


<b>Agenda item</b>	/21			
<b>Report</b>	CNST Safety Action 4 standard a): Can you demonstrate an effective system of clinical workforce planning to the required standard? (Obstetric Medical Workforce)			
<b>Executive Lead</b>	Hayley Flavell, Director of Nursing			
	<b>Link to strategic pillar:</b>		<b>Link to CQC domain:</b>	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	√
	<b>Report recommendations:</b>		<b>Link to BAF / risk:</b>	
	For assurance	√	BAF 1, BAF 2 BAF 3, BAF 4 BAF 7, BAF 8	
	For decision / approval	√	<b>Link to risk register:</b> CRR 15	
	For review / discussion	√		
	For noting	√		
	For information	√		
	For consent	√		
<b>Presented to:</b>	Quality and Safety Assurance Committee			
<b>Dependent upon</b>				
<b>Executive summary:</b>	<p>The Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS) comprises ten Safety Actions.</p> <p>Safety Action 4 (“Can you demonstrate an effective system of clinical workforce planning to the required standard?”) comprises four standards, the first of which relates to the obstetric medical workforce.</p> <p>To meet this standard the consultant team must commit to the relevant RCOG workforce guidance and monitor their ongoing compliance.</p> <p>CNST requires that the Board of Directors sign-off the Obstetric Department’s engagement with this guidance by January 2022. The evidence to support this is enclosed in this paper.</p>			
<b>Appendices</b>	(None at this stage of the paper: relevant excerpts from the Ockenden Report Action Plan Case Notes Audit to be appended to this document and re-circulated to QSAC and BoD as soon as available.			
	 Dr Mei-See Hon, Clinical Director, Obstetrics 21 January 2022			

## 1.0 Situation

1.1 The Trust's position against the CNST safety action requirements should be shared with the Trust board, the board-level safety champions as well as LMS. This paper provides evidence for the Obstetric workforce actions for Safety Action 4.

1.1.1 The original reporting timeframe for safety action 4, Obstetric workforce was by the end of January 2022 and monitored monthly thereafter. Recently NHS England has issued a 'pause letter' and it is unclear when reporting will resume. SaTH is adhering to the deadlines as set out in the October update to CNST Year 4 pending further clarification from NHS Resolution

1.1.2 Safety action 4 asks: Can you demonstrate an effective system of clinical workforce planning to the required standard? This includes the Obstetric, Anaesthetic, Neonatal medical and Neonatal nursing workforces.

1.1.3 This paper is designed to provide sufficient evidence for the Board of Director's to sign-off (at their February meeting in public) that the Obstetrics Department has acknowledged and committed to incorporating the principles of the RCOG document, as per the requirements of standard a) ("Obstetric medical workforce") part 1 ("The obstetric consultant team and maternity senior management team should acknowledge and commit to incorporating the principles outlined in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service").

## 2.0 Background

2.1 NHS Resolution is operating year four of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care.

2.2 The maternity incentive scheme applies to all acute Trusts that deliver maternity services and are members of the CNST. As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund. This refunded to Trust's who can evidence and attest to compliance with all ten Safety Actions.

## 3.0 Assessment

3.1 The Service is compliant with Safety Action 4 standard a) Part 1: ("The obstetric consultant team and maternity senior management team should acknowledge and commit to incorporating the principles outlined in the RCOG workforce document"):




3.1.1 The document in question is: *"Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology"* available at:

<https://www.rcog.org.uk/globalassets/documents/careers-and-training/workplace-and-workforce-issues/roles-and-responsibilities-of-the-consultant-workforce-report-june-2021.pdf>




### 3.2 How can the Trust board evidence that the department has acknowledged and committed to incorporating the principles of the RCOG document?

3.2.1 *Documented evidence of discussion at relevant meetings e.g. consultant meeting, divisional governance meetings*


3.2.1.1 The RCOG document was discussed on three occasions with the O&G consultant body at the 2021 Strategy meetings. The discussions informed the development of the SaTH SOP Roles and Responsibilities of the Consultant on call for Obstetrics & Gynaecology (see below table).

