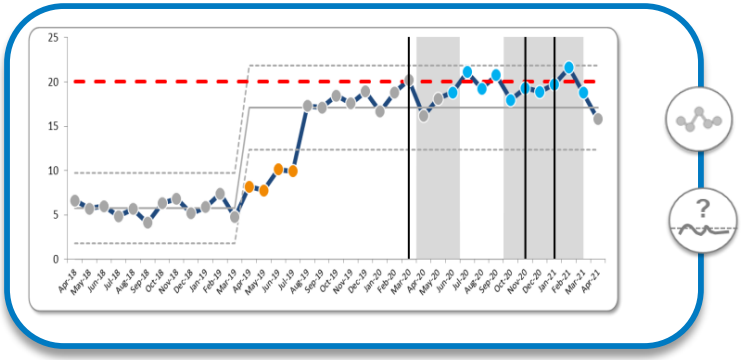
Month 1 [April] | 2021-22 Quality & Safety - Care that is Positive Experience

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated April 21 as at 12th May 2021

NHS Worcestershire Acute Hospitals NHS Trust

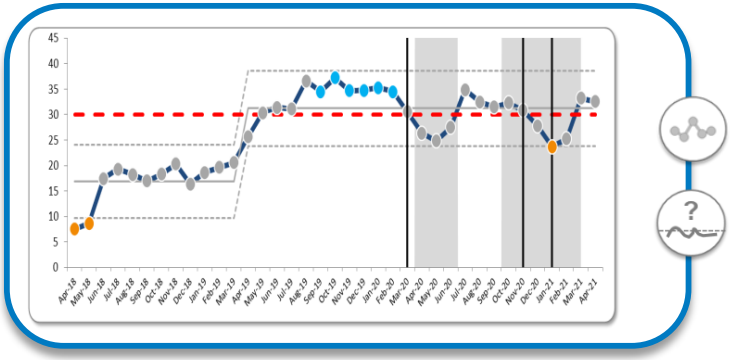
Accident & Emergency Response Rate Friends & Family Test (%)

15.79



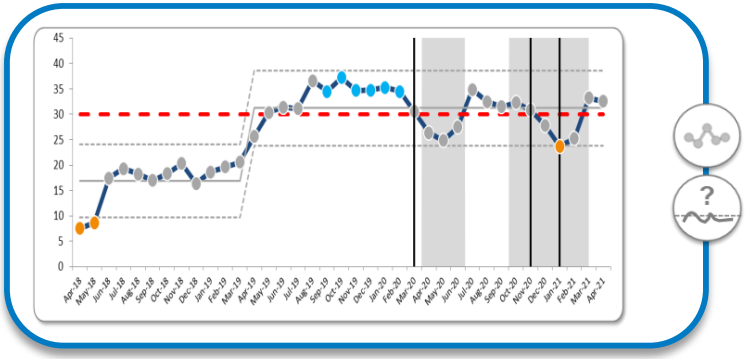
Inpatient Response Rate Friends & Family Test (%)

32.58



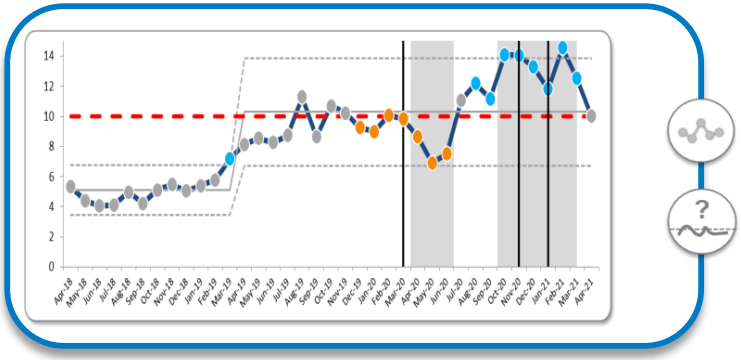
Maternity Response Rate Friends & Family Test (%)

15.82



Outpatients Response Rate Friends & Family Test (%)

