



The Shrewsbury & Telford Hospital NHS Trust

Ockenden Report Assurance Committee meeting in PUBLIC

27 February 2024 via MS Teams

Minutes

**** Please can attendance at this meeting be confirmed with members at the April meeting**

NAME	TITLE
MEMBERS	
Dr Catriona McMahon	Co-Chair (Trust)
Mrs Hayley Flavell	Director of Nursing (Trust)
Dr John Jones	Medical Director (Trust)
Ms Sarah Dunnett	Associate Non-Executive Director (Trust)
Ms Andrea Blayney	Deputy Regional Director for LLAIS of Cymru
ATTENDEES	
Dr Mei-See Hon	Clinical Director – Obstetric & Maternity Services (Trust)
Mrs Annemarie Lawrence	Director of Midwifery (Trust)
Mrs Carol McInnes	Divisional Director of Operations - Women and Children's (Trust)
Ms Kim Williams	Head of Midwifery (Trust)
Ms Kate Evans	Interim Head of Midwifery, Powys Health Board
Mr Mike Wright	Programme Director Maternity Assurance
Mrs Cecile Pollitt	Assistant Protect Manager – Maternity Transformation Programme
Ms Cristina Knill	Senior Project Manager – Maternity Transformation Programme
Ms Leanne Dawe	Project Administration – Maternity Transformation Programme
Mrs Charlotte Robertshaw	Communications and Engagement Manager – Maternity Services
APOLOGIES	
Mrs Louise Barnett	Chief Executive
Mrs Maxine Mawhinney	Co-Chair
Mr Keith Haynes	Independent Governance Advisor

No.	ITEM	ACTION
2024/01	<p>Welcome, introductions and apologies.</p> <p>Catriona McMahon welcomed everyone to the meeting, in particular Sara Dunnett, new Associate Non-Executive Director and Andrea Blayney, Deputy Regional Director for LLAIS of Cymru. Apologies were received from Louise Barnett and Maxine Mawhinney.</p> <p>(Note: Mr Haynes had sent apologies, but these were not confirmed at the meeting).</p>	

2024/02	<p>Declarations of Conflicts of Interests</p> <p>There were no declarations of interest notified.</p>	
2024/03	<p>Minutes of the previous meeting and matters arising</p> <p>The minutes of the previous meeting were accepted as an accurate record.</p>	
2024/04	<p>Progress position of the 210 actions arising from the Ockenden Reports and CQC National Maternity Survey 2023 results</p> <p>Kim Williams, Deputy Director of Midwifery, presented an overview of the CQC maternity survey results for SaTH. The survey is sent out to people over 16 years of age who had a live birth during February 2023. 153/300 surveys were received for SaTH (51% response rate compared to a national average of 41%). The results scored better than most other Trusts and was the highest scoring Trust in the region. There were no sections in which SaTH scored worse than most others.</p> <p>There was a decrease in some scores around infant feeding and mental health. A gap analysis will be produced, and an action plan will be devised to improve in these areas.</p> <p>Kim Williams then presented slides to the meeting showing projected versus actual delivery of the 210 Ockenden actions from both reports. For February 2024, the projected position was 170 actions evidenced and assured, 36 delivered not yet evidenced and 4 not yet delivered. The actual position in February 2024 is 175 evidenced and assured, 17 delivered not yet evidenced and 18 not yet delivered.</p> <p>Work is underway to deliver as many of the remaining actions before the end of March 2024. However, there are several actions that will not be delivered by then because they either lie outside of the Trust's control or require on-going substantive funding in order to be delivered fully. The items that require funding are the subject of a business case that is being considered currently. All actions were assigned a risk score prior to the start of the programme. All actions with a risk score of ≥ 16 have been delivered, except for one which has been captured in the business case.</p> <p>There are 35/210 (17%) red and amber actions outstanding, comprising 18 red actions and 17 amber actions. Of these:</p> <ul style="list-style-type: none"> • Ten are on track to meet their projected deadline • Two are currently 'Not Yet Delivered' and 'Off Track' (Red/Red) • Fourteen are 'at risk,' comprising: <ul style="list-style-type: none"> ○ Eleven that are pending business case approval (require funding) ○ Three are 'at risk for other reasons (not linked to business case funding). • Nine are descope 	

The two actions that are 'Not Yet Delivered and 'Off Track' (Red/Red), are:

