

Board of Directors' Meeting 10 February 2022

Agenda item	019/22		
Report	Ockenden Report Assurance Committee 18 th January 2022 – Co-Chairs' Summary Highlight Report		
Executive Lead	Director of Governance & Communications		
	Link to strategic pillar:		Link to CQC domain:
	Our patients and community	√	Safe
	Our people	√	Effective
	Our service delivery	√	Caring
	Our partners	√	Responsive
	Our governance	√	Well Led
	Report recommendations:		Link to BAF / risk:
	For assurance	√	BAF 1, BAF 4
	For decision / approval		Link to risk register: 970, 1083, 1930, 2027, 2065
	For review / discussion		
	For noting		
	For information		
For consent			
Presented to:	N/A		
Dependent upon (if applicable):	N/A		
Executive summary:	<p>1. The eighth meeting of the Ockenden Report Assurance Committee was held on 18th January 2022 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. Recommendation</p> <p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Note and take assurance from the contents of the report 		
Appendices	None.		

Ockenden Report Assurance Committee

18th January 2022

Co-Chairs' Summary Highlight Report

1. The eighth meeting of the Ockenden Report Assurance Committee was held on 18th January 2022 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. The Committee received presentations from Dr John Jones, Acting Medical Director, and Dr Lorien Branfield, Consultant Anaesthetist, on progress relating to LAFLs 4.87 – 4.91 dealing with the Ockenden Report obstetric anaesthetic actions, and Dr Mei-See, Clinical Director Obstetrics, dealing with the implementation of the the national bereavement pathway and the harnessing of User Experience (UX).

3. Update on Obstetric Anaesthesia

Board members will recall that at the Committee's meeting in July 2021 we heard from Dr Lorien Branfield regarding progress in the implementation of the Ockenden Report's actions relating to obstetric anaesthesia. In our Co-Chairs' summary highlight report we drew attention to a number of issues. Specifically, the task of undertaking the significant development work necessary to progress the actions which at the time fell 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 which I subsequently did, and likewise Executive colleagues agreed to pursue the matters. It seemed appropriate, therefore, that the Committee should now take the opportunity to re-visit the issues and consider the progress which has been made since then.

By way of an update on progress, therefore, Dr Jones explained that of the seven LAFLs relating to obstetric anaesthesia, six had now been delivered although still required evidencing following review and audit. There was one LAFL (4.90) that had still not been delivered. For LAFLs 4.85 – 4.86 which require the obstetric anaesthetists to be integrated within the maternity multidisciplinary team, Dr Jones explained that the regular twice daily labour ward rounds involve the obstetric anaesthetists, multidisciplinary team training is led by a Consultant Anaesthetist and one of the new specialist grade anaesthetists, there is a new lead for audit and the anaesthetists are involved in serious incident reviews. For LAFLs 4.87 – 4.89 requiring regular review of clinical guidelines including reviewing the existing guidelines for the escalation to the consultant on-call, Dr Jones confirmed a number of actions including the appointment of a lead for the development of guidelines with a high number of guidelines now updated, a new standard operating procedure for dealing with and escalating emergencies, and confirmation that of the 49 audits that

fall out of LAFL 4.89 the majority of these have now been completed. For LAFL 4.91 requiring the regular participation of anaesthetists in mandatory and regular multidisciplinary training for obstetric emergencies, Dr Jones confirmed the participation of anaesthetic staff in such training. Finally, Dr Jones explained, for the action requiring the participation of anaesthetic staff in maternal incident investigations and the subsequent dissemination of learning (LAFL 4.90), that whilst a new quality improvement lead had been appointed the process does not yet ensure that anaesthetic staff are involved in all investigations.

In the more general discussion, anaesthetic staffing levels in support of maternity services were clarified. In particular, it was confirmed that there are seven Consultant Anaesthetists that have sessions in maternity services, and these are supported by six senior “specialist” doctors whose sole anaesthetic specialty is obstetrics. It is through this staffing arrangement that 24/7 senior anaesthetic cover is provided. Dr Jones also explained that he is leading a comprehensive review of anaesthetic services across the Trust.

It was also clear from discussion that the concerns of some of Dr Branfield’s anaesthetic colleagues remain regarding the extent of the undertaking required to support the implementation all of the Ockenden Report recommendations relating to obstetric anaesthesia, and which the Committee heard about in July. Nevertheless, it is clear that significant progress has been made, as a result of a high level of commitment by the anaesthetic team and the provision of additional resources. The Trust needs to ensure that it maintains support and oversight to ensure that the actions are not only delivered but embedded. Consequently, I am keen that we continue to keep this matter under review and ensure that it is re-visited in the appropriate forum.

4. Implementation of the National Bereavement Care Pathway and Harnessing the User Experience (UX) System

Dr Mei-See Hon gave an update on the two Ockenden Report LAFLs that relate to bereavement care (LAFLs 4.65 and 4.66), presented the findings of the recent review of the Trust’s maternity bereavement services carried out by SANDS (the Stillbirth and Neonatal Death Society), and gave an overview of the Trust’s User Experience (UX) initiative in maternity services.

For the LAFLs 4.65 and 4.66, Dr Hon confirmed that the Trust employed two full-time bereavement specialist midwives and is in the process of formalising the arrangements for the named lead consultant.

Dr Hon explained that SANDS had been invited to undertake a review to determine the extent to which the Trust has successfully adopted the National Bereavement Care Pathway and that the review was undertaken over two days in November 2021 with significant stakeholder involvement. Their report breaks down into areas of good practice, areas to sustain and areas for improvement.

Pleasingly, the report identified areas of good practice noting that *“there are signs of growing unity and teamwork, commitment and enthusiasm. Staff spoke passionately about the care they provide for bereaved parents, which was highly praised – and highly valued – by the bereaved mother in the team we spoke with”* and *“The staff we spoke to showed kindness and compassion... following up regularly and in person to ensure continuity of care...”* These were all recognised as areas for the service to continue to sustain which also included resourceful staff providing helpful and accessible information, and leaders that are role-modelling good care.

A number of areas for improvement were also identified including some physical changes to the building. Overall though, the review concluded that *“the vision of the new facility at Shrewsbury and the development of the Rainbow, Lighthouse and Trauma Risk Management services, along with recruitment to important roles, show that leaders are planning for the future and not resting on their laurels”*.

From an assurance point of view the recommendations have been adopted into the Maternity Transformation Programme project plan and progress will be reported to the Women and Children’s Divisional Committee and the Maternity Transformation Service Committee.

Finally, the Committee also heard about the User Experience (UX) system – an engagement tool co-produced with the Maternity Voices Partnership with the aim of capturing service user experiences using UX cards based on a specific theme to guide maternity service improvements.

5. Future Meetings

The next meetings of the Committee are scheduled for 15th February and 15th March, 2022, commencing at 2.30PM. The items which we wish to cover (subject to change) include:

- Culture Update
- Psychological Support to families
- Governance Update
- Board oversight / learning
- Overview of progress to date – an update on progress in implementing all actions arising from the Ockenden Report.

Dr Catriona McMahon & Ms Jane Garvey
Co-Chairs, Ockenden Report Assurance Committee
27th January, 2022.