10.03



Lockdown Period

COVID Wave

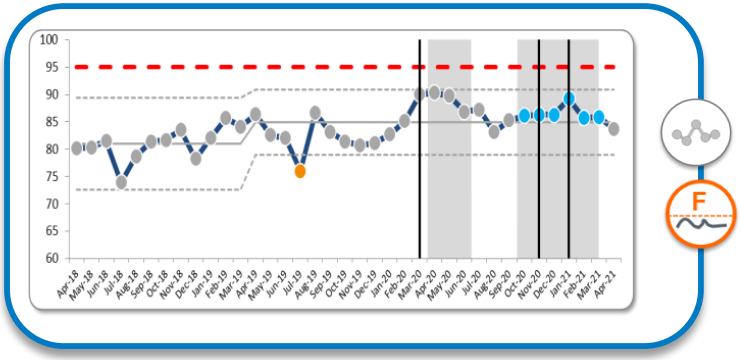
Month 1 [April] | 2021-22 Quality & Safety - Care that is Positive Experience

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated April 21 as at 12th May 2021

NHS Worcestershire Acute Hospitals NHS Trust

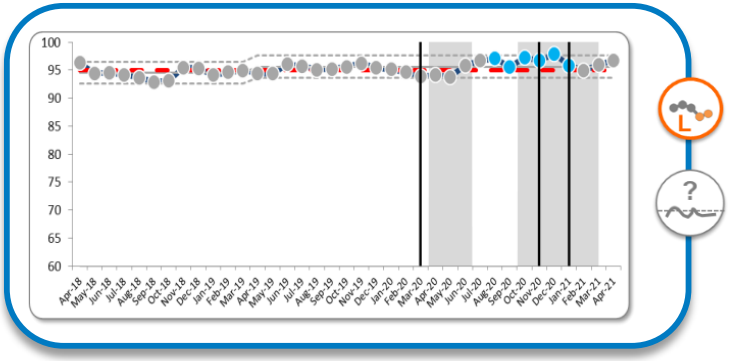
Accident & Emergency Recommended Rate Friends & Family Test (%)

83.72



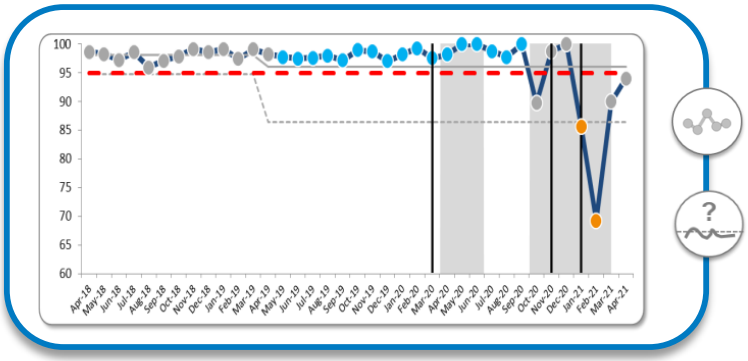
Inpatient Recommended Rate Friends & Family Test (%)

96.68



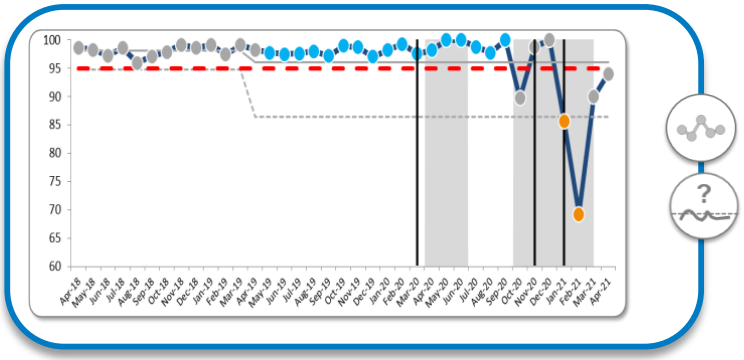
Maternity Recommended Rate Friends & Family Test (%)

94.05



Outpatients Recommended Rate Friends & Family Test (%)

