the maternity anaesthetists at SaTH:

- 5 anaesthetic consultants
- 2 new consultants starting in the next few months
- 6 very experienced specialty doctors who are the resident anaesthetists during all after hours
- Junior anaesthetists attached for training during the daytime

Dr Branfield then went on to explain the anaesthetists' responses to the Ockenden Report. Starting with their general reactions:

- Recognition of the pain and suffering of families who are the subject of the review
- Genuine will to use the report as a catalyst for making SaTH's maternity services the best in the UK
- Determination to ensure families will receive the kindest and most skilled care possible.

Dr Branfield went into further detail regarding the multi-disciplinary training, working and incident investigation. The Ockenden Report requires the team to take a more holistic assessment, involvement in relevant meetings, incident investigations, ward rounds, multi-disciplinary training (especially emergencies). Dr Branfield explained that the team are working towards these requirements in the following areas:

- Formal laboratory simulation courses since 2010, both clinical skills and human factors
- Regularly conducted informal, ad-hoc, in-situ training to test local procedures.
- Regularly held PROMPT (Practical Obstetric Multi-Professional Training)
- Clinics: Improved anaesthetic involvement in ward rounds and labour ward forum
- Increased multi-disciplinary team planning for individual patients; case discussions
- Multi-disciplinary training in Enhanced Recovery Programme and Enhanced Maternal Care
- Investigations: Datixes

Dr Branfield went into further detail regarding leadership by senior and experienced anaesthetists. The Ockenden Report identified a lack of senior involvement from the consultant anaesthetists on call and reported complex patients treated by very junior staff for extended periods of time.

Dr Branfield explained the team feel this was an issue pre-2011, when they had trainees on the rota who were also covering the Intensive Care Unit. Since then the team have had dedicated senior experienced resident immediately available anaesthetic cover 24/7. Furthermore, the team have introduced a guideline that outlines when the consultant on call should be called in.

Dr Branfield acknowledged that the team have not met the standard required of always having a consultant anaesthetist to cover emergency work in the labour ward. 50% of the time they have a specialty doctor as opposed to a consultant.

	They have two new consultants starting in a few months' time and probably need a further one. Dr Branfield then explained the guidelines updates. The Ockenden Report recommends that obstetric anaesthetists and departments of anaesthesia must regularly review their current clinical guidelines to ensure they meet best practice. Dr Branfield explained that: • In 2010 (updated 2016), a very comprehensive paper manual of guidelines was produced and filed on the intranet • These are undergoing a further review and refresh (27 separate ones since December 2020) • New guidelines and updates are communicated via the labour ward forum, the guidelines group and to the rest of the anaesthetic department • What is still lacking in the team's response and still needs to be done is to identify which aspects of the guidelines need to be audited Dr Branfield went on to explain that audit projects and quality improvement are needed to measure where the team are at each moment, and to use the information to drive improvements. The Ockenden Report says in point 4.89 *"The service must use current quality improvement methodology to audit and improve clinical performance of obstetric anaesthesia services in line with the recently published RCoA 2020 Guidelines for Provision of Anaesthetic Services, section 7 Obstetric Practice."* Dr Branfield explained that this is a major undertaking, outlining the following: • Section 7 itself comprises 11 requirements • One of these refers to 'national audit recipes and standards' – this is a document which itself recommends dozens more audit projects • In total 49 audit projects are required Dr Branfield moved on to discuss LAFL 4.85 – *"Obstetric anaesthetists are an integral part of the maternity team and must be considered as such. The maternity and anaesthetic service must ensure that obstetric anaesthetists are completely integrated into the maternity multidisciplinary team and must ensure attendance and active participation in relevant team meetings, audits, Serious Incident reviews, regular ward rounds and multidisciplinary training."* She reported that this LAFL is almost delivered with a provision target delivery date of 1 March 2022 (subject to confirmation). In summary: • Obstetric anaesthetists have completed the PROMPT module (90% compliance) • Regularly conducted simulation laboratory courses (2-3 times per year since 2011) • Regular in-situ impromptu multi-disciplinary training conducted (recognised more is needed) • Anaesthetics involvement in multi-disciplinary team board and ward rounds and labour ward forum • Antenatal clinics and multi-disciplinary team planning • Investigations, Datixes • Permanent planned anaesthetic involvement in risk group, PROMPT faculty and in-situ training	

