

Ockenden Report Assurance Committee (ORAC)

Ockenden Report Actions Update

Date: 25.04.2023

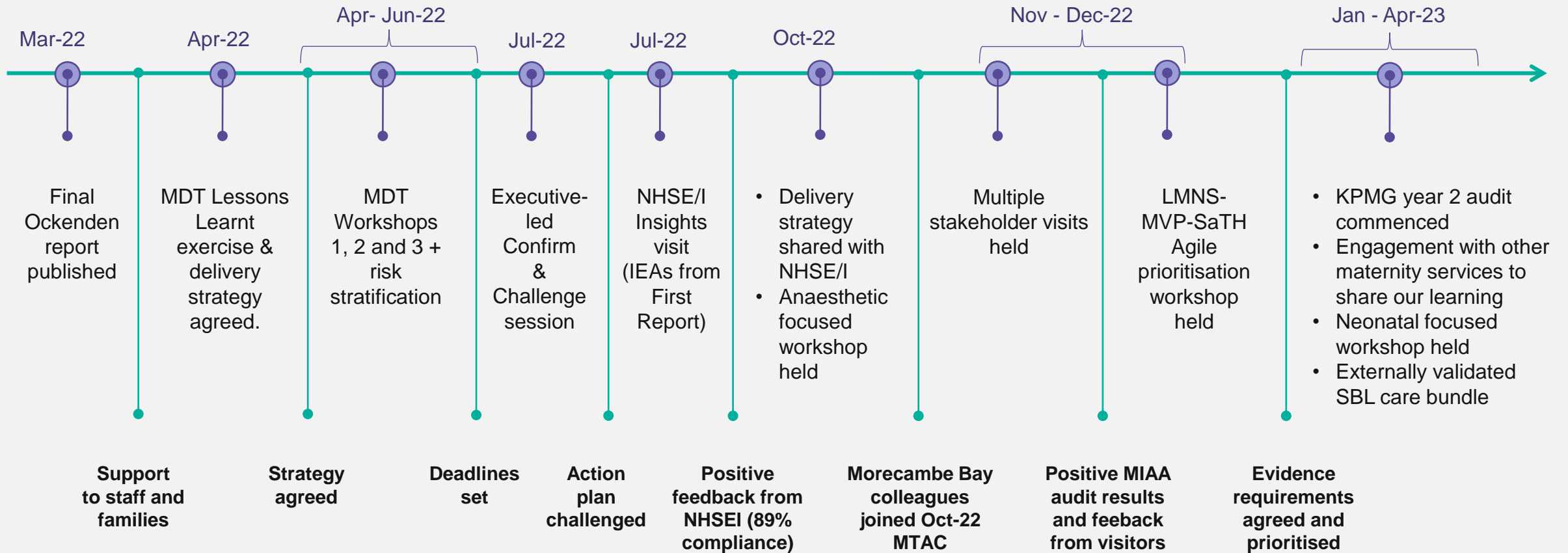
Presenter:

- Annemarie Lawrence – Director of Midwifery
- Kim Williams – Deputy Director of Midwifery
- Fiona McCarron – Consultant Midwife