94.35



Lockdown Period

COVID Wave

Workforce

People and Culture Performance Report Month 1 - Headlines

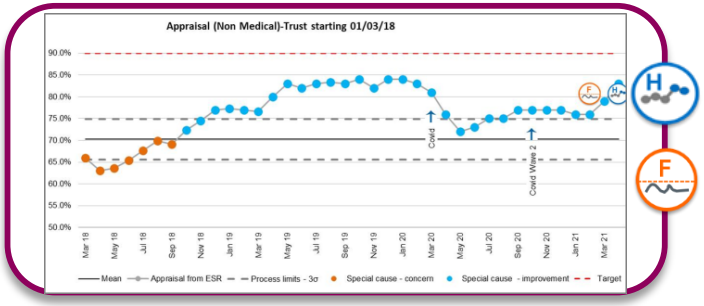
People & Culture	Comments
Getting the basics right (appraisal, mandatory training, job plans)	• Mandatory training compliance remains at 90% (meets Trust target) • Medical appraisal compliance has improved by 5% to 88% • Non-medical appraisal rate has improved by 4% to 83% • Although Surgery and Women and Children's saw a marginal improvement there has been a fall in Consultant Job Planning compliance of 4% to 53% against a target of 90%. Surgery continues to be an outlier at 24% despite a 7% improvement as at the end of April
Absence due to Stress and Anxiety (S10)	• Sickness due to S10 (stress and anxiety) has reduced by 0.26% to 1.09% which is almost down to pre-covid levels. • Our staff health and wellbeing offer has been refreshed and continues to be communicated to staff at every opportunity through Worcestershire Weekly and intranet as well as Leadership Briefing.
Monthly Sickness Absence Rate	• Monthly Sickness is 3.99% which is a whole 2.0% lower than the same period last year which was the first month of Wave 1 Covid pandemic • Cumulative sickness has reduced to 4.72% • Cumulative sickness is 0.08% higher than April 2020 due to the impact of Wave 2 over the winter. • Covid absence (both sickness and self isolation) have reduced again this month in line with community prevalence rates
Vacancy Rate	• Substantive vacancy rate has increased to 9.3% due to an increase in substantive funded establishment. This increase is following a patient acuity and establishment review at budget setting. Some of this increase is due to the movement of funded establishment from bank and agency to substantive. • Our vacancy rate is now above the ONS national average of 8.1% and the Model Hospital average of 7.37%. • The Establishment has been increased to include substantive funding for all wards plus an uplift for annual leave. • There are an additional 154 staff (134.84 wte) on maternity leave in April (an additional 2.08% on top of the substantive vacancy rate)
Staff Turnover	• Staff turnover has reduced by 0.42% this month to 9.08% which is 2.33% better than the same period last year • We perform well at Quartile 2 on Model Hospital with 0.86% monthly turnover against a national average of 0.93% (January 2021 data)

Month 1 [April] 2020-21 Workforce Compliance Summary

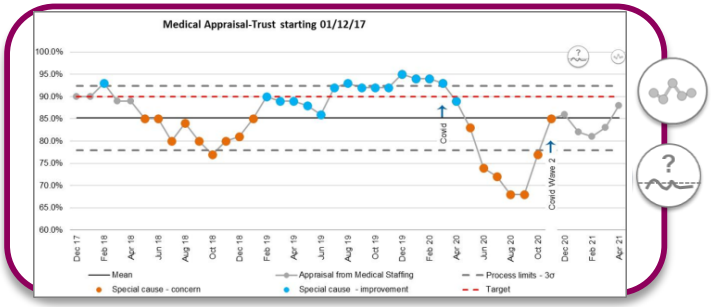
Responsible Director: Director of People and Culture | Validated for March -21 as 14th May 2021

