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Chief Nursing Officer for England  
Nursing Directorate  
Skipton House  
80 London Road  
London  
SE1 6LH

To: Chief Executives  
Chief Nurses,  
Medical Directors,  
Finance Directors,  
Heads of Midwifery, and  
Chairs of LMS

8 April 2021

Dear colleagues

### **Investment in Maternity Workforce and Training**

Following the publication of [Donna Ockenden's first report](#): Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust on 10 December 2020, our [letter](#) of 14 December outlined the immediate response required by trusts and also the steps we were taking nationally.

The report described immediate and essential actions (IEAs), some of which require direct investment to enable delivery and we know organisations have already made significant strides towards achieving these. To reduce variation in experience and outcomes for women and their families across England, NHS England and Improvement is investing an additional £95.9m in 2021/22 to support the system to address all 7 IEAs consistently and to bring sustained improvements in our maternity services.

As you will have seen from the [planning guidance](#), the majority of this funding is directed to local and system delivery. For 2021/22, more than £80m of additional funding will be distributed as targeted System Development Funding (SDF). The template with this letter, asks systems or providers to set out their plan for implementation and the costs. These will be signed off by the LMS and considered by regional teams, and funding focused where it will have the biggest impact on delivering the 7IEAs and therefore on the safety of women, babies and their families. We would expect those systems and providers who receive funding to agree to a MoU with the investment set against their local delivery plan. At minimum systems can plan on the basis that the additional funding supplied this year will be put into CCG baselines for a fair shares distribution in the longer term to ensure that all systems can continue to meet their obstetric workforce requirements, the Birth Rate plus (BR+) recommendations for midwifery workforce, and training and development requirements.

We have identified three key areas of investment for local delivery to support the full implementation of the Ockenden report:

**Midwifery Workforce** – following the recent BR+ survey, we will help meet the gaps by funding an increase in establishment across England of 1000 midwives in 2021/22. Our expectation is that every maternity service will meet their BR+ recommendations by the end of 2021/22, using both national funding and by investing in their workforce locally.

Working with HEE, we have undertaken demand and supply modelling. The agreed 4-year midwifery student placement expansion is underway (currently in year 2 of plan) and the HEE Maternity Workforce Strategy expects to increase capacity annually by 2026. Ahead of that we will be looking at other national interventions to fill established posts, including International Recruitment, to support local efforts.

**Obstetric Workforce** – the Ockenden report outlines two key areas requiring increased obstetric input; increased obstetric leadership to promote and develop monitoring of fetal wellbeing and twice daily consultant led ward rounds. We are proposing to fund an increase in obstetrician PAs to contribute to this, alongside local action you need to take. This must be a system response and will initially be focused on the services with greatest need as determined with the LMSs.

**MDT training** – the Ockenden report highlights the need for training to be undertaken as a MDT. In our letter of 14 December, under the 12 clinical priorities we asked for confirmation that funding allocated for maternity staff training is ringfenced. Our expectation is that investment for MDT training through this additional funding route will also be ringfenced, and that training is undertaken in line with/as set out in the [core competency framework](#).

Where Trusts are achieving the CNST maternity incentive scheme, they will continue to receive a refund, as well as the additional investments announced. Where CNST MIS Safety Actions have not been met, commissioners must ensure that any funding awarded to implement the agreed action plan for improvement is ringfenced for the maternity service.

The independent advocate role will be centrally funded, and the co-production on the role descriptor, commissioning model, network and training requirements is underway.

In order to focus on where the need is greatest and make the biggest impact on improving the safety and care of women and their families, we would welcome system wide or trust level proposals against all three elements. These will be reviewed by the regional teams who will make recommendations. There is further detail on how to complete the return within the template, and a webinar is planned for 15 April 2021 at midday. For any questions in the meantime, please email [nhsi.workforce@nhs.net](mailto:nhsi.workforce@nhs.net).

The deadline for submission of the template to [NHSI.FinPlan@nhs.net](mailto:NHSI.FinPlan@nhs.net), including your plans is **6 May 2021**, and we expect to agree and allocations by **30 May 2021**, in time for your workforce submissions on 3 June 2021.

Thank you for taking the time to consider and submit your plans for this important investment for the safety of women and their families.

Yours sincerely



Ruth May  
Chief Nursing Officer, England



Prof. Jacqueline Dunkley-Bent  
Chief Midwifery Officer &  
National Maternity Safety Champion



Matthew Jolly  
National Clinical Director for  
Maternity and Women's Health &  
National Maternity Safety Champion