

## Ockenden Report Assurance Committee AGENDA

### Meeting Details

**Date**            **Tuesday 18<sup>th</sup> January 2022**  
**Time**            **14.30 – 16.45**  
**Location**       **Via MS Teams – to be live streamed to the public**

### AGENDA

Item No.	Agenda Item	Paper / Verbal	Lead	Required Action	Time
2022/01	Welcome and Apologies	Verbal	Chair	Noting	
2022/02	Declarations of Interest relevant to agenda items	Verbal	Chair	Noting	14.30 (15 min)
2022/03	Minutes of meeting on 19 <sup>th</sup> October 2021	Enc 1.1 Verbal	Chair	Approval	
2022/04	Obstetric Anaesthesia Update	Verbal	Dr John Jones – Medical Director Mr Richard Steyn – Co Medical Director	Discussion	
2022/05	Implementation of the National Bereavement Care Pathway including (how the User Experience [UX] is being harnessed to ensure service user voice is represented)	Presentation	Mei-See Hon	Discussion	15.15 (60 mins)
2022/07	Observations and comments from relevant stakeholders and groups representing service users <ul style="list-style-type: none"> <li>What have the stakeholders and groups representing service users heard so far in the first four meetings?</li> <li>What reflections and observations do they have and wish to share at this stage?</li> <li>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?</li> </ul>	Verbal	Chair  All	Discussion	16.15 (15 min)
2022/08	Discussion and reflection <ul style="list-style-type: none"> <li>Key messages for the Board of Directors</li> <li>Key messages for service users - women and families</li> <li>Any other steps we need/wish to take</li> </ul>	Verbal	Chair All	Discussion	16.30 (15 min)
2022/09	Meeting closes  Date of Next Meeting: 15 <sup>th</sup> February 2022	Verbal	Chair		Finish 16.45

## **Possible Items for Future Meetings (subject to change)**

- Culture Update
- Psychological Support to families
- Governance Update
- Board oversight / learning
- Overview of progress to date



## The Shrewsbury & Telford Hospital NHS Trust

Ockenden Report Assurance Committee meeting in PUBLIC

Tuesday 19<sup>th</sup> October 2021 via MS Teams

### Minutes

NAME	TITLE
<b>MEMBERS</b>	
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
<b>ATTENDEES</b>	
Mr M Wright	Programme Director Maternity Assurance (Trust)
Mr T Baker	Senior Project Manager Maternity Transformation Programme (Trust)
Ms J Bolton	Interim Matron Community and MLU
Dr M-S Hon	Clinical Director – Obstetrics / Maternity (Trust)
Ms Z Young	Director of Nursing & Quality, Shropshire, Telford & WrekinCCG and Local Maternity & Neonatal System
Ms C Eagleton	Matron Inpatient Services
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 Sharon Fletcher	Perinatal Quality Lead and Patient Safety Specialist, Shropshire, T&W CCG and LMNS
Ms Shirley Jones	Associate Head of Midwifery for Governance
Ms Kerry Forward	Senior Commissioning Manager, NHSE/I
Ms Angie Wallace	Acting W&C Care Group Director
Ms Lynn Cawley	Healthwatch
<b>APOLOGIES</b>	
Mr M Underwood	Divisional Medical Director for Women & Children (Trust)
Ms E Evans	MVP Service User Chair
Mr N Lee	Chief Operating Officer (Trust)
Dr Sanjeev Deshpande	Consultant Neonatologist
Professor Trevor Purt	Non-Executive Director

No. 2020	ITEM	ACTION
<b>Procedural Items</b>		
051/21	<p><b>Welcome, introductions and apologies.</b></p> <p>The Co-Chair, 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.</p>	
052/21	<p><b>Declarations of Conflicts of Interests</b></p> <p>There were no declarations of interest noted.</p>	
053/21	<p><b>Minutes of the previous meeting and matters arising</b></p> <p>The minutes of the meeting of the 23<sup>rd</sup> September 2021 were approved as an accurate record.</p>	
054/21	<p><b>Maternity Voices Partnership (MVP) – working with women and families</b></p> <p>Ms. Louise MacLeod introduced herself as the Maternity Voices Development Coordinator for Shropshire, Telford and Wrekin Clinical Commissioning Group and gave a detailed presentation on the work of the MVP. She explained that the MVP is a partnership made up of service users, their partners and families, service providers, midwives, obstetricians, GPs, the Clinical Commission Groups (CCGs) and Local Authorities, Healthwatch Telford &amp; Wrekin and Healthwatch Shropshire and local charities. Everyone is equal, working together. It is a national strategy so there are MVPs across the country. She explained that there is a strong emphasis and reliance on volunteers. The MVP provides a way for this partnership of people to work together to share ideas and identify solutions for the design and improvement of maternity care with an emphasis on co-production. Ms MacLeod went on to explain that the Local Maternity and neonatal System (LMNS) had funded the development of the MVP locally which had been set up in 2018 and that it was now hosted by Healthwatch Telford &amp; Wrekin.</p> <p>Ms MacLeod explained that the work of the MVP is underpinned by five key principles:</p> <ol style="list-style-type: none"> <li>1. Co-production as equals, promoting and valuing participation.</li> <li>2. Seeking out and listening to service user experiences.</li> <li>3. Championing the use of service user experience when reviewing services.</li> <li>4. Understanding the interdependency of staff experience and positive outcomes.</li> <li>5. Pursuing continuous improvement in maternity services.</li> </ol> <p>Ms MacLeod explained that communities are involved in many ways but the main platform at the moment is social media. The MVP has become a source of trusted information and the information posted is often widely shared. There is also a quarterly newsletter that goes out to the mailing list and also shared on social media. Focus groups and feedback surveys are also used.</p> <p>In 2017 the Local Maternity and Neonatal System (LMNS) funded the development of the MVP locally and it was set up in 2018. Louise came into post in 2018 and worked to build relationships with SaTH and other partners. In 2020 extra support was received from Healthwatch Telford &amp; Wrekin who host a</p>	

