The Shrewsbury and Telford Hospital NHS Trust

Ockenden Report Assurance Committee

Obstetric Anaesthesia Update

Dr. John Jones

Medical Director

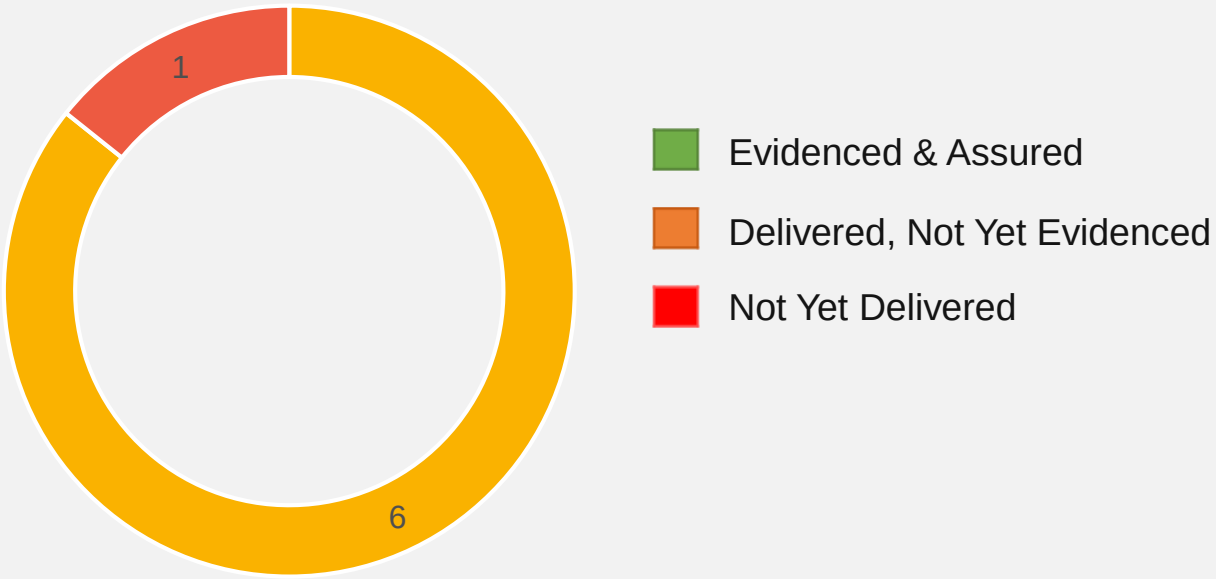
18th January 2022

Obstetric Anaesthesia – Ockenden Actions

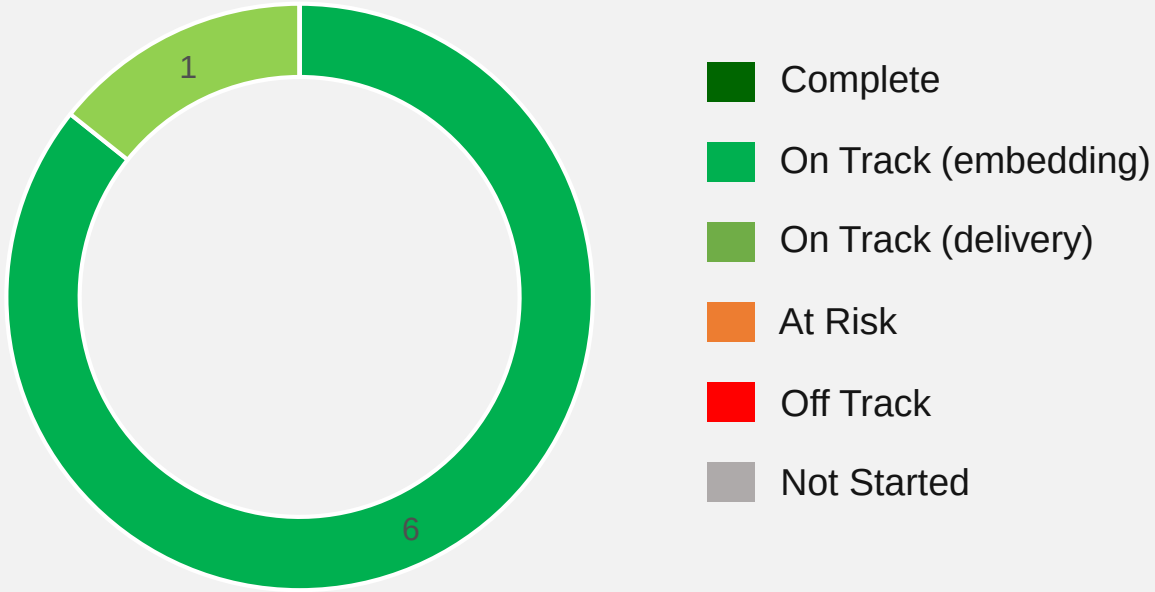
The Shrewsbury and Telford Hospital NHS Trust

7 Local Actions for Learning (LAFL) 4.85 - 4.91 inclusive

Delivery Status



Progress Status



Obstetric Anaesthesia – Ockenden Actions

The Shrewsbury and Telford Hospital NHS Trust

ID	Ockenden Action	Delivery Status	Progress Status
4.85	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.	Delivered, Not yet Evidenced	On Track (embedding)
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.	Delivered, Not yet Evidenced	On Track (embedding)

Obstetric Anaesthesia – Ockenden Actions

The Shrewsbury and Telford Hospital NHS Trust

ID	Ockenden Action	Delivery Status	Progress Status
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.	Delivered, Not yet Evidenced	On Track (embedding)
4.88	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.	Delivered, Not yet Evidenced	On Track (embedding)

Obstetric Anaesthesia – Ockenden Actions

The Shrewsbury and Telford Hospital NHS Trust

ID	Ockenden Action	Delivery Status	Progress Status
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'.	Delivered, Not yet Evidenced	On Track (embedding)
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.	Not yet Delivered	On Track (delivery)
4.91	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.	Delivered, Not yet Evidenced	On Track (embedding)

Thank you. Any questions?

