

**Ockenden Report Assurance Committee
AGENDA**

Meeting Details

Date Tuesday 28 March 2023
Time 14.30 – 17.00
Location Via MS Teams – to be live streamed to the public from 14.30 hrs

Note 1: The session will be opened at 14.00 hrs to enable members to log in, but the meeting will start promptly and 'go-live' at 14.30 hrs

Note 2: The meeting will be recorded to enable the full and accurate transcription to take place. The recording will be deleted when this has been completed.

AGENDA

Item No.	Agenda Item	Paper / Verbal	Lead	Required Action	Time
2023/16	Welcome Apologies Welcome to any new members/observers	Verbal	Maxine Mawhinney Co-Chair	Noting	14.30 (15 min)
2023/17	Declarations of Interest relevant to agenda items	Verbal	Maxine Mawhinney Co-Chair	Noting	
2023/18	Minutes of meeting on 28 February 2023	Enc. Verbal	Maxine Mawhinney Co-Chair	Approval	
2023/19	Progress position of the 210 actions arising from the Ockenden Reports – One year on from the publication of the final report	Presentation	Carol McInnes Divisional Director of Operations (Women and Children's Division) Annemarie Lawrence Director of Midwifery (Women and Children's Division)	For information	14:45 (50 mins)

2023/20	Learning from complaints	Presentation	Claire Eagleton Deputy Director of Midwifery	Discussion/ For Assurance	15.35 (50 mins)
2023/21	<p>Discussion and reflection on the meeting and one year on from the publication of the final Ockenden Report:</p> <ul style="list-style-type: none"> • Key messages from the meeting for the Board of Directors • Reflections one year on from publication of the final Ockenden Report • Feedback from Stakeholders on progress to date • Key messages for service users - women and families <p>Any other steps we need/wish to take</p>	Verbal	Maxine Mawhinney Co-Chair All	Discussion	16.25 (25 min)
2023/22	<p>Any other Business</p> <p>Meeting closes:</p> <p>Date of Next Meeting:</p> <p>Tuesday 25 April @ 14:30-17:00 hrs</p> <p>Meeting will open to members to log in from 1400 hrs</p> <p>Via MS Teams – to be live streamed to the public</p>	Verbal	Maxine Mawhinney Co-Chair All		16.55 (5 min)

1. Enclosures:

- a. Draft Minutes of ORAC meeting on 28 February 2023.

2. For Information: Proposed Future ORAC Dates and meeting topics - 2023:

31 January 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. People and culture – Focus on compassionate care from both our staff and service user perspective linked to complaints management	1. M. Underwood & A. Lawrence 2. C. McInnes & A. Lawrence
28 February 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Listening to women and families (MVP and safety champs) 3. Maternity Comms. Plan update.	TBC
28 March 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Learning from complaints	As per agenda
25 April 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Integrated working - Obstetric Anaesthesia	TBC
30 May 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Postnatal support	TBC
27 June 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Postnatal support Informed Birth Choices	TBC
25 July 2023 14:30 – 17:00 Meeting log in available from 14.00 hrs	1. Ockenden Report Action Plan update 2. Safe and effective care – Neonatal care	TBC
29 August 2023	TBC	TBC
26 September 2023	TBC	TBC
31 October 2023	TBC	TBC
28 November 2023	TBC	TBC
December – No Meeting	TBC	TBC

Topics yet to be included:

- MBRRACE Data 2020 & 2021
- Maternity & Neonatal Safety Champions – role and observations
- Learning from Investigations