team of volunteers. The MVP was then expanded and strengthened. A lot of work in 2020 was put on hold because of Covid-19. In 2021 an online feedback form was developed and the MVP started working with the Maternity Transformation Team. As of November 2021 it is hoped that everybody will be in place to start moving forward with the new structure. There will be a Community Engagement Lead, a Communications and Publications Lead and a Health Inequalities and Quality Improvement Lead. There will also be ten volunteers recruited to representative roles, along with general volunteers who will gather feedback and be involved in future meetings and projects.

In terms of its governance and reporting arrangements, Ms MacLeod explained that the MVP sits under the Perinatal Quality Surveillance Group (PQSG) which then feeds up to the LMNS Board. There are also really strong links with the Midlands MVP Network and the National MVP Network. It was confirmed that the MVP is invited to many internal meetings at SaTH, like labour ward forums and weekly midwifery meetings. There are also regional and national MVP catch-ups.

Some of the projects the MVP are involved with include developing the 'labour and birth choices' leaflet, the 'birth reflection service' and also helping to support partners during Covid-19 by developing a Covid-19 passport to enable families who needed additional support at appointments to have that support without questions being asked of them. In 2019 the MVP was involved in the 15 Steps for Maternity Analysis of the Wrekin Midwife-Led Unit and was involved in the redesign of the MRU upgrade. During Covid-19 the Wrekin tours that used to happen were stopped and so together with the team at SaTH a 360 degree online tour has been created so people can have a virtual walkaround. MVP also helped co-produce a personalised care and support plan. This document is aimed at supporting families to make birth choices and birth preferences, alongside which there is a birth place choice leaflet.

Surveys are regularly carried out, for example, recently an antenatal education survey was undertaken which showed that although there is online provision for antenatal education, many families are not aware of it, so they are currently in discussions about how this can be improved. Another survey was carried out on caesarean sections and this has been presented by Ms MacLeod to the Labour Ward Forum and anaesthetic teams. Survey respondents were asked about the birth environment and having their birth preferences listened to, like skin to skin, delayed cord clamping, etc. Also being aware of language and communication and having one key point of contact. Ms MacLeod confirmed that she would be happy to share the report with the Committee if required. Overall, Ms MacLeod confirmed that whilst there are still areas for improvement the survey results were well received at the Labour Ward Forum and Ms MacLeod felt they were receptive to listening to what families are saying and then making improvements

Ms MacLeod explained that MVP's main feedback survey was launched in April 2021 and is hosted on the Healthwatch Telford & Wrekin website. It includes a range of in-depth questions covering the whole perinatal experience. Demographics are collected to ensure that the survey is getting out to everyone, including those seldom heard voices. The survey is shared on social media and through business cards with a QR code link, these are given out to families through SaTH. The survey is open to women and families who have used the service within the last two years, it is a rolling survey and will be continuously open and reported on quarterly to the MVP hub. This then informs the MVP work programme. Quarter one results were presented at the last hub and quarter two will be presented this week.

In the last survey there were 100 respondents of which 60% were first-time parents. 94% were white British so there is work to do on getting BAME groups heard. 85% were aged between 25-39. The key themes coming out of the survey were continuity of care, language, communication and information and postnatal contact. Continuity of care was a strong theme, when asked what would improve antenatal care a third of respondents mentioned this. Regarding postnatal contact, most service users indicated they wanted more contact and support.

Ms MacLeod explained that the MVP has been working with MTP (Maternity Transformation Programme) since summer 2020 and a user experience card scheme has been developed. A subject, for example partners, is focused on and taken to steering groups and workshops, the themes are discussed, listened to and prioritised using a MoSCoW scoring system. Actions are then produced to make changes and then the team at SaTH deliver these actions.

