Surrey and Sussex Healthcare
NHS Trust

Board	Date: Agenda Item:
REPORT TITLE:	SASH Review of Ockenden Report and Maternity Workforce
EXECUTIVE SPONSOR:	Jane Dickson
REPORT AUTHOR (s):	Michelle Cudjoe
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	Workforce report previously discussed at the Private Board on 26th Nov 2020

Action Required:		
Approval (√)	**Discussion (√)**	**Assurance (√)**

Purpose of Report:

To discuss the Trust's position against the recommendations of the Ockenden Review of Shrewsbury and Telford Trust, CNST compliance and the Midwifery workforce review.

Summary of key issues

Donna Ockenden's first report into the maternity service at Shrewsbury was published on the 11th Dec 2020.

A key objective from the Review was to ensure that Local Actions for Learning and Immediate and Essential Actions are carefully considered by all maternity services in England.

The Trust submitted a response to the immediate and essential actions identified in the report on the 21.12.2020 to the LMS and NHSE. Since then the maternity service has completed the assurance assessment tool provided NHSE against the recommendations from the Ockenden report and the linked CNST recommendations. The document provides an overview of current compliance with the recommendations and actions required to achieve full compliance.

There is a requirement that the benchmarking document (which includes an update on compliance against the CNST maternity standards), together with a workforce review is presented to the board by 31 Jan 2021.

A commitment to support further investment in the maternity service has been since been obtained from the ICS subject to ICS governing body approval. The investment required is 1.4m recurring FYE.CNST benefit will also be invested in maternity subject to Trust funding not being reduced.

Recommendation:

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- The Board is asked to note the Trust's analysis against the Ockenden report and the existing risks in relation to full compliance with the 10 CNST maternity standards.

- To confirm the workforce plan in place to meet the Birthrate Plus (BR+) standard by **31 January 2021** confirming the timescales for implementation outlined in the workforce review paper (Section 5).

Relationship to Trust Strategic Objectives & Assurance Framework:
SO1: Safe – Deliver safe, high quality care and *improving* services which pursue perfection and be in the top 25% of our peers SO2: Effective – As a teaching hospital, deliver effective and improving sustainable clinical services within the local health economy SO3: Caring – Work *with compassion* in partnership with patients, staff, families, carers *and community partners* SO4: Responsive – To *continue to be* the secondary care provider of choice for the *people of our community* SO5: Well led – To be a *high quality* employer of choice and deliver financial and clinical sustainability around a patient centred, clinically led leadership model

Corporate Impact Assessment:	
Legal and regulatory impact	
Financial impact	
Patient Experience/Engagement	
Risk & Performance Management	
NHS Constitution/Equality & Diversity/Communication	

Attachment:

Summary

The first report into the Maternity Service at Shrewsbury was published on the 11th December 2020. A key objective from the Review was to ensure Local Actions for Learning and that the Immediate and Essential Actions (IEAs) were carefully considered by maternity services in England. Consequently, all Maternity services were asked to respond to the Immediate and Essential Actions within ten days of the report's publication. This was signed off by the Trust's CEO, the LMS SRO and shared with the Regional Chief Midwife, by the 21 December 2020.
All Maternity services were then required to complete an assessment using the assurance tool provided by NHSE, which is to be reported through the LMS and shared with regional teams by the **15 February 2021**.
The assurance tool includes a combination of the IEAs and the urgent clinical priorities from the Ockenden report as well as the linked Maternity CNST standards.

SASH Overview against the Ockenden Report

The local service is currently compliant with 22 of the 27 IEAs and urgent clinical priorities listed within the assurance document. The 5 priorities listed within the report that are still to be implemented are new and required as a result of the findings from the Ockenden review. 4 of the non-compliant clinical priorities are either national or regional recommendations that are currently under development. The 5th relates to the implementation of the new perinatal clinical quality surveillance model which will be implemented nationally to provide methodical oversight of all maternity services. As a part of this all Boards are now required to strengthen Board Level oversight for Maternity Safety through a monthly review of key maternity and neonatal quality and safety metrics.

- The recommended minimum data measures for Board review is shown below and it is proposed that these measures are reviewed by ECQR and SQC each month.

Minimum data measures for trust board overview

Select Trust:

CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:

Maternity Safety Support Programme	Select Y / N:	If No, enter name of MIA

	2021											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Findings of review of all perinatal deaths using the real time data monitoring tool												
Findings of review all cases eligible for referral to HSIB.												
Report on: •The number of incidents logged graded as moderate or above and what actions are being taken •Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training •Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite , gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively.												
Service User Voice feedback												
Staff feedback from frontline champions and walk-abouts												
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust												
Coroner Reg 28 made directly to Trust												
Progress in achievement of CNST 10												

Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annuallly)	
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they rate the quality of clinical supervision out of hours (Reported annually)	

SE maternity services assessment

Exceptions Ockenden maternity f

SASH overview against Maternity CNST Standards

Of the 10 CNST Maternity Standards the Trust is currently non-compliant with 2 standards:

Standard 8 – Multi Disciplinary Training: Whilst in previous years the service achieved compliance with this standard, the impact of Covid 19 on the workforce and the ability to provide face to face training with current restrictions has impacted on levels of compliance. This has been particularly impacted on by the redeployment and clinical activities required for anaesthetists and theatre staff in response to COVID and the impact on critical care demand. A recovery plan is in place.

Standard 9 – Maternity Safety Champions. The standard changed in this financial year to include the target of 35% compliance with Continuity of Carer. The criteria for CoC also changed within the year which results in a current compliance level of 6%. This is linked to the shortfall in midwifery staffing outlined in the workforce paper. An action plan is in place which will be aligned to the recruitment plan.

Maternity Workforce Review

Following the publication of the Ockenden review NHSE has recommended that Trust Boards confirm that they have a plan in place to meet Birthrate Plus (BR+) standard by **31 January 2021** confirming timescales for implementation. Ahead of the Ockenden review, a workforce review (which utilised the Birthrate Plus methodology recommended by Ockenden) was undertaken by SASH and presented to the Board in November 2020. The action following the Board meeting was to source the funding required to address the midwifery shortfall identified within the workforce paper. Since the time of the meeting, the Trust's CEO, Chief Nurse, Medical Director and senior maternity team have negotiated with external stakeholders in regard to funding the existing midwifery shortfall. A commitment to support further investment in the maternity service has been since been obtained from the ICS subject to ICS governing body approval.

- The attached workforce report has been updated to include a recruitment phasing plan and the timescales for implementation is outlined in section 5 of the report.


Board Workforce paper Jan21.docx

Conclusion

The Maternity service has completed a full review of the recommendations from the Ockenden report. Areas of non-compliance relate to new recommendations that are being further developed either nationally or regionally. A dashboard containing the minimum dataset for monthly Trust board oversight is also being developed locally.
In relation to the CNST Maternity Standards there are risks associated with two standards. In relation to multi-disciplinary training a recovery plan is in place and every effort will be made to continue to improve overall compliance with this requirement. As it applies to the Continuity of Carer target, an action plan is also in place which is aligned to the recruitment plan for midwives. The Board is asked to confirm the workforce plan and timescales for implementation.