The Shrewsbury & Telford Hospital NHS Trust

Ockenden Report Assurance Committee meeting in PUBLIC

28th February 2023 via MS Teams

Minutes

NAME	TITLE
MEMBERS	
Dr C McMahon	Co-Chair
Ms H Flavell	Director of Nursing (Trust)
Professor Trevor Purt	Non-Executive Director (Trust), Chair of Audit & Risk Committee
ATTENDEES	
Ms Carol McInnes	Divisional Director of Operations (Women and Children's) (Trust)
Mr K Haynes	Independent Governance Consultant
Ms Cristina Knill	Senior Project Manager - Maternity Transformation Programme
Ms Katie Steyn	Communications Lead – Maternity (Trust)
Ms Charlotte Robertshaw	Communications Lead – Maternity (Trust)
Ms Sharon Fletcher	NHS Shropshire, Telford & Wrekin ICB – Senior Quality Lead & Patient Safety Specialist
Ms Angela Loughlin	Maternity Voices Partnership (MVP) Development Co-ordinator
Ms Annemarie Lawrence	Directory of Midwifery (Trust)
Ms Fiona McCarron	Consultant Midwife
Ms Kim Williams	Deputy Director of Midwifery
Dr Tim Lyttle	Observer – Associate Non-Executive Director (designate, from 1 March 2023) and Maternity Safety Champion (designate)
APOLOGIES	
Professor Julie Green	Associate Non-Executive Director (Trust)
Ms Maxine Mawhinney	Co- Chair
Dr John Jones	Medical Director (Trust)
Mrs Louise Barnett	Chief Executive (Trust)
Mr M Wright	Programme Director Maternity Assurance (Trust)

No.	ITEM	ACTION
09/23	<p>Welcome, introductions and apologies.</p> <p>Dr McMahon welcomed everyone to the meeting. Apologies were noted as listed above. It was reported that although Professor Green had given her apologies for this meeting, it was her last day with the Trust as Associate Non-Executive Director and Maternity Safety Champion. Dr McMahon thanked her for her contribution. It was noted that her replacement was Dr Tim Lyttle from 1 March 2023 who was welcomed to the meeting on this occasion (pending his formal commencement) as an observer.</p>	

10/23	<p>Declarations of Conflicts of Interests</p> <p>No declarations of conflict of interest were received.</p>	
11/23	<p>Minutes of the previous meeting and matters arising</p> <p>The minutes of the meeting of 31st January 2023 were accepted as a correct record subject to the following amendments:</p> <ul style="list-style-type: none"> • Professor Trevor Purt to be recorded as a member of the Committee • Ms Claire Eagleton to be recorded also as Deputy Director of Midwifery • Dr Patricia Cowley to be recorded as Clinical Director for Neonatal Services • Ms Tasha Slater to be recorded as Midwifery Manager for Antenatal Services 	
12/23	<p>Ockenden Report Action Plan update</p> <p>Ms Carol McInnes presented information on a methodology overview and overall position of the 210 Ockenden actions. It was noted that information regarding the projected delivery of the actions, against the actual delivery confirmed that the Trust is ahead of trajectory, mainly due to extra capacity gained across the senior team during the past three months. Ms McInnes confirmed that 130 actions had been evidenced and assured at March 2023, compared with the projected delivery of 77 actions evidenced and assured. She confirmed that from the combined Ockenden Reports, 162 of the total 210 actions (i.e. 77%) had been implemented, comprising the 130 (62%) actions that have been 'evidenced and assured' and 32 (15%) 'delivered not yet evidenced'. Of the 48 (23%) actions 'not yet delivered', Ms McInnes explained that over two-thirds are in progress. Ten of the 'not yet delivered' actions have been 'de-scoped'.</p> <p>Ms McInnes went on to explain that approaching the anniversary of the publication of the final Ockenden Report in March 2022, a senior leadership MTP workshop was held in January 2023 where all red 'not yet delivered' actions were reviewed in detail. It was noted that a number of these actions cannot be delivered by the Trust as they are outside the control or scope of work and cannot be delivered by the programme. In keeping with project management principles it was considered that these actions should be marked as 'de-scoped'. It was noted that for these actions an exception report must be created along with mitigating actions and all de-scoped actions must be reviewed periodically. Following this workshop the team identified a total of ten actions meeting the 'de-scoped' criteria.</p> <p>A reminder was presented regarding the exceptions reports process.</p>	

Evidence is presented to MTAC, if the evidence is rejected resulting in a deadline being missed the status is placed as red, 'off-track'. An exception report is created and presented to MTAC and new deadlines are agreed. When an exception is identified, if that action is outside the scope of work and cannot be delivered by the programme, this is presented to MTAC and the status is then changed to "de-scoped".

