Ockenden Report Assurance Committee

Ockenden Report Action Plan: Obstetric Anaesthesia

Date: 22nd July 2021

Presenter:

Dr Lorien Branfield

Lead Consultant Anaesthetist for Obstetrics

Introduction: Dr Lorien Branfield

About me:

- I have been the lead obstetric anaesthetist at SaTH since 2015.
- I was also a junior anaesthetist in training in SaTH in early 2000s, and then a consultant doing obstetric anaesthesia from 2010 until now. The Ockenden report covers the period between 2000 and 2019.
- In addition, I am also a service user – I have had 3 babies in the consultant unit in SaTH – in 2005, 2007 and 2011.

What role do anaesthetists have in the maternity unit?

- *What do anaesthetists do, especially on labour ward?*
- *How do they fit into the maternity team?*

The role anaesthetists have in the maternity unit

- Provide **pain relief** – mainly labour epidurals and postoperative pain
- Administer **anaesthetics** for operations
- Act as **advocates** for the birthing person – supporting them
- Provide **critical support and intervention** for women who become unwell in pregnancy
- Anaesthetists are **essential members** of the **multi-disciplinary team** (MDT)

Who makes up the Multi-Disciplinary Team?

The MDT comprises:

- Obstetricians
- Midwives
- Neonatologists
- Support workers
- Theatre personnel
- Anaesthetists
- (General surgeons, specialist physicians)

Who are the maternity Anaesthetists at SATH?

Our current anaesthetic doctors are as follows:

- 5 anaesthetic consultants:
  - regularly do a lot of obstetric work but also have other responsibilities in the hospital outside of maternity.
- 2 new consultants starting in the next couple of months.
- 6 very experienced specialty doctors who are the resident anaesthetists during all after hours.
- Junior anaesthetists attached for training during the daytime.

The anaesthetists' response to the Ockenden report

General reaction
1. MDT Training, working & investigations
2. Anaesthetic leadership & recruitment
3. Updates to Guidelines
4. Audit projects and quality improvement
LAFLs

General reaction to Ockenden report

- Recognition of the pain and suffering of families who are the subject of the review
- Genuine will to use the report as a catalyst for making SaTH's maternity services the best in the UK
- Determination to ensure families will receive the kindest and most skilled care possible

MDT training, working & incident investigation

- **OR:** A requirement to take a more holistic assessment, involvement in relevant meetings, incident investigations, ward rounds, MDT training (esp. emergencies)
  - Formal laboratory simulation courses since 2010- both clinical skills and 'human factors'
  - Regularly-conducted informal, ad-hoc, in-situ training to test local procedures (we want to increase this, and are investing in more staff and equipment)
  - Regularly-held PROMPT (PRactical Obstetric Multi-Professional Training)
  - Clinics; Improved Anaesthetic involvement in ward rounds; labour ward forum
  - Increased MDT planning for individual patients; case discussions
  - MDT in 'Enhanced Recovery program' & 'Enhanced maternal care'
  - Investigations; Datixes

Leadership by senior & experienced anaesthetists

- OR: ‘lack of senior involvement from the consultant anaesthetists on call’ & “Complex patients treated by very junior staff for extended periods of time”.
  - We feel this was an issue pre-2011, when we had trainees on the rota, who were also covering the Intensive Care Unit
  - Since then, we have had dedicated senior experienced resident immediately available anaesthetic cover 24/7
- In accordance with the Ockenden Report, we have introduced a guideline that outlines when the consultant on call should be called in.
- We acknowledge that we have not met the standard required of always having a consultant anaesthetist to cover emergency work in the labour ward: 50% of the time we have a speciality doctor, as opposed to a consultant. We have 2 new consultants starting in year, and probably need a further one.

Guidelines Update

- The Ockenden Report recommends that Obstetric anaesthetists and departments of anaesthesia must regularly review their current clinical guidelines to ensure they meet best practice standards
  - In 2010 (updated 2016), a very comprehensive paper manual of guidelines was produced and filed on the Intranet
  - These are undergoing a further review and refresh (27 separate ones since Dec)
  - New guidelines and updates are communicated via the labour ward forum, the guidelines group, and to the rest of the anaesthetic department.
  - What is still lacking in our response and we still need to do, is to identify which aspects of the guidelines need to be audited.

Audit projects and quality improvement

- Audit projects and quality improvement are needed to measure where we are at each moment, and use the information to drive improvements.
- The Ockenden report says in point 4.89 “The service must use current quality improvement methodology to audit and improve clinical performance of obstetric anaesthesia services in line with the recently published RCoA 2020 ‘Guidelines for Provision of Anaesthetic Services’, section 7 ‘Obstetric Practice’”
- This is a major undertaking:
  - Section 7 itself comprises 11 requirements
  - One of these refers to ‘national audit recipes and standards’ – this is a document which itself recommends dozens more audit projects
  - In total, 49 audit projects are required

Local Actions for Learning (LAFL): Obstetric Anaesthesia

The learning and action points outlined here are designed to assist The Shrewsbury and Telford Hospital NHS Trust with making immediate and significant improvements to the safety and quality of their maternity services.

