

# **East Lancashire Hospitals NHS Trust** A University Teaching Trust

## TRUST BOARD REPORT

9 November 2022

Item

80

**Purpose** Information

Assurance

Title Initial Trust Response to East Kent Maternity and Neonatal Services

Report

**Executive sponsor** Mrs J Molyneaux, Interim Chief Nurse / Board level Maternity /

**Neonatal Safety Champion** 

Summary: To review the findings of the East Kent report at the next public board meeting, for boards to be clear about the actions they will take and how effective assurance mechanisms are at 'reading the signals. The report outlines four recommendations with areas to areas for action.

Recommendation: Members are asked to receive the report, note the contents and to approve any risks or recommendations. This is to ensure that boards are clear about the actions to be taken and effective assurance mechanisms are in place to 'Read the signals' reflected in the four recommendations and areas for action.

### Report linkages

Related Trust Goal Deliver safe, high-quality care

Compassionate and inclusive culture

Improve health and tackle inequalities in our community

Healthy, diverse and highly motivated people

Related to key risks identified on assurance framework

- The partnership arrangements across the Integrated Care System (ICS) for Lancashire and South Cumbria, including the Provider Collaboration Board and the Place-based partnership for Pennine Lancashire do not deliver the anticipated benefits resulting in improved health and wellbeing for our communities.
- The Trust is unable to deliver on safe, personal and effective care in line with the requirements of the NHS Constitution and relevant legislation, and Patient Charter.
- The Trust fails to meet the required statutory requirements and compliance associated with health and safety legislation and is therefore subject to formal legal action via regulatory bodies such as Health and Safety Executive.
- The Trust cannot fulfil the requirements of the NHS Constitution. relevant legislation. Patient Charter and the recommendations of the Lancashire and South Cumbria ICS Health Equalities Commission in relation to reducing health inequalities.







5. Failure to develop a compassionate inclusive, wellbeing and improvement focused culture will impede our ability to attract and retain the right workforce.

**Impact** 

Legal Yes/No Financial Yes/No

Equality Yes/No Confidentiality Yes/No

Previously considered by:





## **East Kent Report and Letter to Trusts**

The Independent investigation into East Kent Maternity and Neonatal Services titled 'Reading the signals' was published on the 19 October 2022.

The report identified 4 key areas for action.

- 1. Monitoring safe performance
- 2. Standards of clinical behaviour
- 3. Flawed teamworking
- 4. Organisational behaviours

Following the publication of the report a letter was circulated dated 20<sup>th</sup> October 2022 to Trusts Chief Executives, Chairs, ICB Chief executives LMNS chairs and regional leaders outlining the expectations of every trust and ICB to follow. The expectation being that every Trust and ICB to review the findings of this report at its next public board meeting and for boards to be clear about the actions they will take, and how effective assurance mechanisms are at "reading the signals"

The report sets out the devasting consequences of failings and the unimaginable loss and sorrow suffered by families along with clear expectations of the requirements of each trust board. These are to remain focused on delivering personalised, safe maternity and neonatal care and ensure that the voices and experiences of women, babies and families who use these services are listened to, understood, and responded to with respect, compassion, and kindness.

Experiences bravely shared by families within the investigation team must be a catalyst for change. Every board member must examine the culture within their organisation and how they listen and respond to staff. They must take steps to assure themselves and the communities they serve, ensuring that both leadership and culture across the organisation positively supports the care and experience provided.

Furthermore, NHS England will be working with the department of health and social care and partner organisations, to deliver a single delivery plan for maternity and neonatal care, this will be published in 2023. This plan will bring together actions required following the East Kent report, the Ockenden full report, NHS long term plan and the maternity transformation programme deliverables.

#### **ELHT Position Statement**

ELHT Maternity/Neonatology services as part of the Lancashire and South Cumbria, local maternity/ Neonatology system (LMNS) has reviewed their current position aligned with the maternity transformation programme, the full Ockenden report and the overarching national safety improvement plan in October 2022. This review is benchmarked against the full Ockenden report (inclusive of all immediate and essential actions and the maternity incentive scheme (MIS) ten safety actions. In addition, Recruitment and retention remain both a key and high priority within our maternity/ Neonatology service workforce plans.







ELHT has reviewed the recommendations and four areas of actions from the East Kent report against all the evidence previously reviewed and submitted as part of the afore mentioned reports and initiatives, and as such there is not one singular immediate issue causing concern. Where there are minor gaps in evidence readily available for example improvements needed to undertake more frequent culture surveys, the service will make this improvement as part of the overarching areas for improvement.

The initial review findings have offered assurance that there are robust systems in place to monitor safe performance, there is no apparent evidence that standards of clinical behaviour are poor or that there is flawed team working or poor organisational behaviour endemic.

As indicated in chapter 1of the East Kent report, this chapter puts forward an approach that is different from the norm, with reference to not identifying multiple detailed recommendations. All trusts including ELHT already have processes in place to review previous recommendations and action plans with robust monitoring resulting from previous initiatives and investigations.

Once the 2023 publication of a single delivery plan for Maternity and Neonatal care is published and received. ELHT maternity services will embed the findings for further implementation and ongoing assurances to trust board and the ICB.

#### Conclusion

ELHT maternity services remain the largest maternity provider within the Lancashire and south Cumbria system LMNS. The service continues to provide Safe, Personal, and effective service for all patients and families of East Lancashire. We remain both vigilant and diligent using robust processes for monitoring to ensure the safety of mothers and infants is paramount and endeavour to implement all the key areas for action along with the single delivery plan.

#### Recommendations

East Kent Report to be reviewed and discussed at next public board. The board to reflect on whether the effective assurance mechanisms within ELHT trust are in place and being monitored effectively aligned with the four areas for action and reading the signals.

## Further reading, references and supporting documentation

East Kent report: October 2022- 'Reading the signals', Maternity and Neonatal services in East Kent.





Tracy Thompson - Head of Midwifery / Family Care Divisional Director of Nursing / Maternity Safety Champion