An example of a de-scoped action was presented to the meeting:

- IEA 1.7 - All trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce.

The reason for this exception is that currently there is no nationally recognised labour ward coordinator programme, therefore this lies outside the control of the MTP scope of work, and MTPG recommends that MTAC accept this action as 'de-scoped'.

In the interim, the following mitigations are in place:

- In-house Band 7 midwifery development programme
- Delivery suite/triage coordinator competency orientation programme which includes RCM modules.

Of the 210 actions, 48 remain red. The breakdown of these is as follows:

- First Ockenden Report (5 actions)
 - 1 neonatal action (ANNPs rotating to tertiary unit) on track
 - 4 external actions (LMNS, CQC, NHSEI) one on track, two off track, one de-scoped.
- Final Ockenden Report (43 actions)
 - 12 external actions (LMNS, NHSEI, Royal Colleges) six on track and six de-scoped.
 - 31 internal actions (mostly linked to governance and workforce) 27 on track, two not started, two de-scoped.

The progress of the combined Ockenden Reports is as follows:

- 162/210 (77%) actions implemented, of these 130 (62%) evidenced and assured, 32 (15%) delivered not yet evidenced.
- 48/210 (23%) actions are not yet delivered.

Of the progress:

- 130/210 (62%) are complete.
- 31/210 (15%) are embedding.
- 2/210 (1%) are off track.
- 2/210 (1%) are not started.

- 35/210 (17%) are on track
- 10/210 (5%) are de-scoped

In response to a question from Professor Trevor Purt regarding mitigation where items are 'off track', Ms McInnes explained that items are monitored at monthly senior team meetings and also taken through MTAC,

Ms Flavell sought clarification on the review process for de-scoped items. In response, Ms McInnes explained that there will be a quarterly process of reviewing de-scoped items in the form of a briefing to MTAC and an update on position, for example if there is any movement from a national perspective on a particular item.

Ms Flavell requested for future clarity on the number of red 'off track' items that have been de-scoped, that a bullet point be added to show the number of those red items that have been agreed to be marked as de-scoped. Dr McMahon agreed that it is important for the committee to be reminded that these items have been de-scoped and to have a review date on the exception reports for each of the de-scoped items.

In response to a question from Dr McMahon about the rate of progress that was now being achieved, Ms Lawrence explained that the advanced progress has been possible because in the past few months more time has been released from a CNST and Saving Babies Lives perspective enabling more work to take place on Ockenden actions. Ms McInnes also explained that from an assurance and programme management perspective there continues to be a level of robust challenge provided through MTC and MTAC meetings ensuring that the embedded actions and changes are sustained.

Dr McMahon asked what it felt like to be told by MTAC that an action could not be moved onto the next level of assurance. Ms Lawrence explained that it that it can be quite frustrating for staff at times, but generally the challenges are comprehensive and robust, discussions are entered into and there is always a level of understanding as to why additional evidence is required.

Ms Williams presented information on the First Ockenden Report actions explaining that:

- 47/52 (89%) actions implemented, of these 42 (81%) evidenced and assured and five (10%) delivered, not yet evidenced.
- 5/52 (10%) actions not yet delivered.

