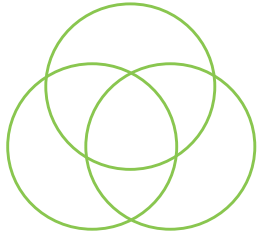




Independent review of
maternity and neonatal
services at
Swansea Bay University
Health Board.

Review Governance Pack

Updated September 2024



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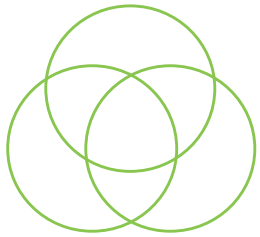
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About this review governance pack

This pack has been developed to support families, the public, press and professionals to understand the governance surrounding this review. In this case, we refer to governance as:

“The processes and controls surrounding this review which will ensure an independent, in-depth and professional report is provided to the Health Board for the purposes of learning and improvement.”

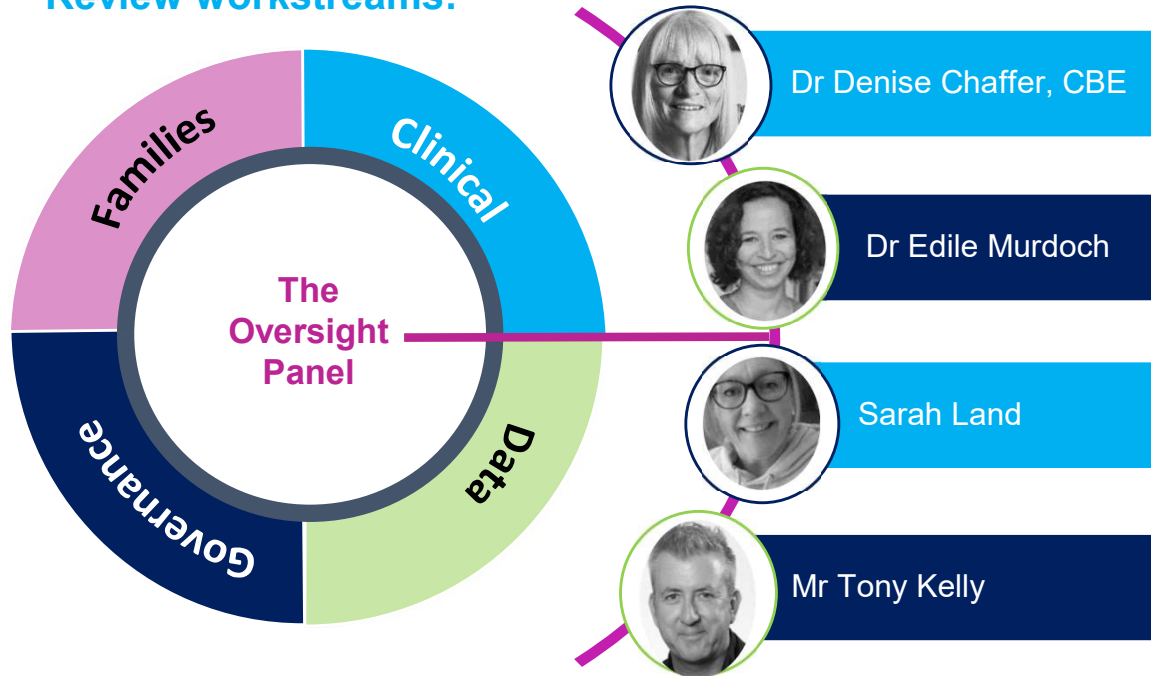
This is an extensive review to mobilise, and we recognise that families have been frustrated by pace, however, ensuring that the correct steps are in place to deliver a fully independent outcome are vital and this takes time and should not be rushed. You will see from this document that there are still some elements of the review which are in development and some review staff are still being recruited. Some of this could not take place until the Terms of Reference were known and the resources required to deliver the review were properly estimated and information sharing processes properly developed.

It is important that the public and key stakeholders surrounding this review, are assured that the review team will be able to do their work ‘without fear or favour’ and that there are safeguards in place to protect the team, or any individuals, from any matters which might impede their independence. This is both independence of *action* and also, independence of *thought*. It is important that the review team are able to approach the review without any preconceived ideas about what they might find in these services, even when all members of the review team have current or previous experience of working with or within maternity and neonatal services nationally. **It is also important that this review is approached within an environment of compassion and respect; for families, staff working within services, stakeholders and towards the review team.**

A well-structured and well managed independent review is an effective route to surface the facts without having a lengthy legal process. One of the key aims of this review is to ensure that the services are ‘safe today’ for families who are using that service. This review has built in mechanisms to ensure that any risks or issues are escalated immediately so that prompt remedial action can be taken. The outcome of this independent review will help to dictate whether a further intervention or a more extensive look back over a greater time period, is needed by a government body.

