


## Board of Directors' Meeting 05 August 2021

<b>Agenda item</b>	223/21		
<b>Report</b>	Ockenden Report Assurance Committee Monthly Report		
<b>Executive Lead</b>	Presented by: Catriona McMahon, Joint Committee Chair Director of Nursing		
	<b>Link to strategic pillar:</b>		<b>Link to CQC domain:</b>
	Our patients and community	√	Safe
	Our people	√	Effective
	Our service delivery	√	Caring
	Our partners	√	Responsive
	Our governance	√	Well Led
	<b>Report recommendations:</b>		<b>Link to BAF / risk:</b>
	For assurance	√	BAF 1, BAF 4
	For decision / approval		<b>Link to risk register:</b> 970, 1083, 1930, 2027, 2065
	For review / discussion		
	For noting		
	For information		
For consent			
<b>Presented to:</b>	N/A		
<b>Dependent upon</b> (if applicable):	N/A		
<b>Executive summary:</b>	<p>1. The fifth meeting of the Ockenden Report Assurance Committee was held on 22<sup>nd</sup> July 2021 and was livestreamed in public. This brief report provides a summary of key points/issues that the Co-Chairs wish to draw to the attention of the Board of Directors.</p> <p>2. <b>Recommendation</b></p> <p>The Board of Directors is asked to:</p> <p>Take assurance from the report.</p>		
<b>Appendices</b>	None.		
			

## **Ockenden Report Assurance Committee**

**22<sup>nd</sup> July 2021**

### **Co-Chairs' Summary Highlight Report**

1. The fifth meeting of the Ockenden Report Assurance Committee was held on 22<sup>nd</sup> July 2021 and was live-streamed in public. This brief report provides a summary of the key themes discussed and highlights any particular matters which the Co-Chairs feel should be drawn to the attention of the Board of Directors.
2. Again, on this occasion, Ms Jane Garvey chaired the meeting. In addition to the usual members and attendees, the meeting was joined by Dr Lorien Branfield who gave a very thoughtful and detailed presentation on obstetric anaesthesia services and the obstetric anaesthesia actions contained in the Ockenden Report.
3. By way of helpful background Dr Branfield explained she had been the lead obstetric anaesthetist at SaTH since 2015, having been a junior anaesthetist in training in the early 2000s, and a consultant undertaking obstetric anaesthesia from 2010 until now. She also explained that she had been a service user on three occasions. Dr Branfield described the role of the anaesthetist in the maternity unit as essential members of the multi-disciplinary team who provide a range of services and support including providing pain relief (mainly labour epidurals and postoperative pain), administering anaesthetics for operations, providing critical support and intervention for women who become unwell in pregnancy, and acting as advocates for women who become unwell in pregnancy. Dr Branfield also explained that there are currently five consultant anaesthetists who regularly do much of obstetric work and who also have other anaesthetic responsibilities outwith maternity services. These consultant anaesthetists are also supported by six very experienced specialty doctors who are the resident anaesthetists during all out of hours. This level of staffing has meant that the service is not reliant on locum cover. Dr Branfield also confirmed that two new consultants who had undertaken their training in the maternity unit would be starting in the next couple of months, although she felt that a further consultant appointment was still necessary.
4. In relation to the review of the specific Ockenden actions (LAFL – Local Actions for Learning 4.85 – 4.91), the meeting heard of the very considerable amount of work that needed to be undertaken to ensure compliance with the actions and the significant progress that is being made. In relation to multi-disciplinary team (MDT) training and working, the meeting heard of the considerable progress that was being made through a range of initiatives to embed MDT training and working (e.g. formal laboratory simulation courses, regularly held Practical Obstetric Multi-Professional Training, etc). Whilst the considerable work and progress in updating clinical guidelines was explained, it was appreciated that this remained a significant undertaking particularly in relation to the number of audits (49 in total) which are

required. This really leads to the main issue which was called out at the meeting and which I wish to draw to the attention of the Board. Specifically, the task of undertaking this development work which currently falls almost solely to Dr Branfield, the recognised challenge of the interface with the Trust's general anaesthetic services and consultant anaesthetic staffing nationally and locally. Consequently, as Trust Chair I agreed to have further discussion offline with Dr Branfield and likewise on behalf of the Executive Team the Director of Nursing has agreed to progress the matter with appropriate colleagues.

5. As usual, the meeting Chair invited our stakeholders to comment on the meeting and the approach being taken in each of the meetings. Generally, the feedback has been very positive and the overall aim of being open and transparent has been acknowledged and welcomed.
6. Finally, there will be no meeting in August with the Committee resuming again on 23 September 2021 when the opportunity will be taken to recap on the progress being made in implementing the Ockenden actions. In October the intention is to hear from Maternity Voices Partnership about its work with the maternity services and also from Powys CHC in relation to the findings from its current survey being conducted on social media.

**Dr Catriona McMahon & Ms Jane Garvey**  
**Co-Chairs, Ockenden Report Assurance Committee**  
**26<sup>th</sup> July, 2021.**