Timeline

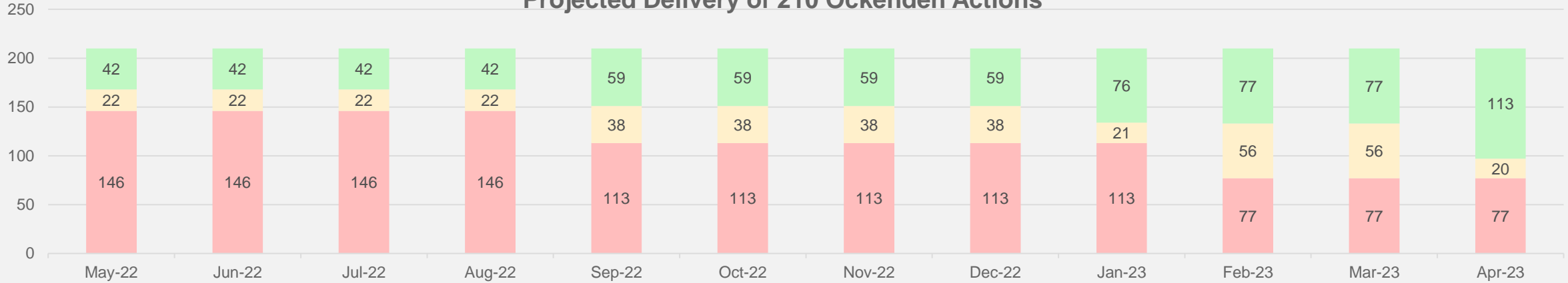
High-level Timeline of Events



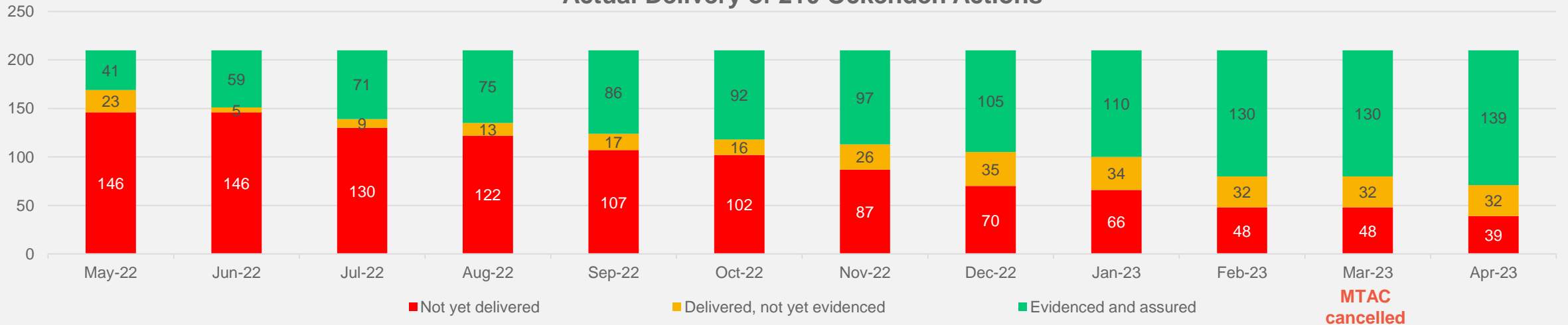
Delivery against Actions from the Ockenden Reports (First and Final)

Assurance: Projected vs. Actual Delivery

Projected Delivery of 210 Ockenden Actions

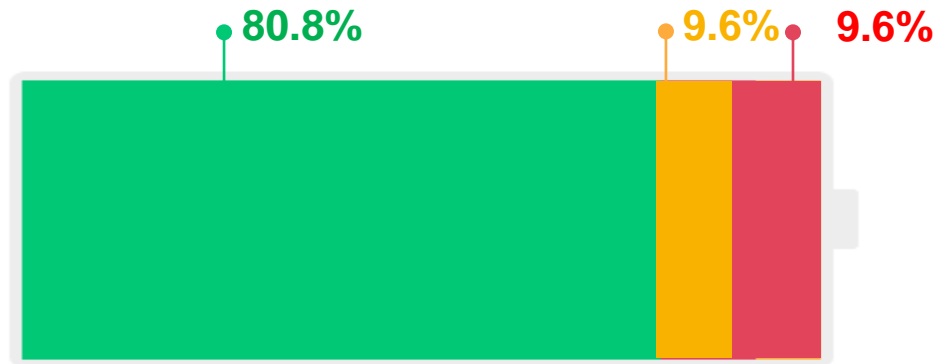


Actual Delivery of 210 Ockenden Actions



Ockenden Reports - Completion Rates

First Report - Delivery Battery



Final Report - Delivery Battery



47/52 Actions Implemented (89% overall):

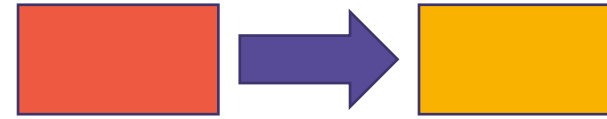
- 42 actions (81%) 'Evidenced & Assured'
- 5 actions (10%) 'Delivered, Not Yet Evidenced'
- 5 actions (10%) 'Not Yet Delivered'

124/158 Actions Implemented (78% overall):

- 97 actions (61%) 'Evidenced and Assured'
- 27 actions (17%) 'Delivered, Not Yet Evidenced'
- 34 actions (22%) 'Not Yet Delivered'