On the progress:

- 42/52 (81%) are complete.
- 5/52 (10%) are embedding.
- 2/52 (4%) are off track
- 2/52 (4%) are on track
- 1/52 (2%) de-scoped

The five red, not yet delivered actions are:

- LAFL 4.100 - Consultant neonatologists and ANNPs must have the opportunity of regular observational attachments at another neonatal intensive care unit. Plans underway for ANNPs to attend another NICU.
- IEA 1.4 - The action states that 'an LMNS cannot function as one maternity service only'. LMNS colleagues are working on buddying-up agreement, in partnership with SaTH and potential partner LMNS's.
- IEA 2.1 - This action relates to Trusts creating an independent senior advocate role which reports to both the Trust and the LMNS Boards. These roles are being developed, defined and recruited nationally. It is understood that this process is underway. Action to remain 'off track' with due date of 'TBC' until timeframes are known.
- IEA 2.2 - The action states that the advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome. Once in post, methodology for this is to be developed. Action linked to IEA 2.1.
- IEA 2.4 - This action indicates that CQC inspections must include an assessment of whether women's voices are truly heard by the maternity service through the active and meaningful involvement of the Maternity Voices Partnership (MVP). This rests with the CQC to deliver.

Advancements in February MTAC:

- LAFL 4.88 – action accepted as amber 'delivered, not yet evidenced / embedding'.
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.
- IEA 2.4 – action accepted as 'de-scoped' for progress.
CQC inspections must include an assessment of whether women's voices are truly heard by the maternity service through the active and meaningful involvement of the Maternity Voices Partnership.

In response to a question from Professor Purt regarding IEA 2.1 and whether there is anything that could be done to put in place an interim solution whilst waiting for national action, Ms Lawrence confirmed that the role is currently out to advertisement with a closing date of 10th March.

Ms Fletcher confirmed that the funding for the role had come from the national team which sits within the ICB – LMNS budget.

In response to a question from Dr McMahon enquiring about what the Trust had been doing internally to ensure that the women's voices are currently being heard, Ms Lawrence confirmed that the team continued to work closely with the Maternity Voices Partnership and this would be further amplified as part of the presentation later in the meeting.

Ms Lawrence presented on the progress of the Final Ockenden Report actions confirming that:

- 115/158 (73%) actions implemented, of these 88 (56%) are evidenced and assured, 27 (17%) are delivered, not yet evidenced.
- 43/158 (27%) are not yet delivered.

On the progress:

- 88/158 (56%) are complete.
- 26/158 (16%) are embedding.
- 22/158 (21%) are on track.
- 9/158 (6%) are de-scoped.
- 2/158 (1%) are not started.

Advancements at February MTAC, actions accepted as amber, delivered but not yet evidenced:

- IEA 8.4 - When considering and planning delivery for women with diabetes, clinicians should present women with evidence-based advice as well as relevant national recommendations. Documentation of these joint discussions must be made in the woman's maternity records.
- IEA 8.5 - Trusts must develop antenatal services for the care of women with chronic hypertension. Women who are identified with chronic hypertension must be seen in a specialist consultant clinic to evaluate and discuss risks and benefits to treatment. Women must be commenced on Aspirin 75-150mg daily, from 12 weeks gestation in accordance with the NICE Hypertension and Pregnancy Guideline (2019).
- IEA 9.4 - There must be a continuous audit process to review all in utero transfers and cases where a decision is made not to transfer to a Level 3 neonatal unit and when delivery subsequently occurs in the local unit.
- IEA 11.5 - Obstetric anaesthesia staffing guidance to include the role of consultants, SAS doctors and doctors-in-training in service provision, as well as the need for prospective cover, to ensure maintenance of safe services whilst allowing for staff leave.
- IEA 11.6 - Obstetric anaesthesia staffing guidance to include the full range of obstetric anaesthesia workload including, elective caesarean lists, clinic work, labour ward cover, as well as teaching,

- attendance at multidisciplinary training, and governance activity.
- IEA 14.54 - The Trust's anaesthetists have responded to the first report with the development of a wide range of new and updated obstetric anaesthesia guidelines. Audit of compliance with these guidelines must now be undertaken to ensure evidence-based care is being embedded in day-to-day practice.