LAFL 4.85

The Shrewsbury and Telford Hospital NHS Trust

Obstetric anaesthetists are an integral part of the maternity team and must be considered as such. The maternity and anaesthetic service must ensure that obstetric anaesthetists are completely integrated into the maternity multidisciplinary team and must ensure attendance and active participation in relevant team meetings, audits, Serious Incident reviews, regular ward rounds and multidisciplinary training.

- Almost delivered
- Provisional target delivery date: 1 March 2022 (subject to confirmation)

Summary:

✓ Obstetric Anaesthetists have completed the PROMPT module (90%); regular PROMPT

✓ Regularly-conducted simulation laboratory courses (2-3 times per year since 2011)

✓ Regular in-situ, impromptu, multi-disciplinary training conducted, but we need to do more

✓ Anaesthetics involvement in MDT board and ward rounds, Labour ward forum

✓ Antenatal clinics and MDT planning

✓ Investigations (esp. HF), Datixes

❑ *Permanent planned anaesthetic involvement in risk group, PROMPT faculty, in situ training*

LAFL 4.86

Obstetric anaesthetists must be proactive and make positive contributions to team learning and the improvement of clinical standards. Where there is apparent disengagement from the maternity service the obstetric anaesthetists themselves must insist they are involved and not remain on the periphery, as the review team have observed in a number of cases reviewed.

- Almost Delivered
- Provisional target delivery date: 1 March 2022 (subject to confirmation)

Summary:

✓ Examples from previous slide

✓ *Permanent planned anaesthetic involvement in risk group, PROMPT faculty, in situ training*

LAFL 4.87

Obstetric anaesthetists and departments of anaesthesia must regularly review their current clinical guidelines to ensure they meet best practice standards in line with the national and local guidelines published by the RCoA and the OAA. Adherence to these by all obstetric anaesthetic staff working on labour ward and elsewhere, must be regularly audited. Any changes to clinical guidelines must be communicated and necessary training be provided to the midwifery and obstetric teams.

- Almost delivered
- Provisional target delivery date: 1 Nov 2021 (A + B); 1 March 2022 (C)

Summary:

✓ The Guidelines were last refreshed in 2016, and are currently undergoing another review (27)

✓ New guidelines and updates are communicated via the labour ward forum, the guidelines group, and to the rest of the anaesthetic department.

❑ A) The Cell Salvage guideline will be finished soon

❑ B) All guidelines should be on the SATH intranet

❑ C) Audits of guideline adherence – plan and design

LAFL 4.88

The Shrewsbury and Telford Hospital NHS Trust

Obstetric anaesthesia services at the Trust must develop or review the existing guidelines for escalation to the consultant on-call. This must include specific guidance for consultant attendance. Consultant anaesthetists covering labour ward or the wider maternity services must have sufficient clinical expertise and be easily contactable for all staff on delivery suite. The guidelines must be in keeping with national guidelines and ratified by the Anaesthetic and Obstetric Service with support from the Trust executive.

- Almost delivered
- Provisional target delivery date: 1 October 2021 (subject to confirmation)

Summary:

✓ Anaesthetics guideline 'Calling a Consultant' created and agreed by anaesthetic department and labour ward forum

❑ All guidelines to be put on intranet

❑ Continuous Professional Development (CPD) record for consultants – in place for last few months. Linked to job planning

LAFL 4.89

The service must use current quality improvement methodology to audit and improve clinical performance of obstetric anaesthesia services in line with the recently published RCoA 2020 'Guidelines for Provision of Anaesthetic Services', section 7 'Obstetric Practice'

- Not Yet Delivered, but good progress has been made
- Provisional target delivery date: 1 March 2022 (subject to confirmation)

Summary:

✓ Of the 49 audit projects prescribed by the first Ockenden Report, we have been regularly doing 14 in full and a further 3 in part, and a further 6 will start as part of other projects (Enhanced Recovery (after Caesarean Section) and Enhanced Maternal Care)

✓ 15 have started as part of the case notes audits with obstetricians, or individual projects

✓ Of the remaining, 5 are relevant and need to be done: plan and design

❑ Anaesthetist should have quality improvement (QI) as part of their planned job

LAFL 4.90

The Trust must ensure appropriately trained and appropriately senior/ experienced anaesthetic staff participate in maternal incident investigations and that there is dissemination of learning from adverse events.

- Will be proposed to Maternity Transformation Assurance Committee (MTAC) to mark as 'Delivered'.

Summary:

✓ Obstetric Anaesthetist lead has completed Human Factors and Serious Incident Investigation Workshop training, issued by University Hospitals Coventry and Warwickshire NHS Trust

✓ The lead has contributed to the investigations of two obstetric incidents last year

❑ We are scoping the job plan of one of the newly recruited consultants to include a formal role in the weekly risk group, which includes neonatologists and obstetricians.

LAFL 4.91

The Shrewsbury and Telford Hospital NHS Trust

The service must ensure mandatory and regular participation for all anaesthetic staff working on labour ward and the maternity services in multidisciplinary team training for frequent obstetric emergencies.

- Not Yet Delivered, but good progress has been made

Summary:

✓ Covered in LAFL 4.85, apart from “mandatory” – would need senior support to enforce

Conclusion

- Where we are, and where we are working towards
- 4 themes: MDT, senior leadership, guidelines, audit / QI
- LAFLs
- Questions?