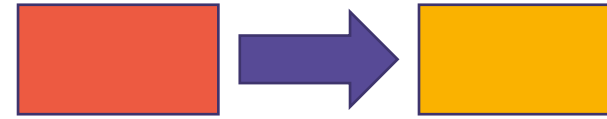
Actions approved at the Apr-23 Maternity Transformation Assurance Committee (MTAC)

Actions approved as ‘amber’



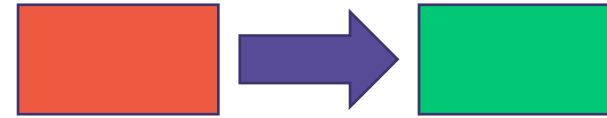
ID	Description	Evidence
IEA 3.1	All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman’s care in case of disagreement between healthcare professionals.	<ul style="list-style-type: none"> ■ Conflict of clinical opinion incorporated into new escalation of clinical concerns guideline ■ Receipt sign off of policy by staff or roll out of training
IEA 11.2	Anaesthetists must be proactive in recognising situations where an explanation of events and an opportunity for questions may improve a woman’s overall experience and reduce the risk of long-term psychological consequences.	<ul style="list-style-type: none"> ■ SOP - Anaesthetic follow-up clinic for maternity patient ■ Updated questions on Badgernet for routine follow up on day 1 ■ Badgernet audit (patient accepted/declined)

Actions approved as 'amber'



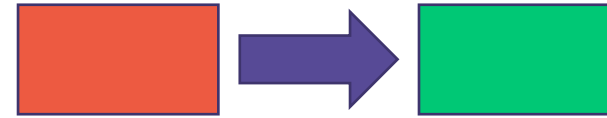
ID	Description	Evidence
LAFL 14.61	The Trust must ensure complete and accurate information is given to families after any poor obstetric outcome. The Trust must give families the option of receiving the governance reports, which must also be explained to them. Written summaries of any debrief meetings must also be sent to both the family and the GP.	<ul style="list-style-type: none"><li data-bbox="1735 579 2339 708">■ SOP - Duty of Candour (DOC) outlining the process for sharing reports with families<li data-bbox="1735 791 2339 919">■ Follow up bereavement meeting letters with GPs copied in (anonymised)

Actions approved as 'green'



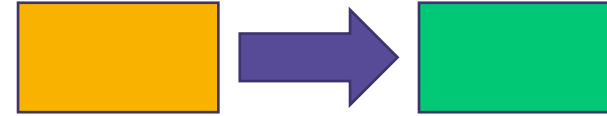
ID	Description	Evidence
IEA 4.5	All trusts must ensure that those individuals leading maternity governance teams are trained in human factors, causal analysis and family engagement.	<ul style="list-style-type: none"> ■ Certificate - Maternity Governance Lead completed Healthcare Investigation course which included human factors, causal analysis and family engagement
IEA 5.3	Actions arising from a serious incident investigation which involve a change in practice must be audited to ensure a change in practice has occurred.	<ul style="list-style-type: none"> ■ SI Policy – Implementation of change in practice ■ SI policy inc. auditable standards ■ Audits following change in practice from SI
IEA 9.1	Senior clinicians must be involved in counselling women at high risk of very preterm birth, especially when pregnancies are at the thresholds of viability.	<ul style="list-style-type: none"> ■ Preterm Birth Guideline ■ Benchmark against NICE guidance (preterm Birth Guideline) ■ Audit of all very preterm births (less than 27 wks and 28 wks for twins) showing counselling offered ■ Rota showing 24/7 consultant presence for labour ward

Actions approved as 'green'



ID	Description	Evidence
IEA 9.3	Discussions must involve the local and tertiary neonatal teams so parents understand the chances of neonatal survival and are aware of the risks of possible associated disability.	<ul style="list-style-type: none"> ■ Preterm Birth Guideline ■ Audit - Documented evidence of discussions taking place (neonatal survival/ risk) ■ Benchmark against NICE guidance (preterm Birth Guideline)
LAFL 14.37	The Trust's escalation policy must be adhered to and highlighted on training days to all maternity staff.	<ul style="list-style-type: none"> ■ Escalation Policy updated, revised and ratified ■ Evidence of escalation policy taught in PROMPT training ■ Compliance PROMPT Training (CNST SA8 evidence)
LAFL 14.41	The labour ward coordinator at the Trust must be supernumerary from labour care provision and provide the professional and operational link between midwifery and the most appropriately trained obstetrician.	<ul style="list-style-type: none"> ■ Staffing Paper showing acuity data and supernumerary status of coordinators ■ Screenshot of roster demonstrating staffing template in place