Actions accepted as green, evidenced and assured:

- LAFL 14.4 - The use of HRCRs to investigate incidents must be abolished and correct processes, procedures and terminology must be used in line with the relevant Serious Incident Framework.
- LAFL 14.7 - All members of the governance team who lead on incident investigations should attend regular appropriate training courses not less than three yearly. This should be included in local governance policy. These training courses must commence within the next 12 months.
- LAFL 14.8 - The governance team must ensure their incident investigation reports are easier for families to understand, for example ensuring any medical terms are explained in lay terms as in HSIB investigation reports.
- LAFL 14.23 - A process must be put in place to ensure guidelines are regularly kept up-to-date and amended as new national guidelines come into use.
- LAFL 14.51 - The Trust's executive team must urgently address the deficiency in consultant anaesthetic staffing affecting daytime obstetric clinical work. Minimum consultant staffing must be in line with GPAS at all times. It is essential that sufficient consultant appointments are made to ensure adequate consultant cover for absences relating to annual, study and professional leave.
- LAFL 14.63 - Maternity care must be delivered by the Trust recognising that there will be an ongoing legacy of maternity related trauma within the local community, felt through generations of families.
- IEA 11.3 - All anaesthetic departments must review the adequacy of their documentation in maternity patient records and take steps to improve this where necessary as recommended in Good Medical Practice by the GMC.
- IEA 1.6 - All NQMs must remain within the hospital setting for a minimum period of one year post qualification. This timeframe will ensure there is an opportunity to develop essential skills and competencies on which to advance their clinical practice, enhance professional confidence and resilience and provide a structured period of transition from student to accountable midwife.
- IEA 1.8 - All trusts to ensure newly appointed labour ward coordinators receive an orientation package which reflects their individual needs. This must encompass opportunities to be released from clinical practice to focus on their personal and professional development.
- IEA 5.1 - All maternity governance teams must ensure the language used in investigation reports is easy to understand for

families, for example ensuring any medical terms are explained in lay terms.

- IEA 6.2 - Nationally all maternal post-mortem examinations must be conducted by a pathologist who is an expert in maternal physiology and pregnancy related pathologies. In the case of a maternal death a joint review panel/investigation of all services involved in the care must include representation from all applicable hospitals/clinical settings. This joint review panel/investigation must have an independent chair, must be aligned with local and regional staff, and seek external clinical expert opinion where required.
- IEA 8.2 - Trusts must have in place specialist antenatal clinics dedicated to accommodating women with multifetal pregnancies. They must have a dedicated consultant and have dedicated specialist midwifery staffing. These recommendations are supported by the NICE Guideline Twin and Triplet Pregnancies 2019.
- IEA 15.1 - There must be robust mechanisms for the identification of psychological distress, and clear pathways for women and their families to access emotional support and specialist psychological support as appropriate.
- IEA 15.2 - Access to timely emotional and psychological support should be without the need for formal mental health diagnosis, as psychological distress can be a normal reaction to adverse experiences.
- IEA 15.3 - Psychological support for the most complex levels of need should be delivered by psychological practitioners who have specialist expertise and experience in the area of maternity care.
- IEA 12.4 - Staffing levels must be appropriate for both the activity and acuity of care required on the postnatal ward both day and night, for both mothers and babies.
- IEA 2.8 - Newly appointed Band 7/8 midwives must be allocated a named and experienced mentor to support their transition into leadership and management roles.
- IEA 2.10 - All trusts should follow the latest RCOG guidance on managements of locums. The RCOG encourages the use of internal locums and has developed practical guidance with NHS England on the management of locums. This includes support for locums and ensuring they comply with recommended processes such as pre-employment checks and appropriate induction.
- IEA 5.5 - All trusts must ensure that complaints which meet SI threshold must be investigated as such.
- IEA 8.3 - NICE Diabetes and Pregnancy Guidance 2020 should be followed when managing all pregnant women with pre-existing diabetes and gestational diabetes.