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Ockenden Report Assurance Committee

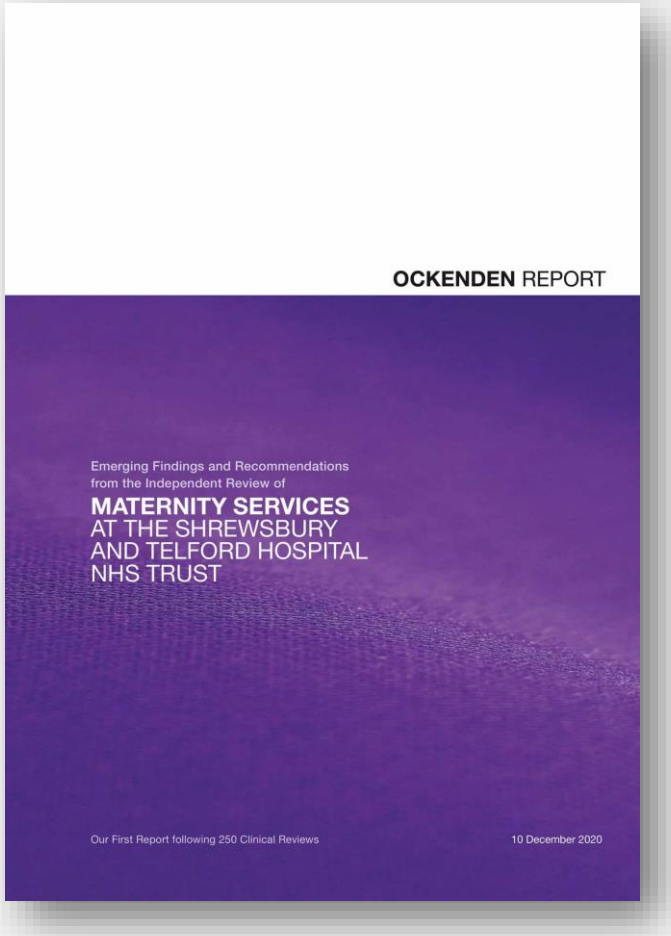
Implementation of the National Bereavement Care Pathway, including how User Experience [UX] is being harnessed

Dr. Mei-See Hon,
Clinical Director of Obstetrics
18th January 2022

Purpose of this session

a. Review the bereavement specific actions that arose from the first Ockenden Report (2020)
b. Present the findings of the recent review of the Trust's maternity bereavement services by the Stillbirth and Neonatal Death Society (Sands) and the Trust's response to this
c. Provide an overview of the Trust's User Experience (UX) initiative in maternity services

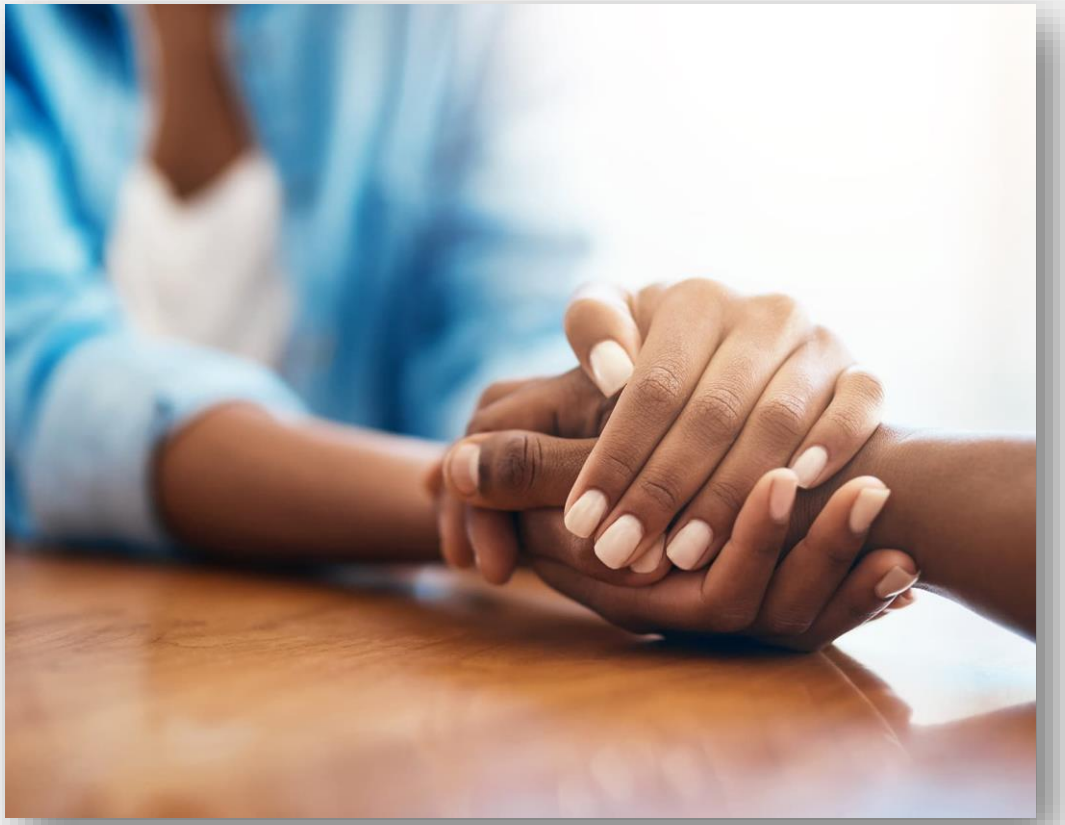
Ockenden Local Actions for Learning: Bereavement Care



- 4.65. ‘The maternity service must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion the development and improvement of the practice of bereavement care within maternity services at the Trust.’

- 4.66. ‘The Lead Midwife and Lead Obstetrician must adopt and implement the National Bereavement Care Pathway.’

