

Board of Directors Meeting - Cover Sheet

Subject:	NHSR Update Paper	Date: 5 November 2020		
Prepared By:	Lisa Gowan, General Manager			
Approved By:	Julie Hogg, Chief Nurse			
Presented By:	Julie Hogg, Chief Nurse			
Purpose				
This paper is to provide Trust Board colleagues an update on the pre-launch of the NHSR programme which took effect on 1 October 2020.			Approval	
			Assurance	
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
Risks/Issues				
Financial	No contributions or rebate being made in 2020/21			
Patient Impact	Links to the 10 steps to safety			
Staff Impact	Staffing workforce models under review			
Services	National and local compliance against Maternity and Neonatal service specifications			
Reputational				
Committees/groups where this item has been presented before				
Executive Summary				
<p>On 1 October 2020, NHSR re-launched its programme. Under the current guidance, SFH has to submit its Trust Board declaration form against the 10 safety standards by 31 May 2021. The Women and Children's division have re-formed their monthly NHSR task and finish group and senior leaders have been allocated safety actions to lead on. The Division's aim is to submit the Board declaration form to Trust Board for the April 2021 Board meeting.</p> <p>The division has noted that there has been some new evidence requested as part of the October 2020 release and these relate to the actions we have taken around Covid. In the main, this additional evidence is sitting under safety action 3 which relates to Transitional Care. The key pieces of new information are as follows:-</p> <ol style="list-style-type: none"> 1. Closures or reduced capacity of Transitional Care (as a result of Covid) 2. Changes to parental access (as a result of Covid) 3. Staff redeployment (as a result of Covid) <p>The Divisional Task and Finish Group met on 23 October 2020 to review all evidence required. At this stage, the Division feels confident that we can meet all requirements of the updated guidance. However, this will continued to be monitored closely and of course, this position could change depending on how the second</p>				

surge of covid is responded to nationally or whether this forces further changes in guidance between now and 31 May 2021.

CONCLUSION

The Women & Children's division ask Trust Board colleagues to be aware that at this stage, they remain confident around their year 3 submission by 31 May 2021, but that progress to year 4 is going to require significant investment over the next six years.

RECOMMENDATIONS

- The Board is asked to note the progress being made to achieve NHR Year 3
- The Board is asked to note the investment required to continue to progress into year 4
- The Board is asked to note that the division is actively engaging with external partners where national monies are being identified
- The Board is asked to note that the declaration form will be submitted for consideration and sign off in April 2021

PURPOSE

This paper is to provide Trust Board colleagues an update on the progress against compliance with the 10 steps to safety (NHSR). The key milestone submission dates and investment and workforce challenges for 2021/22.

BACKGROUND

The Maternity Safety Strategy set out the Department of Health and Social Care's ambition to reward those who have taken action to improve maternity safety. 2020/21 would have been the third year of the rebate scheme but due to Covid, it was suspended from 1 April to 30 September 2020. During this period and for the remainder of this financial year, the Trust is not required to pay its rebate for this scheme.

PROGRESS TO DATE

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The division has noted that there has been some new evidence requested as part of the October 2020 release and these relate to the actions we have taken around Covid. In the main, this additional evidence is sitting under safety action 3 which relates to Transitional Care. The key pieces of new information are as follows:-

4. Closures or reduced capacity of Transitional Care (as a result of Covid)
5. Changes to parental access (as a result of Covid)
6. Staff redeployment (as a result of Covid)

The Divisional Task and Finish Group met on 23 October 2020 to review all evidence required. At this stage, the Division feels confident that we can meet all requirements of the updated guidance. However, this will continue to be monitored closely and of course, this position could change depending on how the second surge of covid is responded to nationally or whether this forces further changes in guidance between now and 31 May 2021.

PEER REVIEW

NHSR was discussed as part of the Women & Children's risk committee paper on 12 October 2020. The division took an action to organise a Peer Review session with colleagues from NUH to confirm and challenge the evidence collected under each safety action. Contact has been made with NUH; the division are just waiting to confirm a date which will be set late February 2021 or early March 2021 prior to the Trust Board declaration form being finalised.

FINANCIAL CONTRIBUTION

As described earlier, there has been no contribution made during this financial year (2020/21) due to the programme being suspended because of the Covid-19 Pandemic. There is no reference to NHSR

in the Phase 3 Planning guidance so the expectation is that SFH picks up the 10% payment in 2021/22 and subject to meeting all 10 safety standards, we will be reimbursed accordingly.

For clarity, the division demonstrated compliance against all 10 safety criteria and received £377k in rebate in 2019/20. The value confirmed for 2020/21 was £518k. The Trust normally receives its contribution letter in December so whilst we are unclear what the rebate value will be in 2021/22; we are assuming it to be in the same ballpark figure.

WORKFORCE AND INVESTMENT CHALLENGES FOR 2021/22

Had this year's NHSR gone to plan, Trust Board would have been sighted to three workforce plans linked to safety action 4 (clinical workforce) and safety action 5 (midwifery workforce). These are described below and were discussed at Risk Committee on 12 October 2020 as emerging risks for the division.

1. **ANNP Workforce** – as part of the recommendations made from the Neonatal Critical Care Review (NCCR), it was identified that there were gaps in both Tier 1 and Tier 2 of the junior doctor's rotas. The division is currently working up three workforce options:
 - a. Recruit an additional medical workforce into a traditional rota
 - b. Develop an ANNP workforce model to bridge the gaps
 - c. Develop a hybrid model that combines medical and ANNP

The NCCR is linked to the Long Term plan. We are advised that there are national monies available and have submitted our request for this. The estimated value of investment for this over a six year period would be a total of £514k.

2. **Maternity Transformation Agenda (delivering Continuity of Carer MCoC)** – there is two milestones around continuity which need to be achieved. The first one is delivering continuity to 35% of our women and the second is delivering 51% continuity to our women. To achieve the 35% target, SFH would require seven continuity teams. We currently have two teams in place who are delivering 14% continuity to our women. The division has a workforce planning team in place who are reviewing the complexity around how this change in care pathway can be delivered and the impact of this change on our current midwifery teams. Aligned to this is the **Birthrate Plus workforce review** which was undertaken in February 2020. This showed a deficit within the midwifery establishment of around 10.96WTE midwives and 3.52WTE maternity support workers to deliver the 51% target with an investment requirement of £470k
3. **Development of an Elective C-Section Service** – in February 2020, the Anaesthesia Clinical Services Accreditation (ACSA) standard changed to reflect that the duty anaesthetist in charge on labour ward should not be involved in elective care. In the last two CQC reports (2015 and 2018), it was highlighted that this should be considered by SFH as a service to implement. As yet, this has not been achieved as there is a required investment of £91k to create a second theatre team. Whilst the language in the current NHSR year 3 guidance frames this as being "where there is an elective service", it has to be assumed that NHSR year 4 will be more explicit as the updated ACSA standards are clearly referenced.

Whilst the investment alone is a significant challenge for the organisation and system, recruiting the workforce will be an equal challenge. As the division start to understand the detail of this along

with the planning guidance for 2021/22, there will be regular updates to executive colleagues on how this is progressing.

CONCLUSION

The Women & Children's division ask Trust Board colleagues to be aware that at this stage, they remain confident around their year 3 submission by 31 May 2021, but that progress to year 4 is going to require significant investment over the next six years.

RECOMMENDATIONS

- The Board is asked to note the progress being made to achieve NHSR Year 3
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