



Women & Children's Division Maternity & Neonatal Dashboard



Reporting Period: October 2021 v1

ANTENATAL																
Area	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date
Booking	Women booked before 12 + 6 weeks	Integer	390	366	375	382	388	398	319	323						2913
	% Women booked before 12 + 6 weeks	%	78.8%	84.3%	81.7%	83.8%	79.3%	77.1%	89.3%							80.9%
	Women booked after 12 + 6 weeks	Integer	99	66	84	74	94	95	79							593
	% of Women booked after 12 + 6 weeks	%	20.2%	15.7%	18.3%	16.2%	20.8%	22.9%	19.7%							19.1%
	Total bookings	Integer	489	434	459	456	482	414	402							3106
Midwife led care at booking	Midwife led care at booking	Integer	223	177	212	213	208	172	219							1417
	% Midwife led care at booking	%	45.6%	40.8%	46.2%	46.7%	45.6%	41.8%	53.0%							45.6%
	Women with BMI of 30 and over at booking	Integer														
	% Women with BMI of 30 and over at booking	%														
	Smoking at booking	Integer	55	60	69	59	59	65	50							414
Smoking	% Smoking at booking	%	11.2%	13.8%	15.0%	12.8%	12.4%	15.7%	12.4%							13.3%
	Smokers accepting smoking cessation service referral at booking	Integer														
	% Smokers accepting smoking cessation service referral at booking	%														
	Smokers accepting CO screening at booking	Integer														
	% Smokers accepting CO screening at booking	%														
Carbon Monoxide	Women screened for CO at booking	Integer														
	% Women screened for CO at booking (of total bookings)	%														
	Women with CO reading of 4 ppm or more at booking	Integer														
	% Women with CO reading of 4 ppm or more at booking (of total bookings)	%														

INTRAPARTUM																
Area	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date
Deliveries	Total Deliveries	Integer	412	407	401	411	450	452	430							2983
	% Total Deliveries	%	83.6%	81.4%	80.2%	82.2%	91.7%	92.0%	87.7%							83.6%
	Vaginal deliveries	Integer	230	242	222	240	259	268	243							1703
	% Vaginal deliveries	%	55.8%	59.5%	55.4%	58.4%	57.3%	59.3%	54.0%							57.1%
	Ventouse & forceps deliveries	Integer	45	36	35	43	51	40	55							360
C-Section Deliveries	% Ventouse & forceps deliveries	%	10.9%	8.8%	8.7%	10.5%	11.3%	8.8%	12.2%							10.2%
	Elective caesarean deliveries	Integer	67	66	73	56	65	76	62							464
	% Elective caesarean deliveries	%	16.3%	13.8%	18.2%	13.6%	14.4%	16.6%	13.8%							15.2%
	Emergency caesarean deliveries	Integer	70	73	71	72	76	69	90							521
	% Emergency caesarean deliveries	%	17.0%	17.9%	17.7%	17.5%	16.9%	15.3%	20.0%							17.0%
Midwife Led Care	Total deliveries as caesarean	Integer	137	129	144	128	141	144	152							979
	% Total deliveries as caesarean	%	33.3%	31.7%	35.9%	31.1%	31.3%	31.9%	33.8%							32.7%
	Midwife led care deliveries	Integer														
	% Midwife led care deliveries	%														
	Home deliveries	Integer	17	19	17	15	11	14	8							161
Births	% Home deliveries	%	4.1%	4.7%	4.2%	3.6%	2.4%	3.1%	1.8%							3.4%
	Total Births	Integer	417	413	408	416	458	455	457							3024
	Full term births (babies born at 37wks gestation or over)	Integer	384	373	376	382	418	427	428							2808
	% Full term births (babies born at 37wks gestation or over)	%	94.5%	90.3%	92.2%	94.2%	91.3%	93.8%	93.7%							92.9%
	Pre-term births (babies born under 37wks gestation)	Integer	23	40	32	24	40	28	29							216
Risk Management	% Pre-term births (babies born under 37wks gestation)	%	5.5%	9.7%	7.8%	5.8%	8.7%	6.2%	6.3%							7.1%
	Stillbirths	Integer	2	2	4	1	0	2	1							12
	% Total births stillbirth	%	0.5%	0.5%	1.0%	0.2%	0.0%	0.4%	0.2%							0.4%
	Low birth weight where IUGR detected antenatally	Integer														
	% Low birth weight where IUGR detected antenatally	%														
Breastfeeding	Breast feeding initiation rate	Integer	216	299	290	290	321	308	305							2029
	% Breast feeding initiation rate	%	52.4%	73.5%	72.3%	70.6%	71.3%	68.1%	67.8%							68.0%
Smoking	Women smoking at delivery	Integer	43	41	42	40	48	51								298
	% Women smoking at delivery	%	10.4%	10.1%	10.5%	9.7%	10.7%	11.3%								10.0%

NEONATAL																
Area	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date
Admissions	Total admissions to neonatal care	Integer	43	51	60	60	76	84	64							410
	Unexpected admissions of full-term babies to neonatal care	Integer	16	14	12	13	8	11	7							81
	% Unexpected admissions of full-term babies to neonatal care (of all live term births)	%	4.1%	3.8%	3.2%	3.3%	1.9%	2.6%	1.6%							2.9%
	Neonatal deaths	Integer	0	0	0	1	0	1	0							2
Risk Management	% Neonatal deaths (of total neonatal admissions)	%	0.0%	0.0%	0.0%	1.7%	0.0%	1.9%	0.0%							0.5%
	Neonatal brain injuries	Integer														
	% neonatal brain injuries (of total neonatal admissions)	%														
	Referrals to NHS Resolution	Integer														
	% referrals to NHS Resolution (of total births)	%														
	Neonatal transfers for therapeutic cooling	Integer	1	0	0	0	1	1	0							3
	% Neonatal transfers for therapeutic cooling (of total neonatal admissions)	%	2.2%	0.0%	0.0%	0.0%	1.3%	1.9%	0.0%							0.7%
	Administration of antenatal steroids (to mothers of babies born between 23 and 33wks gestation)	Integer	9	10	3	6	10	7	2							47
	Mothers eligible for antenatal steroids (of babies born between 23 and 33wks gestation)	Integer	9	13	3	8	13	8	5							59
	% Administration of antenatal steroids (of babies born between 23 and 33wks gestation)	%	100.0%	76.9%	100.0%	75.0%	76.9%	87.5%	40.0%							79.7%
	Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	Integer	2	0	1	4	0	2	3							12
	Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	Integer	2	0	1	4	0	2	3							12
% Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	%	100.0%	-	100.0%	100.0%	-	100.0%	100.0%							100.0%	

POSTNATAL																
Area	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date
Risk Management	FTU admissions in obstetrics	Integer	1	2	0	2	2	2	2							11
	% FTU admissions in obstetrics (of all deliveries)	%	0.2%	0.5%	0.0%	0.5%	0.4%	0.4%	0.4%							0.4%
	Maternal deaths	Integer	0	0	0	0	0	1	0							1
	% Maternal deaths (of all deliveries)	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%							0.0%

Meeting	Trust Board
Date of meeting	9 December 2021
Paper number	Enc F1a

Nurse staffing report – October 2021

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Paula Gardner, Chief Nursing Officer		
Presented by	Jackie Edwards, Deputy Chief Nurse	Author /s	Louise Pearson, Lead for N&M workforce

Alignment to the Trust's strategic objectives (x)			
Best services for local people		Best experience of care and outcomes for our patients	
		Best use of resources	
			Best people

Report previously reviewed by		
Committee/Group	Date	Outcome
People and Culture	30 November 2021	Assured

Recommendations	Trust Board are asked to note: <ul style="list-style-type: none"> Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout October 2021 has been achieved. There were 33 insignificant or minor incidents reported which is a slight increase from last month. No moderate or severe. An increase in staff absences was experienced during October due to increased sickness levels for both short term sickness and stress related sickness levels. Turnover of HCAs has increased month on month .
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Executive summary	<p>This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during October 2021. Maternity staffing is provided as a separate report.</p> <p>Staffing of the wards/CCU's to provide the 'safest' staffing levels to meet the fluctuating needs of patients was achieved through September 2021.</p>
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Risk										
Which key red risks does this report address?		What BAF risk does this report address?	<i>BAF risk 9 -If we do not have a sustainable fit for purpose and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.</i>							
Assurance Level (x)	0	1	2	3	4	5	x	6	7	N/A
Financial Risk	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.									