Bereavement Care Champions



- SaTH employs two full-time bereavement care specialist midwives
- Consultant-led bereavement care is also provided, and the Trust is formalising the appointment of a named consultant lead

The National Bereavement Care Pathway

The National Bereavement Care Pathway (NBCP)

- The Trust is committed to adopting the National Bereavement Care Pathway in full
- Significant compliance with the pathway has already been achieved
- To clarify the remaining improvements needed to achieve full adoption of the Pathway, SaTH commissioned a review in November 2021 from Sands – the Stillbirth and Neonatal Death Society

Background of Sands' visit

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- Sands' mission statement is "supporting anyone affected by the death of a baby, working to improve bereavement care and promoting research to reduce the loss of babies' lives."
- NBCP Lead, Head of Training and Hospital Liaison Co-Ordinator visited Trust in November-2021
- The purpose of the review was to determine the extent to which SaTH have successfully adopted the National Bereavement Care Pathway

Sands
Stillbirth & neonatal death charity

Stakeholder Involvement

The Sands team carried out a number of walkarounds of the maternity wards and Neonatal Unit, and met with:

- Director of Nursing
- Clinical Directors for Obstetrics and Neonatology
- Specialist Bereavement Care Midwives and Obstetric Lead for Mortality
- Early Pregnancy Assessment Service Team and Consultant Lead for Pre-Term Care
- Deputy Director of Ops and MTP Project Manager
- Maternity Voices Partnership (MVP) Service User Chair and service users
- Specialist midwife for the Lighthouse Service (perinatal mental health care)
- Representatives from Hope House, our local hospice

Areas of good practice

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- The Sands report noted several areas of good practice:

  - ✓ "…there are signs of growing unity and teamwork, commitment & enthusiasm. Staff spoke passionately about the care they provide for bereaved parents, which was highly praised – and highly valued - by the bereaved mother the team spoke with."

  - ✓ "The staff we spoke to showed kindness and compassion … following up regularly and in person to ensure continuity of care and to ensure parents are 'held' beyond their time in the hospital setting. We heard about some examples of excellent individual care."

- Guidance to further enhance the care was provided (described later in the presentation)

Summary of Findings: Areas to Sustain

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- ✓ Evidence of unity and teamwork, commitment and enthusiasm
- ✓ Care highly praised by service users
- ✓ Resourceful staff providing helpful and accessible information; clear vision for the future
- ✓ Positive impact of the specialist bereavement midwives and professional midwifery advocates
- ✓ Strong collaboration across teams for consistent care, including liaison with external partners
- ✓ Leaders are role-modelling good care
- ✓ Trust is responsive to local needs and service user feedback
- ✓ Good memory-making options

Summary of Findings: Areas to Improve (1 of 3)

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- Promote greater levels of uptake of the support on offer amongst staff
- Increase the amount of time for the mandatory bereavement training and encourage all staff to complete the NBCP e-learning
- Introduce an annual, full day of bereavement care training (to include parent voice and more information about Hope House Hospice) for all maternity, early pregnancy and neonatal staff
- Provide PMRT training for a larger number of specialists, and signs of life training for all doctors
- Implement a communication skills workshop for all doctors
- Look into ways to make greater use of Hope House Hospice as a partner resource
- Consider a holistic Bereavement Lead for the Trust as a whole

Summary of Findings: Areas to Improve (2 of 3)

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- Look into soundproofing and the access route for the dedicated bereavement room
- Ensure that sufficient cover is in place when the specialist bereavement care midwives are on leave
- Consider non-Christian faith support in addition to the chaplaincy support
- Develop the documented process for supporting parents who wish to take their baby's body out of the unit
- Ensure all NBCP literature offered to parents is the latest version
- Ensure all staff are aware of the significance of the Sands 'tear-drop' sticker on patient notes and that an equivalent system is in place on electronic notes
- Further improve the way GPs are informed of a family's loss

Summary of Findings: Areas to Improve (3 of 3)

- Ensure parent feedback is captured in service development
- Continue to raise at the highest level the need for faster turnaround times of Post Mortems
- Establish a specific bereavement room in A&E and in Gynaecology/ develop existing consultancy rooms according to need
- Ensure sufficient capacity to deliver effective Lighthouse Service

Summary

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- “It is clear from the review team’s time at the trust that the foundation stones are in place – many fundamentals have been established and good care is reported by bereaved parents”

- “The vision of the new service facility at Shrewsbury and the development of the Rainbow, Lighthouse and Trauma Risk Management (TRiM) services, along with recruitment to important roles, show that leaders are planning for the future and not resting on their laurels”

Sands Stillbirth & neonatal death charity

Summary

The Shrewsbury and Telford Hospital NHS Trust

"The next step, and the present challenge, is to ensure that good practice is rolled out to all areas and to all staff, ensuring not only quality but consistency. This will enable all bereaved parents at all times to receive the type of kind and compassionate service received by one mother who spoke to the review team and praised the care she had received - "I've not been forgotten". "

Sands Stillbirth & neonatal death charity

Next Steps

The Shrewsbury and Telford Hospital NHS Trust

- The Sands recommendations have been adopted into the Maternity Transformation Programme project plan
- Progress updates will be provided to the Women and Children's Divisional Committee and to the Maternity Transformation Assurance Committee

Photo courtesy of Sands website

User Experience (UX) system – Bereavement focus

Overview. What is the User Experience (UX) system?

