The Shrewsbury & Telford Hospital NHS Trust

Ockenden Report Assurance Committee meeting in PUBLIC

Tuesday 18th January 2022 via MS Teams

Minutes

NAME	TITLE
MEMBERS	
Dr C McMahon	Co-Chair
Ms J Garvey	Co-Chair
Mrs L Barnett	Chief Executive (Trust)
Dr J Jones	Acting Medical Director (Trust)
Mr A Bristlin	Non-Executive Director (Trust) and Non-Executive Director lead for Maternity Services
Ms H Flavell	Director of Nursing (Trust)
Dr A Wilson	Member, Powys Community Health Council
ATTENDEES	
Mr M Wright	Programme Director Maternity Assurance (Trust)
Mr T Baker	Senior Project Manager Maternity Transformation Programme (Trust)
Dr M-S Hon	Clinical Director – Obstetrics / Maternity (Trust)
Ms C Eagleton	Matron Inpatient Services
Mr K Haynes	Independent Governance Consultant
Mrs L MacLeod	Maternity Voices Partnership Development CoordinatorTelford & Wrekin
Ms Sharon Fletcher	Perinatal Quality Lead and Patient Safety Specialist, Shropshire, T&W CCG and LMNS
Mr N Lee	Chief Operating Officer (Trust)
Ms C Knill	Project Manager - Maternity Transformation Programme (Trust)
Ms L Branfield	Consultant Anaesthetist
Ms C Mcinnes	Director of Operations for Women's and Children's (Trust)
Ms K Steyn	Communications and Engagement Manager – Maternity Services (Trust)
Ms V Barrett	Chair, Healthwatch Shropshire
APOLOGIES	
Mr M Underwood	Divisional Medical Director for Women & Children (Trust)
Ms E Evans	MVP Service User Chair
Dr Sanjeev Deshpande	Consultant Neonatologist
Professor Trevor Purt	Non-Executive Director

No. 2020	ITEM	ACTION
Procedural Items		
01/22	**Welcome, introductions and apologies**. The Co-Chair, Ms. Jane Garvey welcomed all present including the public to the live stream of the meeting and explained the procedure for asking questions. Introductions were made and apologies were noted.	
02/22	**Declarations of Conflicts of Interests** There were no conflicts of interest to be noted.	
03/22	**Minutes of the previous meeting and matters arising** The minutes of the meeting of 19th October, 2021, were noted and approved as a correct record, subject to the following amendment: Dr Wilson commented that on page 6 of the minutes reference had been made to a presentation at the Community Health Council at which she had been present and that she had thought that the number of concerns raised with the Freedom to Speak Up Guardian had been 300 in the last month. She wished to correct the record, and explained that the number related to the year. The minute would be amended accordingly.	
04/22	**Obstetric Anaesthesia Update** The Co-Chair, Ms Jane Garvey, reminded the meeting of the background to this item. She explained that at the meeting in July 2021 the Committee had heard from Dr Lorien Branfield regarding progress in the implementation of the Ockenden Report's actions relating to obstetric anaesthesia. In discussion a number of issues were raised. Specifically, the task of undertaking the significant development work necessary to progress the actions which at the time fell almost solely to Dr Branfield, the recognised challenge of the interface with the Trust's general anaesthetic services, and consultant anaesthetic staffing nationally and locally. Consequently, the Trust Chair agreed to have further discussion offline with Dr Branfield which Dr McMahon subsequently did, and likewise Executive colleagues agreed to pursue the matters. Ms Garvey explained that it, therefore, seemed appropriate that the Committee should now take the opportunity to re-visit the issues and consider the progress which has been made since then. Dr Jones explained that of the seven LAFLs (Local Actions for Learning) relating to obstetric anaesthesia, six had now been delivered although still required evidencing following review and audit. There was one LAFL (4.90) that had still not been delivered. Dr Jones provided a detailed update for each of the LAFLs as follows: For LAFLs 4.85 – 4.86 which require the obstetric anaesthetists to be integrated within the maternity multidisciplinary team, Dr Jones explained that the regular twice daily labour ward rounds involve the obstetric anaesthetists, multidisciplinary team training is led by a Consultant Anaesthetist and one of the new specialist grade anaesthetists, there is a new lead for audit and the anaesthetists are involved in serious incident reviews. Dr Jones also went on to explain the new contract for specialist grade doctors, confirming that five of the planned six doctors are now appointed onto the new specialist contract	