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Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N		N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N			
If no has the action plan been revised/ enhanced	Y	x	N			
Timescales to achieve next level of assurance						
Introduction/Background						
<p>Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for August 2021</p> <p>This assessment is in line with Health and Social care regulations: Regulation 12: Safe Care and treatment Regulation 17: Good Governance Regulation 18: Safe Staffing</p>						
Issues and options						
<p>The provision of safe care and treatment Staff support ongoing</p> <p>A priority for the trust remains the health and wellbeing of staff as the continued management of the COVID 19 pandemic is in place. Across the Nursing, Midwifery, Health Care Scientists and Allied health professional, all line managers have been made aware of staff support available both internally through HR and occupational health and externally to the trust. There is nursing representation on the Health and wellbeing group.</p> <p>The provision of staff support will continue to be a priority for the teams. It has been and will remain essential that the Trust to continue support through winter 2021/22, supported by the winter staffing plan.</p> <p>Harms</p> <p>There were 33 minor and insignificant patient harms reported for October 2021 over a variety of ward areas. A theme of these reported was requirements to care for confused patients. This was managed at ward/divisional level with no escalation of concerns into the daily trustwide safety huddle.</p> <p>Good Governance</p> <p>There is a daily staffing escalation call to cover last minute sickness and the divisions work together to cover the staffing gaps with last resort escalation to off framework agencies. Demand for short term sickness absence has increased in month. There remains an assurance weekend staffing meeting held each week with the CNO and the monthly NWAG meeting.</p> <p>Safe Staffing</p> <p>Nurse staffing 'fill rates' (reporting of which was mandated since June 2014) <i>"This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwives in hospitals which</i></p>						

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are filled'. National rates are aimed at 95% across day and night RN and HCA fill
 Mitigation in staff absences was supported with the use of temporary staffing and redeployment of staff where staff were able to do so.

Current Trust Position			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	External recruitment events booked next one in October 21 at the NEC and the current domestic and international pipeline to be reviewed The HCA fill rate on days has dipped again month on month a plan has been developed and a trust wide advert is in place to fill all the HCA vacancies and support winter planning.	3
RN	89%	95%		
HCA	84%	97%		

DATA from Here is for September 2021 October data is currently unavailable at the time of this report.

Vacancy trust target is 7% September position for RN 5.4% and HCA 14.33%

Current Trust Position WTE			What needs to happen to get us there	Current level of assurance
Division	RN/RM WTE	HCA WTE	Increased RN and RM recruitment to reduce vacancies. Rolling adverts for specialities have been ongoing and recruitment of the student nurses since paid deployment has reduced the vacancy factor. HCA recruitment continues following the recruitment drive with HEE and a centralised trust wide advert being launched in October to support winter planning. International nurse recruitment recommenced in August with cohorts of 12 nurses per month	5
Speciality	5	6		
Medicine				
Urgent Care	48	14		
Surgery	18	13		
SCSD	7	35		
Women's and Children's	7RN 8 RM	26		

Staffing of the wards to provide safe staffing has been mitigated by the use of:

- Inpatient wards have deployed staff and employed use of bank and agency workers.
- Vacancies numbers has led to constraints on staffing and a need for bank or agency to keep staffing safe across all the Wards within safest levels.
- Urgent Care is currently carrying the majority of the RN vacancies.
- With the ongoing realignment of surgical services, a targeted recruitment campaign will be launched to support trauma and orthopaedics.

Recruitment International nurse (IN) recruitment pipeline

Below is the recruitment pipeline for the divisions with an October and November start date. This is meeting the monthly target of IN starters.

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Division	International Nurses October	Domestic Pipeline October
Speciality Med	3	1
Urgent Care	1	3
Surgery	1	2
SCSD	8	2
Women's and children's		4
Division- 13 arrivals due to be allocated	International Nurses November	Domestic Pipeline November
Speciality Med		4
Urgent Care		7
Surgery		6
SCSD		3
Women's and children's		0

Domestic nursing and midwifery pipeline

There is a second cohort of Registered Nurse Associates who will be commencing in January 2022.

Bank and Agency Usage

Trust target is 7%- current usage is Bank 7.39% Agency 6.9%

Current Trust Position WTE			What needs to happen to get us there	Current level of assurance
Division WTE	Bank and agency RN	Bank and Agency HCA	Sign up to the TWS11 workforce solutions – adhere to agency cap rates in line with NHSI cap rates. Agency Reviews have commenced in month to come in line with tiering structure and cost reduction plan, work continues into September to bring all inline. HR to support divisions in retention work stream bespoke for N&M workforce flexible working strategies.	4
Speciality Medicine	53	49		
Urgent Care	65	23		
Surgery	45	37		
SCSD	52	28		
Women's and Children's	15 RN 19 RM	17		

Sickness –

The Trust Target for Sickness is 4%, September position 5.36%

Current Trust Position			What needs to happen to get us there	Current Level of Assurance
	Monthly	Stress related	Sickness has increased in Divisions in month with an increase in stress related	4
Spec Med	5.64%	1.36%		

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Urgent care	5.12%	1.77%	reports. Revisit Communications of support services available. Deep dive required for sickness the main theme is the increase month on month for stress related sickness	
Surgery	5.52%	1.19%		
SCSD	4.74%	1.39%		
W & C's	5.99%	1.88%		

Turnover

Trust target for turnover 11%. September is RN/RM 9.16% HCA 14.57%

Current Trust Position			What needs to happen to get us to there	Current level of Assurance
Division	RN/RM	HCA	HR to update retention policy – staff development in house for all staff groups Introduction of Apprenticeships across all bands to encourage talent management and growing your own staff – Diploma level 3 – level 7 are available through the apprenticeship Levy. Exit interviews process still under review flex for the future team looking at pulling data behind leavers from ESR to be discussed at steering group in November. Work being undertaken with NHSEI to develop a recruitment and retention action plan to support HCA recruitment with an advert out and interview dates set for a trust wide drive to fill all HCA vacancies and have a pool of ready to start HCAs as vacancies arise.	4
Speciality Medicine	7.13%	18.72%		
Urgent Care	9.24%	17.47%		
Surgery	8.38%	9.43%		
SCSD	10.9%	13.25%		
Women's and Children's	8.15%	13.61%		
HCA turnover is higher than trust target across all divisions				

Recommendations

Trust Board are asked to note:

- Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout October 2021 has been achieved,

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this was supported when required through the booking of temporary workforce for short notice absences.

- There were 33 insignificant or minor incidents reported which is a slight increase from last month.
- An increase in staff absences was experienced during October due to increased sickness levels for both short term sickness and stress related sickness levels.
- Turnover of HCAs has increased month on month

Tables below are the data figures for the previous 6 months to be able to review trends easily.

Vacancy Data for previous 6 months RN/RM						
	April	May	June	July	August	September
Speciality Medicine	24	24	27	30	17	5
Urgent Care	56	56	55	57	58	48
Surgery	40	40	40	33	31	18
SCSD	-2	-2	9	9	11	7
Womens and Childrens	RN-2 RM-24	RN 2 RM-24	RN19 RM11	RN-19 RM-10	RN-17 RM-10	RN-7 RM-8
Vacancy Data for previous 6 months HCA						
	April	May	June	July	August	September
Speciality Medicine	-2	-2	-3	-3	0	6
Urgent Care	16	16	14	13	17	14
Surgery	22	22	19	12	12	13
SCSD	-2	28	29	30	30	35
Womens and Childrens	28	3	15	15	16	26

Bank Usage						
	April	May	June	July	August	September
Speciality	7.18%	7.79%	8.17%	9.08%	8.58%	7.02%

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Medicine						
Urgent Care	13.42%	13.4%	11.56%	12.75%	13.83%	12.09%
Surgery	9.71%	10.1%	9.03%	9.62%	9.68%	9.2%
SCSD	4.06%	4.02%	5.16%	5.57%	5.12%	4.38%
Womens and Childrens	5.3%	5.78%	6.11%	5.98%	7.1%	6.14%
Agency usage						
	April	May	June	July	August	September
Speciality Medicine	6.91%	6.92%	7.48%	5.89%	4.3%	6.38%
Urgent Care	18.5%	22.25%	24.46%	19.37%	23.76%	22.21%
Surgery	8.31%	7.73%	7.39%	9.63%	8.81%	8.09%
SCSD	5.47%	7.03%	6.93%	6.27%	5.12%	5.51%
Womens and Childrens	3.92%	4.52%	2.03%	2.34%	3.95%	2.57%

Sickness Data for previous 6 months						
	April	May	June	July	August	September
Speciality Medicine	5.08%	5.06%	4.61%	5.66%	6.04%	5.64%
Urgent Care	4.18%	4.53%	3.47%	4.11%	4.57%	5.12%
Surgery	6.16%	4.36%	4.13%	5.08%	5.23%	5.52%
SCSD	4.89%	4.55%	4.82%	5.26%	4.73%	4.74%
Womens and Childrens	4.55%	5.72%	6.11%	6.11%	5.41%	5.99%

