

## Board of Directors' Meeting: 10 August 2023

<b>Agenda item</b>	099/23		
<b>Report Title</b>	Maternity Reports – Assurance Summary Report		
<b>Executive Lead</b>	Director of Nursing <b>Summary Report to Board presented by Chair of the Quality &amp; Safety Assurance Committee (QSAC)</b>		
<b>Report Author</b>	Chair of QSAC		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	√
Effective	√	Our people	√
Caring	√	Our service delivery	√
Responsive	√	Our governance	√
Well Led	√	Our partners	
<b>Trust Risk Register id:</b>			
<b>Consultation Communication</b>	N/A		
<b>Executive summary:</b>	<p>This additional Chair's Report from the QSAC meeting of 26 July 2023 is provided in response to the following:</p> <ul style="list-style-type: none"> <li>To fulfil the following action on the Public Board Action Log - <i>QSAC to oversee work on the findings and actions from a piece of work commissioned to review all previous Maternity reports, in line with the plan agreed as part of the discussion related to Ms Scolding's report (agenda item 176/22 of 13/10/22 meeting), and provide an assurance summary report to the Board meeting in public, ie in addition to the regular monthly QSAC report</i></li> <li>A request from the Chair for QSAC to discuss the way progress with the Maternity Transformation Plan, Maternity Improvement Plan, and the actions arising from the first and second Ockenden Reports, could best be reported to QSAC and to the Board, in order to give the Board of Directors adequate oversight and assurance relating to the sufficiency of, and progress with, the action plan</li> <li>In October 2022, the Board, in discussion of the Fit and Proper Person Investigation/Scolding Report, committed to carrying out - <i>'A gap analysis to ensure that the recommendations made in previous reports, as referenced within Ms Scolding's report, have been, are being, or will be addressed by ongoing improvement plans; overseen by QSAC, with progress reported to Board</i></li> </ul>		
<b>Recommendations for the Board:</b>	The Board of Directors is asked to reflect upon the information provided in this summary report, and to note the resulting recommended actions		

## QSAC Chair's Additional Report 27 July 2023

### Reporting on Maternity Transformation Plan/Maternity Improvement Plan and Ockenden and responding to actions in the Scolding Report

#### Advise

QSAC was informed at its July meeting that the Trust had undertaken a piece of due diligence work to review 'historical' reports and actions plans relating to maternity services. This was required because it had not been possible to identify and evidence that these reports had been considered fully in the past/when they were released, and that all required actions had been addressed. Also, this was a feature in the Scolding Report.

The initial review identified 18 separate reports and associated actions, dating from 2017-2021 inclusive. A further 12 reports were cited in the Scolding Report dating from 2015 to 2020 inclusive, which have now also been incorporated into the review exercise.

A total of 30 reports and actions have all now been mapped and cross-referenced to the Trust's overarching Maternity Transformation Programme (MTP) under the Maternity Improvement Plan (MIP) workstream (workstream six). The MTP is the overarching programme which includes the Ockenden actions and the MIP, and this is all sub-divided into seven workstreams.

The above action plans or reports contain a total of 942 actions. All have been prioritised utilising 'Agile' project methodology. Each action was allocated into one of six categories:

Clinical quality

Quality governance

Cultural interventions/ Training/ Workforce

Corporate governance

Service enhancements

Out of scope - if the action had either been superseded or fell outside the agreed scope, due to external dependencies.

QSAC was informed of the progress to date:

<b>Milestone</b>	<b>Timeframe</b>	<b>Deadline</b>	<b>Progress</b>
<b>Phase 1 completed – clinical quality</b>	<b>Jun-Dec-22</b>	<b>Dec-22</b>	<b>Complete</b>
<b>Phase 2 completed – quality governance</b>	<b>Jan-Mar-23</b>	<b>Mar-23</b>	<b>Complete</b>
<b>Phase 3 completed – cultural intervention/ training/ workforce</b>	<b>Apr-Jun-23</b>	<b>Jun-23</b>	<b>Complete</b>
<b>Phase 4 completed – corporate governance</b>	<b>Jul-Sep-23</b>	<b>Sep-23</b>	<b>Complete</b>
<b>Phase 5 completed – service enhancements</b>	<b>Oct-Dec-23</b>	<b>Dec-23</b>	<b>Complete</b>
<b>Phase 6 completed – implementation of the second wave of MIP plans (with priority given to clinical quality and governance items first)</b>	<b>May-Dec-23</b>	<b>Dec-23</b>	<b>On Track</b>
<b>Phase 7 completed – finalisation/ closure of the MIP</b>	<b>Jul-Mar-24</b>	<b>Mar-24</b>	<b>On Track</b>

## **Progress with action delivery**

QSAC received progress tables and charts providing further detail relating to the MIP action plans.

From the 30 action plans that comprise the MIP, five action plans have been fully closed, with reports presented and accepted at the Women and Children's Divisional Committee. This equates to 5/30 action plans (16.6%) being 'evidenced and assured'. A further 21 action plans (20/30–66.6%) have been completed, and closure reports are being drafted to be presented to the Divisional committee for approval. These are rated currently as 'delivered not yet evidenced'. The remaining 5/30 action plans (16.6%) are 'not yet delivered' and are in the process of being implemented.

The following closure reports have been produced and ratified through Divisional governance: Twins' Trust audit, 2021; Deloitte Review, 2020; MBRRACE Rapid Review – Learning from SARS-COV-2, 2021; The Report of Morecambe Bay Investigation. (Dr Bill Kirkup CBE), 2017; Royal College of Gynaecology (RCOG) Recommendations, 2020

## **The RCOG Report 2018 and the Review of the Handling of the RCOG Report 2020**

The Review of the Handling of the RCOG Report (2020) by RCOG has three recommendations for the Board, which are repeated in similar form by the NHSI report of 2020, and are quoted verbatim by Scolding (paras 191-196):

- 1) The Board should satisfy itself that the governance issues identified in this review have been addressed. This should include the flow of information from local to corporate governance forums, and the ongoing oversight of action plans.
- 2) The Board should satisfy itself that the actions arising from the RCOG report are complete, or have been superseded, and have had the intended outcome.
- 3) The Trust should ensure that, particularly where a number of action plans exist from different reviews, management takes a step back from the detail and considers the overall themes. The Trust should ensure that plans also include recommendations from national guidance so that quality can be sustained as well as improved reactively following external reviews. The success of actions should be measured by looking at outcomes, not just the completion of process.

QSAC agreed that 1) and 3) had been satisfied by the governance arrangements set out in this paper and as extended by the actions set out below.

It considered that to satisfy 2) a report on the actions arising from RCOG and how they had been implemented should go to the Board.

## **Actions**

A report will go to the Board setting out the actions taken in response to the Royal College of Obstetricians and Gynaecologists (RCOG) reports.

Each of the action plans proposed for closure by the division will go to MTAC and any issues arising will come to QSAC.

A map of what is reported to which committee, and how each committee reports to the Board, will be provided, to prevent overlap and duplication, and gaps – Action: Maternity Department and Governance.

Any matters relating to CNST would go through QSAC, with issues of significance raised via the Chair's Monthly Summary Report, and detailing any actions required of the Board by the CNST processes.

Maternity will develop a Maternity Report providing updates on progress to the Board, with more detailed background information to be available in the Board supplementary information pack.

Maternity provided an educational session on 25 July 2023 (postponed from 19 June due to Maternity power incident) for Non-Executive and Executive Directors, to provide background and to discuss options for reporting, and the slides from this will be made available to the Board.

**Rosi Edwards**  
**Chair of QSAC**