	which provides more flexibility and time to be involved in governance activities. For LAFLs 4.87 – 4.89 requiring regular review of clinical guidelines including reviewing the existing guidelines for the escalation to the consultant on-call, Dr Jones confirmed a number of actions including the appointment of a lead for the development of guidelines with a high number of guidelines now updated, a new standard operating procedure for dealing with and escalating emergencies, and confirmation that of the 49 audits that fall out of LAFL 4.89 the majority of these have now been completed. For LAFL 4.91 requiring the regular participation of anaesthetists in mandatory and regular multidisciplinary training for obstetric emergencies, Dr Jones confirmed the participation of anaesthetic staff in such training. Finally, Dr Jones explained, for the action requiring the participation of anaesthetic staff in maternal incident investigations and the subsequent dissemination of learning (LAFL 4.90) that whilst a new quality improvement lead had been appointed the process does not yet ensure that anaesthetic staff are involved in all investigations. In the more general discussion, anaesthetic staffing levels in support of maternity services were clarified. In particular, it was confirmed that there are seven Consultant Anaesthetists that have sessions in maternity services, and these are supported by six senior "specialist" doctors whose sole anaesthetic specialty is obstetrics. It is through this staffing arrangement that 24/7 senior anaesthetic cover is provided. Dr Jones also explained that he is leading a comprehensive review of anaesthetic services across the Trust. In response to a general discussion, the arrangements for anaesthetic cover across the two sites were clarified. It was explained that although a Consultant Anaesthetist may have their base at Shrewsbury when they were providing their obstetric anaesthetic cover this would be undertaken physically on the maternity unit at Telford. In response to a question from Ms. Vanessa Barrett regarding Dr Branfield's concerns which she had raised with the Committee in July 2021 about the extent of the undertaking required to support the implementation all of the Ockenden Report recommendations relating to obstetric anaesthesia, Dr Branfield explained that the workload is now better distributed and had been helped by the appointment of the two additional consultants in August and November. She explained that one has become the audit lead and the second has taken a lead in teaching.	
05/22	**Implementation of the National Bereavement Care Pathway and Harnessing the User Experience (UX) System** Dr Mei-See Hon gave an update on the two Ockenden Report LAFLs that relate to bereavement care (LAFLs 4.65 and 4.66), presented the findings of the recent review of the Trust's maternity bereavement services carried out by SANDS (the Stillbirth and Neonatal Death Society), and gave an overview of the Trust's User Experience (UX) initiative in maternity services. In the Ockenden LAFL (4.65 and 4.66) there were two actions specific to bereavement care. The first was that the maternity service must appoint a dedicated lead midwife and a lead obstetrician to focus on and champion the development and improvement of the practice of bereavement care with the maternity services at the Trust and that the lead midwife and obstetrician	