Stress Sickness Data for previous 6 months						
	April	May	June	July	August	September
Speciality Medicine	0.61%	0.78%	0.89%	1.12%	1.25%	1.36%
Urgent Care	0.61%	1.24%	0.85%	1.1%	1.35%	1.77%
Surgery	0.94%	0.89%	0.63%	1.06%	1.25%	1.19%

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SCSD	1.3%	1.43%	1.43%	1.06%	1.49%	1.39%
Womens and Childrens	2.03%	2.56%	2.5%	2.35%	2.04%	1.88%

Turnover Data for previous 6 months RN/RM						
	April	May	June	July	August	September
Speciality Medicine	7.43%	7.43%	8.06%	7.6%	7.18%	7.13%
Urgent Care	8.98%	7.6%	8.9%	9.03%	9.49%	9.24%
Surgery	7.95%	9.07%	8.42%	8.9%	8.21%	8.38%
SCSD	10.2%	10.94%	10.58%	10.55%	10.8%	10.09%
Womens and Childrens	7.16%	6.5%	6.8%	6.44%	6.96%	8.15%
Turnover Data for previous 6 months HCA						
	April	May	June	July	August	September
Speciality Medicine	13.43%	13.03%	13.03%	14.7%	15.81%	18.72%
Urgent Care	11.9%	11.3%	11.03%	14.73%	14.77%	17.47%
Surgery	9.75%	9.27%	9.27%	9.7%	9.88%	9.43%
SCSD	12.2%	12.33%	12.33%	12.2%	14.52%	13.25%
Womens and Childrens	11.82%	11.04%	11.04%	12.24%	11.81%	13.61%

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Midwifery Safe Staffing Report October 2021
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For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Paula Gardner, Chief Nursing Officer		
Presented by	Justine Jeffery, Director of Midwifery	Author /s	Justine Jeffery, Director of Midwifery

Alignment to the Trust's strategic objectives (x)							
Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
Maternity Governance	October 2021	
TME	17 November 2021	
People and Culture	30 November 2021	

Recommendations	The Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.
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Executive summary	<p>This report provides a breakdown of the monitoring of maternity staffing in October 2021. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance.</p> <p>Safe midwifery staffing is monitored monthly by the following actions:</p> <ul style="list-style-type: none"> • Completion of the Birthrate plus acuity tool (4 hourly) • Monitoring the midwife to birth ratio • Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings' • Unify data • Daily staff safety huddle • SitRep report & bed meetings • COVID SitRep (re - introduced during COVID 19 wave 2) • Sickness absence rates <p>October's activity was high and mitigations were employed to maintain safe staffing levels due to sickness absence, COVID related absence and vacancies. The Division continue to support the use of agency staff and the team continue to provide additional shifts via NHSP although this availability decreased in month.</p> <p>Twenty five red flag events were reported in maternity resulting in no harm. There were no reports of women not receiving 1:1 care in labour and the shift leader remained supernummary.</p>
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The escalation policy was enacted to maintain safe staffing levels. The deployment of staff and the cancelling of non - clinical working days provided additional staff to maintain safe levels and provided appropriate mitigation.

Acuity was reported to be higher than the actual staffing levels in 57% of occasions throughout this period. This is an increase in compliance on previous months and is due to increased fill rates.

In month 9 WTE midwives joined the Trust and a further recruitment event is planned for November/December when it is anticipated that all outstanding vacancies will be filled.

Sickness absence rates continue to be higher than the Trusts target at 7.25% across all areas; this continues to represent a sustained decrease within the midwifery workforce. The directorate continue to work with the HR team to manage sickness absence timely. Turnover remains below the Trust target.

Further external funding opportunities for workforce development were realised in month.

The proposed new level of assurance is 5. This is based on the overall decrease in vacancies and COVID and non COVID related sickness absence. Also the midwife to birth ratio has been recorded at or below the agreed ratio, the shift leader has remained supernummary and 1:1 care has been provided for 100% of women.

A further higher level of assurance will be offered when the COVID related absence reduces further, there are no vacancies recorded and the sickness absence rate is at the Trust target. It is anticipated that this will be achieved in February 2022.

Risk												
Which key red risks does this report address?		What BAF risk does this report address?	4, 9, 10									
Assurance Level (x)	0	1	2	3	4	5	x	6	7	N/A		
Financial Risk	<i>State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.</i>											
Action												
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N								N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N									

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If no has the action plan been revised/ enhanced	Y	N	
Timescales to achieve next level of assurance	3 months		

Introduction/Background
<p>The Directorate is required to provide a monthly report to Board outlining how safe midwifery staffing in maternity is monitored to provide assurance.</p> <p>Safe staffing is monitored monthly by the following actions:</p> <ul style="list-style-type: none"> • Completion of the Birthrate plus acuity tool (4 hourly) • Monitoring the midwife to birth ratio • Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings' • Unify data • Daily staff safety huddle • SitRep report & bed meetings • COVID SitRep (re -introduced during COVID 19 wave 2) • Sickness absence rates <p>In addition to the above actions a biannual report (published in July and January) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly 'desktop' audits. The next complete full Birthrate plus audit is currently being undertaken and the report is expected by December 2021.</p>
Issues and options
<p><i>Completion of the Birthrate plus acuity tool (4 hourly)</i></p> <p>Acuity of women is recorded in the tool every 4 hours (6 times per day). Acuity was reported to be higher than the actual staffing levels in 57% of occasions throughout this period. This is lower than September and was due to an increase in fill rates following the employment of 9 WTE midwives who joined the Trust In October.</p> <p>In the majority of cases (32%) a shortfall of 2 midwives (red) was reported in the intrapartum area and in 25% of cases a shortfall of one member (amber) of staff was recorded due to staff sickness, COVID related absence and/or a midwife scrubbing in theatre. Staff were redeployed from other clinical areas to mitigate the risk. In 43% of the periods staffing either met or exceeded required staffing.</p> <p>The new acuity tools are now in place and staff training has commenced. For acuity data to be accurate a completion rate of 85% must be achieved. Whilst training is ongoing this may not be met in November and therefore acuity data may not be available in next month's staffing report.</p> <p><i>Monitoring the midwife to birth ratio</i></p> <p>The monthly birth to midwife ratio is recorded on the maternity dashboard. The outcomes</p>

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are reviewed in Maternity Governance meeting monthly. The ratio in October was 1:26 (in post) and 1:25 (funded). This is within the agreed midwife to birth ratio as outlined in Birthrate Plus Audit (1:28).

Monitoring staffing red flags as recommended by NICE guidance NG4 ‘Safe Midwifery Staffing for Maternity Settings’

Shift leader supernummary

All red flags continue to be reported via Datix until the implementation of the new and updated acuity tools are embedded. There were no reports that indicated that the shift leader was not supernummary in October.

One to one care in labour

One to one care is recorded in Badgernet (Maternity Information System). The system reports that all women in labour received 1:1 care in labour in October 2021.

Staffing incidents

There were fifteen staffing incidents reported in October. No harm/insignificant harm was recorded. The themes reported this month are:

- Availability of CoC midwives (2) – ongoing work to improve reporting of availability.
- Sickness causing shortages across community services (4)
- In escalation and requirement to deploy staff to delivery suite to ensure that 1:1 care is provided and the shift leader remains supernummary (4).
- In escalation and community midwifery team called in (1)
- Reduced number of MSWs causing challenges in staffing theatres (4)

Staffing levels were maintained at or above minimum agreed levels with the support of the on call community/continuity midwife. No harm was reported in this period.

It continues to be acknowledged that any reduction in available staff can result in increased stress and anxiety for the team and the staff have continued to report reduced job satisfaction and concern about staffing levels, burnout and staff health and well – being. A Trust psychologist continues to support the team and is now focusing on the community and continuity teams where we have seen an increase in staff turnover.

Medication Incidents

There were ten medication incidents and no harm was reported. These incidents were due to:

- Missed IVABs for babies (2)
- Omissions of prescribed medication (3)
- Codeine prescribed for PN woman (1)
- Uncharted medication administered (2)
- Early administration of analgesia (1)

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- Medication unavailable (1)

Unify Data

The fill rates presented in the table below reflect the position of all inpatient ward areas. Currently the Birth Centre remains closed and the staff from this area has been deployed to Delivery Suite which will improve the % fill rates for Delivery Suite. The availability of two agency midwives continues to support the position.