Dr Branfield then discussed LAFL 4.86 – *"Obstetric anaesthetists must be proactive and make positive contributions to team learning and the improvement of clinical standards. Where there is apparent disengagement from the maternity service the obstetric anaesthetists themselves must insist they are involved and not remain on the periphery, as the review team have observed in a number of cases reviewed."* She reported that this LAFL is almost delivered with a provisional target delivery date of 1 March 2022 (subject to confirmation).

For LAFL 4.87 – *"Obstetric anaesthetists and departments of anaesthesia must regularly review their current clinical guidelines to ensure they meet best practice standards in line with the national and local guidelines published by the RCoA and the OAA. Adherence to these by all obstetric anaesthetic staff working on labour ward and elsewhere, must be regularly audited. Any changes to clinical guidelines must be communicated and necessary training be provided to the midwifery and obstetric teams."* Dr Branfield reported that this LAFL is almost delivered with a provisional target delivery date of 1 November 2021 (A+B); 1 March 2022 (C).

In summary:

- The guidelines were last refreshed in 2016 and are currently undergoing another review
- New guidelines and updates are communicated via the labour ward forum, the guidelines group and to the rest of the anaesthetic department
- The Cell Salvage guidelines will be finished soon
- All guidelines should be on the SaTH intranet
- Audits of guideline adherence – plan and design to be completed

For LAFL 4.88 – *"Obstetric anaesthesia services at the Trust must develop or review the existing guidelines for escalation to the consultant on-call. This must include specific guidance for consultant attendance. Consultant anaesthetists covering labour ward or the wider maternity services must have sufficient clinical expertise and be easily contactable for all staff on delivery suite. The guidelines must be in keeping with national guidelines and ratified by the Anaesthetic and Obstetric Service with support from the Trust executive."* Dr Branfield reported that this LAFL is almost delivered with a provisional target delivery date of 1 October 2021 (subject to confirmation).

In summary:

- Anaesthetics guideline 'Calling a Consultant' created and agreed by anaesthetic department and labour ward forum
- All guidelines to be put on the intranet
- Continuous professional development (CPD) record for consultants - in place for last few months, linked to job planning

For LAFL 4.98 – *"The service must use current quality improvement methodology to audit and improve clinical performance of obstetric anaesthesia services in line with the recently published RCoA 2020 'Guidelines for Provision of Anaesthetic Services', section 7 'Obstetric Practice'."* Dr Branfield reported this was not yet delivered but good progress has been made. Provisional target delivery date of 1 March 2022 (subject to confirmation).

In summary:

	• Of the 49 audit projects prescribed by the first Ockenden Report the team have been regularly doing 14 in full and a further 3 in part. A further 6 will start as part of other projects (Enhanced Recovery After Caesarean Section and Enhanced Maternal Care) • 15 have started as part of the case notes audits with obstetricians or individual projects • Of the remaining, 5 are relevant and need to be done, plan and design • Anaesthetists should have quality improvement as part of their planned job For LAFL 4.90 – *"The Trust must ensure appropriately trained and appropriately senior/ experienced anaesthetic staff participate in maternal incident investigations and that there is dissemination of learning from adverse events."* Dr Branfield reported that this will be proposed to Maternity Transformation Assurance Committee (MTAC) to mark as delivered. In summary: • Obstetric anaesthetist lead has completed human factor and serious incident investigation workshop training issued by University Hospitals Coventry and Warwickshire NHS Trust • The lead has contributed to the investigations of two obstetric incidents last year • The team are scoping the job plan of one of the newly recruited consultants to include a formal role in the weekly risk group, which includes neonatologists and obstetricians For LAFL 4.9 – *"The service must ensure mandatory and regular participation for all anaesthetic staff working on labour ward and the maternity services in multidisciplinary team training for frequent obstetric emergencies."* She reported this as not yet delivered but good progress has been made. This is covered in LAFL 4.85, apart from 'mandatory' which would need senior support to enforce. Dr Branfield then opened the floor for questions.	
040/21	**Discussion and Reflection** Richard Kennedy began by stating one of the challenges is the attendance at the twice daily handovers due to other conflicting priorities and he asked how the team had resolved this issue. Dr Branfield explained that there is a separate anaesthetist for elective Caesarean sections, so there is no conflict there. However for the labour ward it is possible for the anaesthetist to be busy and therefore not able to attend the ward rounds, however she did report that attendance has improved. Richard Kennedy asked if there was an on-going audit of attendance at ward rounds. Dr Branfield said that someone is taking an attendance record but she did not have the data available. Jane Garvey stated that in order to work as a multi-disciplinary team, other team members have to be made welcome and she asked if that was being achieved.	