	must adopt and implement the National Bereavement Care Pathway. Dr Hon explained that SaTH employed two full-time bereavement care specialist midwives and is in the process of formalising a lead consultant. For the last year Dr Hon explained she has been filling that slot but the funding is now secured to make that a formal position. Prior to the visit by Sands, the department undertook a self-assessment tool which is provided by the National Bereavement Care Pathway. The tool references all nine standards and the department scored 90 out of a maximum of 120. Dr Hon explained that this process provided some assurance and it was helpful to determine where work needed to be focused. Dr Hon went on to explain that Sands provided a team of three, including the lead for the National Bereavement Care Pathway and they visited the Trust on the 9th and 10th of November 2021. They spent two full days onsite. A number of stakeholders spent time with them and they carried out a number of walkarounds and met with a range of staff. They also met with Maternity Voices Partnerships, the Service user chair and other service users (this was a private meeting). Also the specialist bereavement midwife for the Lighthouse Service and a representative from Hope House Hospice spoke to the team. At the end Sands provided a report into their findings. Dr Hon explained that their report noted areas of good practice and said that "…there are signs of growing unity and teamwork, commitment & enthusiasm. Staff spoke passionately about the care they provide for bereaved parents, which was highly praised –and highly valued -by the bereaved mother the team spoke with." In another observation the report noted that "The staff we spoke to showed kindness and compassion … following up regularly and in person to ensure continuity of care and to ensure parents are 'held' beyond their time in the hospital setting. We heard about some examples of excellent care." The report also gave specific feedback on each of the nine bereavement care standard pathways and a number of suggestions on how to improve further. Dr Hon explained that it was helpful to hear from Sands that they recommended that the Trust should celebrate success and not be afraid to highlight the positive. She explained that she felt it was encouraging to hear from an independent organisation and it is important to think about how this is handled in a sensitive manner moving forward. The Sands team also provided guidance on areas for improvement, including having a greater level of uptake of support amongst staff, for example the psychological support available to staff including TRiM. There was a suggestion of communication skills workshops and looking at ways to make greater use of Hope House Hospice as a partner resource. Other transactional recommendations included soundproofing the dedicated bereavement rooms and looking at the access routes to those rooms; considering non-Christian faith support; looking at processes for parents who wish to take their baby's body outside of the unit, making sure that is a routine offer rather than the exception. Making sure literature is up to date and ensuring the teardrop sticker is on the notes which alert anyone to the fact bereavement has taken place in the past, and further improving the way GPs are informed of the family's loss. Other areas included capturing parent feedback and continuing to keep the spotlight on the fact that post-mortems do take a very long time to turn around, which is acknowledged as a national problem due to a lack of perinatal	

	pathologists. There was also a suggestion around creating a separate bereavement room for neonatal deaths and stillbirths and miscarriage within gynaecology and A&E. Dr Hon explained that she felt that there were no huge surprises in the list and it was reassuring that a lot of the items were already being considered. In Sands' report it summarised "the next step, and the present challenge, is to ensure that good practice is rolled out to all areas and to all staff, ensuring not only quality but consistency. This will enable all bereaved parents at all times to receive the type of care and compassionate service received by one mother who spoke to the review team and praised the care she had received – and in her words she felt that she had "not been forgotten"." The Co-Chair, Ms.Jane Garvey invited Ms Hayley Flavell to speak about her experience of the Sands visit. Ms Flavell commented that she felt the process demonstrated the commitment of the organisation in working with users, then building on that and learning. She felt that it was very encouraging and shows the team is on the right path. In response to a question from Ms Garvey, Ms Flavell confirmed that it was her fervent wish that the insensitive comments made to bereaved parents and highlighted in the Ockenden Report would never be repeated. In discussion regarding support to families whose cases were cited in the first Ockenden Report, it was explained that, whilst it would not be appropriate to discuss individual cases, where people have reached out for support this has been facilitated. Dr McMahon also raised the issue of the support that may be needed at the time of the second Ockenden Report for families who need it and wish to access it. In discussion, it was recognised that it can be challenging for families to come to the Trust to access the services. Dr McMahon re-iterated that was not possible to go into further detail, she was keen to emphasise that it was open to families to contact the Trust or access resources, and the Trust remained very willing to support them. The Co-Chair, Ms. Garvey asked Dr Hon to explain the circumstances in which staff might be offered counselling. Dr Hon explained that whilst there is not a list of situations that qualify, there is a TRiM (trauma and risk management) practitioner onsite every day within the department and staff are able to ask for support. There are also two professional midwifery advocates who support all areas of practice. Ms. Flavell confirmed that TRiM was now used across the whole organisation and was a well-established process. It is a process that can be used for any individual that has gone through an incident or experience where they feel they need some support. The Committee also heard about the User Experience (UX) system – an engagement tool co-produced with the Maternity Voices Partnership with the aim of capturing service user experiences using UX cards based on a specific theme to guide maternity service improvements. Dr Hon explained that the themes currently being looked at are partner support, caesarean sections, induction and intervention, bereavement and language and communication. Dr Hon explained that the system uses an experience card, this can be a physical card or during Covid it has been e-cards, which contain a few sentences in simple language that outline the desired outcomes. There is a standard format with four short sentences for which Dr Hon provided examples.	