For the future the MVP wants to increase membership, particularly of seldom heard groups, it is hoped that volunteers will be able to link with community leaders in this regard. A feedback app is being developed to enable volunteers to take the feedback forms out to rural communities. A partners' feedback form is also to be developed because the voice of partners should be heard as well. Finally the MVP wants to encourage more health professionals to engage.

Ms Jane Garvey thanked Ms MacLeod for her presentation and asked about the degree of independence MVP had from the Trust. Ms MacLeod explained that whilst MVP worked very closely with the Trust, she re-iterated that she was an employee of the CCG and that the volunteers were hosted by Healthwatch Telford & Wrekin.

Dr Anthea Wilson asked how the MVP is funded. Louise MacLeod explained that the LMNS commissioned Healthwatch Telford & Wrekin to provide the service. MVP is also able to bid to LMNS for extra funding, for example for the development of the app.

Ms Jane Garvey asked whether she considered it concerning that MVP is still receiving comments regarding poor communication. Ms MacLeod confirmed that whilst it remained a concern a lot of work has been going on around this issue and a funding bid has been put in to support communication and language training. There are still lessons to be learnt but hopefully the survey data in the future will show improvement in this area.

Ms Jane Garvey commented that "the harder to reach" people is still a big challenge for MVP.

Ms MacLeod commented that Covid has not helped in this area because volunteers were unable to get out into the community, but hopefully this can once again be progressed soon.

Dr Mei-See Hon, Lead for the Communication and Engagement Workstream thanked Louise MacLeod and wanted to publicly acknowledge the work of the MVP. She wanted to note that amongst the feedback there were also some very positive comments, but it is right to focus on the comments that are not so positive. In response Ms MacLeod confirmed that there is so much positive feedback and some of these comments are published on the MVP Facebook pages and also they are shared with the Trust and staff.

	<p>Ms Flavell commented that one of the MTP workstreams is around culture and, in particular, the need to address and challenge poor behaviour.</p> <p>Mrs Barnett asked if there are any barriers that have been identified relating to staff feedback. Dr Mei-See Hon said it is challenging to release clinical staff to attend meetings during the working day and Ms MacLeod confirmed that engagement with staff and obtaining their feedback can be difficult, citing the poor level of staff response to a recent survey.</p> <p>Ms Angie Wallace commented that at MTAC a new app is rolling out and this needs to be connected to MVP to allow the data to be used moving forward. Also, this app could be given to mums and carers as well. Mr Tom Baker explained that the app is called 'Improve Well' and it has three tools within it; a sentiment tracker, an ideas hub and poll surveys. Ms Garvey asked at what point in their busy day is a staff member supposed to engage with the app. Mr Baker explained it can be used on their smartphone and they would only need five minutes to do a survey – everything within the app has been kept very concise.</p>	
055/21	<p><b>Maternity Safety Champions – roles of executive and non-executives</b></p> <p>Dr John Jones introduced himself as Executive Safety Champion and the Acting Medical Director, explaining that as an Executive he is a continuous presence in the organisation. Safety champions play a central role in patient safety through identifying and responding and alerting to patient safety and safety culture issues as well as ensuring that best practice based on guidelines is achieved.</p> <p>Mr Tony Bristlin explained the role of the Non-Executive Director safety champion. There is a national ambition to make measurable improvements in safety outcomes for women, the babies and their families. The Better Births report in 2016/17 outlined that the national aim is to halve the rate of stillbirths, neonatal deaths, intrapartum brain injuries and maternal deaths by 2025, from a 2010 baseline. Fundamentally the role of the safety champion is to be part of the framework to deliver that.</p> <p>The safety champions push for best practice, meeting with staff on a monthly basis and engaging with service users. As Non-Exec Safety Champion Mr Bristlin explained that given his role as a Non-Executive Director he felt that he had more independence and was able to provide oversight and challenge to ensure that issues are addressed in a timely manner. An important part is focusing on the Clinical Negligence Scheme for Trust (CNST) which has a whole series of actions related to patient safety.</p> <p>The safety champions support the actions of the Ockenden Review and also national safety initiatives, like smoke-free pregnancy, optimisation and stabilisation of pre-term infant and recognition and management of the deterioration of women and babies.</p> <p>The safety champions have monthly meetings, input from walkabouts and input from the maternity and neonatal dashboards. Information is reviewed, actions are agreed and then updates are cascaded to the maternity team, various committees and boards and key partners. The safety champions' noticeboard is also updated regularly</p> <p>An example of work picked up by the safety champions was given regarding an emergency buzzer on the Wrekin MLU which wasn't sounding in areas where</p>	