	Dr Branfield said that personally she had never experienced any problems when working as a multi-disciplinary team. Jane Garvey asked if some obstetricians might regard an anaesthetist as somebody who just provides a service for them. Dr Branfield said that was a theoretical possibility but something she had not experienced personally. Jane Garvey asked about the hierarchy of the multi-disciplinary teams. Dr Branfield said she feels the obstetricians at Shrewsbury Hospital regard the anaesthetists as professionals, she feels there is less hierarchy within the Maternity Unit. Mei-See Hon commented that she had never experienced a negative hierarchy between the obstetricians and anaesthetists in SaTH and that there are really good working relationships. Hayley Flavell asked if there was any further help needed from the Exec Team or Trust to help Dr Branfield's team deliver the Ockenden recommendations. Dr Branfield thanked Hayley Flavell and said the major thing is recruitment of anaesthetic consultants. She suggested this should be discussed outside of the meeting. Jane Garvey asked Dr Branfield if the process of delivering the Ockenden recommendations was taking up too much time. Dr Branfield said that sometimes the balance doesn't feel quite right and she spends a lot of time in front of a computer rather than working as an anaesthetist. Julie Hogg added regarding the question of hierarchy that she felt there was phenomenal team working between midwives, obstetricians and anaesthetists at SaTH and wanted to echo that from an external viewpoint. Hayley Flavell asked Dr Lorien whether the general anaesthetists could support the work she is doing for Ockenden. Dr Branfield reported that some of the anaesthetists at Telford Hospital have helped with writing some of the guidelines and that three of the guidelines have been predominantly written by non-obstetric anaesthetists. She also reported that there needs to be engagement from general anaesthetists in terms of fulfilling some of the requirements such as keeping up CPD. Jane Garvey asked for clarification on whether it would help the service or not for anaesthetists to specialise only in obstetric anaesthesia, rather than to work right across the system. Dr Branfield said she thinks the circumstance is different for a tertiary institution, she said it doesn't make sense to specialise because it actually leads to a poorer service, so it is better to keep anaesthetists with a broader base of skills. Richard Kennedy asked about the Obstetric College of Anaesthetists guidelines and asked whether these have been gone through line by line to benchmark the	