- The first is Immediate and Essential Action (IEA) 1.4 from the first report (2020): *"An LMS cannot function as one maternity service only."* The NHS Shropshire, Telford, and Wrekin Integrated Care Board (ICB) are leading the action. The Director of Midwifery and Clinical Director for Obstetrics are leading this work on behalf of the Trust and consulting with the ICB on it, but progress in getting the first sets of meetings with other LMNS's under way remains slow. This action is revisited at every MTAC meeting but remains Red/Red currently.
- The second Red/Red action is IEA 14.4 from the final report (2022): *"Neonatal Operational Delivery Networks must ensure that staff within provider units have the opportunity to share best practice and education to ensure units do not operate in isolation from their local clinical support network. For example senior medical, ANNP and nursing staff must have the opportunity for secondment to attend other appropriate network units on an occasional basis to maintain clinical expertise and avoid working in isolation."* The due delivery date for this action was December 2023, but this has not been able to be met due to the inability to release staff because of operational pressures in the neonatal unit. The timeframes for delivering this action are being revised and an exception report will be presented to the February 2024 MTAC meeting for consideration.

Of the fourteen actions 'At Risk of not meeting their deadlines, eleven require substantive funding in order to be able to deliver them. These are part of a business case that is being considered currently, and comprise:

- IEA 4.3 (Final Report) - Every trust must ensure they have a patient safety specialist, specifically dedicated to maternity services.
- IEA 8.1 (Final Report) - Women with pre-existing medical disorders, including cardiac disease, epilepsy, diabetes, and chronic hypertension, must have access to preconception care with a specialist familiar in managing that disorder and who understands the impact that pregnancy may have.
- IEA 11.1 (Final Report) - Conditions that merit further follow-up include, but are not limited to, postdural puncture headache, accidental awareness during general anaesthesia, intraoperative pain, and the need for conversion to general anaesthesia during obstetric interventions, neurological injury relating to anaesthetic interventions, and significant failure of labour analgesia.
- LAFL 14.32 (Final Report) - The Trust must develop a robust pregnancy diabetes service that can accommodate timely reviews for women with pre-existing and gestational diabetes in pregnancy. This service must run on a weekly basis and have internal cover to permit staff holidays and study leave
- LAFL 14.52 (Final Report) - The Trust's executive team must urgently address the impact of the shortfall of consultant anaesthetists on the out-of-hours provision at the Princess Royal Hospital. Currently, one

consultant anaesthetist provides out-of-hours support for all the Trust's services. Staff appointments must be made to establish a separate consultant on-call rota for the intensive care unit as this will improve availability of consultant anaesthetist input to the maternity service.

- LAFL 14.57 (Final Report) - As the Trust has benefitted from the presence of Advanced Neonatal Nurse Practitioners (ANNPs), the Trust must have a strategy for continuing recruitment, retention, and training of ANNPs.
- LAFL 14.59 (Final Report) - The number of neonatal nurses at the Trust who are "qualified-in-specialty" must be increased to the recommended level, by ensuring funding and access to appropriate training courses. Progress must be subject to annual review.
- IEA 14.8 (Final Report) - Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs) and nurses are available in every type of neonatal unit (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications.
- IEA 1.2 (Final Report) - Minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the LMNS. This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational CNST and CQC requirements.
- IEA 12.2 (Final Report) - Unwell postnatal women must have timely consultant involvement in their care and be seen daily as a minimum.
- IEA 12.3 (Final Report) - Postnatal readmissions must be seen within 14 hours of readmission or urgently if necessary

The three remaining actions that are 'At Risk' but not linked to business case funding, are:

- IEA 2.1 – Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.
- IEA 2.2 – 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.
- 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.

Of the nine descoped actions, five are due for quarterly review at the March 2024 MTAC meeting. These are:

- IEA 6.1 – NHSEI 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 – Each network must report to commissioners annually what measures are put in place to prevent units from working in isolation.
- LAFL 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 NHSEI and commissioners and the mental health trust and wider system locally.

Kim Williams presented slides on the Maternity Transformation Assurance Tool (MTAT). This tool will comprise a group of audits and reviews linked to each of the Ockenden actions. The aim is to use the tool on a quarterly basis to ensure each of the actions that are delivered fully (Green/Green) remain evidenced and assured. The MTAT will be included in the maternity forward audit plan, and it will be presented and reviewed at maternity governance meetings, at the divisional committee, and through the Maternity Transformation Assurance Committee, to ensure due governance and assurance that action delivery is being sustained.