Actions approved as 'green'



ID	Description	Evidence
IEA 10.1	All women must undergo a full clinical assessment when presenting in early or established labour. This must include a review of any risk factors and consideration of whether any complicating factors have arisen which might change recommendations about place of birth. These must be shared with women to enable an informed decision re place of birth to be made.	<ul style="list-style-type: none"> ■ Clinical assessment on Badgernet on admission in labour ■ Casenotes audit (97% compliance) showing discussions of place of birth
IEA 14.6	Neonatal providers must ensure that processes are defined which enable telephone advice and instructions to be given, where appropriate, during the course of neonatal resuscitations. When it is anticipated that the consultant is not immediately available (for example out of hours), there must be a mechanism that allows a real-time dialogue to take place directly between the consultant and the resuscitating team if required	<ul style="list-style-type: none"> ■ Compliant SOP - When to summon assistance on Delivery Suite & alongside MLU for Neonatal resuscitation ■ Audit of guideline for compliance (100%) ■ Neonatal calling for help during resuscitations guideline email comms

Actions approved as 'green'



ID	Description	Evidence
LAFL 14.21a	Audits must demonstrate a systematic review against national/local standards ensuring recommendations address the identified deficiencies. Monitoring of actions must be conducted by the governance team.	<ul style="list-style-type: none"> <li data-bbox="1625 572 2428 644">■ SOP for publishing and reviewing Clinical Guidelines & Policies <li data-bbox="1625 682 2428 796">■ Trust Clinical Audit Forward Plan and progress including recommendations from previous audits presented monthly at Maternity Governance <li data-bbox="1625 821 2428 935">■ Example of Audit presentation including compliance and recommendations to address deficiencies in audits <li data-bbox="1625 959 2428 1031">■ Example of Maternity Governance action tracker showing monitoring of actions

Updates

Summary

- Over the coming months, our focus will be on those larger, more complex actions, that we now need to deliver
- We are ahead of schedule for delivery and have focused on those with higher risk scores initially, as part of our prioritisation process
- The Divisions can provide assurance that work continues at pace to deliver the rest of the programme

First Report

- 47/52 actions 'Delivered' (89%). We are carrying out audits to ensure that the actions rated as green-green, sustain those ratings
- 5 actions 'Not Yet Delivered', 4 lying outside of SaTH's direct control (external dependency linked to LMNS, CQC and NHSEI)

Final Report

- 124/158 actions 'Delivered' (78%). From the 22% 'not yet delivered', over two thirds of these are underway

Next Steps

Next Steps

- To continue delivering the Ockenden actions on time (before March 2024)
- To continue reviewing those completed actions to ensure they remain 'evidenced and assured'
- To measure success following delivery of Ockenden actions/ MTP improvements using Key Performance Indicators, plus external validation
- To create business as usual processes in preparation for closure of the MTP in March 2024 to ensure improvements are sustained
- To continue to support and engage with our staff providing them with compassionate leadership, that promotes an open and honest culture
- To continue to engage with the communities we serve to restore their confidence in our services

Thank You. Any Questions?

Ockenden Report Assurance Committee (ORAC)

April 2023

Integrated working: Obstetric Anaesthesia

Date: 25.04.2023

Presenter:

- Dr Lorien Branfield – Consultant Anaesthetist

(Catherine Devonport- Project Manager)



Introduction to Team Members

- Dr Lorien Branfield – Consultant Anaesthetist
- Dr Saiprasad Annadurai – Clinical Director of Anaesthetics
- Dr Steve McKew – Divisional Medical Director for Surgery, Anaesthetics and Cancer
- Dr Yee Cheng – Consultant Anaesthetist
- Dr Chris Clulow – Consultant Anaesthetist
- Dr Edwin Borman – Consultant Anaesthetist
- Catherine Devonport – Project Manager
- Yvonne Draper – Assistant Operational Manager - Theatres & Anaesthetics