The fill rates demonstrate an increase for RM cover on day and night shifts in a number of inpatient areas due to an increase in the uptake of bank shifts by our substantive staff in response to the early introduction of the incentive scheme and the welcome arrival of 9WTE new starters. A reduction of MSWs on day and night shifts is reported in October due to increasing vacancies; recruitment is planned in December.

Whilst all of these rates fall below the 95% national target there is an additional six Continuity of Carer teams who provide care to 1200 women annually across the entire maternity pathway. This availability is captured on ERoster retrospectively and is not presented in the information provided below.

	Day RM	Day HCA	Night RM	Night HCA
Antenatal Ward	91	66	88	73
Delivery Suite	82	54	87	80
Postnatal Ward	89	62	91	81
Meadow Birth Centre	77	88	85	86

Daily staff safety huddle

Daily staffing huddles are completed each morning within the maternity department. This huddle is attended by the multi professional team and includes the unit bleep holder, Midwife in charge and the consultant on call for that day. If there are any staffing concerns the unit bleep holder will arrange additional huddles that are attended by the Director of Midwifery. Additional huddles were called with the senior team during this time period due to ongoing pressures and long delays in the IOL pathway.

The maternity Unit Bleep Holder and the on call manger continue to join the Trust site meeting twice per day. This has facilitated escalation of any concerns and a greater understanding of the pressures within maternity services. The maternity team have also gained an insight into the challenges currently faced across our hospital services.

Maternity SitRep

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The maternity team SitRep is now embedded and is completed 3 times per day. The report is submitted to the capacity hub, directorate and divisional leads and is also shared with the Chief Nurse and her deputies. The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing.

Throughout October the service was rated as amber for the majority of the month due to delays in the IOL pathway. Further work on the Sitrep is being undertaken and will align to the regional work that is currently ongoing to improve communication around escalation internally, across the LMNS and the wider region.

COVID SitRep (re-introduced during COVID 19 Wave 2)

The directorates continue to share information about the current COVID position and identify any risks to the service which includes a focus on safe staffing. This is another forum for Matrons and Ward Managers to raise concerns about staffing levels and any other safety concerns. The national COVID SitRep continues to be completed each fortnight.

Sickness

Sickness absence rates were reported at 7.25% in October which represents a slight increase however overall there is a sustained decrease in sickness absence within the inpatient areas. The reason reported for the majority of absence continues to be recorded as 'mental health' or 'other'.

The following actions remain in place:

- Matron of the day to carry the bleep that staff use to report sickness to ensure staff receive the appropriate support and guidance.
- A Trust psychologist is working with the team.
- Signposting staff to Trust wellbeing offer and commencement of wellbeing conversations.
- Daily walk arounds by members/member of the DMT.
- Close working with the HR team to manage sickness promptly.
- Launch of the health and wellbeing work stream.

Turnover

Turnover remains below the Trust target at 10.15% however there is an in month 13.53% turnover rate in the community teams. Interviews for community posts are planned for November.

Actions throughout this period:

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed meeting twice per day
- Embedded new SitRep to report three times per day
- Health and well-being work stream group restarted

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- Continued to work with the psychologist to provide staff support to improve health and wellbeing with a focus on community teams.
- Further launch of maternity service improvement plan
- Feedback session to staff following all engagement events – ‘You said – we did’
- Received funding (£50k) from NHSEI to support retention of midwives
- Agreed a contract with Worcestershire County Council for 2 x public health midwives (funding available £251k over 2 years).
- All ward managers were deployed to the clinical areas to support safer staffing levels as required throughout this period.
- Maintained focus on managing sickness absence effectively.
- Confirmed that the use of agency midwives will continue until January 2022.
- Training for acuity apps commenced
- Commenced completion of data set for Birthrate Plus 3 year audit.

Conclusion

October was another busy month; staffing remained challenging however higher fill rates were noted due to increase in the uptake of bank shifts and the arrival of the expected new starters. The ability to meet acuity levels were improved this month however additional actions were taken to provide appropriate mitigation to maintain safe staffing levels in the intrapartum area.

Agency midwives has provided additional support to all areas of the service. There were an increased number of reported staffing incidents and medication errors recorded in October. Redeployment of staff and requests to both continuity and community colleagues to support the inpatient area were made throughout October.

Sickness absence rates have been reported at 7.25% which is a slight increase on previous months and remains above the Trust target; ongoing actions are in place to support ward managers and matrons to manage sickness effectively.

Turnover is below the Trusts target however there were higher numbers of leavers in our community teams. Workforce data is now routinely available for this group of staff and supports future workforce planning.

The reduction in available staff has resulted in increased stress and anxiety for the team and staff continue to report reduced job satisfaction and increasing concern about staffing levels, burnout and staff health and well – being; support is now available from the visible leadership team and a psychologist continues to work with the team.

Additional funding for new roles has been secured and further recruitment is planned for November/December.

The proposed new level of assurance is 5. This is based on the overall decrease in vacancies and COVID and non COVID related sickness absence. Also the midwife to birth ratio has been recorded at or below the agreed ratio, the shift leader has remained supernummary and 1:1 care has been provided for 100% of women.

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A further higher level of assurance will be offered when the COVID related absence reduces further, there are no vacancies recorded and the sickness absence rate is at the Trust target. It is anticipated that this will be achieved in February 2022.

Recommendations

The Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.

Appendices

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CQC Registration – Statement Of Purpose (SOP)

For approval:	x	For discussion:		For assurance:		To note:	
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Accountable Director	Paula Gardner, Chief Nursing Officer		
Presented by	Jackie Edwards, Deputy Chief Nursing Officer	Author /s	Siobhan Gordon, Head of Quality Hub & Healthcare Standards Rachel Beasley-Suffolk, Healthcare Standards Officer

Alignment to the Trust’s strategic objectives (x)

Best services for local people	x	Best experience of care and outcomes for our patients		Best use of resources		Best people	
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Report previously reviewed by

Committee/Group	Date	Outcome
TME	17 November 2021	Approved
QGC	25 November 2021	Approved

Recommendations	Following the annual review of the Worcestershire Acute Hospitals NHS Trust Statement of Purpose, Trust Board is requested to review and approve Appendix 1 and 2 for submission to Care Quality Commission (CQC) Registration team.
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Executive summary	To ensure compliance with both Regulation 12(3), Care Quality Commission (registration) Regulations 2009 and the Health and Social Care act 2008, the Trust must complete a Statutory Notification form (Appendix 1) and provide an up-to-date Trust profile and outline of current services (Appendix 2) to the CQC.
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Risk

Which key red risks does this report address?		What BAF risk does this report address?	4, 15
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c

Assurance Level (x)	0	1	2	3	4	5	6	7	N/A	x
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Financial Risk	<i>State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.</i>
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Action

Is there an action plan in place to deliver the desired improvement outcomes?	Y	N	N/A	x
Are the actions identified starting to or are delivering the desired outcomes?	Y	N		

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If no has the action plan been revised/ enhanced	Y	N	
Timescales to achieve next level of assurance	N/A		

Introduction/Background
<p>During October and November 2021, the Quality Hub conducted the annual review process of the Worcestershire Acute Hospitals NHS Trust’s Statement of Purpose.</p> <p>The Quality Hub requested that the Divisional Directors of Operations review their current services and provide any updates/changes to the Quality Hub. In addition to the above, the Trust’s Director of Strategy and Planning, Director of People and Culture and Director of Communications provided a review of the Trust profile where appropriate.</p> <p>The annual review of the Statement of Purpose (Appendix 2) identified the following changes:</p> <ol style="list-style-type: none"> 1. Updated Patient Statistics (Section 1, paragraph 3). 2. Revised ‘Our vision, values and strategic goals and objectives’ (Section 2). 3. Regulated Activities – removed the word “medical” from the sentence “we admit patients to hospital at short notice or in an emergency through a dedicated emergency department or <i>medical</i> assessment unit” (Section 3.2). 4. Through the SOP, Alexandra General Hospital updated to Alexandra Hospital. 5. Alexandra Hospital updated to include “A Maternity Hub is also situated at this site’ and to reflect plans for the Alexandra Hospital ‘to increase routine elective surgical activity whilst mainlining an Emergency Department and full support for Urgent & Emergency attendances’ (Section 4.2). 6. Kidderminster Hospital & Treatment Centre, added “and a Maternity Hub” to the closing sentence of paragraph 3. (Section 4.3). 7. Worcestershire Royal Hospital, Changed “Level 2 Neonatal Intensive Care Unit to Local Neonatal Unit (LNU – Level 2)” (Section 4.4). 8. Worcestershire Royal Hospital, included “to complement our consultant led service” and updated “Midwife” to “Midwifery led unit”. (Section 4.4). 9. Inserted new paragraph to state “The children’s inpatient services were centralised onto the Worcestershire Royal Hospital site in 2016 and have 31 inpatient beds and 4 assessment pathway beds”. (Section 4.4). 10. Appendix 1 of the SOP “details of services and specialities provided in each of the trusts registered location” updates to reflect the below changes (Pages 9 – 10) <ol style="list-style-type: none"> a. Updated ENT comment to include that OP is at the Alex. b. Updated Oral Surgery Comment section to state the OP only at the Alex. c. Updated Trauma comment section to include “Ambulatory Trauma at KTC”. d. Removed “Orthopaedics” as a service from Evesham. e. Removed “Bowel Screening” as a service from the Worcestershire Royal Hospital as no provided at this location. f. Removed “Imaging” as services option as covered within “Radiology” option. g. Included “Minor Injuries Unit” to both Alexandra General Hospital & Worcestershire Royal Hospital locations. <p>During this annual review, no changes were identified for Speciality Medicine.</p>