	<p>expert help needed to be summoned. This work has now been completed. A second example was of a shortage of a particular consumable, the procurement was sharpened up, the item was stocked and steps were made to ensure the item stays in stock.</p> <p>Dr Jones explained that next steps for the safety champions is to think about how things can get done more quickly. There is more to do with working with external partners, including the MVP.</p> <p>Ms Garvey asked whether during the walkabouts people understand the role and how staff are engaged. Mr Bristlin explained that on the walkabout people sometimes have to be given a few prompts which start the discussion off and then the conversation starts to flow.</p> <p>Dr Catriona McMahon asked Tony Bristlin whether enough is being done to ensure that his level of independence as Non-Exec Safety Champion is being supported. In response Mr Bristlin confirmed that it is always a challenge but everyone in the group is aware of his role.</p> <p>Dr McMahon then asked regarding the relationship between the Exec and the Non-Exec role and whether the role of Maternity Services Safety Champion should be a single person. In response, Dr Jones explained that Mr Bristlin has been involved a lot longer and that whilst he knows a lot about how hospitals work, Mr Bristlin is able to bring a helpful independence to the role.</p> <p>In response to a question from Dr Anthea Wilson regarding the opportunity for staff to speak up safely, Dr Jones explained the system that is in place called 'Freedom to Speak Up' and the role of the "Freedom to Speak Up" Guardian.</p> <p>Dr Wilson added that she had heard the 'Freedom to Speak Up' champions have had a huge response in the last couple of months. She explained that she had attended a presentation at the Community Health Council recently and she thought the number mentioned was 300 over the last month, as a whole Trust, not maternity.</p> <p>Ms Hayley Flavell commented that it is a very positive indicator that 'Freedom to Speak Up' is being used. Dr McMahon added that as a Board 'Freedom to Speak Up' is something that is actively supported and that more reporting is to be encouraged and welcomed.</p>	
056/21	<p><b>The Local Maternity and Neonatal System (LMNS)</b></p> <p><b>a) LMNS / CCG role of system in maternity assurance.</b></p> <p>Ms Zena Young explained that a CCG is a statutory body that receives funding from the Department of Health and it has responsibility to allocate this funding to commission services for the community. The CCG is statutorily responsible to commission services that are safe, effective, meet the needs of the population and provide best value for money. However, CCGs are ceasing to be as of the 31<sup>st</sup> March 2022 and will be moving to an integrated care system.</p> <p>LMNSs came about following the publication of <i>Better Births</i> in 2016 and they were given dedicated direct funding from Department of Health for maternity transformation work to improve the safety of services. That funding is allocated to support a host of initiatives like smoking cessation, obesity and dietary support, continuous glucose monitoring, pelvic health and perinatal mental health plans.</p>	



	<p>The LMNS and CCG then report back to the Department of Health.</p> <p>From 1<sup>st</sup> April 2022 the Integrated Care System will bring together all commissioners, it is a new approach that is a radical change in how the NHS is organising its services and it is very much welcomed in the system.</p> <p>Kerry Forward explained that maternity has been a national programme for the past five years and now is moving into the system first approach with the Integrated Care System, so the focus on the regional team is in transition.</p> <p><b>b) Regional involvement NHSE/I – the six Ockenden Report Immediate and Essential Actions dependent upon external factors update</b></p> <p>A key and outstanding recommendation from the Ockenden Report is that an LMNS cannot function as one maternity service only (IEA 1.4). Ms Young explained that there are arrangements for the local LMNS (Shropshire, Telford &amp; Wrekin) to ‘buddy’ or work in partnership with jointly Staffordshire and Stoke LMNS and Derby and Burton LMNS, and the Black Country and West Birmingham LMNS. Ms Young confirmed that there were on-going discussions with formal plans and a Memorandum of Understanding to be finalised confirming the arrangements. The overall purpose is to enable teams to learn from other systems, ensure best practice and provide assurance.</p>	
057/21	<p><b>Observations and comments from relevant stakeholders and groups representing service users</b></p> <p>Louise MacLeod commented that MVP are open and want to work with partners in this space to undertake improvement together and to extend multi-disciplinary working so MVP are absolutely committed to this process.</p>	
058/21	<p><b>Discussion and reflection</b></p> <p>Mr Mike Wright explained that the next meeting was scheduled for 15<sup>th</sup> November at 2.30pm and that the Stillbirth and Neonatal Death Society were invited to attend. They are undertaking a review of the Trust’s work but this will not be ready in time for the 15<sup>th</sup> November meeting so it is suggested the meeting should be pushed back to early December. This is to be confirmed.</p> <p>Ms Jane Garvey thanked all the presenters for their participation in the meeting.</p>	
059/21	<p><b>Date of next Ockenden Report Assurance Committee:</b></p> <p>To be confirmed.</p>	
<b>MEETING CLOSED</b>		

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