Introduction to Today's Topic

- Obstetric anaesthesia is a fundamental and significant component of maternity care. They:
 - Provide **pain relief** – mainly labour epidurals and postoperative pain
 - Administer **anaesthetics** for operations
 - Provide **critical support and intervention** for women who become unwell in pregnancy
 - Act as **advocates** for the birthing person – supporting them
 - Anaesthetists are **essential members** of the **multi-disciplinary team** (MDT)
- In the First Ockenden Report (2020) there was a section dedicated to anaesthetics, comprising 7 actions. In the Final Ockenden Report (2022) there were a further 13 actions linked to anaesthetics.
- This presentation will discuss these obstetric anaesthetics actions in more detail.

Link to Ockenden Actions

First Ockenden Report Actions (Anaesthetics)

Action	Description	Delivery
LAF 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.	Evidenced and Assured
LAF 4.86	Obstetric anaesthetists must be proactive and make positive contributions to team learning and the improvement of clinical standards.	Evidenced and Assured
LAF 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
LAF 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

First Ockenden Report Actions (Anaesthetics)

Action	Description	Delivery
LAF 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
LAF 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.	Evidenced and Assured
LAF 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	Evidenced and Assured

Final Ockenden Report Actions (Anaesthetics)

Action	Description	Delivery
IEA 11.1	Conditions that merit further follow up include but are not limited to, postdural puncture headache, accidental awareness during general anaesthesia, intraoperative pain, and the need for conversion to general anaesthesia during obstetric interventions, neurological injury relating to anaesthetic interventions, and significant failure of labour analgesia.	Delivered, Not Yet Evidenced
IEA 11.2	Anaesthetists must be proactive in recognising situations where an explanation of events and an opportunity for questions may improve a woman's overall experience and reduce the risk of long-term psychological consequences.	Delivered, Not Yet Evidenced
IEA 11.3	All anaesthetic departments must review the adequacy of their documentation in maternity patient records and take steps to improve this where necessary as recommended in Good Medical Practice by the GMC.	Evidenced and Assured
IEA 11.4	Resources must be made available for anaesthetic professional bodies to determine a consensus regarding contents of core datasets and what constitutes a satisfactory anaesthetic record in order to maximise national engagement and compliance.	Not Yet Delivered

Final Ockenden Report Actions (Anaesthetics)

Action	Description	Delivery
IEA 11.5	<p>Obstetric anaesthesia staffing guidance to include: The role of consultants, SAS doctors and doctors in training in service provision, as well as the need for prospective cover, to ensure maintenance of safe services whilst allowing for staff leave.</p>	Delivered, Not Yet Evidenced
IEA 11.6	<p>Obstetric anaesthesia staffing guidance to include: The full range of obstetric anaesthesia workload, including elective caesarean lists, labour ward cover, as well as teaching, clinics, attendance at multidisciplinary training, and governance activity.</p>	Delivered, Not Yet Evidenced
IEA 11.7	<p>Obstetric anaesthesia staffing guidance to include: The competency required for consultant staff who cover obstetric OOH, but who have no regular obstetric commitments.</p>	Delivered, Not Yet Evidenced
IEA 11.8	<p>Obstetric anaesthesia staffing guidance to include: Participation by anaesthetists in the maternity multidisciplinary ward rounds (as recommended in the first report).</p>	Evidenced and Assured

Final Ockenden Report Actions (Anaesthetics)

Action	Description	Delivery
LAFL 14.51	The Trust's executive team must urgently address the deficiency in consultant anaesthetic staffing affecting daytime obstetric clinical work. Minimum consultant staffing must be always in line with GPAS. It is essential that sufficient consultant appointments are made to ensure adequate consultant cover for absences relating to annual, study and professional leave.	Evidenced and Assured
LAFL 14.52	The Trust's executive team must urgently address the impact of the shortfall of consultant anaesthetists on the out-of-hours provision at the Princess Royal Hospital. Currently, one consultant anaesthetist provides out-of-hours support for all of the Trust's services. Staff appointments must be made to establish a separate consultant on-call rota for the intensive care unit as this will improve availability of consultant anaesthetist input to the maternity service.	Not Yet Delivered
LAFL 14.53	The Trust's executive team must support the anaesthetic department to ensure that job planning facilitates the engagement of consultant anaesthetists in maternity governance activity, and all anaesthetists who cover obstetric anaesthesia in multidisciplinary maternity education and training as recommended by GPAS in 2020.	Not Yet Delivered
LAFL 14.54	The Trust's anaesthetists have responded to the first report with the development of a wide range of new and updated obstetric anaesthesia guidelines. Audit of compliance with these guidelines must now be undertaken to ensure evidence-based care is being embedded in day-to-day practice.	Delivered, Not Yet Evidenced
LAFL 14.55	The Trust's department of anaesthesia must reflect on how it will ensure learning and development based on incident reporting. After discussion within the department, written guidance must be provided to staff regarding events that require reporting.	Not Yet Delivered