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Please note:

For the Trust to be able to submit a revised Statement of Purpose to the CQC, the Trust must first be in possession of an up-to-date Registration Certificate. The Trust's certificate of registration is up to date and is displayed in the Quality Hub. An electronic copy is also available on request

Recommendations

Following the annual review of the Worcestershire Acute Hospitals NHS Trust Statement of Purpose, Trust Board is requested to review and approve Appendix 1 and 2 for submission to Care Quality Commission (CQC) Registration team.

Appendices

Appendix 1 Statutory Notification form		Appendix 2 Trust profile and outline of current services <i>(Statement of Purpose)</i>	
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Statutory notification

Regulation 12(3), Care Quality Commission (Registration) Regulations 2009

Change to a statement of purpose

Statutory notification about change to a statement of purpose
 Care Quality Commission (Registration) Regulations 2009, Regulation 12(3)

Please read our **guidance for providers about making statutory notifications** and our **Guidance about compliance: Essential standards of quality and safety** for detailed advice on how and when to make statutory notifications, available at www.cqc.org.uk.

Requirements about the content of statements of purpose were amended after the publication of the Guidance about Compliance. A requirement to include an address for service of notices and other documents to registered persons was added on 1 June 2012.

Please enter dates in the format dd/mm/yyyy.

Please do not include the name of any person in the form, other than the name of the person completing and submitting the form. Information on how CQC processes and protects personal information, and on the rights of data subjects, are published on our website at <http://www.cqc.org.uk/about-us/our-policies/privacy-statement>

1 The Provider (complete in all cases):

Name of provider:	Worcestershire Acute Hospitals NHS Trust
CQC provider number:	RWP

2 The change(s) to the Statement of Purpose

2.1 Addition or change to the email address for service of notices and other documents to the provider

NB This notification must be signed by the provider below

Change of the provider's business postal address or other contact details (part 1 of the CQC template)	<input type="checkbox"/>	
Addition of an email address for the provider (part 1 of the CQC template)	<input type="checkbox"/>	
Change to the email address for the provider (part 1 of the CQC template)	<input type="checkbox"/>	
I agree to the email address supplied in my / our attached Statement of Purpose being used for service of notices and other documents, in accordance with Sections 93 and 94 of the Health and Social Care Act 2008		
*Provider's (or duly authorised person's) signature		
*Date (dd/mm/yyyy)		

If you are submitting this form electronically we can accept a typed-in name as your signature.

2.2 **Addition or change to the email address for service of notices and other documents to a registered manager**

Addition of email address(es) for a manager(s) that can be used for service of notices and other documents (part 4 of the CQC template)	<input type="checkbox"/>	
Change to the email address(es) for a manager(s) that can be used for service of notices and other documents (part 4 of the CQC template)	<input type="checkbox"/>	
Other changes to information about manager(s) (part 4 of the CQC template)	<input type="checkbox"/>	

Relevant managers must confirm that they agree to the use of the email address supplied for them in the statement of purpose for service of notices and other documents.

To do so they must fill in and submit a 'Manager's email address for service of documents' notification form that can be downloaded from the website page where you found this form.

Please note: CQC can deem notices sent to postal or agreed addresses for service of notices and other documents shown in a statement of purpose as having been served, in accordance with Sections 93 and 94 of the Health and Social Care Act 2008.

Relevant timescales for representations, appeals and factual accuracy comments in notices and inspection reports cannot be extended due to delays in these documents being seen by the relevant registered person. Addresses for service of documents must therefore be able to ensure prompt delivery of these documents to them.

3 Other changes to your statement of purpose

CQC has developed templates that you can use when drafting your Statement of Purpose. Using the templates helps you to make sure that your statement includes all the information the law requires. You can download the templates from the CQC website page where you found this notification form.

Please attach your amended statement of purpose. If you are using the CQC statement of purpose templates please only attach the changed part(s) and highlight the changes, for example by using 'tracked changes'. In all other cases please tell us below about the changes you have made by quoting relevant page and paragraph numbers below.

We have updated our Statement of Purpose to include/exclude:

1. Updated Patient Statistics (Section 1, paragraph 3).
2. Revised 'Our vision, values and strategic goals and objectives' (Section 2).
3. Regulated Activities – removed the word “medical” from the sentence “we admit patients to hospital at short notice or in an emergency through a dedicated emergency department or medical assessment unit” (Section 3.2).
4. Through the SOP, Alexandra General Hospital updated to Alexandra Hospital.
5. Alexandra Hospital updated to include “A Maternity Hub is also situated at this site’ and to reflect plans for the Alexandra Hospital ‘to increase routine elective surgical activity whilst mainlining an Emergency Department and full support for Urgent & Emergency attendances’ (Section 4.2).
6. Kidderminster Hospital & Treatment Centre, added “and a Maternity Hub” to the closing sentence of paragraph 3. (Section 4.3).
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8. Worcestershire Royal Hospital, included “to complement our consultant led service” and updated “Midwife” to “Midwifery led unit”. (Section 4.4).
9. Inserted new paragraph to state “The children’s inpatient services were centralised onto the Worcestershire Royal Hospital site in 2016 and have 31 inpatient beds and 4 assessment pathway beds”. (Section 4.4).
10. Appendix 1 of the SOP “details of services and specialities provided in each of the Trust’s registered location” updates to reflect the below changes (Pages 9 – 10):
 - a. Updated ENT comment to include that OP is at the Alex.
 - b. Updated Oral Surgery Comment section to state the OP only at the Alex.
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 - d. Removed “Orthopaedics” as a service from Evesham.
 - e. Removed “Bowel Screening” as a service from the Worcestershire Royal Hospital as no provided at this location.
 - f. Removed “Imaging” as services option as covered within “Radiology” option.
 - g. Included “Minor Injuries Unit” to both Alexandra General Hospital & Worcestershire Royal Hospital locations.

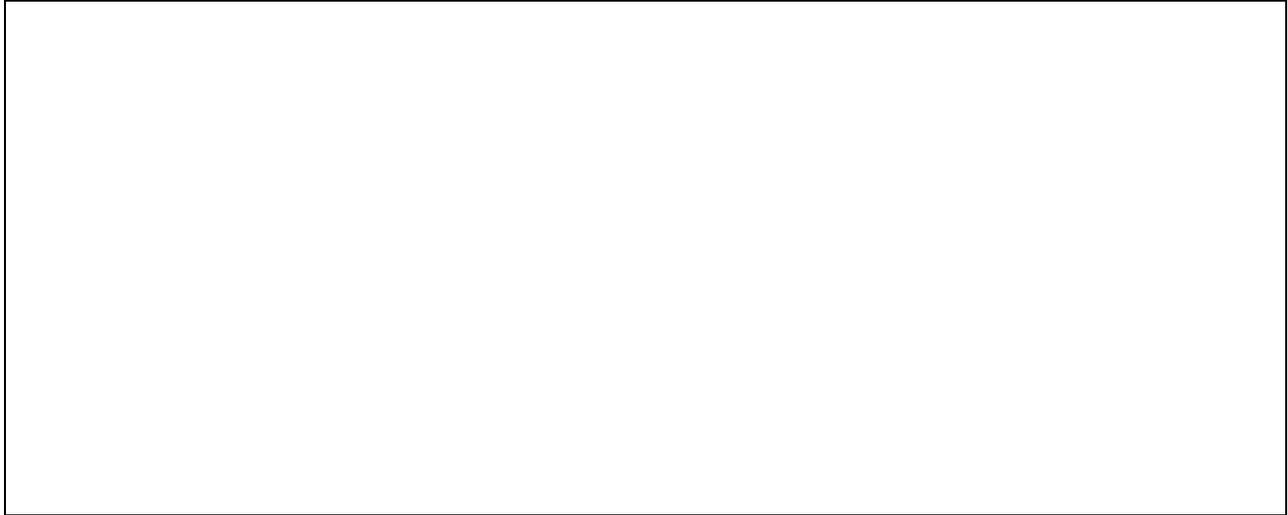
4 Submitter and contact for more information (where not the same)*

(a) Form filled in and submitted by:	Rachel Beasley-Suffolk, Healthcare Standards Officer		
Their telephone number:	01905 763333 ext 30715	Date submitted:	TBD
(b) Contact for more information:	Rachel Beasley-Suffolk, Healthcare Standards Officer		
Their telephone number:	01905 763333 ext 30715		

Email this form with your statement of purpose attached to:

HSCA_notifications@cqc.org.uk

For CQC use only, please leave blank



Provided to the Care Quality Commission to comply with
the Health and Social Care Act (2008)

1. Trust Profile

- 1.1 Worcestershire Acute Hospitals NHS Trust is a large acute and specialised hospital Trust that provides a range of local acute services to the residents of Worcestershire and more specialised services to a larger population in Herefordshire and beyond.

