

<b>Conflict of Clinical Opinion Guideline</b>	
<b>Summary statement: How does the document support patient care?</b>	Aim to manage conflicts of opinion during episode of clinical care, keeping patient safety the focus of care planning.
<b>Staff/stakeholders involved in development:</b>	Midwifery Leadership Team
<b>Division:</b>	Women and Children's
<b>Department:</b>	Maternity
<b>Responsible Person:</b>	Chief of Service
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<b>For use by:</b>	All maternity staff
<b>Purpose:</b>	To be used during times of conflict when undertaking clinical care
<b>This document supports:</b>	<a href="#">Ockenden Report 2022</a>
<b>Key related documents:</b>	<a href="#">PAUSES Risk Assessment SOP</a>
<b>Approved by:</b>	Joint Obstetric Guideline Group
<b>Date:</b>	20 <sup>th</sup> September 2023 Date uploaded: 20 <sup>th</sup> September 2023
<b>Ratified by Board of Directors/ Committee of the Board of Directors</b>	Not Applicable – Divisional Ratification only required
<b>Ratification Date:</b>	Not Applicable – Divisional Ratification only required
<b>Expiry Date:</b>	May 2026
<b>Review date:</b>	Nov 2025
<b>If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team</b>	
<b>Reference Number:</b>	UHS-CG-0004-2023

Version	Date	Author	Status	Comment
1.0	May 2023	Claire Parr Clinical Governance Lead	Archived	New UH Sussex maternity guideline
1.1	Sept 2023	CE Team	LIVE	Merged approval with Legacy East.

**The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.**

**If in doubt contact a senior colleague or expert.**

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# Conflict of Clinical Opinion Guideline

## 1.0 Aim

The aim of this guidance is to support staff members in being able to escalate their clinical concerns regarding a woman and person's care in case of disagreement between healthcare professionals, as set as an essential action from the Ockenden Report (2022). All members of the multidisciplinary team (MDT) must feel psychologically safe and empowered to challenge a decision and seek conflict resolution during patient care.

This guidance is intended to support escalation and resolution of differences of opinion in any clinical situation and should be read in conjunction with the relevant clinical practice guidance for the specific situation.

## 2.0 Scope

This guideline applies to all healthcare professionals working with women and people within maternity at University Hospitals Sussex.

## 3.0 Responsibilities

Midwives & obstetricians:

- To access, read, understand and follow this guidance.
- To use their professional judgement in application of this guideline.

Management:

- To ensure the guideline is reviewed as required in line with Trust and National recommendations.
- To ensure the guideline is accessible to all relevant staff.

## 4.0 Abbreviations used within this SOP

<b>MDT</b> - Multidisciplinary Team	<b>NEWTT</b> - Newborn Early Warning Trigger & Track
<b>SOP</b> - Standard Operating Procedure	<b>CTG</b> - Cardiotocograph
<b>MEOWS</b> - Maternity Early Obstetric Warning System	<b>MIS</b> - Maternity Information system eg Badgernet
<b>PMA</b> - Professional Midwifery Advocate	

## **5.0 What constitutes a conflict of opinion**

In by far the majority of cases, teams work together, communicate well and escalate effectively to achieve positive outcomes and birth experiences for women and people and babies.

However, it is in the rare but devastating cases that we see common themes of poor communication, failed escalation, or ineffective teamwork. This is particularly so when individuals, teams, or the whole system are fatigued or under stress, often due to a high workload. At times of immense pressure, we often see a rise in incivility, which in turn has the potential to impact adversely on patient safety.

Conflict of clinical opinion may arise when:

- Endorsed clinical guidelines are not being followed, through clinical judgement or woman and person choice.
- Concerns for the welfare of a woman and person held by one clinician are not acknowledged by another.
- Intervention is deemed necessary by one clinician but not by the other.
- There is disagreement as to a diagnosis or the appropriate management of a situation.
- There is a failure of professionalism and civility.
- There is conflicting research/best practice guidance to what is locally used at the time.

## **6.0 Essential Principles**

Time frame:

- Whether the situation allows time for a full discussion, or the woman and person needs time critical care will influence the response taken. In every situation the health professionals involved should be empowered to speak up about any concerns they have.

MDT approach:

- An open discussion should take place with key members of the MDT which focuses on providing safe care for the woman and person.
- MDT could involve anyone working within the maternity environment including midwives, obstetricians, paediatricians, anaesthetists, theatre staff, students, maternity support workers, nursery nurses.