Work that has been done

Work that has been done

Theme	Outputs
Audit work	<ul style="list-style-type: none"> Audit officer and lead in post Audit forward plan in place and working
Quality Improvement (QI)	<ul style="list-style-type: none"> QI lead in place First project commenced: caesarean list delays
Recruitment	<ul style="list-style-type: none"> 4 locum consultants, 1 substantive, 4 x tier 2 offers
Learning	<ul style="list-style-type: none"> Integrated Learning – Labour Ward forum, PROMPT faculty, governance, risk, maternity enhanced care
New clinic	<ul style="list-style-type: none"> Follow up clinic



Kerry Middleton (Audit Officer): I work 2 days a week on obs anaesthesia audits. We have approx. 50 audits, with a live spreadsheet keeping track of due dates, auditors, presenters and learning

Dr Edwin Borman (Consultant Anaesthetist): My first project is to address delays in elective caesarean section list. Lots of discussion to identify the most important problem! Scheduling is where I'm starting



Chris Clulow (Consultant anaesthetist): I take a lead role in teaching and developing PROMPT

Anaesthetic Follow Up Clinics

‘In addition to routine inpatient obstetric anaesthesia follow up, a pathway for outpatient postnatal anaesthetic follow-up must be available in every Trust to address incidences of physical and psychological harm’.

Final Ockenden Report IEA 11.1:

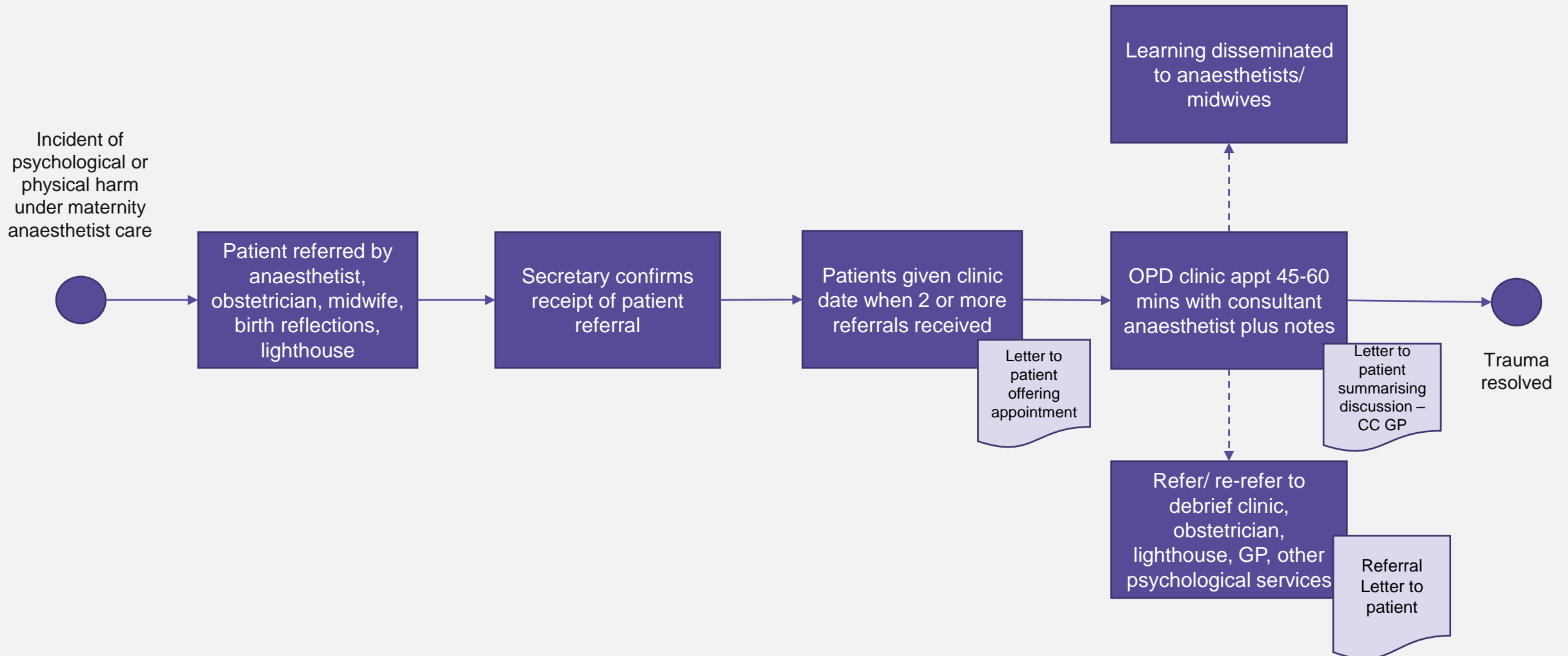
Conditions that merit further follow up include but are not limited to, post-dural puncture headache, accidental awareness during general anaesthesia, intraoperative pain, and the need for conversion to general anaesthesia during obstetric interventions, neurological injury relating to anaesthetic interventions, and significant failure of labour analgesia.