The Trust operates hospital-based services from three sites in Kidderminster, Redditch and Worcester:

- Alexandra Hospital, Redditch
- Kidderminster Hospital and Treatment Centre, Kidderminster
- Worcestershire Royal Hospital, Worcester

The Trust has a total of 923 beds, including General and Acute (740 beds), Maternity, Paediatrics and Critical Care.

In 2020/21 we provided care to more than 242,643 different Worcestershire patients – that is 40% of the Worcestershire population receiving care at one of our hospitals.

We saw 664 patients per day, including:

- 128,473 A&E attendances (WRH, ALX and KTC)
- 118,114 Inpatients
- 458,225 Outpatients
- 4,863 births
- 4,950 babies

We employ nearly 6,800 people and more than 567 local people volunteer with us helping to deliver care.

In 2020/21 we had an annual turnover of over £559 million.

The main commissioner of the Trust's services is Herefordshire and Worcestershire Clinical Commissioning Group.

2 Vision, values, strategic goals and objectives for the regulated services we provide

- 2.1 In April 2019 the Trust Board launched *Putting Patients First*, the 5-year vision and strategy for the next phase for the organisation. This is shown in our organisation pyramid.

Our purpose, vision and values are set out in our strategic 'Pyramid.'



Our **purpose** is plain and simple: Putting Patients First. That's why we're all here
 Our **purpose** shapes our **vision**: Working in partnership to provide the best healthcare for our communities, leading and supporting our teams to move 4ward.

Our **purpose** and **vision** shape our **objectives**:

- **Best Services for Local People:** We will develop and design our services with patients, for patients. We will work actively with our partners to build the best sustainable services which enable people in the communities we care for to enjoy the highest standards of health and wellbeing.
- **Best experience of care and best outcomes for our patients:** We will ensure that the care our patients receive is safe, clinically excellent, compassionate and an exemplar of positive patient experience. We will drive the transformation and continuous improvement of our care systems and processes through clinically-led innovation and best use of technology.
- **Best use of resources:** We will ensure that services – now and in the future – meet the highest possible standards within available resources for the benefit of our patients and the wider health and care system.
- **Best people:** We will invest in our people to ensure that we recruit, retain and develop the right staff with the right skills who care about, and take pride in, **putting patients first**.

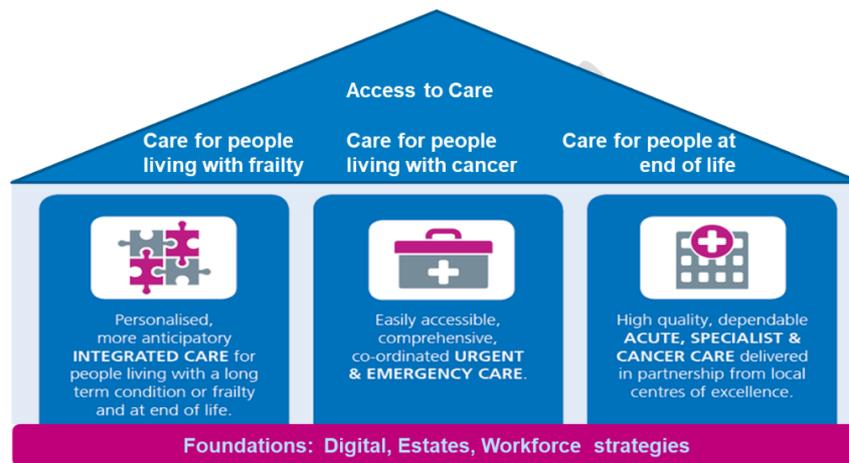
These objectives are underpinned by our 4ward behaviours which we will all strive to model as positively as we can as often as we can:

- Do What We Say We Will Do
- Listen, Learn, Lead
- No Delays, Every Day
- Work Together, Celebrate Together

2.2 Our key plans are our;

Our 5-year Clinical Services Strategy was launched in October 2019. Better never stops, and our Clinical Services Strategy provides a clear future vision for our Trust, our hospitals, our services and our role in the wider health and care system.

The plans are summarised within the three clinical services “pillars” of *Integrated Care*, *Urgent and Emergency Care* and *Acute, Specialist and Cancer Care* and have cross-cutting themes as shown in the “roof” of the diagram below.



The delivery of the Clinical Services Strategy is supported by a number of enabling strategies, such as:

- Our Quality Improvement Strategy (leading to our Patient Quality and Safety Strategy, new for 2022 – 2025), including a single improvement methodology.
- Our People and Culture Strategy (including the 4ward culture development programme).
- Infrastructure strategies – our new Digital Strategy and the further development of our Capital and Estates Strategy.

Their aims and objectives will also be used to help us shape a three-year plan that will take us 4ward from 2022 to 2025.

That plan will help us make further progress on our Vision and Strategic Objectives over the next three years on the following priority areas:

- Our **patients** cared for safely and compassionately by services which are clinically and financially sustainable now and in the future
- Our **people** working in supported and engaged teams, where morale is high, innovation encouraged and everyone is focussed on improvement
- Our **partners** working alongside us to improve health and health outcomes for our communities
- Every **pound** of taxpayers’ money spent wisely and effectively, and our underlying deficit reduced significantly
- **Proof** that we are doing what we have said we will do, evidenced by more positive patient feedback, year-on-year progress in our staff survey and improved feedback and ratings from our regulators

Key to making all of this happen, and making sure that our teams are empowered and equipped with have the skills, tools, techniques and mind-set to drive continuous improvement in every part of our Trust is our single improvement methodology.

Initially working with our chosen partners, but with an increasing focus on building our own capacity and capability the single improvement methodology will give us:
A shared method for identifying and seizing every opportunity to improve the quality and safety of care we provide

A common language to describe those improvements

Robust ways of measuring the improvements we have made and the benefits that have delivered in terms of patient experience and outcomes; staff morale; efficiency and waste reduction; organisational reputation and our contribution to leading improvement not just in our Trust but across our local health and care system.

Hope for a better future and a clear road map to help us move 4ward to that better future together.

DRAFT

3. **Regulated Activities**

3.1 The Trust provides acute services within the following locations:

Abbreviations used;

ALEX	Alexandra Hospital, Redditch
KTC	Kidderminster Hospital & Treatment Centre, Kidderminster
WRH	Worcestershire Royal Hospital, Worcester
ECH	Evesham Community Hospital, Evesham

REGULATED ACTIVITY	ALEX	ECH	KTC	WRH
Treatment of disease, disorder or injury	✓	✓	✓	✓
Surgical Procedures	✓		✓	✓
Maternity & midwifery services	✓	✓	✓	✓
Diagnostic and screening procedures	✓	✓	✓	✓
Termination of pregnancies	✓		✓	✓
Family planning services	✓		✓	✓
Assessment or medical treatment for persons detained under the Mental Health Act 1983	✓	✓	✓	✓
Management of supply of blood and blood derived products	✓			✓

This means that the Trust provides medical and surgical investigations, diagnosis and treatment for physical illnesses or conditions, injuries or diseases for adults and children.

These services are managed under the Trust's overarching governance arrangements. The contact details for the Accountable Officer are set out in 5.1.

3.2 We admit patients to hospital:

- on a day case basis or as inpatients.
- at short notice or in an emergency through a dedicated emergency department or assessment unit.

We also provide services to patients on an outpatient basis.

3.3 People are admitted to the service under the care of a medical or clinical practitioner. We employ a broad range of healthcare professionals to meet the needs of the people using the service.