Be objective:

- Differences in opinion can cause frustration and an emotional response. It is important to take a holistic view of the situation, using assessment tools where appropriate and communicating concerns clearly.
- The use of the risk assessment tool PAUSES will support fact finding and present the case holistically, including staff well-being. [Click here](#) for PAUSES SOP.

Involve the woman and person:

- In all situations it is best practice to sensitively involve the woman and person and family (with consent) in decisions about their care.
- Where there is a conflict of clinical opinion, clinicians should have open and honest discussions with the woman and person. This promotes shared decision making and enables the woman and person's preferences to be included in any discussions about their care.
- Put the woman and person at the heart of the decision making and information giving.

Communicate effectively:

- The key to escalating and resolving concerns is effective communication.
- Promote shared understanding of a clinical situations from different clinicians' perspectives.

Documentation:

- A summary should be documented on MIS including: the concerns raised; the points discussed and who was involved; and a clear agreed plan.

Incident Reporting:

- The difference of clinical opinion should be reported formally via the Local Incident Reporting System (Datix), so it can be reviewed independently which supports learning both for the professionals involved and the clinical team.

## 7.0 Supportive Tools

There are many tools which support clinicians to be factual when raising their concerns. For example, MEOWS, NEWTT, CTG stickers.

Assessment of the woman and person's condition with a recognised tool should be used in conjunction with professional judgement when communicating concerns.

Clinical practice guidelines relevant to the situation can also be useful in presenting your concerns.

## 7.1 Effective Communication

### SBAR

The SBAR communication tool is designed to structure information sharing between clinicians (NHSE 2021).

The SBAR tool also supports clinicians who are less confident or experienced in escalating their concerns through the need to state their recommendations.

Communication will be most effective if it includes those who have the difference of opinion. If it is not possible to leave the woman and person, the SBAR tool can support escalation with accurate information.

Example:

<b>S</b>	<b>Situation</b> – patient's /client's details, identify reason for this communication, describe your concern
<b>B</b>	<b>Background</b> – relating to the patient/ client, significant history, this may include medications, investigations/ treatments
<b>A</b>	<b>Assessment</b> – what is your assessment of the patient/ client or situation, this can include clinical impression/ concerns, vital signs/ early warning score
<b>R</b>	<b>Recommendations</b> – be specific, explain what you need, make suggestions, clarify expectations, confirm actions to be taken

### PAUSES

This is an intrapartum tool which has been designed with the aim of supporting effective and on-going holistic risk assessments during labour regardless of birth environment and risk status of the individual at the start of labour.

This tool has been developed to ensure that staff review the situation every two hours and four hourly with another clinician. This supports a regular discussion of risk between clinicians and can present facts and changing risk status in labour.

The last 2 letters of PAUSES, the 'e' and 's' relates to the escalation and staff well-being aspects of the risk assessment. This supports staff to consider if they need to further escalate their concerns.

## **8.0 Escalation Process**

The majority of situations will be resolved quickly at the time of the disagreement. When required, the appropriate person to escalate to will depend on the clinicians role and the clinical situation.

People you can escalate to for support in resolving differences of clinical opinion include (but not exclusive to):

- Senior Midwife present in the clinical area
- Senior clinician present in the clinical area
- Bleep holder / Coordinator
- Matron / Head of Midwifery
- Consultant / Clinical Director
- Other members of the multidisciplinary team involved in the woman and person's care
- Professional Midwifery Advocate
- Midwifery Manager on Call

Note: Resolution is not about winning an argument; it is about understanding each other's clinical opinions and agreeing a safe plan of care for the woman and person. It may be that both points of view offer safe care options resulting in an opportunity to discuss choices with the woman and person.

[Appendix 1](#) provides a flow chart for the advised escalation processes.

## **9.0 Supporting a Resolution**

If you are asked to support staff to resolve a difference of clinical opinion, the key skill is in facilitating a respectful discussion.

Essential principles:

- Use a quiet area away from the woman and person and where the discussions cannot be overheard by other visitors.



- Refocus on the best outcome for the woman and person and the need to be objective.
- Remind those involved of the need to respect one another (Trust values). Facilitate the conversation so everyone has the opportunity to express their views and encourage them to listen and understand one another.
- Use open questioning to support those involved to describe their concerns.
- Invite others to join the conversation where appropriate. For example, a specialist clinical opinion may be useful if not already involved.
- Be mindful of the well-being of those involved, signposting to additional support such as PMA, clinical/educational supervisors, education team.