About the review governance – summary on a page

Review workstreams:



Review independence

It is so important that families, staff and stakeholders all have confidence in the independence of this review. We ensure review independence in the following key ways:

- Choosing a team with no known conflicts;
- Ensuring effective end to end review governance;
- Having independence of judgement and of mind;
- Challenge between the three workstreams on findings;
- The Oversight Panel to provide assurance;
- Strict processes to ensure that no one can influence evidence, judgements or the final report;
- Ensuring a 'balance' of view from all parties;
- Understanding risks at all stages;
- Having factual accuracy processes; and
- Having effective project management at all stages.

How we will keep you up to date

For the last few months, the review team have been working to establish safe methods of communication. This includes the development of dedicated web pages and a dedicated email address. We have also been developing safe methods of being able to store highly sensitive data, so that families feel safe and secure in giving us their views. A new update newsletter will be available from August 2024. Find out more at:

www.nicheconsult.co.uk

Email:

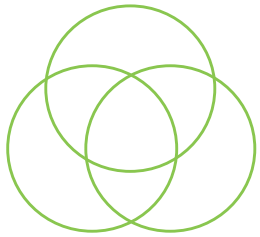
swanseabaymaternityreview@nicheconsult.co.uk

The purpose of the review:

This review is predominantly about ensuring patient safety within Swansea Bay Maternity and Neonatal Services. The review key aims are to understand:

- any harms that have occurred, the extent of those harms and the continued risk of harm today;
- if there was any action which could have been taken to prevent the events;
- if previous opportunities for learning have been missed.
- if there are any leadership, quality, cultural or governance issues in the services;
- the working relationships between maternity and neonatal services; and
- user experience of the service for five years from January 2019 and staff experience from January 2021.
- Make recommendations for improvement.

1) Review aims, workstreams and introductions



The aims of the review

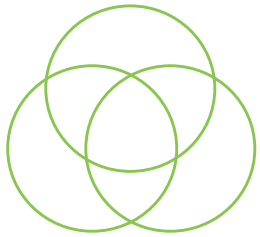
This review has been commissioned by the Swansea Bay University Health Board and will review care provided by maternity and neonatal service between 2019 and 2023. The key aims of the review are to identify:

- any harms that have occurred, the extent of those harms and the continued risk of harm today;
- if there was any action which could have been taken to prevent the events;
- if the internal reviews undertaken by the Health Board were appropriate or whether further learning can be identified;
- if there are any themes from the cases and whether the learning and action taken has had a positive impact in the services;
- if there are any leadership, quality, cultural or governance issues in the services and whether there is any support and/or learning for the Health Board to provide/take forward; and,
- to consider the working relationships between maternity and neonatal services, how they interlink and whether there is any support/learning for the Health Board to provide/take forward in this respect; and
- to consider user experience of the service for five years from January 2019 and staff experience from January 2021.

The full Terms of Reference can be accessed here: [External Independent Review of Maternity and Neonatal Services of Swansea Bay University Health Board: Terms of Reference - Swansea Bay University Health Board \(nhs.wales\)](#)

One of the most important questions that this review needs to answer is, “Are these services safe today?”. And so, whilst this review will incorporate a substantial amount of ‘looking back’ the review team will also be very focussed on identifying any issues which can be addressed immediately to support the safety of mothers and babies who are using the unit.

The review will be conducted via a number of methods to arrive at a full analysis of the facts, these include: speaking to families about their experiences, clinical review of care records, reviewing documents, reports and communications, interviewing staff and senior leaders, analysing data (both local data and national data) and benchmarking. Ultimately, the review will culminate in a detailed report which will be available in full for the public.



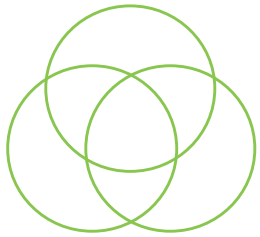
What is included in the review 'governance'?

There are many aspects to the governance which will surround this review to ensure that the review objectives are achieved. The review objectives are detailed within the full Terms of Reference.

There are many different aspects to the governance surrounding an independent review such as this, they include:

- Picking the right independent, experienced team.
- Collaboratively developing the Terms of Reference with service-users and key stakeholders.
- Establishing the review architecture and programme management approaches.
- Establishing the review accountabilities.
- Ensuring the right information is identified, used and kept as evidence.
- Managing review risks at all stages and ensuring processes for escalation.
- Engaging 'experts by experience', women, families, staff, regulators to ensure all views are reflected in the evidence base.
- Ensuring appropriate checks and balances at all stages.
- Documenting everything to ensure that there is a reliable bank of evidence.