Questions were invited from other attendees at the meeting.

Hayley Flavell asked for an update on the independent advocate role. Annemarie Lawrence explained that this role is waiting to go through the LMNS vacancy panel, and it is hoped to be advertised by the first week in March. It was noted that, in some of the pilot sites, a conflict of interest must be declared for anyone applying for the post who has previously worked within the hospital or the ICB where the post is to be working in. This then rules out a significant number of people from applying for these roles.

John Jones asked how the Trust can be confident that when the ORAC committee no longer has to present this update information, that actions will continue to be measured. Annemarie Lawrence and Kim Williams assured the meeting that there are robust governance processes in place through upward reporting to divisional committee, MTAC and the Board. The voices of service users and staff will always be fed into the qualitative discussions regarding the ongoing action delivery, along with continuing that open dialogue with staff and service users. John Jones added that continuous staff training is important to be able to provide the same level of quality of care.

Kim Williams continued her presentation to notify the meeting that an away day has been arranged for 8 March 2024. It is a multi-disciplinary team session to look at the future of the maternity transformation programme. The proposed model will be discussed in the April 2024 MTAC and then presented to the Board of Directors for final decision.

Catriona McMahon asked if there were any plans to engage with the Chair of QSAC prior to ORAC stepping down, and suggested that they should be invited to the next ORAC as part of the transition.

	Hayley Flavell confirmed that she will be taking this action forward.	
2024/05	<p>How do we know our maternity services are safe?</p> <p>Mei-See Hon and Annemarie Lawrence presented to the meeting. Mei-See Hon began by referencing Dr Bill Kirkup's report <i>Reading the Signals</i>. Anne-Marie Lawrence presented a slide on the components of a safe and effective service, which included the following points:</p> <ul style="list-style-type: none"> • Strong and sustainable leadership • Up to date practices and techniques • Women and families' voices • Delivery of national initiatives • Effective risk management • Effective workforce planning • The right culture • Oversight and assurance processes <p>Lack of appropriate leadership was apparent within the Ockenden review and is a theme in other maternity reviews, also. Throughout the improvement journey, stability and continuity has been established within the leadership team which, in turn, has helped to improve service user and staff experience. The leadership team has benefited from undertaking the NHS England Perinatal Culture and Leadership Programme.</p> <p>The leadership structure was revised in line with the Royal College of Midwives leadership manifesto, which includes, but is not limited to:</p> <ul style="list-style-type: none"> • Divisional Directors Quadrumvirate (Medical, Midwifery, Nursing and Operations) • Clinical Director for Obstetrics • Head of Midwifery • Consultant Midwife • Matrons <p>A suite of staff development programmes are in place, and these include:</p> <ul style="list-style-type: none"> • Midwifery degree apprenticeship programme • Maternity Support Worker apprenticeship programme • Labour Ward Coordinator development programme • Matron and Ward Manager development programme • Band 5 Midwifery Preceptorship programme • International recruitment programme for midwives <p>Other actions to create a sustainable workforce:</p> <ul style="list-style-type: none"> • Increased number of Consultant Obstetricians • Created a comprehensive succession plan • Devised workforce strategies to ensure correct staffing numbers, 	

retention, and succession plans

Actions to ensure up to date clinical practice include:

- All maternity guidelines are current and up to date
- 100% compliance demonstrated against Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST-MIS) Safety Actions for years four and five
- Saving Babies Lives Care Bundles versions one and two are delivered, and on track to deliver version three
- 24/7 obstetrician presence secured and in place
- Escalation and Conflict of Clinical Opinions policies introduced
- Mandatory training programme embedded

Actions to ensure effective risk assessment include:

- Risk assessment processes are strengthened
- Healthy Pregnancy Team established
- Ongoing audits and MTAT

Actions to ensure personalised care include:

- Work with the Maternity and Neonatal Voices Partnership (MNVP) to improve communication and shared decision making
- Family empowerment through the Birth Reflections service
- Support from the Lighthouse Service
- Consultant Midwife in post
- Developed Birth Options and Rainbow clinics

Actions put in place to benchmark the service include regular monitoring of the Maternity Dashboard, which has over fifty metrics that are updated daily. These are monitored at various forums, including Maternity Governance and the Quality, Safety and Assurance Committee. The team continues to champion for a regional dashboard to be created. This work is now underway and is being led by the Local Maternity and neonatal System. Data for the dashboard is extracted from the electronic patient record system, Badgernet. Also, work is underway with the Birmingham City University to develop and implement DExtER (Data Extractor for Epidemiological Research). This is a cutting-edge data analysis system designed to uncover trends and patterns and automate time-consuming audits.