	service against these as a standard. Dr Branfield said the main thing she has looked at is staffing and also the section on guidelines. Tony Bristlin asked whether Dr Branfield had wider expertise within the obstetric anaesthetic team who could support with investigations. Dr Branfield said no. Tony Bristlin asked if that was related to recruitment. Dr Branfield said yes. Richard Kennedy questioned that two new anaesthetists were coming online later in the year and that it was hoped they would be in attendance at the risk meeting every week. Dr Branfield explained that there will be a formal place on that meeting, but she didn't know if that would definitely mean attendance every week and she didn't want to promise something that she couldn't deliver. Richard Kennedy said that the discussion on incidents is really enriched by the presence of an anaesthetist so he felt the team should aim for that standard of regular attendance. Dr Branfield said she would tell her manager. Catriona McMahon asked what links there were with tertiary colleagues to ensure the team is staying up to date with advances in practice and also if the team needed to have a mentor discussion regarding a particular case. Dr Branfield said there is an email group of all the obstetric leads in the region, attendance at conferences (for example the OAA international conference) and then contacting other units for advice. Catriona McMahon asked Richard Kennedy if this was a pathway that should be formalised. Richard Kennedy said that obstetric anaesthesia is mainstream so if you can get a core number of anaesthetists to participate in a rota that would be a good objective to aim towards, but he didn't feel a formal link was necessary. Catriona McMahon then asked Dr Branfield about recruitment challenges. Dr Branfield said that she wasn't sure if this was a national challenge, but that there was definitely a local challenge. She said that at Telford Hospital the consultant on call covers intensive care, general anaesthesia and obstetrics and she said that wasn't normal these days. So, trainees coming out of their training expect to be covering either intensive care or general. Catriona McMahon asked if Dr Branfield was getting the support she needed on this issue. Dr Branfield said it is something that keeps her awake at night. She said the problems are complicated, for instance there is no Clinical Director in general anaesthetics at Shrewsbury Hospital so that means they aren't represented at	

	strategy meetings. She also said that Future FIPS was making planning incredibly difficult. Catriona McMahon asked Dr Branfield with regards to investigations, if she had a blank piece of paper what training would she ask for. Dr Branfield said she'd rather someone else had the training and did the investigations. Catriona McMahon commented that more work needs to be done to share out the accountabilities that Dr Branfield is carrying. She said that the Board colleagues need to ensure that sufficient support is being offered. Dr Branfield thanked Catriona McMahon. Fiona Ellis wanted to highlight the patient feedback that was coming through the Maternity Voices Partnership and said that it is either really good, or that the anaesthetists are not engaging. She felt that it was important to focus on a consistent approach to enable informed choice and to improve the patient experience. Dr Branfield confirmed that Louise MacLeod will be attending the obstetric anaesthesia meeting the following Monday to give a presentation and that will hopefully lead to more practical things being put in place. Mei-See Hon wanted to reassure everybody that whilst senior clinicians in management roles do spend a lot of time in front of computer screen, when there are emergencies it is the non-clinical work that has to go. Currently staffing is really challenging and this means that meetings have to be dropped to deliver shop floor care. She called for understanding that when non-clinical work is late it is because the clinicians are having to deliver patient care, which is ultimately the most important thing. Martin Underwood reiterated that patient care is always paramount. He confirmed that two new consultants have been recruited, one starting in August and the other in September. From the audit point of view he confirmed that Dr Branfield does have some audit staff coming in the new approved business case. From the investigating point of view, he noted that staff shortages do cause issues because staff have to focus on clinical care first. He said the Trust have invested significantly in the patient safety team. He confirmed the Trust have tried to make the Consultant Anaesthetist posts as attractive as possible and hoped that when the Trust moves to a single site that will make it easier to recruit people, but this is a few years down the road yet. Catriona McMahon confirmed that with regards to HTP, the timelines are still on-going and a strategic outline business case is being worked on with an external consultant. Jane Garvey asked Dr Branfield if all the anaesthetics are being brought into the delivery of the Ockenden recommendations. Dr Branfield stated that she had felt quite alone in this and she felt that a lot of the actions had fallen on her alone. So, the main solution is to have recruitment and to make sure that these new recruits have planned time in their jobs for this. Jane Garvey said that she understood Dr Branfield has felt somewhat isolated but asked have attitudes improved.	

