The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	2 February 2021	**Agenda item:**	12
Report Title:	Emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust – Trust Response.		
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Implications

Link to key strategic objectives
[highlight which KSO(s) this recommendation aims to support]

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	*Modernise hospital and estate*	*Staff engagement*	*Partnership working, clinical and financial sustainability*	*Healthy lives staff and patients*	*Investing in our staff*

Board assurance framework	*NA*	
Significant risk register	*Risk to delivery of safe and compassionate care*	
	Y/N	If Yes state impact/ implications and mitigation
Quality	Y	Risk that non delivery of the recommendations from the Review would negatively impact on the delivery of safe and compassionate care
Legal & regulatory		
Financial		

Assurance route

Previously considered by:	CELM – 21 December 2020 Quality Forum - 12 January 2021 Board Seminar - 14 January 2021 Quality Committee - 26 January 2021

Executive summary

Action required: *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review
Purpose of the report:	To provide assurance to the Board on the Trust's response to the emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust.				
Summary of Key issues:	Following the publication of the Ockenden Independent Review of Maternity Services at the Shrewsbury and Telford NHS Trust on 14 December 2020, an immediate response was requested by NHS England and NHS Improvement of all Trusts providing maternity services by 21 December 2020. Twelve urgent clinical priorities were identified from the Immediate				

	Essential Actions (IEAs) and we have reviewed these and submitted the initial response within the agreed timescales. NHS Trusts have been asked to submit evidence to respond to each of the IEAs and upload these once the portal is available during February or March 2021. The assessment and assurance tool has identified that as a Trust we are currently fully compliant with 9 of the 12 IEAs. The remaining 3 IEAs were assessed as partially compliant and work to progress these to full compliance is in progress with agreed delivery dates.
Recommendation:	The Board is asked to receive this paper as assurance.
Acronyms	IEAs – Immediate and Essential Actions NHSI/E – NHS England and NHS Improvement

1. Background

In 2017 following concerns raised by bereaved families about their maternity care, the former Secretary of State for Health and Social Care, instructed NHS Improvement to commission an independent review to assess the quality of investigations relating to newborn and maternal harm at the Shrewsbury and Telford Hospital NHS Trust.

The initial terms of reference for the review were focussed on 23 cases but this was expanded to 1862 cases. The investigation report published in December 2021 focusses on the initial 250 cases. A further report will be published, (date not yet known) which will address the remaining cases. The stated objective in publishing this first report is to ensure that emerging themes encapsulated in the immediate and essential actions are carefully considered by all maternity services in the English NHS.

The main themes from the review are:

- Absence of compassion and kindness
- Lack of risk assessment regarding appropriate place of birth
- Escalation of concerns
- Appropriate clinical care and competency for management of the complex women
- Traumatic birth
- Caesarean section rates below the national average
- Absent bereavement care

2. Actions To Date

The Divisional Leadership Team has undertaken a full gap analysis against the 12 IEAs and collated evidence which was required for the letter of response from our Chief Executive to the Regional Chief Midwife on 21 December 2020 supported by the Trust's plan to track compliance against the assurance and assessment tool (see appendix 1 and 2).

The assurance and assessment tool was completed using a multidisciplinary approach supported by the Associate Director for Quality Improvement. The review of evidence against the assessment and assurance tool demonstrated that as a Trust we were fully compliant with 9 of the IEAs and the remaining 3 were partially compliant. The 3 IEAs which are partially compliant have clear dates for delivery no later than 1 March 2021 and work is in progress to meet these timescales.

The assurance and assessment tool and accompanying documents have been reviewed through the Trust's governance processes and as such have been agenda items at the following:

- Chief Executive Leadership Meeting – 21 December 2020
- Quality Forum – 14 January 2021
- Quality Committee - 26 January 2021

In addition, the Trust Board also had the opportunity to consider the report and discuss the Trust response at a Board seminar session on 14 January 2021.

The Board level Non-Executive Director and Maternity Safety Champion has been involved and kept informed of the submission as well as being present at the monthly maternity safety and strategy meetings alongside other maternity champions.

The assurance and assessment tool has already been shared with the Norfolk and Waveney Local Maternity System and was approved.

3. Next Steps

An action plan has been developed to track and ensure full compliance with the IE-As which will be integrated with the current improvement plan for maternity services. As a Trust we are ready to submit evidence to the NHSI/E portal once the details of when and how to do this are released. The support and guidance from the Regional Chief Midwife has been welcome. The focus on maternity services remains high and we are ready to respond to likely further updates and submissions as required.

The Quality Committee, as a formal sub Board committee, will monitor progress against the action plan on a monthly basis and will provide assurance to the Board on the progress position through the monthly Quality Committee Chair's Assurance Report.

Further to this, at the January Finance & Activity Committee meeting, the Committee agreed to recommend to the Board a business case for midwifery staff investment, as noted in the Finance & Activity Committee Chair's Assurance Report. This item is on the private Board agenda for consideration.