It is acknowledged that pregnancy and birth is not without risk. Commitment to deliver the national drivers, such as CNST, enable the service to be as safe as can be. Openness and transparency and the Duty of Candour are well-embedded into business as usual processes. The team is keen to see the outcome of the Independent Senior Advocate role once this has been embedded in the system.

In summary, the assurance processes are:

- Metrics are monitored via the safety intelligence dashboard each month and discussed in-depth with the Maternity and Neonatal Safety Champions
- The processes around the governance of the dashboard metrics are compliant with CNST and Care Quality Commission standards
- Assurance processes have been strengthened and systems are in place to ensure data makes sense and that there is external stakeholder oversight.
- A project management methodology was developed and is in place to deliver the Ockenden actions.
- Benefits have been seen from assurance forums (MTPG, MTAC and ORAC)
- A thorough plan for the launch of MTAT is being developed.

The team is committed to delivering all national initiatives to improve maternity services and has benefited from a dedicated project team in this regard. The introduction of Monday.com has enabled shared access and better oversight of the project communication, both within and external to the Trust.

The team acknowledges that culture change is a gradual process, which requires persistent effort and commitment from everyone involved. Cultural improvement initiatives have been implemented (e.g., Improvewell, Professional Midwifery Advisor 'tea trolleys,' and staff surveys, etc). The Trust's wellbeing package and the Freedom to Speak Up service have been effectively promoted to staff. A healthy working ethos between obstetricians and midwives has been established. Changes to culture are monitored via the Culture Dashboard derived from staff survey data.

Questions were invited from other attendees at the meeting.

John Jones reflected on whether it was possible for the team to focus more greatly on the complaints received into the service and, also, whether there is any evidence of families leaving the interaction with the hospital feeling 'blamed' for the poor outcomes?

Hayley Flavell asked the team 'what comes next?'

Sarah Dunnett asked the team how they continue to be assured of how confident the outside community are of the service provided.

Annemarie Lawrence agreed to take these points away for further consideration. She reflected that another service open day would be a good opportunity to engage with the community. Kim Williams included the possibility of events at local schools and colleges, cultural events, etc. Mei-See Hon described the social media communications that take place.

With regards to 'what comes next,' Annemarie Lawrence described there is a lot of work needed with the Black and Minority Ethnic (BME) community, because people from these communities are much more

	<p>likely to have a poorer outcome. The Black Maternal Health report is a useful tool, and a gap analysis is being done on this to identify where the Trust needs to improve further. Mei-See Hon added that she runs a Birth Options clinic, which has been successful.</p> <p>Kim Williams added that matrons and ward managers are now based in each of the clinical areas, which means they are visible and accessible to the staff.</p>	
2024/06	<p>Discussion and reflection on the meeting</p> <p>Hayley Flavell stressed the importance of advising the Board regarding the need for robust ongoing governance processes going forward, and to flag the outstanding actions that are related to receiving substantive funding. This should be reported to the Board as an alert.</p> <p>Sarah Dunnett suggested the Board should be advised about the CQC maternity survey results.</p> <p>John Jones added that the Board should be advised of the change in the governance structure with regard to ORAC ending, and QSAC, particularly the fact that QSAC is not public whereas ORAC is.</p> <p>Kate Evans had nothing to escalate to the Board but wished to congratulate the team for their work.</p>	

2024/07	<p>Any other business</p> <p>Date of next meeting is 30 April 2024 at 14:30-17:00. Topics for discussion include:</p> <ul style="list-style-type: none"> • A summary from the overall learning of the Independent Maternity Review • Confirmation of on-going governance and assurance arrangements for all maternity improvement and transformation work • Latest CQC survey/inspection (if available) • A celebration of the successes • Areas where there is more to do • What the rolling programme of audit/MTAT looks like <p>Before closing the meeting, Catriona McMahon notified the everyone that Cris Knill was leaving the team to pursue new opportunities, and thanks and appreciation for her work was placed on record, along with best wishes to her for the future.</p>	
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