	It was explained that the themes are promoted on social media and then once the cards have been submitted a workshop is held via Teams. The workshop is open to anyone who created a card or has an interest in participating, including staff and other organisations, like Sands. The workshop lasts 2.5 hours and occurs every couple of months. The aim of the workshop is to promote discussion around each card and then prioritise it. Every action will be voted on to give a consistent and transparent method of prioritising. Everyone is able to participate in the vote and an action has to hit 70% for agreement. Following the workshop a meeting is held to discuss how much work will be needed to deliver the priorities. The actions are given points, a simple action might be given two or three points, and something more complex could be given 40 or even 100 points. Each "sprint cycle" is tasked to deliver 150 points' worth of actions. The projects are tracked on Monday.com. An example of previous outputs was a visual birth preferences card was designed to be used in all settings and to move with the birthing person throughout their journey. This is about to be launched. A workshop was conducted in November 2021 regarding bereavement, 25 people attended. Some actions from this workshop centred around keepsakes and memory making options. The Co-Chair, Ms Garvey, thanked Dr Hon for her presentation and continued support to the work of the Committee.	
06/22	**Observations and comments from relevant stakeholders and groups representing service users** The Co-Chair, Ms Garvey, invited Ms Louise MacLeod to explain how the user experience system works from the perspective of her members. Ms. MacLeod commented that from the MVP (Maternity Voices Partnership) perspective the user experience system is proving really positive and a good tool in order to make meaningful changes. The MVP collated themes that they felt were hot topics for discussion. The themes are then put out on social media and service users and staff can then comment using the card system. At the moment communication and language is the theme live on the social media channels, so in February the feedback from this will be presented at the workshop. Ms Garvey asked Ms MacLeod to explain what the status is of the people using the system and what their relationship is with the Trust. Ms. MacLeod explained that there is no time limit put on the system, so anyone who has used the service can feedback via the user experience card system. She expects it would be people that have used the service within the last two to five years, but she did confirm that some historic ones have come through. Ms. Garvey asked whether there were any particular examples she could give around the use of poor communication and language around miscarriage. Ms MacLeod explained that there are both good and bad stories. She explained some recent evidence of poor communication is around the EPAS and gynaecology areas, but MVP is working closely with those teams to look at this. She confirmed it is few and far between, but it is happening.	

	Dr Hon commented that it is important to acknowledge these instances of poor communication, but that it is also important to acknowledge the positive feedback that is received. She explained that opening up a phone line would be a possibility but it would depend on commissioning and recruiting people to operate the phone line. She explained that this is something that is being worked on. Ms Garvey asked if more insight could be given about the types of things being said at the last workshop in November 2021. Dr Hon said she felt it would not be appropriate to give quotes because people share in confidence at that forum, but she could assure the meeting that the topics have informed actions for the future. Dr Wilson asked what proportion of service users who send in a card are then able to attend the workshop. Louise MacLeod confirmed that at the last workshop two service users attended. She said this does vary and they are working on having more service users present. For people who cannot attend the MVP share their stories so their voice is being heard. Ms Garvey asked Dr Hon what the priority is in the near future in terms of bereavement care. Dr Hon commented that the priority is to put in place the rest of the National Bereavement Care Pathway, in particular some of the logistical things that require estates input, regarding the soundproofing etc. Mr Bristlin congratulated all those involved, and asked whether there is a representative view from across the broad spectrum of service users. Ms MacLeod explained that the MVP focus is to try and reach those seldom heard groups. The MVP is now at almost 30 volunteers and they will be able to help with that diversity. Demographics information is not gathered on the service user experience cards, but this is something that could be looked at in the future. Ms Garvey asked how people who have been through the service find out about MVP. Ms MacLeod explained there is a strong social media following and that leaflets and business cards are handed out. A lot is word of mouth and they rely on midwives and health visitors telling people. When allowed to, post-Covid, they will be able to get out more so that people are aware. She hopes that no one should leave Telford Maternity Unit without knowing about MVP. The details are also on the BadgerNet system. Ms.Claire Eagleton assured the meeting that the leaflets and business cards are handed out as part of the information given to women when they are having their postnatal discharge and that they are available in the atrium and in the antenatal clinic waiting areas. There are posters up and the details are available digitally on BadgerNet. Ms Garvey asked Mrs Barnett to comment on the idea of soundproofing the bereavement room. Mrs Barnett confirmed that estates team have looked at the feasibility to see whether there are any further measures that can be taken. She was not in a position to comment further with regards to the details of the work	