3.4 As a provider of acute hospital services our patients present with a wide range of conditions, some of which are pre-existing and being managed by other healthcare providers. Some of our patients will be referred to other providers of healthcare, as their condition requires.

3.5 A summary of the services we provide and the locations from which they are provided is included in Appendix 1.

4 **Locations of services provided**

4.1 The Trust has four locations from which services are provided and these are listed below:

- Alexandra Hospital, Redditch
- Kidderminster Hospital and Treatment Centre, Kidderminster
- Worcestershire Royal Hospital, Worcester
- Evesham Community Hospital, Evesham

4.2 Alexandra Hospital

The Alexandra Hospital in Redditch was opened in 1985. It serves a population of approximately 200,000 and has approximately 360 General and Acute beds.

The hospital is the major centre for the county's Urology service. The hospital has seven operating theatres, MRI and CT scanners.

Our plan for the Alexandra General Hospital is to increase the amount of routine elective surgical activity carried out at the hospital, whilst maintaining an Emergency Department and full support for urgent and emergency attendances. A Maternity Hub is also situated at this site.

There is a multi-disciplinary education centre with library, teaching and study areas.

4.3 Kidderminster Hospital and Treatment Centre

Kidderminster Hospital houses the Kidderminster Treatment Centre which offers outstanding clinical facilities and patient accommodation for a wide range of day case, short stay and inpatient procedures.

The nurse-led minor injuries services are open between the hours of 08:00 – 22:00 each day and treat more than 24,000 patients every year. It can deal with a wide variety of injuries including simple fractures, soft tissue injuries, lacerations, bites, burns and scalds.

Other facilities at the Kidderminster site include a full range of outpatient clinics – including outpatient cancer treatment in the Millbrook Suite – MRI and CT scanners, a renal dialysis unit and a Maternity Hub.

There is also a modern education centre with seminar rooms, IT suite, library and break out areas.

4.4 Worcestershire Royal Hospital

Worcestershire Royal Hospital is the latest of our three sites. The main hospital was built under the private finance initiative (PFI) and opened in 2002. It provides specialist services for the whole of Worcestershire including stroke services and cardiac stenting. It has approximately 500 beds and serves a population of more than 550,000.

The Worcestershire Oncology Centre opened in January 2015, providing radiotherapy services for cancer patients, the first time these services have been available in the county. The hospital has nine operating theatres including four

laminar theatres. It has a Local Neonatal Unit (LNU - level 2) and a cardiac catheterisation laboratory. The 24/7 Primary Percutaneous Coronary Intervention (PPCI) service began in October 2013.

The Meadow Birth Centre opened in April 2015, to complement our Consultant led service, providing an alongside midwifery led unit for the women of Worcestershire.

The Children's in-patient services were centralised onto the Worcestershire Royal Hospital site in 2016 and have 31 in-patient beds and 4 assessment pathway beds.

- 4.5 Evesham Community Hospital (ECH) is run by Herefordshire and Worcestershire Health and Care NHS Trust.

Worcestershire Acute Hospitals NHS Trust provides a range of regulated activities at this community hospital, for which it is registered. All activities at this location are managed through the governance arrangements of Worcestershire Acute Hospitals NHS Trust.

- 4.6 We also provide some acute services at other satellite locations. Satellite locations include, but are not restricted to;
- Princess of Wales Community Hospital, Bromsgrove;
 - Malvern Community Hospital;
 - Tenbury Community Hospital.

These services are managed under the Trust's overarching governance arrangements. The contact details for the Accountable Officer are set out in 5.1.

5. Legal Status of the Trust

- 5.1 The Worcestershire Acute Hospitals National Health Service Trust (Establishment) Order 1999 came into force on 1st January 2000 and authorised the Trust to operate with effect from 1st April 2000 under section 5.1 of the National Health Service and Community Care Act 1990.

The details of the Nominated Individual for registration purposes are;

Name:	Matthew Hopkins
Designation:	Chief Executive Worcestershire Acute Hospitals NHS Trust
Address:	Worcestershire Royal Hospital, Executive Suite, Charles Hastings Way Worcester, Worcestershire WR5 1DD
Email address:	matthew.hopkins2@nhs.net Telephone 01905-733960

Appendix 1

Details of services and specialties provided in each of the Trust's registered locations

Abbreviations used;

ALEX	Alexandra Hospital, Redditch
KTC	Kidderminster Hospital & Treatment Centre
WRH	Worcestershire Royal Hospital
ECH	Evesham Community Hospital

Service/ Specialty	ALEX	KTC	WRH	ECH	Comments
Diabetes	✓	✓	✓		
Cardiology	✓	✓	✓	✓	
Respiratory	✓	✓	✓	✓	
Infectious Diseases	✓	✓	✓		
Renal	✓	✓	✓	✓	
Neurology	✓	✓	✓		
A&E	✓		✓		
Minor Injuries Unit	✓	✓	✓		
Acute Medical Unit	✓		✓		
Medical Assessment Unit	✓		✓		
Ambulatory Emergency Care	✓		✓		
Elderly medicine	✓	✓	✓		
Dementia	✓	✓	✓	✓	
Stroke			✓		
Neurophysiology	✓	✓	✓		
Therapies	✓	✓	✓		
Gastroenterology	✓	✓	✓	✓	
Haematology	✓	✓	✓		
Oncology	✓	✓	✓		
Acute Oncology	✓		✓		
Palliative Care	✓		✓		
Radiotherapy			✓		
Upper GI	✓	✓	✓		
Lower GI	✓	✓	✓		
Vascular	✓	✓	✓		

Service/ Specialty	ALEX	KTC	WRH	ECH	Comments
Breast	✓	✓	✓		
Urology	✓	✓	✓		
ENT / Audiology	✓	✓	✓	✓	OP only at ALEX and ECH
Maxillofacial	✓	✓	✓		
Oral surgery	✓	✓	✓		OP only at ALEX
Dermatology	✓	✓	✓		
Trauma	✓	✓	✓		Ambulatory trauma at KTC
Orthopaedics	✓	✓	✓		
Hands service	✓	✓	✓		
Paediatrics	✓	✓	✓	✓	Inpatient care at WRH only
Neonatal			✓		
Gynaecology	✓	✓	✓	✓	
Maternity	✓	✓	✓	✓	Inpatient maternity care at WRH only
Chronic Pain		✓	✓		
Critical care	✓		✓		
Ophthalmology	✓	✓	✓		
Rheumatology	✓	✓	✓	✓	
Endoscopy	✓	✓	✓	✓	
Bowel Screening Programme	✓				No longer on the WRH site. Malvern and ALEX only.
Pathology	✓		✓		
Pharmacy	✓		✓		
Radiology	✓	✓	✓	✓	

Note;

In addition to the services provided within the Trust's registered locations, additional activity (mainly outpatient activity & radiology) may also take place in other satellite units within the community. These satellites include, but are not restricted to;

- Princess of Wales Community Hospital;
- Malvern Community Hospital;
- Tenbury Community Hospital.

Wherever services are carried out outside of the Trust's registered locations, activity is managed through the overarching governance arrangements of Worcestershire Acute Hospitals NHS Trust and is managed through managers located within one of our registered locations.

Meeting	Trust Board
Date of meeting	9 December 2021
Paper number	Enc F3

Audit and Assurance Committee Report

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Anita Day, Audit and Assurance Committee Chair		
Presented by	Colin Horwath, Committee Vice Chair	Author /s	Rebecca O'Connor, Company Secretary