- ✓ An engagement tool co-produced with the Maternity Voice Partnership (MVP) as part of workstream 5 – Communication & Engagement
- ✓ Aim is to capture service user experiences using UX cards based on a specific theme to guide maternity service improvements at SaTH
- ✓ The UX system is based on the Agile Dynamic Systems Delivery Method (DSDM), widely adopted in software development

UX system - Themes

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Themes	1. Partner support	2. Caesareans, induction & early interventions
	3. Bereavement	4. Language & Communication
	5. Respected & supported decision making	6. Continuity of care
	7. Speciality services	8. Managing expectations

UX system. UX cards & process

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1. **UX cards completed** and compiled by MVP

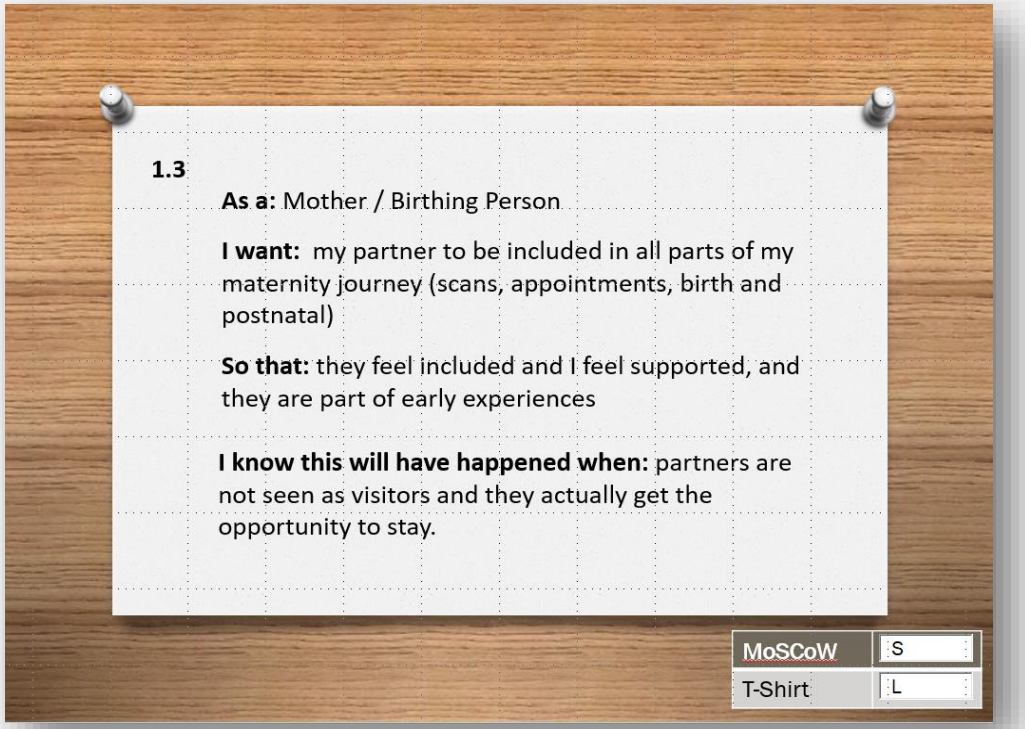
2. **UX cards explained** at UX workshop with service-users & staff. UX cards **prioritised** based on MoSCoW. Then, categorised based on effort (S, M, L, XL).

3. In a separate meeting with MVP, **actions are produced** from the UX cards in priority order.

4. UX actions are **delivered**

5. **Meaningful change** is achieved as expressed on UX card and fed back to service-users/staff.

UX cards



Promotion of UX system and UX cards

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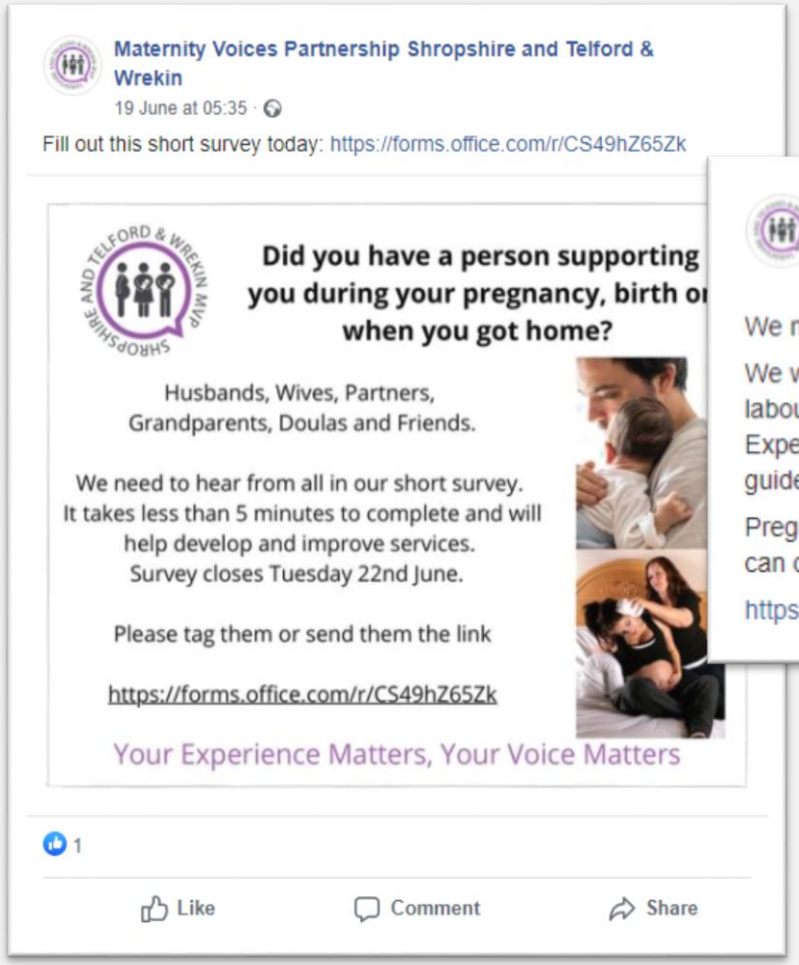