	needed. She felt it may not be as straightforward as anticipated. She feels the current situation is not satisfactory and is simply mitigation that has been put in place to address the noise in the short-term.	
07/22	**Discussion and reflection** Ms Garvey asked Dr McMahon to comment on progress made so far. In response, Dr McMahon commented that teams are continuing to work really hard and that progress is being made. The actions required from the first Ockenden Report are not completed at this point in time, but a fair and accurate representation of where the Trust is at has been discussed today. It is expected that a second Ockenden Report will be published towards the end of March 2022, so in April/May a refreshed version of the plan will be brought to the committee incorporating any new activities or actions that come out of the second Ockenden Report. Mr Wright commented that the second report was provisionally scheduled for March so there will be a review and discussion of the current actions brought forward to this committee. Dr McMahon stressed that whilst the Trust cannot go back and make the situation better for those dealing with issues in the first report, they can recognise the situation that was experienced whilst under their care and ensure that is openly and transparently discussed as if it were still current today and to put in actions to minimise and mitigate the risk of it happening again. She explained that she felt that the Trust is moving forward in the right direction but there is still a lot of work to do. She is proud of what the teams have achieved so far, but knows that she is still asking more of them. In response to a question raised by Ms Garvey regarding the possible state of staff morale post the publication of the second Ockenden Report, Mrs Barnett commented that she feels it will be very difficult and extremely difficult for the families in the community and also staff. There are support services in place but she is working through the levels of support that may be needed going forward with the further publication of the report. She felt it was also important to be transparent and recognise how far the Trust has come. Ms Flavell explained that she felt that it is going to be a difficult time for the staff within maternity services. There has been a considerable amount of work happening and the team is really committed. Ms Flavell confirmed that three key appointments were starting with the Trust in February - a new Director of Midwifery, a new Consultant Midwife, and a new Divisional Director for paediatrics, gynaecology and fertility. In response to a question from Ms Garvey, Mr Wright explained that the publication of the second Ockenden Report was due on 24th March and that the Trust continued to liaise with Donna Ockenden and her team. Following an invitation from the Co-Chair for any final comments from members of the Committee, Ms. Sharon Fletcher commented that the CCG remained committed to look at solutions so there is a real whole system approach to the way families and staff are looked after. She said the CCG is well sighted on the fact that the second Ockenden Report could have an adverse impact on staff, however she felt that she had witnessed sufficient progress was being made	

	in terms of culture that the staff would have the resilience and necessary support to deal with its impact. Mr Wright explained that at the next meeting of the ORAC committee something will be scheduled on the psychological care provision that is available for families and staff. A report on the work that's taking place on the culture within women's and children's services and also with regard to governance and how things are handled, especially when something goes wrong. Mr Wright confirmed he would send out the slides of the meeting and also the latest version of the Ockenden Report action plan as a reference document. Ms Garvey thanked everyone for their attendance.	
08/22	**Date of next Board of Directors' meeting in private:** 15th February 2022 at 14.30– via MS Teams	
MEETING CLOSED		