Review team overview:

This team is comprised of a number of different professionals working across three key workstreams:



Christine Bell,
Midwife



Alan Fenton,
Consultant Neonatologist



Cath Broderick,
Independent Consultant
Engagement Lead



Chantal Knight
Triage Midwife



Kate Jury
Managing Partner, Niche



Sophie Stephenson
ICSA, ACA
Governance Specialist



Professor Alan Cameron,
Consultant Obstetrician



Kelly Harvey, Advanced
Neonatal Nurse Practitioner



Fiona Frizzell
Independent Consultant
Engagement Lead Interim



Dawn Johnston
Triage Midwife



Michelle Carberry, ACA
Programme Lead



Dr Paul Smith
Director of Analytics

Clinical Reviewers

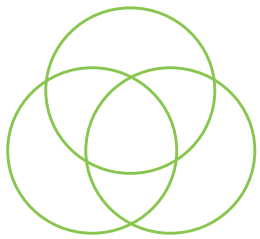
Workstream One

Family Engagement

Workstream Two

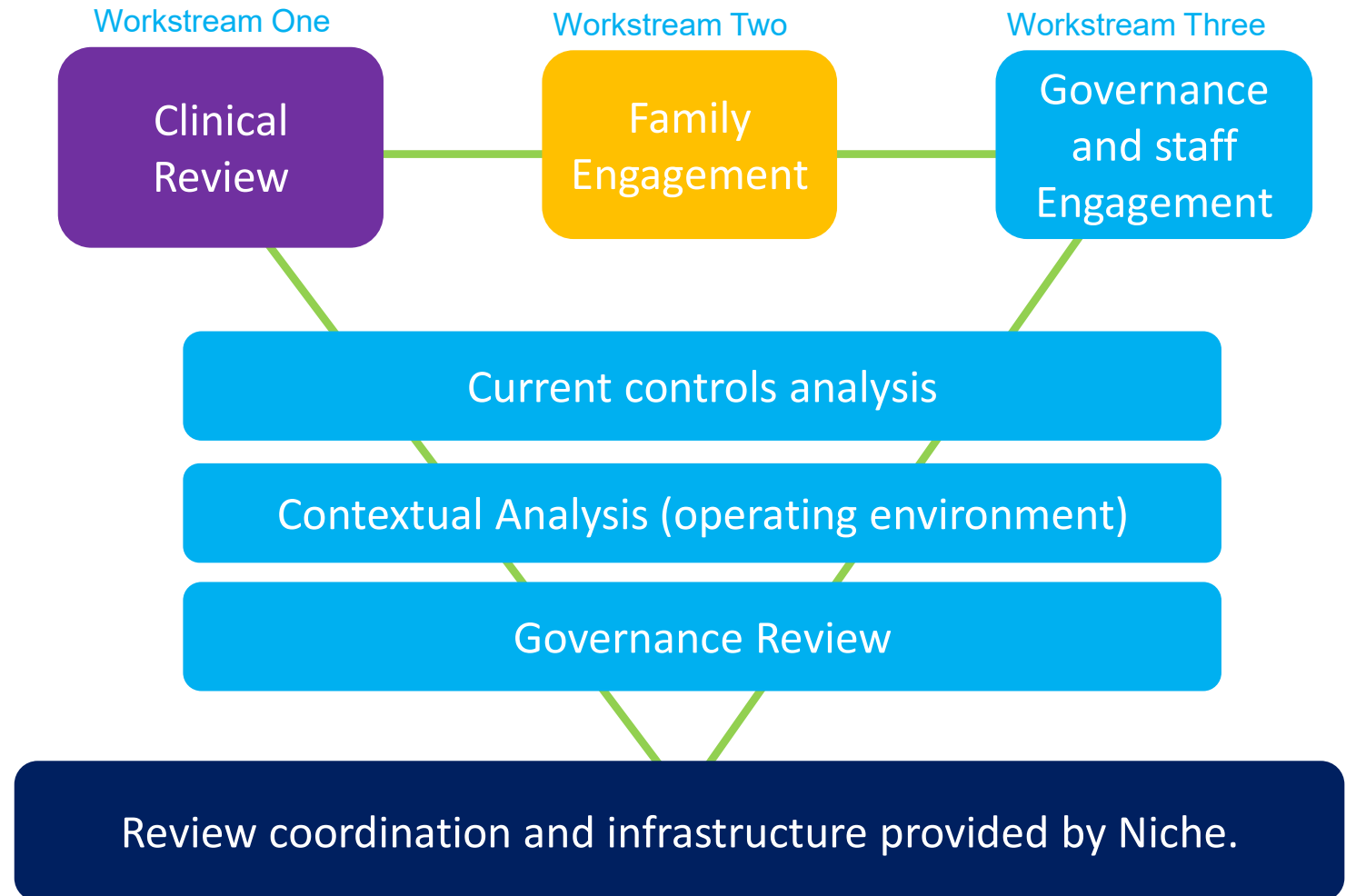
Governance and
staff engagement

Workstream Three

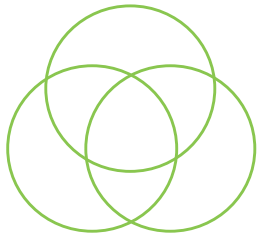


How will the workstreams work together?