Alignment to the Trust's strategic objectives (x)							
Best services for local people	X	Best experience of care and outcomes for our patients		Best use of resources	X	Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Board is requested to: 1. Note the report for assurance
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Executive summary	<p>This report summarises the business of the Audit and Assurance Committee at its meeting held on 9 November 2021. The following key points are escalated to the Board's attention:</p> <p><u>9 November 2021</u></p> <p>1. External Audit (inc VFM) Committee received the progress report from the external auditors and received an update with regards to progress made for VFM, noting this was strongly linked to the development of the three year plan.</p> <p>2. Internal Audit Committee received reports with findings of significant assurance in relation to facilities timesheets, sickness management and substantial assurance with regards to the DSP toolkit. Management actions are in place for all recommendations and the scope of future audits in respect of PFI contracts was discussed</p> <p>3. Counter Fraud Committee received a progress update and approved the counter fraud plan for 2021/22.</p> <p>4. Theatres Committee discussed progress on issues raised during a site visit. Referrals had been made to QGC, F&P and P&C committees in respect of cultural issues and serious incidents and those Committees asked to report back their assurance</p>
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Meeting	Trust Board
Date of meeting	9 December 2021
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	<p>5. Review of losses and special payments including pharmacy Committee reviewed the above and received an update from the Chief Pharmacist with specific focus on pharmacy losses and high cost stock.</p> <p>6. Tender waivers Committee reviewed and agreed to focus on estates waivers in the next quarter.</p> <p>7. Deep dives: Data Quality and Cyber Security Committee undertook deep dives in respect to both the above topics. Committee considered the live RTT dashboard and was updated on issues with NHS numbers and merging of records. It discussed legacy vulnerability and noted the significant investment and developments underway with regards to cyber security.</p> <p>8. Board Assurance Framework Committee reviewed the developments made to the Board Assurance Framework. This was a live documents and Committees were now completing cycles of deep dives and reviews.</p> <p>9. Governance Task and Finish Group Committee reviewed the progress in embedding the work of the Governance Task and Finish group six months on. Progress has been made in respect of the BAF and seven levels of assurance. A number of recommendations were made and would be progressed via TME.</p>
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Risk											
Which key red risks does this report address?				What BAF risk does this report address?	<i>All – Committee’s work cross cuts all underpinning BAF risks</i>						
Assurance Level (x)	0	1	2	3	4	5	X	6	7	N/A	
Financial Risk	<i>None directly arising as a result of this report</i>										
Action											
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N					N/A	X		
Are the actions identified starting to or are delivering the desired outcomes?	Y		N								
If no has the action plan been revised/ enhanced	Y		N								
Timescales to achieve next level of assurance											

Meeting	Trust Board
Date of meeting	9 December 2021
Paper number	Enc F4

Remuneration Committee Report

For approval:	For discussion:	For assurance:	X	To note:
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Accountable Director	Sir David Nicholson, Remuneration Committee Chair		
Presented by	Sir David Nicholson, Committee Chair	Author /s	Rebecca O'Connor, Company Secretary

Alignment to the Trust's strategic objectives (x)							
Best services for local people	Best experience of care and outcomes for our patients	Best use of resources	X	Best people	X		

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Board is requested to: 1. Note the report for assurance
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Executive summary	<p>This report summarises the business of the Remuneration Committee at its meetings held on 14 October and 9 November 2021</p> <p>The following key points are escalated to the Board's attention:</p> <ol style="list-style-type: none"> 1. Appointment of Non-Executive Directors Committee noted the appointment of Non-Executive Director (Mr Colin Horwath) and approved the appointment of a Clinical Associate Non-Executive Director (Dr Sue Sinclair) 2. VSM pay Committee confirmed the implementation of the national arrangements and Ministers recommendations. 3. Secondment Committee approved the Secondment Agreement for the Associate Medical Director to support backfill arrangements for the Chief Medical Officer. 4. Chief Digital Officer Committee discussed and approved the job description and salary for Chief Digital Officer recruitment.
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Risk			
Which key red risks does this report address?	What BAF risk does this report address?	9 and 10	

Meeting	Trust Board
Date of meeting	9 December 2021
Paper number	Enc F4

Assurance Level (x)	0	1	2	3	4	5	X	6	7	N/A
Financial Risk	<i>None directly arising as a result of this report</i>									
Action										
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N					N/A	X	
Are the actions identified starting to or are delivering the desired outcomes?	Y		N							
If no has the action plan been revised/ enhanced	Y		N							
Timescales to achieve next level of assurance										

Meeting	Trust Board
Date of meeting	9 December 2021
Paper number	Enc F5

Trust Management Executive

For approval:	For discussion:	For assurance:	X	To note:
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Accountable Director	Matthew Hopkins CEO		
Presented by	Matthew Hopkins CEO	Author /s	Martin Wood Deputy Company Secretary

Alignment to the Trust's strategic objectives (x)							
Best services for local people	X	Best experience of care and outcomes for our patients	X	Best use of resources	X	Best people	X

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board is requested to receive this report for assurance.
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Executive summary	This report gives a summary of the items discussed at the Trust Management Executives (TME) held in September, October and November 2021. Members will see that there is a clear line of sight between the Board, Committees and TME.
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Risk												
Which key red risks does this report address?	N/A			What BAF risk does this report address?	<i>All – TME covers the breadth of the Trust's activity</i>							
Assurance Level (x)	0	1	2	3	4	5	6	7	N/A	X		
Financial Risk												
Action												
Is there an action plan in place to deliver the desired improvement outcomes?											N/A	X
Are the actions identified starting to or are delivering the desired outcomes?	Y		N									
If no has the action plan been revised/ enhanced	Y		N									
Timescales to achieve next level of assurance												

Meeting	Trust Board
Date of meeting	9 December 2021
Paper number	Enc F5

Introduction/Background
<p>TME is the primary executive decision making body for the Trust. It is set up to drive the strategic agenda and the business objectives for the Trust. It ensures that the key risks are identified and mitigated as well as ensuring that the Trust achieves its financial and operational performance targets.</p>
Issues and options
<p>Since my last report at the September 2021 Board, TME has met on three occasions on 22 September, 20 October and 17 November 2021. This report covers all meetings.</p> <p><u>September TME</u></p> <p>Items presented which were then considered by the Finance and Performance Committee:-</p> <ul style="list-style-type: none"> • Single Improvement Methodology • Update on Three Year Plan • (Finance)/H2/PEPs • Worcestershire Executive Committee Memorandum of Understanding and Terms of Reference • Integrated Performance Report • Financial Performance Report M5 • Contract Awards • Unified Tech Fund – Frontline Digitisation the process, timeframe and opportunity <p>Items presented which were then considered by the Quality Governance Committee:-</p> <ul style="list-style-type: none"> • Stroke Services – Medical Staffing • Integrated Performance Report • IPC Update – September 2021 • Safest Staffing Report • Maternity Service Improvement Plan Update • Trust Wide Medicines Incidents Report 2021/22 Q1 • Learning from Deaths • Cancer Services Assurance Report <p>Items presented which were then considered by the People and Culture Committee:-</p> <ul style="list-style-type: none"> • Best People Programme Update • Integrated People and Culture Report - September 2021 • Surgical Reconfiguration Workforce Impact • WRES, WDES and Gender Pay Gap Report 2021 • Certificate of Eligibility for Specialist Registration <p>Items presented which were then considered by the Audit and Assurance Committee:-</p> <ul style="list-style-type: none"> • Data Security and Protection (DSP) Toolkit Internal Audit Report 2020/21 • Sickness Management Internal Audit Report (Final) June 2021 <p>Other items</p> <ul style="list-style-type: none"> • Children’s RSV Surge (Internal Operational Plan) • ED Consultant Business Case Update

Meeting	Trust Board
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Paper number	Enc F5

- COVID-19 Command and Control
- Report of the Transformation Guiding Board
- Additional Employment to Support the Medical Examiner Office
- Replacement MRI Scanner at KTC
- Report of the Health and Safety Committee
- Divisional Compliance Dashboard as at 31 August 2021

October TME

Items presented which were then considered by the Finance and Performance Committee:-

- Three Year Plan
- H2 Update
- Collaborations at ICS level
- Integrated Performance Report
- Financial Performance Report M6
- Contract Awards
- DCR Enhancements Business Case

Items presented which were then considered by the Quality Governance Committee:-

- Integrated Performance Report
- ICP Update – October 2021
- Clinical Harm Review Panel Update
- Safest Staffing Report
- Maternity Services Safety Report
- Infection Prevention and Control Bed Spacing in response to COVID-19: Update against new NHSI Guidance

Items presented which had been considered by the Audit and Assurance Committee:-

- Cyber Security Update
- Data Quality
- Internal Audit Report - Facilities Timesheets 2021/22

Other items considered:-

- VFM Audit Findings
- “Golden Handshake” Proposals for Radiographers
- Professional Advocate Implementation
- Clinical Negligence Claims

November TME

Items presented which were then considered by the Finance and Performance Committee:-

- Three Year Plan
- Integrated Performance Report
- Financial Performance report M7
- Contract Awards
- Board Assurance Framework

Meeting	Trust Board
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Paper number	Enc F5

Items presented which were then considered by the Quality Governance Committee:-

- Integrated Performance Report
- Maternity Services Safety Report
- Winter Workforce Plan
- CQC Registration – Statement of Purpose (SOP)
- Board Assurance Framework

Items presented which were then considered by the People and Culture Committee:-

- Three Counties Medical School
- Winter Workforce Plan
- Effectiveness of the Trust’s Recruitment Functions
- Best People Programme Update – November 2021
- Board Assurance Framework

Other item considered:-

- Digital Care Record Update/DCR Funding Update
- Location By Vocation – Phase 1 Business Case and LBV Engagement Plan

Conclusion

Recommendations

The Trust Board is requested to receive this report for assurance.

Appendices - None