Actions accepted as de-scoped for progress:

- IEA 1.1 - The investment announced following our first report was welcomed. However to fund maternity and neonatal services appropriately requires a multi-year settlement to ensure the

workforce is enabled to deliver consistently safe maternity and neonatal care across England.

- IEA 1.4 - The feasibility and accuracy of the BirthRate Plus tool and associated methodology must be reviewed nationally by all bodies. These bodies must include as a minimum NHSE, RCOG, RCM, RCPCH.
- IEA 1.7 - All trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce.
- IEA 1.11 - The review team acknowledges the progress around the creation of Maternal Medicine Networks nationally, which will enhance the care and safety of complex pregnancies. To address the shortfall of maternal medicine physicians, a sustainable training programme across the country must be established, to ensure the appropriate workforce long term.
- IEA 6.1 - Nationally all maternal post-mortem examinations must be conducted by a pathologist who is an expert in maternal physiology and pregnancy related pathologies. In the case of a maternal death a joint review panel/investigation of all services involved in the care must include representation from all applicable hospitals/clinical settings. NHS England and Improvement must work together with the Royal Colleges and the Chief Coroner for England and Wales to ensure that this is provided in any case of a maternal death.
- IEA 11.4 - Resources must be made available for anaesthetic professional bodies to determine a consensus regarding contents of core datasets and what constitutes a satisfactory anaesthetic record in order to maximise national engagement and compliance.
- IEA 14.5 - There must be clear pathways of care for provision of neonatal care. This review endorses the recommendations from the Neonatal Critical Care Review (December 2019) to expand neonatal critical care, increase neonatal cot numbers, develop the workforce and enhance the experience of families. This work must now progress at pace. Each network must report to commissioners annually what measures are in place to prevent units from working in isolation.
- IEA 14.1 - Incidents must be graded appropriately, with the level of harm recorded as the level of harm the patient actually suffered and in line with the relevant incident framework.
- LAFL 14.64 - There must be dialogue with NHS England and Improvement and commissioners and the mental health trust and wider system locally, aiming to secure resources which reflect the ongoing consequences of such large scale adverse maternity experiences. Specifically this must ensure multi-year investment in the provision of specialist support for the mental health and wellbeing of women and their families in the local area.

In response to an observation made by Dr McMahon that the action related to LAFL 14.63 was likely to remain open, Ms Lawrence agreed

	<p>that it would remain essential that the actions taken in response to the LAFL would need to be revisited time and time again to make sure of continued assurance and sustainability.</p>	
13/23	<p>Listening to women and families</p> <p>Ms Angela McLoughlin (MVP Development Co-ordinator) and Ms Fiona McCarron (Consultant Midwife) gave a presentation on the use and application of the Fifteen Steps for Maternity from an MVP and Trust perspective.</p> <p>Ms Loughlin explained that the Shropshire and Telford & Wrekin Maternity Voices Partnership (MVP) works with service users and families, commissioners and providers to help develop local maternity care. There are four areas of focus:</p> <ul style="list-style-type: none"> • Your experience matters. • Your voice matters. • Your input matters. • Your feelings matter. <p>Ms McCarron outlined the four pillars to Consultant Midwifery:</p> <ul style="list-style-type: none"> • Expert clinical practice • Clinical and professional leadership • Research and education • Practice and service development. <p>It was explained that the 15 Steps for Maternity focuses on quality from the perspective of people who use maternity services. On arrival at the hospital, those conducting the 15 Steps should take note of the following aspects:</p> <ul style="list-style-type: none"> • Welcoming and informative • Safe and clean • Friendly and personal • Organised and calm. <p>It was explained that the 15 Steps report provides valuable knowledge, experience and insights. Leads to service innovation and improvement and operational efficiencies. Service users feel listened to and involved which helps contribute to safer care. The NHS Long-term Plan is explicit about setting the environment where the service user's voice is valued.</p> <p>Some examples of a 15 Steps event held in October 2022 from a walkabout of the Antenatal Ward and Triage included:</p> <ul style="list-style-type: none"> • Staff were friendly and welcoming. • Signage not clear enough on how to access Triage from the Atrium • Some of the rooms felt too clinical • Lack of information around birth choices 	