The review team will work together to share learning, all with the same shared motivation of undertaking a compassionate, independent review to support learning and improvement.



2) Roles, accountabilities and controls



The role of the Health Board

It would be wrong to suggest that the Health Board must not have any involvement in the review process at all. **They are the accountable body** for the delivery of care, they are also the legal body which holds the '**Duty of Candour**'** towards their patients. The Health Board is also the body which is registered to hold patient data and the care records. Ultimately, they are the Board which will need to action any recommendations and so they must be part of the conversation. However, their role will normally be limited to:

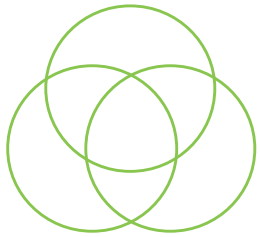
1. Providing the extensive data and information which is needed to support the review;
2. Responding to queries, requests for clarification and coordinating contacts;
3. Staff and senior leaders attending interviews, focus groups and giving us their views on care;
4. Approving the overall project plan;
5. Ensuring the review is funded and ensuring proper financial governance;
6. Providing 'factual inaccuracy' responses within the draft report*;
7. Implementing the recommendations and demonstrating improvements where these are identified.

*The Health Board will not be able to influence the review findings in any way. This is because the review is based upon evidence; all of the evidence used to form the basis for the judgements in the final report will be referenced clearly. When a judgement is based upon evidence, it is very difficult to disagree with that finding.

If we are concerned about the practice of an individual and they are a professionally registered or responsible person, this will usually have been escalated as soon as it was identified during the course of the review. If we need to reflect this within the report, then they will be given a 'right of reply' at an early stage. Right of reply (sometimes referred to as Salmon and Scott or Maxwellisation***) usually occurs when reports are going into the public domain. However, this work is really trying to focus upon 'system' issues (how all parts work together) rather than on individual blame.

** <https://www.gov.uk/government/publications/nhs-screening-programmes-duty-of-candour/duty-of-candour>

*** the legal practice in [English](#) and [Scots](#) law that allows anyone who is criticised in an official report to respond prior to publication, based on details of the criticism received in advance.



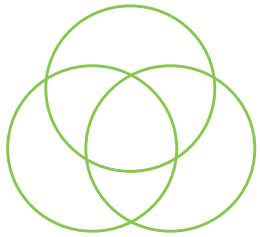
The role of the Oversight Panel

The Oversight Panel (OP) has a key role in providing assurance around all aspects of the review. They will hold the review teams to account and ensure that the review delivers in line with the Terms of Reference. The OP is comprised of individual members who owe no duties or obligations to the Health Board other than to ensure delivery of the review. The key roles of the OP are:

- Review progress as well as to escalate any project risks and relevant matters arising directly to the Health Board. Any immediate risks to patient safety (not identified in the current controls report) will be escalated immediately to the relevant clinical team and notified to the OP.
- To undertake an ongoing assurance process in respect of the scope of the Terms of Reference with a view to considering any feedback from the Review teams regarding a need to expand the scope of cases being considered. For the avoidance of doubt the OP has the ability to agree a widened scope.
- The role of the OP is to provide independent scrutiny to ensure the Review is completed in line with the Terms of Reference. However, the OP is aware that it does not have the right to amend, alter or influence the primary findings of the independent review.
- Following completion of the Review, it will continue to oversee the implementation by the Health Board of any recommendations made against agreed milestones.

The OP Members are:

- Interim Chair: **Dr Denise Chaffer CBE**, Executive Clinical Nursing / Maternity Patient Safety Leader
- **Sarah Land**, Co-Founder and Charity Manager of PEEPS HIE (Hypoxic Ischaemic Encephalopathy).
- **Mr Tony Kelly**, Consultant Obstetrician and Gynaecologist Kent Surrey & Sussex Patient Safety Collaborative, Brighton & Sussex University Hospitals NHS Trust.
- **Dr Edile Murdoch** - Consultant Neonatologist, Chair of the Scottish perinatal network significant adverse event review group and the NHSE maternity and neonatal outcomes group.



Developing the Terms of Reference

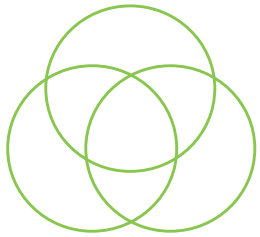
It is good practice to ensure that families are involved in the development of the Terms of Reference, however, we are aware that this is not how all families want to engage. As this review was initially an audit of maternity outcome data the Health Board developed an initial Terms of Reference to assess safety. Since then, the review has become broader in its scope and the Terms of Reference have been developed following a formal listening exercise with families and stakeholders. Key items have been added to the scope around data, learning from the pandemic responses, and a review of current departmental risks.

