

OCKENDEN REVIEW OF SERVICES – ONE YEAR ON 2021

Trust Board	Item: 9
Date: 30 March 2022	Enclosure: E
<p>Executive Summary:</p> <p>One year on from the first report of the Ockenden maternity review, this paper provides assurance of the maternity service progress with implementation of the seven immediate and essential actions arising from that report. The team have also worked through the Assurance Assessment template which includes the recommendations from the Morecambe Bay investigation report, published in 2015.</p> <p>The paper outlines our maternity services workforce plan, having now undertaken a full Birthrate plus review.</p> <p>Following review at EMC, the committee is asked to share the paper with the public board, for onward circulation thereafter to the SWL LMNS and submission to the regional maternity team by 15 April 2022.</p>	
<p>For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input checked="" type="checkbox"/></p>	
Sponsor (Executive Lead):	Nichola Kane, Chief Nurse
Author:	Marion Louki, Director of Midwifery
Author Contact Details:	Ext – 2370
Risk Implications – Link to Assurance Framework or Corporate Risk Register:	N/A
Legal / Regulatory / Reputation Implications:	
<p>Link to Relevant CQC Domain: Safe X Effective X Caring X Responsive X Well Led X</p>	
Link to Relevant Strategic Theme:	-
Document Previously Considered By:	-
<p>Recommendations (what is the Board/committee being asked to do): The committee is asked to note the assurances and actions to date.</p>	

Maternity Services Workforce Planning & Progress Made against the Immediate and Essential Ockenden Recommendations - One Year On 2022

Background

The Ockenden Review, published in December 2020, detailed seven immediate and essential recommendations, and 12 clinical priorities, that all NHS hospital trusts in England were to meet, with the aim of providing assurance of maternity safety.

Following submission of the assessment to the national team, it was confirmed that we were compliant with all the recommendations on 2nd December 2021.

The report also stipulated that a maternity workforce gap analysis was undertaken, with a plan in place to meet the Birthrate Plus (BR+), or equivalent, standard by the 31 January 2020, and to confirm timescales for implementation.

Ockenden One Year on Review & Progress

On the 2nd of December 2021, we were informed that we had successfully achieved all 7 IEAs and 12 clinical priorities. Kingston maternity unit were one of only two hospitals in London who had achieved all the recommendations.

On the 10 February 2022, all Trusts were asked to provide an update to their public trust board on their progress against the Ockenden recommendations, together with our workforce plans by end of March 2022, to ensure continued local system assurance and oversight of our maternity services. Further overview of progress is also expected to be shared and discussed with the LMS/ ICS, including the regional maternity team by 15 April 2022.

The maternity team have reviewed our position against the 7 IEA and 12 clinical priorities, as of March 2022, and remain assured that we continue to meet all the required recommendations.

In addition, the team have worked through the Assurance Assessment template which includes the recommendations from the Morecambe Bay investigation report, published in 2015. Although we are assured that we meet the 18 recommendations, there are areas identified where we can continue to improve, and these will continue to be progressed.

Midwifery workforce

Adequate midwifery staffing levels are vital to the provision of safe maternity services. The nationally recognised staffing tool for maternity is Birthrate Plus, and a full review was previously undertaken in June 2016, recommending a midwifery ratio of 1:26.

The total clinical care establishment includes midwives at bands 5-7 and band 3-4 maternity support workers who provide elements of postnatal care. The recommended skill mix of MSWs to midwives should be between 10-15% MSWs to 85-90% Midwives.