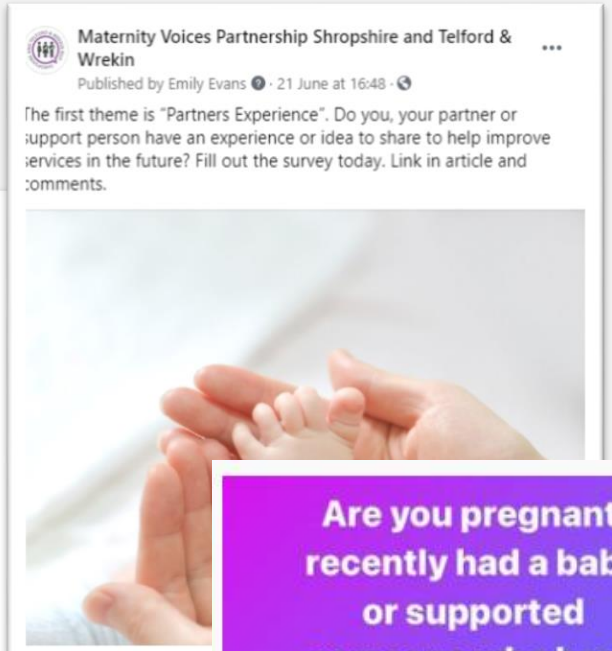

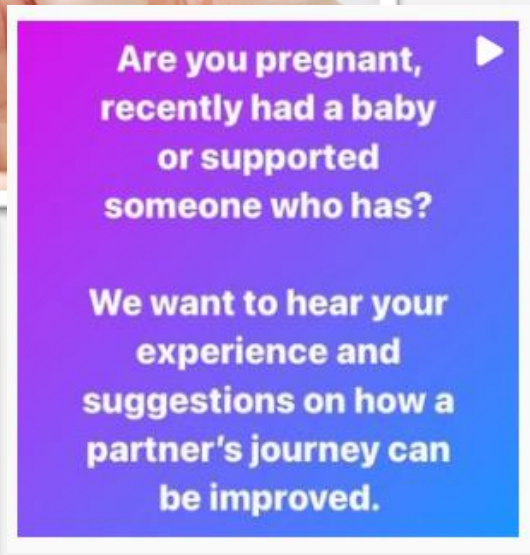

Workshop: MoSCoW prioritisation

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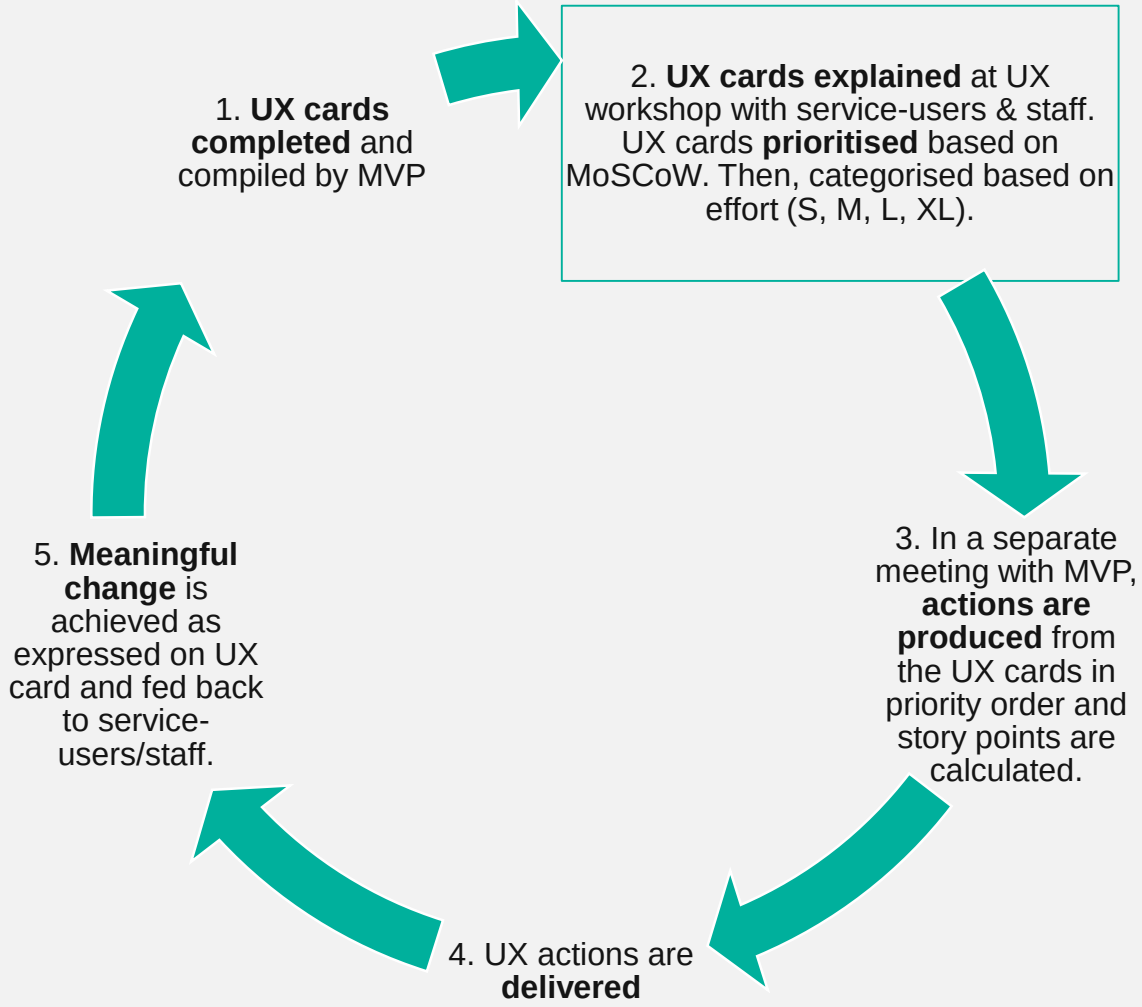
MoSCoW is used at the UX workshop.