Importantly, the staff engagement and family engagement processes were separated out to ensure that both engagement processes could have a sole focus. The Terms of Reference have a central focus upon hearing, incorporating and acting upon the views of women and families who have used services. The Terms of Reference in their current form, can be found here: [External Independent Review of Maternity and Neonatal Services of Swansea Bay University Health Board: Terms of Reference - Swansea Bay University Health Board \(nhs.wales\)](https://www.nhs.uk/healthboard/swansea-bay-university-health-board/external-independent-review-of-maternity-and-neonatal-services-of-swansea-bay-university-health-board-terms-of-reference)

Usually, a terms of reference for a review such as this benefit from being quite high-level. This is so that the review teams can flex the scope detail in line with what they are finding as they go along. The Oversight Panel also have the power to formally extend (but not reduce) the scope as the review continues.

If you feel that you would still like to give your views on what the review should look at then you can still do this for the next few months via the dedicated email address: swanseamaternityreview@nicheconsult.co.uk. You can make comments here or provide questions which you would like to see answered within the final report. Please note; the final report will not contain detailed information relating to individual cases, so we may need to answer specific questions via the new triage midwife post.

Making sure that we are able to hear families' voices is crucial and this is also where our key partners such as LLAIS, SBMVP, AVMA and Peeps will be invaluable in terms of the support they can provide to help the review team to reach out.



Identifying and managing any conflicts of interest

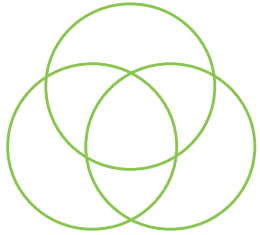
Any and all conflicts of interest must be managed from a very early stage to ensure review independence. There are many different considerations when identifying and managing conflicts, and conflicts of interest can be both actual or perceived. Actual conflicts of interest can include:

- reviewing an organisation you have worked in before (particularly in the last three years);
- having connections with the people who might be in a position of influence;
- assessing a client when you have previously provided them with advice (for example both consultancy and audit services);
- having a family member who might have a close relationship with the client or with a person of influence;
- having expressed a particular viewpoint or strongly held view in public.

Perceived conflicts of interest often relate to issues such as “you are being paid therefore you have a conflict of interest,” or, “it’s a small world, so you all know each other.” Having a review which follows good practice in conflict avoidance will help to give the public more confidence that the review outcome will be honest and without prejudice. The point of an independent review is to safely surface the truth, in a balanced and professional way.

In order to identify, avoid or manage conflicts there are a number of necessary steps to take:

1. Ask each team member to complete an ‘assessment of conflict form’ at an early stage.
2. If a conflict is deemed to exist, depending upon the severity, then steps must be taken to either manage or mitigate the conflict entirely.
3. Remain vigilant to a conflict developing throughout the lifespan of the review, this could be (for example) providing a ‘favourable’ opinion in return for the promise of more work or a job in the future etc.
4. Always ensure that processes are established to ensure that no one person has a louder voice than another on the review team. In-built protections against any persuasion are key.



Review independence

It is important that women and families can feel assured about the independence of this review. This document provides you with some information about how independence will be maintained throughout the course of the review. People are rightly concerned about independence on a review such as this for the following key reasons:

- They might feel that the ‘truth’ will never come out.
- They might feel that some important facts will be hidden.
- They might feel that it is not truly independent because payment is involved.

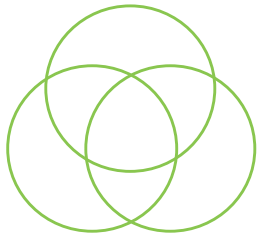
What do we mean by independence?

In short, ‘independence’ is not only about being free from influence, manipulation and control ‘without fear or favour’; it is also about having freedom of thought.

Women and families will want to be assured that the full facts of the review will be surfaced without being limited or controlled, and, that those undertaking the review do not have any ‘special’ alliances, biases or beliefs which might impair their judgement, regardless of who is paying the fees.

An independent reviewer should be a highly experienced person in their field. Like any professional person they should be paid for the work they do and the advice they are giving, even if they were a charity, public sector body or conducting activities on behalf of the Crown or Government. Being paid for the supply of a service, consultancy or advice, should not and does not mean that the advice is compromised in any way. Specifically, the review team has been contracted for their independent advice, and to not work for, or on behalf of, the Health Board.

Independence promotes confidence in the process and also in the findings. In matters where judgements are being made, particularly when using public money for review work, it is entirely appropriate to query, and to seek, the independence of those undertaking that work. However, independence is not only about the people, it is also about the governance applied at all stages of a review.