	Dr Branfield reiterated that she was putting her hopes on the new recruits. Richard Kennedy commented that there should be a conversation around how resource can be released from within the current anaesthetic workforce to support the work that Dr Branfield is doing. Catriona McMahon took the action to speak to Louise (?) and asked Hayley Flavell to take the action of speaking to Medical Director colleagues to do what needs to be done to ensure that Dr Branfield has got, if nothing else, psychological support and also looking at additional resources or support in terms of some of the more administrative elements. Trevor Purt confirmed that as the Chair of Audit and Risk he supported everything that Catriona McMahon had just said and he would try to make sure those resources are in the right place. Catriona McMahon sought to reassure Dr Branfield that the purpose of the meeting is to discover, extract and highlight issues that can then be supported. She felt that as a maternity group she doesn't have an issue with the work done for Ockenden, but as a Trust there is more that could be done. Jane Garvey called for any further observations from stakeholder groups represented at the meeting. Vanessa Barrett commented that she found it really reassuring to hear the great strides that the anaesthetic department in maternity has been making over the last ten years. She also commented that Healthwatch Shropshire is not going to be able to attend future ORAC meetings because of the change in time. However, she did state that they would watch the online recordings and would send in any questions or observations by email. Catriona McMahon explained that now the meeting is moving to face-to-face the flexibility of participants means the group are struggling to find times to suit everyone. This was acknowledged by Vanessa Barrett. Anthea Wilson commented that she had found all of the meetings so far open and interesting to hear about the work going on. She commented on the feedback from Fiona Ellis about the inconsistency of the patient experience. Fiona Ellis replied that from the feedback 75% of women feel they have an informed choice, whereas 25% feel they haven't and so it was recognised that more understanding is needed on why the 25% feel this way. She reported that feedback has specifically come out in terms of skin-to-skin contact after a C-section. Alison Davies asked Executives to comment more widely about capacity and capability more broadly out with the anaesthetics team, recognising that this is an enormous undertaking. Catriona McMahon responded by saying the primary issue with relation to this meeting is maternity, but that the Executives are aware of the recruitment challenges being both a national and a local issue. She reported that work is on-going with University Hospitals Birmingham to do a deep-dive into this area. Louise MacLeod reported that she had presented results of the Maternity Voices survey to the Labour Ward and that it was really well received. During the	

	meeting people were coming up with ideas of how to move things forward and then closing the feedback loop. At the meeting with the anaesthetics team next week she hopes to raise awareness of Maternity Voices and how important listening to the families' voices are with the team. Jane Garvey asked for more information on the tone of the meeting with the Labour Ward. Louise MacLeod said she was asked to gather feedback on the theatre environment, the responses were mixed. She said there was a lot of feedback around the skin-to-skin contact, other issues around the announcing of the gender of the baby and around birth plans and antenatal choices. Jane Garvey asked Louise MacLeod to be clear about if there have been incidents recently at SaTH of a woman having a C-section and not feeling that her anaesthetist was taking interest or acknowledging her. Louise MacLeod confirmed there were some comments along those lines, but not many, and that some anaesthetists were personally mentioned on how well they had helped the woman and enhanced their experience. Jane Garvey asked Dr Branfield if it would be routine for an anaesthetist to see a birth plan. Dr Branfield replied not but she said it would be a natural part of looking after a woman to ask relevant questions. Fiona Ellis added that she felt that seeing the birth plan, and also the preferred place of birth might be relevant if for example the woman had hoped for a home birth but was being rushed in for an emergency C-section. She also added that Maternity Voices had bid for some money from the local maternity and neonatal system to lead communication and language training programmes for the workforce in the maternity service and that anaesthetists could be part of that training and included in the invite. Jane Garvey asked Mike Wright to confirm plans for September and October, noting that there is no meeting in August. Mike Wright confirmed that at the September meeting the plan would be to do a review of where the team are against all 52 Ockenden actions. Secondly Helen Troalen, Trust Finance Director will give an overview of the financial position. Thirdly there will be a presentation about BadgerNet, the new patient information system. Finally for the October meeting Mike Wright will be in touch with Maternity Voice Partnership, LNMS and Healthwatch with regarding how the schedule for the meeting is set up.	
041/21	**Closing remarks from the Co-Chairs** The Co-Chair, Jane Garvey thanked all the speakers and participants.	

042/21	**Date of next Board of Directors' meeting in private:** At 0900 on Thursday 23 September 2021 – vis MS Teams	
MEETING CLOSED		**1109**