Example of Integrated Working – ‘Follow Up Clinics’

Development of Anaesthetic Follow Up Clinic

- Psychological or physical harm can happen under the care of maternity anaesthetists, for example a woman receiving a general anaesthetic after a caesarean section has started because she feels pain despite a spinal anaesthetic.
- Debriefing in the past used to be undertaken on an informal basis. Whereas now, formal clinics are in place to support women and their families.
- Partnership with intensivists, debrief midwives, anaesthetic and obstetric colleagues, managers, MVP (f/back form), and Badgernet to develop the clinic.
- 3 clinics completed: Nov-22 (with debrief midwives), Feb-23, and Apr-23. Still in the early phases and under development.
- Main reasons for patients attending so far:
 - ⌚ Severe difficult –to- treat headache as complication of epidural
 - ⌚ Peri-arrest (bleeding) – with probable PTSD
 - ⌚ Conversion from regional to general anaesthetic on the operating table
 - ⌚ Emergency c/s in woman with severe pre-eclampsia. Contraindication to spinal anaesthetic. Had to have general anaesthetic but even this had to be delayed because of very high blood pressure.
- Referrals from this clinic include referral to midwife debrief clinic, therapists, physiotherapists

Follow Up Clinic – Process Map



Colleague Feedback



Service User Feedback

‘An amazing clinic – so glad I had this support and opportunity’ (Nov-22)

Patients rated the session as ‘most helpful’ (10 on a scale of 1-10) (Feb-22)

Patients said (Feb-22):

- Appointment was **right length**
- Appointment letter had had **enough information**
- That there were the right people seeing them in clinic and that they **felt listened to** and had had the correct feedback from the anaesthetist
- That the time following delivery was **the right time to be seen**, that they didn’t need any more resources following the session, and they didn’t have any suggestions for improvement

Summary

Summary

- We are working to deliver the Ockenden actions linked to anaesthetics by strengthened recruitment, quality improvement and audit, along with improving multidisciplinary learning and education.
- We are making good progress against the 20 Ockenden actions from both reports.
- Our follow up clinics have improved the care we deliver to women. This is because the care pathway can be completed if any trauma occurs.
- Additionally, we learn and improve from service user experiences and also having the opportunity to discuss the women's experience with her can help with future birth experiences. Moreover, the patient can be referred for further support if needed.

Next Steps

Next Steps

1. To continue to deliver and embed the Ockenden actions linked to obstetric anaesthesia
2. To continue reviewing those completed actions to ensure they remain “Evidenced and Assured”
3. To continue to work with our service users/ Maternity Voices Partnership (MVP) and maternity colleagues to improve care
4. Make clinic patient feedback digital
5. Continue recruitment to strengthen out-of-hours cover
6. Strengthen links between audit, risk, Quality Improvement, learning, teaching, PRactical Obstetric Multi-Professional Training (PROMPT) and governance

Thank you. Any questions?