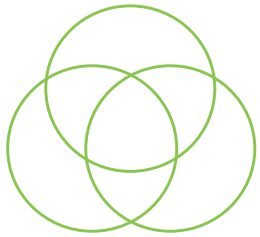
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The review is comprised of three key workstreams (although there are several sub workstreams) with three core teams; these are (as previously described): the clinical review team; the family engagement team and the governance and analytics team (please see page 7).

By constructing the team in this way, there is an in-built ability to ensure there is challenge on the findings. For example, the family engagement team and those reviewing the experiences of staff are different; the clinical team and those reviewing governance are also different. This helps to provide a balance of view where there is a risk that one issue will dominate the focus or the findings. The reviewers are also independent because they are 'not conflicted' in their work (and have been verified as such):

- a) The clinical review team are all working clinicians with extensive experience in their field (clinical experts). None of them have previously worked this Health Board, but they do have previous experience of reviewing care in Wales; this is helpful to understand structures and processes.
- b) We are currently recruiting an experienced midwife to coordinate the triage process around self-referral and other cases. We will ensure that this person is not conflicted in their role.
- c) The family engagement team is currently being finalised. The family engagement lead is highly experienced and is familiar with Welsh healthcare having worked across Wales for several years and has previously provided advice on engagement processes to Swansea Bay University Health Board.
- d) The governance and data review elements are being delivered by Niche which is an independent management consultancy based in Manchester. They have worked extensively on projects all over the country (including maternity and neonatal services) and have extensive protections relating to independence.

The workstream reviewers are all working under strict contract terms and funding is being provided via the Health Board who have been supported in aspects by NHS Wales Shared Services Partnership (NHSSP) in the procurement of the contracts under framework. The Health Board is subject to regular external financial audit and must demonstrate probity around the use of public funds.



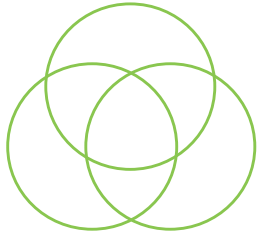
Safeguarding the review information

It is important that the team is able to use a reliable bank of evidence to make their assessment of the facts. It is also vitally important that families and staff feel that they are able to talk to the review team in a safe way, so that an honest appraisal of the facts can be reached. Below are some of the mechanisms used by the review team to ensure the safety of information:

- Use of secure email addresses which are either nhs.net accounts or niche.co.uk email addresses; these are both supported by secure systems.
- Ensuring that the website used to access and record information is supported by a secure, hosted platform with relevant security certificates.
- Ensuring that all information held by Niche is only accessible to the direct review team and is stored, for a limited time period, in line with all ISO:9001 quality management standards.
- When we interview staff or speak to families, we will be clear about what will happen to their information.
- If we have any concerns about patient safety or safeguarding which arise during the course of the review, we will escalate these immediately; issues of patient safety or safeguarding override an individuals' right to privacy.
- As part of our work, we will review the integrity of the data and information itself. For example, are the organisations systems of governance around how data and information is produced, reliable? If we find that information might be unreliable, we will escalate this immediately.
- NHS bodies have a legal obligation to ensure the probity of information, particularly the clinical care record which is a legal document. If we find any concerns around the quality of the care record, this will be placed under immediate review.

NHS organisations must all have strict internal programmes of accountability around information, and many of their systems and processes to keep, retain and transfer information are tightly regulated and audited on a regular basis.

3) Programme and risk management



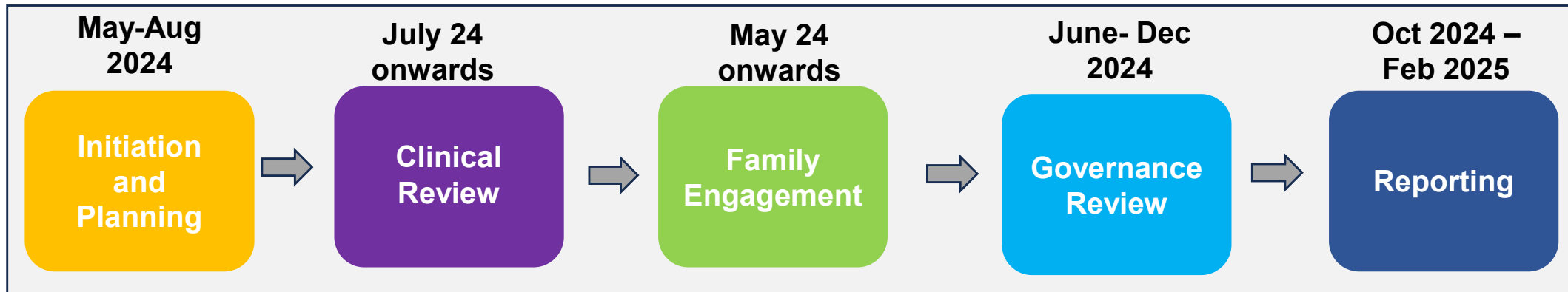
Managing the programme

Managing a programme such as this requires significant coordination to ensure that the workstreams can work together to share information and to ensure the programme delivers its expected outcome. In order to keep the programme on track, the following key elements will be in place:

- Ensuring the agreed review Terms of Reference are translated into an effective programme with milestones and agreed outputs.
- Establishing file structures which allow for the safe and secure storage and retrieval of review information.
- Ensuring that there are regular scheduled meetings across the lifespan of the project where key communications and knowledge transfer can take place.
- A monthly report on progress against key milestones will be presented to the Oversight Panel. This report will detail in-month progress, number of cases reviewed, any new risks arising and timeline revisions.
- Programme escalation processes are utilised, to ensure that any urgent remedial actions are taken as and when necessary.
- Ensuring all review compliance is completed to ensure the integrity of the review process at all stages.
- A draft written report will be produced with key recommendations for action and learning for factual inaccuracy responses*.
- The report and findings will be presented to the Oversight Panel.
- Report publication.

*Please see later information on managing factual inaccuracy responses and draft report development. A programme milestone overview is provided on the next page.

Key milestones



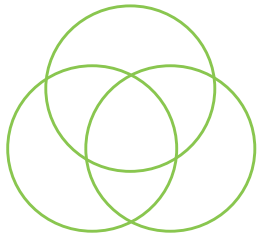
- Establishment of Oversight Panel
- Engagement on Terms of Reference
- Recruitment of review team
- Information governance and governance infrastructure
- Establish communication channels (website, email, forums)
- Initial family engagement
- Staff engagement sessions

- Agree clinical review criteria
- Initial communication and engagement with families/opt-out process
- Case review and liaison with families (Sep 24)
- Thematic review and analysis
- Self-referral cases

- Establish family engagement processes
- Establish a Family and Community Voices Group
- Management of website and email contacts
- Support families contacting the review team
- Collation of feedback, analysis and thematic review

- Information requests and document reviews
- Current controls review
- Staff engagement (interviews, focus groups, surveys)
- Data analysis

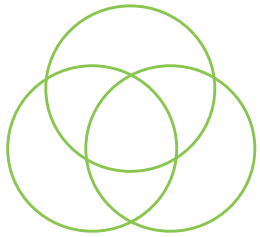
- Aggregation of engagement, clinical and governance information.
- Draft report
- Final report
- Publication



Identifying the risks of the review

Risks will be review on a regular basis as part of good governance. Examples of risks include:

Domain	Risk description	Issues which might contribute to the risk	Mitigation and progress
Families and the public	Families and the public will not receive the assurances they are seeking if the review is not scoped correctly, and they are not involved in determining how the review should look.	<ul style="list-style-type: none"> • Insufficient breadth of scope • Insufficient look at historical as well as current practice • Lack of timely communications with families because communication processes not established. • Lack of resource to support communications 	<ul style="list-style-type: none"> • Ensure that the review scope is sufficient to encompass all review areas. • Extend the period of public consultation around the Terms of Reference.
Ensuring Independence	Public confidence in the review might be reduced if there is insufficient information about review team independence.	<ul style="list-style-type: none"> • Delays in providing information to the public about the review and the governance surrounding the review. • Not undertaking sufficient checks. 	<ul style="list-style-type: none"> • All team members are conflict checked. • Effective review governance. • Provide detail on review governance processes.
Regulation	Regulators will not receive sufficient assurance on safety if residual questions remain because the scope has been insufficient to form a comprehensive view on service safety.	<ul style="list-style-type: none"> • Terms of Reference are not sufficiently publicised. • Feedback and inputs from regulator are not included in fieldwork. 	<ul style="list-style-type: none"> • Engagement with regulators. • Interviewing relevant stakeholders.
Value for money (VFM) (public).	Risk of unfulfilled use of public funds if the review does not deliver sufficient intelligence and resultant improvements.	<ul style="list-style-type: none"> • Insufficient breadth of scope which does not review sufficient evidence. • Lack of coordination between reporting workstreams. • Recommendations which are not sufficient to capture the changes required. 	<ul style="list-style-type: none"> • Good review governance processes should be established. • Ensuring a detailed and accessible report which meets the Terms of Reference fully.
Quality Improvement	Sufficient learning will not occur if the scope is not sufficient to extract all available understanding.	<ul style="list-style-type: none"> • The correct recommendations will not be extracted. • Key elements of learning will be missed, and optimal good practice will not be achieved. 	<ul style="list-style-type: none"> • Expert reviewers providing effective professional judgements. • Effective review coordination. • Action planning support within the Health Board.
Timelines	Any current poor practice may not be identified quickly enough because of review duration. Risk mitigations will not be put in place quickly enough.	<ul style="list-style-type: none"> • Waiting until the end of the review to find all of the review answers. • Not having sufficient escalation processes in place to alert to safety issues during the course of the review. 	<ul style="list-style-type: none"> • Undertake preliminary 'current controls' work to assess safety today to cover the review lifespan. • Map out the review timescales.