 Strategy meeting 5th March 2021.pptx	O&G Strategy meeting 5th March 2021 : presentation slides
 Strategy meeting 25th June 2021.pptx	O&G Strategy meeting 25th June 2021 : agenda and presentation slides
 Strategy meeting 17th Sept 2021.pptx	O&G Strategy meeting 17th September 2021 : agenda and presentation slides

3.2.2 *Circulation to all staff who work in maternity and Gynaecology. This is evidenced in the below table:*

 Roles and responsibilities of the  Roles responsibilities SOP.docx	<i>The approved SOP was circulated to all Consultants by the Obstetric Clinical Director</i>
 Local Induction Checklist Jan 2021.do	<i>Scenarios that require mandatory consultant attendance are included in induction paperwork for new staff</i>

3.2.3 *Mandatory consultant attendance list to be included in departmental escalation policies.* This is evidenced in the below table.

(See hyperlink to policy in footnote) <sup>1</sup>	<i>Operational policy for consultant unit delivery suite</i>
 Cons attendance poster updated 19th M	<i>Poster displayed on delivery suite</i>

3.3 The service cannot yet show full compliance with Safety Action 4, Standard a) Part 2 (“Units should monitor their compliance of consultant attendance for the clinical situations listed in this document when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance. Trusts’ positions with the requirement should be shared with the Trust board, the board-level safety champions as well as LMS”)

3.4 Compliance has been partially proven via the pilot Ockenden Report Action Plan Case Notes (Pilot) Audit (see paragraph 4.4.1.1.1).

3.5 To show full compliance, the findings of the follow-up audit must be analyses, and the below plan (set out at paragraphs 3.5.1.2. and 3.5.1.3) for ongoing review accepted by the divisional governance team and consultant risk lead (this is underway).

3.5.1 The data set out by NHS Resolution guiding how Trusts must monitor adherence with this standard is set out in the below template, which will be completed once the data from the Ockenden Report Action Plan Case-Notes Review has been collated and analysed.

**3.5.1.1** “.... departments can audit consultant attendance for clinical scenarios or situations mandating their presence in the guidance. Departments may also wish to monitor adherence via incident reporting systems. Feedback from departmental or other surveys may also be employed for triangulation of compliance.”.

**3.5.1.1.1** The Trust have developed a bespoke audit tool to monitor with all recommendations contained within the first report published by the Independent review into maternity services at SaTH. A pilot audit of 18 cases notes was conducted in August 2021 and showed that there was 100% compliance with consultant attendance at all scenarios mandated in the Trust’s Roles and Responsibilities of the on call Consultant document. A repeat audit of notes from all women

<sup>1</sup> [https://intranet.sath.nhs.uk/document\\_library/ViewPDFDocument.asp?DocumentID=11154](https://intranet.sath.nhs.uk/document_library/ViewPDFDocument.asp?DocumentID=11154)

(NUMBER) who gave birth in the month of MONTH demonstrated PERCENT compliance. (This will be attached as appendix in the follow-up paper).

**3.5.1.2** *What should a department do if there is noncompliance with attending mandatory scenarios/situations*

**3.5.1.2.1** (Note this section is yet to be formally agreed with the divisional governance team): from DATE all cases of non-compliance will be identified via Datix submission and reviewed at the weekly Neonatal Obstetric Incident Review meeting.

**3.5.1.3** *Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance.*

**3.5.1.3.1** The review may identify concurrent activity that made it impossible for the consultant to be in attendance. In these scenarios it expected that there is evidence of consideration to escalate to the Consultant on call for Gynaecology

**3.5.1.3.2** If no clear and unavoidable reason for non-attendance is identified then this will be escalated to the Clinical Director for Obstetrics to investigate further, discuss with staff involved and take any necessary action.

**3.5.1.3.3** Learning will be shared at the monthly departmental multidisciplinary governance feedback meeting.

**3.5.1.3.4** Further triangulation can be gained from the Maternity Safety Champions reports.

## **4.0 Recommendations**

4.1 QSAC is requested to review and discuss this paper, and:

4.1.1 Approve the paper and request the Board of Directors to sign off standard a) part 1 of Safety Action 4 at their February meeting in public

4.1.2 Note that, whilst the pilot audit constitutes partial compliance with Safety Action 4 standard a) Part 2, the results of the follow-up audit and ongoing review plan must be received before this part of the standard can be fully signed-off; a follow-up paper will be submitted, accordingly.