- **Must have…** → These are legal and safety requirements that maternity services must meet
- **Should have…** → These are highly important but not vital to a legal and safe service
- **Could have…** → These are “nice to haves” but would have minimal impact on service if left out
- **Won’t have…** → These are out of scope, unrealistic, unsafe or illegal elements that we explicitly rule out of the sprint



MoSCoW example: Baking a cake

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To make a cake you…

M

Must have all the ingredients

S

Should use butter and sugar but could use alternatives

C

Could have all the extras including the icing and decorations

W

Won't have baked beans but may save these for your tea

MoSCoW using MS Forms polling system on Teams

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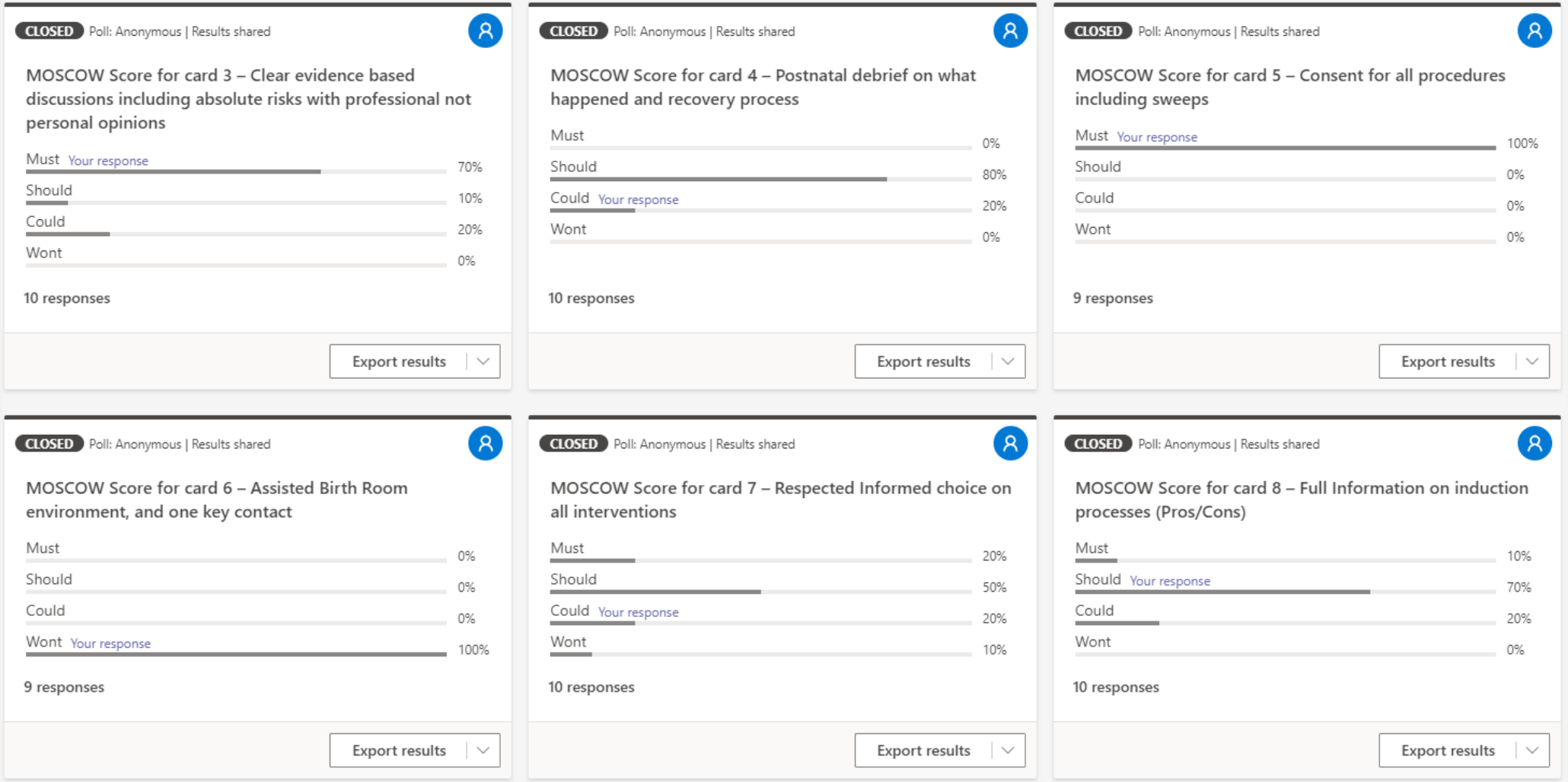

'Lessons Learnt' TIP: If highest MoSCoW score is under 70% the team is to have a discussion and vote again.

Sizing Explanation – ‘UX Points’

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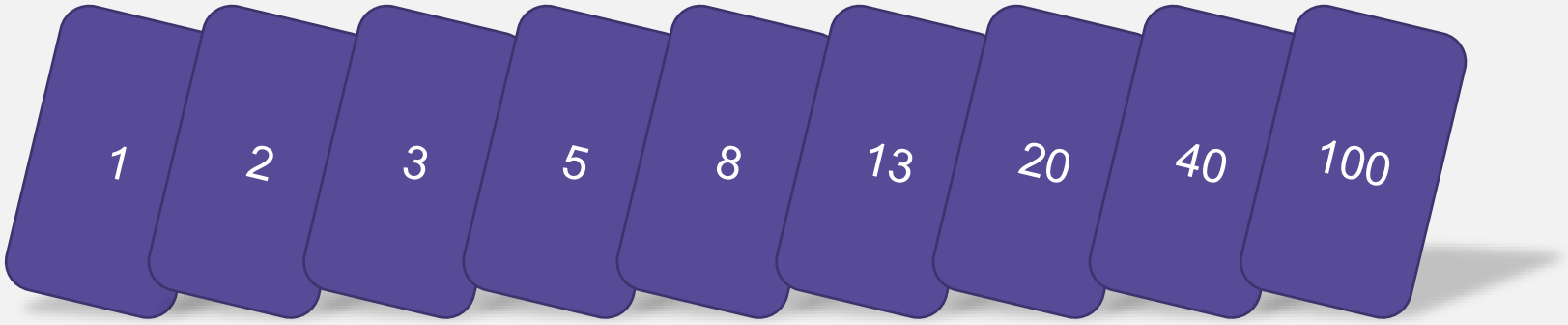
Task Level (actions)

- More granular
- Based on Fibonacci
- Used for planning **sprints**



- UX Team assign points to each action.
- 1, 2, or 3 points assigned to “quick wins”, which are actions that can be completed in a short amount of time.
- 40 or 100 points assigned to more complex actions, which require the most time to complete.
- 5, 8, 13, or 20 points assigned correspondingly to actions which take more time to complete than "quick wins" but less time than the actions which were assigned 40 or 100 points.