- Generally, the areas felt calm.
- Little to no information on feeding or safe baby care
- Triage room felt very hot.
- Buzzer system for Triage was well received
- Confidentiality could be an issue within Triage due to proximity of calls and beds

Further examples of a 15 Steps event held in January 2023 from a walkabout of the Postnatal Ward included:

- Good morale was displayed amongst staff
- The walls in some areas need painting.
- Some of the rooms felt too clinical.
- The doorbell to the ward was answered immediately.
- Lack of communal space for parents to interact
- Lack of housekeeping info give to service users
- Rooms were well organised and clean
- Many of the noticeboards displayed out of date information

Ms McCarron explained the approach of the team when the 15 Steps report is received from the MVP.

- Positive feedback is consolidated and shared with staff.
- Where there are areas for improvement current plans are reviewed within the MTP workstreams
- Where areas are identified for rapid improvement these are implemented by the Divisional leadership team
- New suggestions are added to the overarching 15 Steps action plan on Monday.com

Some of the ideas suggested from previous 15 Steps events that have been implemented include:

- Maternity web page now includes a video walkthrough from the carpark, through the atrium to the Delivery Suite
- Lights with Bluetooth speakers and soft glow now in place on Delivery Suite
- Triage phonelines relocated to a private office
- Wall murals agreed and produced – currently awaiting delivery
- Trust redecoration programme will add softer colours to birthing rooms and relocation of the welcome board
- Large Birth Preferences Posters in each birthing room, which include support people's names
- Awaiting delivery of wall posters to promote a range of different coping strategies and labour/birth positions
- Noticeboards on Delivery Suite reviewed and acronyms removed

Ms McInnes gave a brief presentation on the role of maternity and neonatal safety champions and the 'Ward to Board' process. She explained that following a 15 Steps event a safety champions meeting will be held and an action plan drawn up. Dr John Jones will produce a AAAA

	<p>report that is sent through to the appropriate committees like MTAC and ORAC and then onto the Board of Directors, also it goes through QSAC and again onto the Board of Directors, therefore giving additional assurance about the governance route for these pieces of work. It was agreed that the Committee would receive a full update on the role of the Safety Champion as soon as the new Non-Executive Maternity Safety Champion has had sufficient time in role to develop his experience.</p> <p>In response to a question from Dr McMahon about who attends 15 steps events, Ms Loughlin advised that there are Healthwatch representatives, community engagement from SaTH, LMNS representatives and service users. A call might be put out on social media asking people to apply to take part.</p> <p>Dr McMahon enquired if Labour Ward visits were still possible, given the restrictions placed since Covid. Ms Williams explained that she had applied for funding to ensure that families can be offered the opportunity to visit and take tours of the Ward and hopes that this will be implemented as soon as possible.. Ms Loughlin also added that this is happening on an individual basis currently on request.</p> <p>Dr McMahon asked how the links with the MVP are feeding into the delivery of the Ockenden actions. Ms Lawrence explained that there are regular monthly one-to-ones and also that the MVP sits on some of the workstreams. Ms McInnes added that it would be preferable if the MVP had a seat on all the workstreams, but it is important to be respectful of people's time.</p> <p>Dr McMahon thanked the MVP for its continued support and contribution to working with the Trust to improve maternity services. I</p> <p>In response to an enquiry about whether it was felt that the MVP's involvement and participation was generally welcomed by the Trust, Ms Loughlin felt that there was great mutual respect and everyone was welcoming of MVP's involvement and contribution.</p>	
14/23	<p>Maternity Services Communication Plan Update</p> <p>Ms Charlotte Robertshaw and Ms Katie Steyn, Communications and Engagement Managers for Maternity Services, gave an update on the Trust's communication plan.</p> <p>The vision for the communication plan is:</p> <ul style="list-style-type: none"> • To instil confidence amongst women and their families so they feel safe and secure using the services • To improve staff morale so they feel valued and proud to work for the Trust <p>Audiences include women and families, maternity staff, local community, stakeholders and Trust-wide staff.</p>	