Escalation

Patient safety

Any matters of immediate impact upon patient safety identified through the course of this review will be escalated immediately to:

- The relevant responsible person at the Health Board for immediate intervention and notified to the Oversight Panel that an escalation has occurred. The Health Board will then be responsible for following up on that referral and reporting back to the Oversight Panel on outcomes.

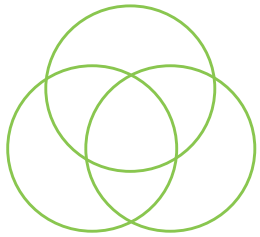
Safeguarding

The review team owe a normal duty of care to protect vulnerable adults and children from harm. We are always clear when interviewing staff that we might breach interview confidentiality in order to make a disclosure; those circumstances include:

- if a member of staff or family member tells us that they intend to harm themselves or harm another we may disclose this;
- if anyone deemed 'vulnerable' (child or adult) tells us that they have been harmed we may escalate this information to the relevant safeguarding lead within the organisation;
- if we have significant patient or staff safety concerns or concerns about professional practice;
- we may be requested to make information available to Her Majesty's Coroner, a Court of Law or also to the Crown Prosecution Service upon formal request, where this is necessary; and
- where people express a vulnerability, we will do all we can to ensure we put them in touch with the appropriate psychological support services.

The Health Board

The review team want to positively engage with all parties in a climate of compassion, empathy and civility. This should be an environment which is fully inclusive, psychologically safe and free from fear for all people. The review team and Oversight Panel intend to undertake the project they have been asked to do, in good faith, within an accountable governance framework which is clearly set out. Communications which cause distress will be alerted to the Health Board.



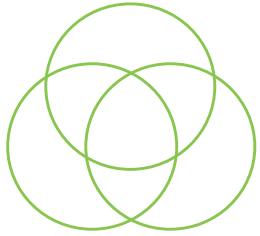
Producing the final report

The aim of this work is to develop an informative and accessible evidence-based report. This document has provided extensive information about the governance surrounding that process. Probity around the final report is crucial as this is where people might feel there is the most chance for information to be 'removed' or 'sanitised'. This is how the governance around development of the final report will work:

- Firstly, the report will be written in a style where there is the full **citation of all evidence** which has been used to form judgements. All evidence used will be documented in full.
- If we are criticising the practice of individuals within our report, we will provide them with a '**right of reply**' only on the immediate aspects of the report which relate to their own practice; they do not receive the report in its entirety. Responses will be recorded along with any resultant amendments in the draft report.
- Following this process, the organisation will then be provided with a limited timescale opportunity to provide factual inaccuracy responses. All responses and corrections will be recorded in a table so that there is a **clear audit trail** of any changes within the draft report.
- Stakeholders who are referenced in the report will also, at this stage be able to provide **stakeholder representations** to assess whether we have reflected their involvement appropriately.
- The final draft report will then be provided to the Oversight Panel for their approvals on whether the report has a) met the Terms of Reference b) needs any points of clarification, or c) meets with the public interest. The Oversight Panel will likely ask for a separate legal opinion to support those points. Any amendments as the result of legal opinion will be recorded clearly. **Any legal opinion will be sought on behalf of the public interest and not on behalf of any individual or organisation.**

The final report will be a full representation of the views, evidence and analysis of the work undertaken by the review team and not of the Oversight Panel or any other body. No organisation or individual has the right to change the final report in any way except to provide points of accuracy if these are required.

4) Working environment



Working in an environment of respect and compassion

The review team want to positively engage with all parties in a climate of compassion, empathy and civility. This should be an environment which is fully inclusive, psychologically safe and free from fear for all people. The review team and Oversight Panel intend to undertake the project they have been asked to do, in good faith, within an accountable governance framework which is clearly set out.

We welcome constructive dialogue from all people, and the niche email address swanseabaymaternityreview@nicheconsult.co.uk is there for contact for any queries relating to the review. Any concerns or complaints about the review or members of the review team need to follow a more formal process (Swansea board complaints link) . We hope all will sign up to working in this way, and agree that examples of incivility, bullying or abuse will need to be reported via formal channels.

We describe incivility, bullying or abuse in this case as “*a comment or action which is unwarranted and deliberately intended to upset, diminish, threaten, bully or otherwise cause distress and aggravation.*” This can be via social media, in-person, via text, email or other forms of communication.

We want all people to feel they can contribute their views as individuals who have lived-experience of using these services. No two families will have had the same experience and the more views we can capture the better.

We thank you in advance for your positive participation in this review and for helping maternity and neonatal services to ensure long-term learning and improvement.



*Improvement through experience.
Improvement with compassion.*