‘Lessons Learnt’ TIP: After UX cycle 1, we estimated a total of 150 points per sprint.

Project plan on Monday.com

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Cycle 3 - Bereavement	Actions	Theme	Card creation stat...	Timeframe	As a...	I want...	So that...	I will know this...
Sprint 5	10		N/A	17 Nov - 31 Dec				
Sprint 6	8		N/A	3 - 31 Jan				

Subitems	Owner	MoSCoW	Story points	Sprint	Progress status
Have meeting with EPAS lead nurse and consultant re change of leaflets	LM	M	20	Sprint 6 (Jan-22)	Not Started
To devise memory making options card (copy)	EH EE	M	40	Sprint 6 (Jan-22)	Not Started
To ensure signposting for partner support is there (copy)	EH KS	S	5	Sprint 6 (Jan-22)	Not Started
To find a room away from W&C to offer bereaved families (e.g. Appley clinic room') to use consistently for follow up	MH	S	40	Sprint 6 (Jan-22)	Not Started
To raise idea of soundproofing rooms in new build at RSH with estates		C	5	Sprint 6 (Jan-22)	Not Started
To raise idea of soundproofing rooms in PRH with estates (Tom to ask David Chan)		C	5	Sprint 6 (Jan-22)	Not Started
To produce QR business card to direct service users to miscarriage/termination/bereavement information available (copy)	LM EE KS	C	13	Sprint 6 (Jan-22)	Not Started
To add QR business card on BadgerNotes***	EH	C	8	Sprint 6 (Jan-22)	Not Started

UX action plan for sprint 6 in in Monday.com.

UX output: visual birth preferences card

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DEFINITIONS

Golden Hour: The first hour after birth with uninterrupted skin-to-skin contact with the baby. During the golden hour, weighing is delayed, and newborn checks are either delayed or carried out quietly whilst the baby remains on the mum.

Monitoring: Continuous monitoring uses ultrasound waves to monitor the baby's heart rate throughout labour. This is recommended for higher risk labours. Your midwife can also check the baby's heart rate intermittently using a Pinard stethoscope or doppler.

3rd Stage: This is when the placenta is delivered. You can either wait for this to naturally be delivered (physiological 3rd stage) or, depending on your birth preferences; you can have an injection in your thigh of Ergotmetrine or Oxytocin to make your uterus contract and deliver the placenta faster (active 3rd stage).

Vitamin K: A group of vitamins that the body needs to help with blood clotting,. This is either given to the baby as a single dose via injection or oral drops given twice in the first week and then again at 1 month.

Electrocardiogram (ECG) dots: ECG dots are attached to the skin, which are connected to an ECG machine via leads to record the heart electrical activity. This helps the anaesthetist monitor your heart rate in theatre. If these are placed on your back, better skin to skin contact with the baby after birth is achieved.

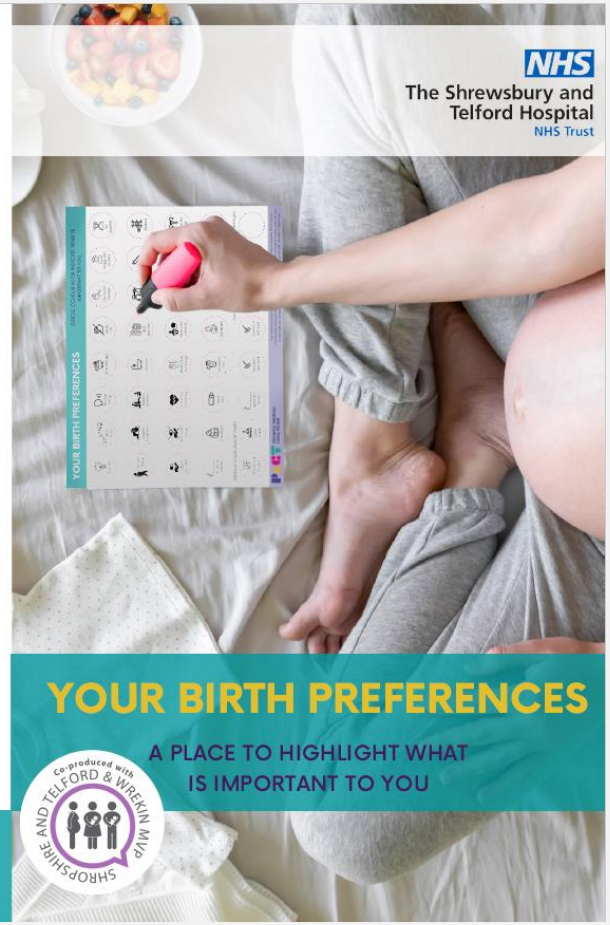
Cannula: This is a small plastic tube inserted in a vein (usually in hand) that can be used to administer drugs to speed up labour, intravenous fluids or anti-sickness medication.

Pain relief: Several pain relief options are available during labour; however, availability varies by place of birth. A TENS machine uses an electrical current to stimulate your body to produce endorphins. Gas and air (Entonox) is a mixture of Nitrogen and Oxygen you breathe in through a mask or mouthpiece to provide short term relief. Pethidine is an injection into your thigh or buttock, which takes around 20 minutes to work but can last 2-4 hours. An epidural is a local anaesthetic administered into your back by an anaesthetist, it takes approximately 10 minutes to set up and a further 10-15 minutes to be effective pain relief.