There are four main areas of work leading to a better experience for staff and families, providing confidence and creating a feeling of being informed and feeling listened to and involved. These are:

- Modernisation of digital channels: website, social media, digital screens
- Engaging with the media: regular press releases, enabling colleagues to talk to the media, opening doors to the media
- Engaging with families and colleagues: website, social media, digital screens, ImproveWell, ORAC videos, working with MVP
- Regular updates on improvement work: press releases, website, social media, digital screens, ORAC, public meetings

Breaking each area of work down, the modernisation of digital channels has focused on the creation of a new website, purchase of digital screens and launching a Facebook page in October 2022 which has already gained more than 1,250 followers.

When engaging with the media the team want to be proactive, not reactive. Being open, honest and transparent in all communication. Sharing service updates on improvement work, innovations and achievements with local media. Engaging and providing information and statements in response to maternity media enquiries. Building a positive and productive relationship with the media. Ensuring coverage of services is balanced to build and then retain the confidence of local communities. Some examples of news releases and media coverage was provided to the meeting and audio clips of interviews with BBC Radio Shropshire were also shared.

When engaging with families and colleagues, evidence of the Maternity Services Facebook page which was launched in October 2022 was provided. The page offers health and pregnancy advice, innovations, improvements, staff achievements and patient experiences. The page also provides another opportunity for women and families to get in touch with feedback or questions and allows the team to respond to and signpost service users who contact the page. The page has more than 1,250 followers to date and has reached more than 7,000 people in the last 28 days with more than 3,000 engagements.

The work with the MVP is an important part of ensuring the team are listening to women and families and placing them at the centre of everything. This work includes:

- User Experience (UX) Initiative
- Capturing feedback, which is then acted on and incorporated into work
- Participation, engagement and co-production on projects, such as the website redevelopment
- Inviting for quotes in press releases and media activity

Regarding regular updates on improvement work and sharing this work

	<p>more widely, it is key to use all communications channels to reach the largest possible audience. Key channels external and internal include:</p> <ul style="list-style-type: none"> • ORAC videos (livestream) • Cascade (briefings) • IMPACT (magazine) • Collaborate - the Integrated Care Board (ICB) newsletter. • Members of Parliament and leader briefings via the ICB • Other (website, Facebook, Twitter, MVP, email bulletins, and more) <p>The next steps for the team are:</p> <ul style="list-style-type: none"> • Stakeholder communications • Reflection on one-year post-Ockenden publication • BBC Radio Shropshire tour and interview • Launch maternity section of the SaTH website. • Continue to develop and grow social media channels. • Internal maternity services newsletter focusing on improvements that have taken place so far and summary of plan for next few months <p>Dr McMahon reflected that the date of the next ORAC meeting will be one day before the anniversary of the Final Ockenden Report publication and that it will be important to reflect upon this at the next meeting.</p>	
15/23	<p>Discussion and reflection:</p> <p>Dr McMahon asked the meeting attendees if there were any items that need to be escalated to the Board of Directors at its next meeting.</p> <p>Ms. Flavell suggested the Board should be fully signed on the de-scoping process.</p> <p>Ms Lawrence asked that the projected versus actual delivery status of actions be shared with the Board.</p> <p>Professor Purt suggested that regarding the de-scoping the Board should be asked for endorsement of this position. Catriona McMahon enforced the message that the de-scoped items are not being taken out of the action plan, they will remain in and continue to be reported on.</p> <p>Ms Steyn and Ms Robertshaw asked if specifics about ongoing areas identified for improvement can be shared with the Board.</p>	
16/23	<p>Date of Next Meeting: Tuesday 28th March 2023 @ 14:30 – 17:00 Hrs</p>	

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