A ratio of 1:24.2 has now been recommended following the most recent full BR+ review, conducted from an analysis of three months of data from September to November 2021, and reported in January 2022. The ratio ensures the maternity service has the capacity to deliver the following:

Ockenden Review of Maternity services and workforce report March 2022

- All antenatal, intrapartum and postnatal care needed by women and babies
- Provide midwifery staff to cover all the midwifery roles needed for the maternity service, including specialist roles, management, and a supernumerary co-ordinator on of the labour ward at all times
- Allow for locally agreed midwifery skill mixes: specialist, consultant and practice development midwives
- Provide a woman in established labour with supportive one-to-one care
- 24 hour triage
- Fully operational birth centre and home birth team
- Transitional care on the postnatal ward
- Roll out of continuity models in order to meet national drivers and KPIs

Key Findings

The report was based on 4864 births in the 2020/21 financial year and confirmed the following:

- There was an increase in the acuity of 14.1% from the previous assessment
- The community annual total includes 673 women who birth in neighbouring units and receive community care from KHT midwives
- There were 1790 women who had given birth at KHT, but receive their community care from another Trust where they live
- The annual total of women receiving community care is 3747 including home births
- A total of 3074 women are eligible to be allocated to a continuity pathway, this figure excludes community exports and imports

The report made recommendations as follows:

- Based on 2020/21 activity, and a 21% uplift, the clinical total WTE recommended for KHT is 200.63 WTE, of which 180.57 WTE are midwives at bands 5-7, and 20.06 WTE are maternity support workers at bands 3 and 4. This represents a recommended 90:10 split. MSWs provide postnatal and community care. These figures represent an under-establishment variance of 7.5 WTE at bands 3-7.
- In addition to direct clinical care, 10% of the clinical total is applied for specialist midwives and senior management roles. This amounts to a further 20.06 WTE midwives, giving a total recommended funded establishment of 220.69 WTE (band 3-8).
- A ratio of 1:24.2 was recommended

Funding & Recurring Budgets for Midwifery 22/23

The Birthrate plus review, as mentioned earlier in the paper, indicated an overall shortfall of 8.99 WTE. However, in terms of funding the shortfall in WTE and the appropriate budget required to meet the recommended ratio for the service, this has now been achieved via the Ockenden investment. (£796k/annum)

The Maternity unit budgets for 22/23 have been reflected to show the additional investment and does not show any funding gap to meet the ratios stipulated by the birth rate plus review and recommendations.

The additional 8.99 WTE have been funded within the maternity budgets on a recurring basis. £796k/annum recurring funding was received to include MDT Training monies for midwives and Consultant Obstetrician time.

The above funding allocation will support the services achieving the 1:24.2 ratio as per the birth rate plus recommendation.

Description	£'m		
	21/22 Opening Budget	22/23 recurring Budget	Increase in Budget
Midwifery pay budget	11.9	12.6	0.7

Based on the number of known bookings YTD, the number of deliveries is expected to be in line with trend and not exceed the 4,864 deliveries for the 22/23 financial year.

As at the end of February there are circa 24.8 WTE vacancies across band 5-7, of which around 14 WTE are fixed term maternity leave posts. These posts are out to advert and currently have 2 WTE in the pipeline to start by April 22.

The maternity service has not used agency midwives for many years, and there has been Executive agreement to over-recruit midwives, where possible, to maintain the correct ratio and assurance of safety.

Reporting Timeline and Action Plans

Actions	Comment	Date	RAG
Progress against the Ockenden Immediate and Essential Actions	Informed by national team that Kingston have successfully met the 7 EIA and 12 clinical priorities	2 December 2021	
Status and progress of your maternity service workforce plans	Birthrate plus completed and final report received	10 January 2022	
	Meeting with finance team to discuss Birthrate plus ratios and recommendations Budget uplifted to meet BR+ Ockenden recommendations	19 January 2022	
Assurance paper: Ockenden Assessment Morecambe Bay Assessment Staffing review in line with BR+	Presentation to EMC Presentation to trust public board	23 March 2022 30 March 2022	

Ockenden Review of Maternity services and workforce report March 2022

The Board is asked to:

Note assurance of the recommendations from the Ockenden and Morecambe Bay reviews.

Note the ongoing work to ensure compliance with the national guidance for midwifery staffing levels and the implementation of a robust methodology in determining the correct levels and skill mix of staff.

Consider and endorse any recommendations and proposed actions to be taken to address the nursing and maternity establishment, as required.