## 10.0 References

Humber and North Yorkshire Health and Care Partnership, LMNS (2022) Conflict of Opinion Guideline.

NHS (online, updated annually) Patient Safety Strategy.

NHSE (2021) SBAR Communication Tool.

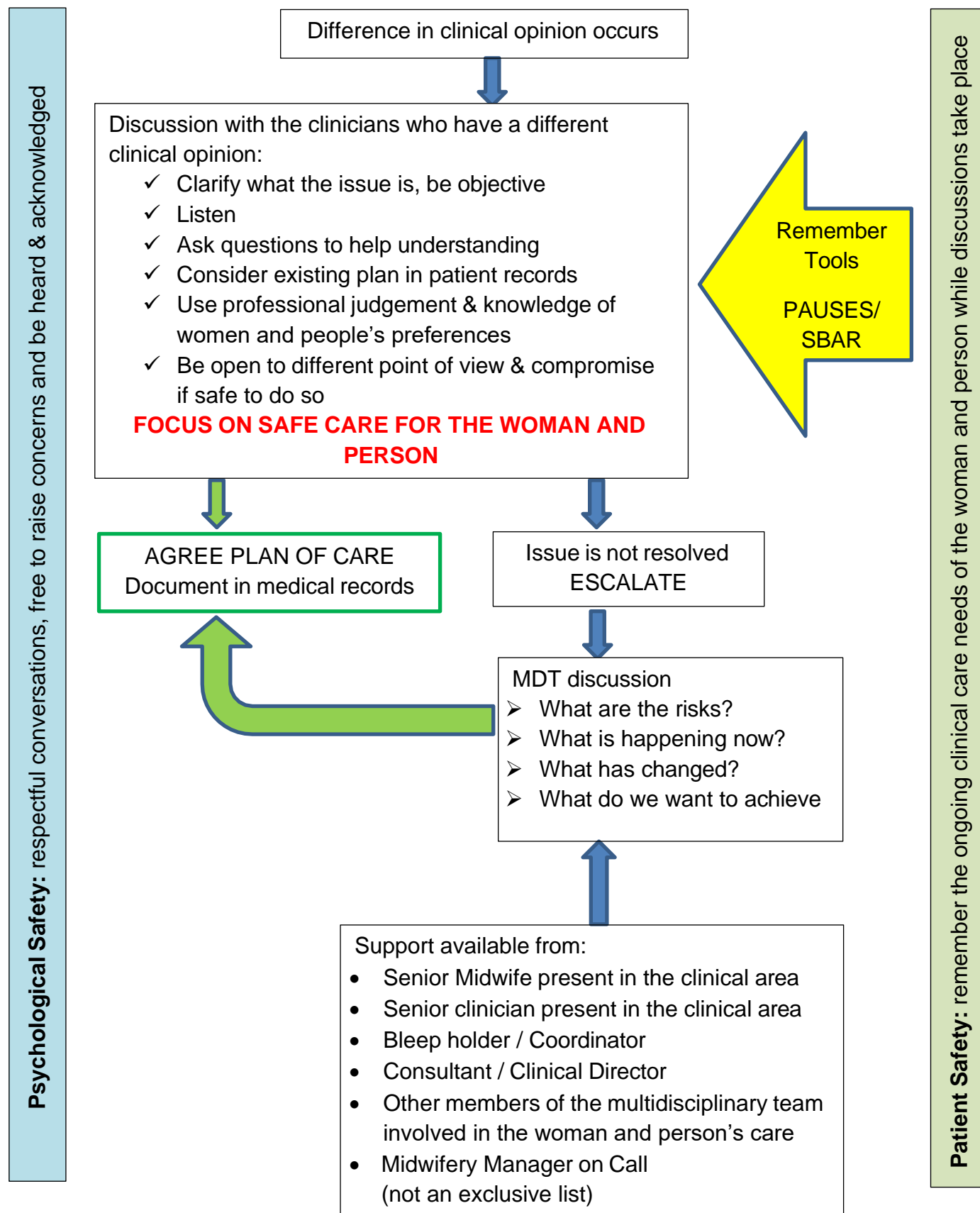
Ockenden (2022) The Independent Review into Maternity Services.

Royal College of Obstetricians and Gynaecologists (online) Escalation toolkit.

## 11.0 Monitoring

Incident report outcomes.

## Appendix 1: Resolving Conflicts of Clinical Opinion



## Appendix 2: Resolving Conflicts of Clinical Opinion

