Department of Health & Social Care

From the Rt Hon Sajid Javid MP
Secretary of State for Health and Social Care

Rt. Hon Jeremy Hunt MP
Chair, Health and Social Care Committee
House of Commons
London
SW1A 0AA

20 April 2022

Dear Jeremy,

Thank you for your letter regarding using the Getting It Right First Time (GIRFT) programme and methodology in maternity services following the publication of the final Ockenden report.

The findings of the report were shocking and made sobering reading. You rightly established the Review to ensure families get the answers they deserve, and lessons are learnt from every case, so no family has to suffer the same pain in the future. I agree that further decisive action is required to prevent these failings happening again and to ensure that safe care is provided to mothers and babies across England.

As you will be aware, my Department is working with NHS England and Improvement to implement the 15 Immediate & Essential Actions (IEAs) from the final Ockenden report and every trust, Integrated Care Board and Local Maternity System Board must consider and then act on the report's findings.

NHSE/I issued a letter on 1 April with further information and the next steps they are asking systems and Boards to take. They are working with the Royal Colleges and others to set up a new independent working group to guide the implementation planning of the IEAs and ensure alignment with existing maternity transformation activities. I have also written to professional bodies and regulators to ask that they consider the findings of the Ockenden report, and to set out to me the actions they are taking in response.

The NHS has already taken significant steps to kickstart transformation of maternity services with investment of £127 million over the next two years, on top of the £95 million annual increase that was started last year. This will fund further workforce expansion, leadership development, capital to increase neonatal cot capacity, additional support to Local Maternity System and workforce retention activities.

NHS England and NHS Improvement established a revised perinatal quality surveillance model in December 2020 that seeks to provide a consistent and methodical oversight of all services, specifically including maternity services. They are supporting services which are identified as challenged through the Maternity Safety Support Programme (MSSP), which was fully established in 2018 and expanded in 2020.

This is the highest level of response that the NHS has available to support trusts where there are concerns over maternity care, and uses intensive support, hands-on mentoring and

development from senior clinical leaders to provide targeted, bespoke advice, support and guidance utilising quality improvement methods to affect sustainable change to improve safety.

My officials have engaged with NHS England and NHS Improvement whilst considering the 'Getting it Right First Time' (GIRFT) approach proposed in your letter.

The GIRFT approach has worked well in areas of the NHS where standardisation and clearly defined pathways enable clinicians to provide safe, effective care. Maternity, Gynaecology and Neonatology have all been the subject of recent GIRFT National Reports that have provided useful insights and recommendations that will improve services. DHSC and NHSEI are supportive of the methodology by which a GIRFT clinical lead takes a service through their own data with the aim of providing objective insights.

It is however a fundamental requirement of a maternity multi-disciplinary team to inform and listen to women, respect their views and help them to try and achieve the type of birth they aspire to rather than preference a particular pathway. This approach aligns with the 2015 Supreme Court judgment in Montgomery v Lanarkshire Health Board which has established that consent requires a process of informed decision-making based on dialogue between the clinician and the woman about the material risks and the benefits of the available options (including the option of no treatment).

As such, another national GIRFT report on maternity services, putting forth further national recommendations, does not feel appropriate at this time. I do recognise that some of the GIRFT methodology could be beneficial, for example, if applied to data including that from the National Maternity Dashboard and MBRRACE reports to enable outlier Trust identification. This could then be used to facilitate a conversation with the Trust to triangulate those outcomes with how Trusts are implementing national recommendations and guidelines, including the IEAs from the Ockenden reports. This would add another facet to our existing approach, which is to encourage providers to use Maternity Safety Self-Assessment Tool and engage with the Regional Perinatal Quality Surveillance Meetings and the new Patient Safety Incident Response Framework.

I am mindful that pressure on frontline services is extremely high with requests for compliance against an increasing number of actions and tools, and am therefore very supportive of NHSE's plans to work with the Royal Colleges to co-develop a new aligned maternity delivery plan. As this plan is developed, they will consider the involvement of the GIRFT programme in its delivery.

Yours ever,

RT HON SAJID JAVID MP

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From Rt Hon. Jeremy Hunt MP

Rt Hon Sajid Javid MP
Secretary of State for Health and Social Care

4 April 2022

Dear Sajid

Given the findings of the Ockenden report on the repeated failures of Maternity services at Royal Shrewsbury and Telford over many years, resulting in the deaths of mothers and babies as well as babies that survived being permanently neurologically damaged, I was, of course, delighted and unsurprised to see that you have accepted every recommendation of the report.

Unfortunately, as we both know, this is not an isolated case, with similar failures in Morecombe Bay and East Kent being investigated. Moreover, litigation costs continue to rise with Maternity claims numbering 1,018 in 2019/20 - 9% of all claims. The estimated cost of these claims for 2019/2020 alone is £2379.1 million, a huge sum as well as being symptomatic of serious failings in some parts of our Maternity care services.

This cannot be allowed to continue, especially when it seems we still do not know what a "good service" in Obstetrics looks like. Now is the time for an urgent independent review of Obstetric Services across the NHS.

When I was Secretary of State for Health, one of my initiatives was to support the "Getting it Right First Time " (GIRFT) programme led by Professor Tim Briggs. It started in Orthopaedics, but with funding from the Department, which I supported, it has now reviewed 40 specialties across the NHS, producing a national report for each speciality and national recommendations which are being implemented.

Each of these reports defines what good looks like and the review process leading to the report enables services to benchmark against themselves to understand the safety and quality of their care against a vast range of objective comparative data and best practice standards – this approach is highly relevant when seen in the context of Shrewsbury where the trust believed they ran a good service, which was endorsed by the CQC.

GIRFT is a particularly valuable methodology as, in addition to a very ambitious approach to data, it has gained the support of all the Specialist Societies as well as the Royal Colleges and clinicians at the front line. This level of clinical support is because GIRFT is clearly and robustly a clinically led programme and uses data that clinicians respect and recognise to identify and explore unwarranted variation and genuine best practice.

The programme has now been accepted by the NHS as its predominant clinical QI methodology.

I would wholeheartedly suggest and support the involvement of the GIRFT programme in reviewing Maternity services to more objectively define what good looks like and provide the catalyst for improvement of services across the country. I also believe that patients would support this initiative.

Yours sincerely

Rt Hon Jeremy Hunt MP

Chair of the Health and Social Care Committee