INFORMATION

www.sath.nhs.uk

Find more information on the SATH maternity pages or the Badgernet library



YOUR BIRTH PREFERENCES

CIRCLE, COLOUR IN OR INDICATE WHAT IS IMPORTANT TO YOU

Low light · Own music · Minimal talking · Aromatherapy · Hands off · Use touch/ massage · Happy with students · No students

Remain mobile · Suggest equipment · Suggest positions · Use water · TENS machine · Gas & air · Pethidine · Epidural

Suggest pain relief · Don't offer I will ask · Continuous monitoring · Intermittent monitoring · Delay cord clamping · Cuts the cord · Physiological 3rd stage · Active 3rd stage

To tell me the sex · Breastfeed · Bottle feed · Expressed milk · Skin to skin · Golden hour · Vitamin K injection · Vitamin K drops by mouth

Additional considerations for theatre

ECG dots on my back · Lower screen · With me in theatre · Cannula in right hand · Cannula in left hand

Use the blank circles to add anything else which is important to you

PACT Partnering · Ambitious Caring · Trusted

Your preferences are important to us, and we will aim to achieve as many as possible. There may be circumstances where we will need to advise you that your preference is no longer the safest option for you or your baby or is not practically possible. You will be able to discuss this with the team caring for you.

Cycle 2 – Caesareans, inductions & early interventions

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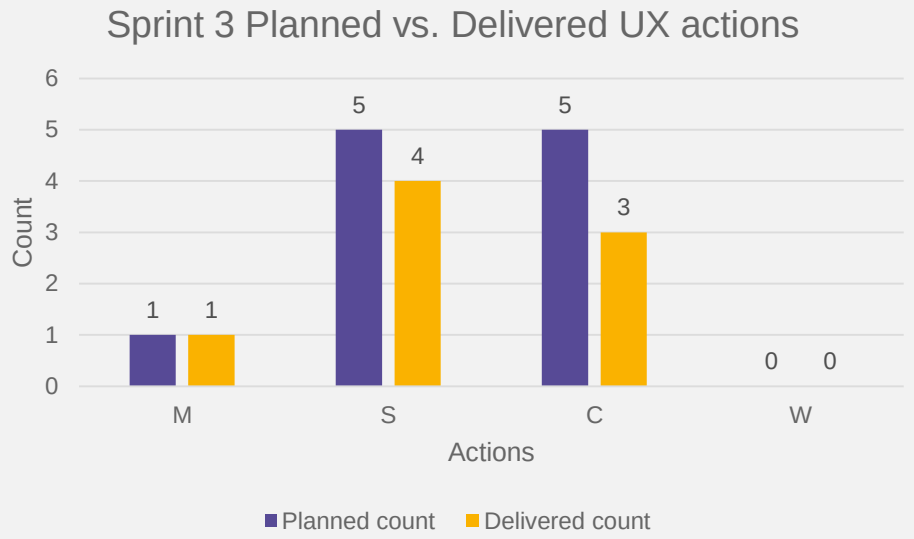
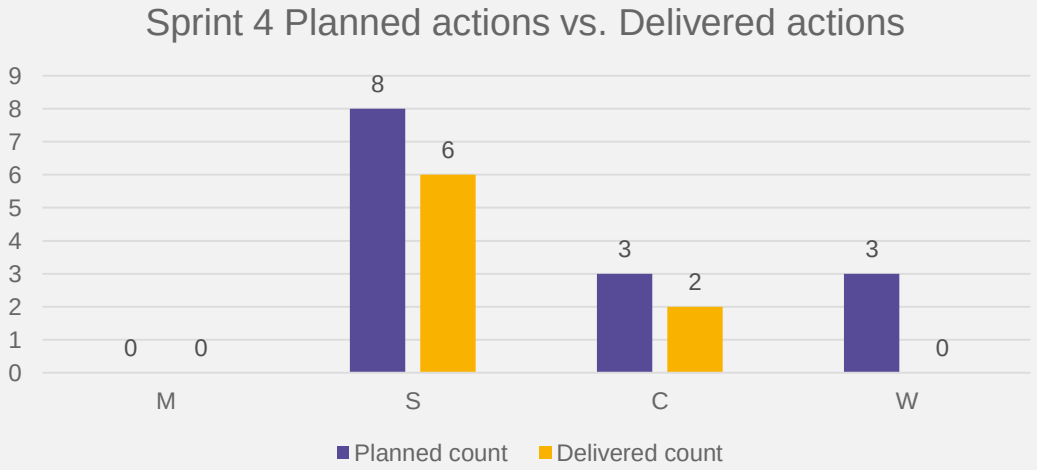
Cycle 2 – Sprint 3				
MoSCoW	Planned count	Delivered count	Planned points	Delivered points
M	1	1	40	40
S	5	4	72	52
C	5	3	24	13
W	0	0	0	0
		Total points	136	105



Cycle 2 – Sprint 4				
MoSCoW	Planned count	Delivered count	Planned points	Delivered points
M	0	0	0	0
S	8	6	160	97
C	3	2	16	0
W	3	0	0	0
		Total points	176	97



UX cycle 3 – Bereavement

- One extra sprint added (Total of 3 sprints: Dec-21, Jan-22 and Feb-22).
- Workshop conducted in late Nov-21:
  - +20 UX cards received
  - +25 workshop attendees (including service users, Sands, Hope House and staff)
  - Open and honest conversations took place
- UX team working to deliver actions to enhance bereavement care

Next steps

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The UX team will continue to work on the next sprints to deliver the following outputs:

Sprint 1 (Dec-21)

- ✓ Review of support available and how it is communicated (M)
- ✓ Understanding of all keepsakes available (M)
- ✓ Assisting lighthouse clinic with Comms (S)
- ✓ Understanding what information should go on website for early pregnancy (S)
- ✓ MVP led focus group to explore recent issues service users may have encountered (C)

Sprint 2 (Jan-22)

- ✓ Write formal letter to LMNS/CCG to improve communication between services (M)
- ✓ Meeting with EPAS lead nurse re leaflets (M)
- ✓ Produce memory making option cards (S)
- ✓ Separate rooms for bereaved families (S)
- ✓ Explore soundproofing of rooms (S)
- ✓ Produce QR business cards directing to web & add to Badgernotes (C)

Sprint 3 (Feb-22)

- ✓ To send formal letter to LMNS/CCG (M)
- ✓ To have clear document containing all updated information ready to go on new website (M)
- ✓ To have ordered QR memory making option cards (S)
- ✓ To have ordered QR code directing to web showing bereavement services (S)

Thank you. Any questions?