NHS Worcestershire Acute Hospitals NHS Trust

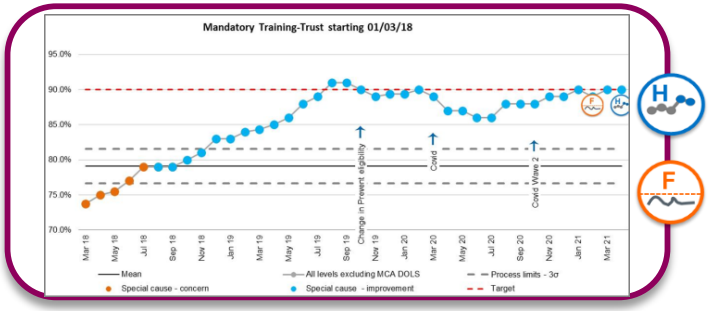
Appraisal (Non-Medical) — 83%



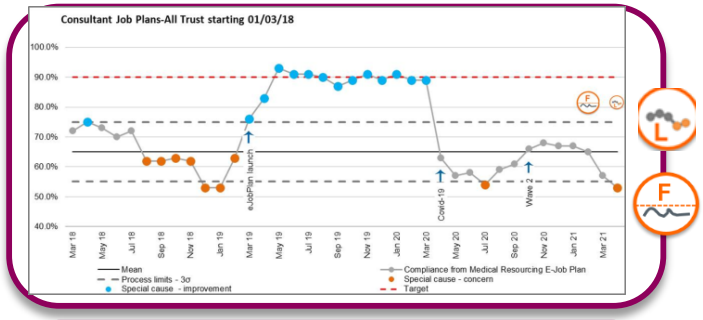
Medical Appraisal — 88%



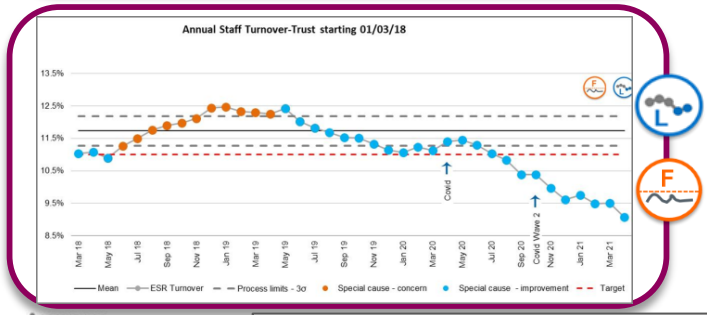
Mandatory Training — 90%



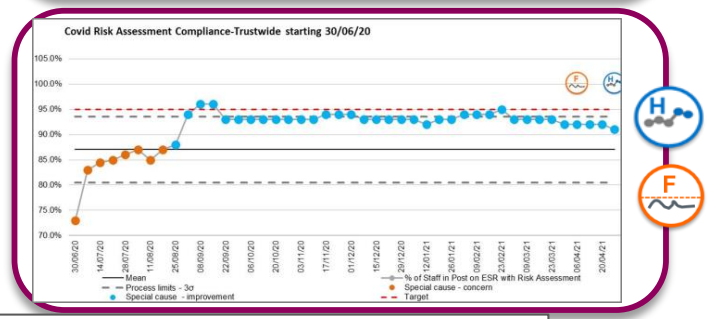
Consultant Job Plans — 53%



Staff Turnover — 9.08%



Covid Risk Assessment Compliance — 91%



Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Workforce Compliance Month 1: - What does the data tell us?

Appraisal and Medical Appraisal	Mandatory Training and Core Essential to Role Training	Consultant Job Planning	Annual Staff Turnover	Covid Risk Assessment Compliance
83% and 88%	90% and 82%	53%	9.08%	91%

What does the data tell us?

- **Appraisal** – Compliance has improved by 4% to 83% which is 7% higher than the same period last year.
- **Medical Appraisal –** Medical appraisal has improved by 5% to 88% this month and is now only 1% lower than the same period last year
- **Mandatory Training** – Mandatory Training compliance has remained at 90% this month which is 3% better than the same period last year despite Covid Wave 2.
- **Essential to Role Training** – We have a 1% improvement in Essential to Role training this month even with the addition on End of Life Care. Frailty compliance has increased by 4% to 78%. Sepsis and Dementia have increased by 2%. More than 2100 staff have completed End of Life Care training in the first month since launch taking it straight up to 32%. The only topic that has seen a slight decrease is MCA and DoLS level 2 and 4.
- **Consultant Job Plans** – Consultant job planning compliance has reduced by 4% to 53%. Surgery and Women and Children's saw a marginal improvement but other divisions deteriorated. Surgery continues to be an outlier at 24% despite a 7% improvement. Appointment to the dedicated Job Planning Officer role is pushing compliance with divisions and avoided the predicted drop to 39% in April if no activity had taken place.
- **Staff Turnover** – Staff annual turnover has improved by 0.42% this month to 9.08% which is well within target and 2.33% better than the same period last year. All divisions have easily met the new target of 11%. Our performance on Model Hospital is favourable in Quartile 2.
- **Covid Risk Assessment Compliance –** Compliance dropped by 1% to 91% due to turnover of staff and staff returning from sick leave or shielding who were previously excluded

National Benchmarking (May 2021)
Model Hospital Benchmark for Mandatory Training compliance is 90% and a peer group average of 88% so the Trust is not an outlier. Performance is better than Model Hospital average of 85% for Medical Appraisal and only 2% short for Non-Medical appraisal. We are an outlier for job planning.

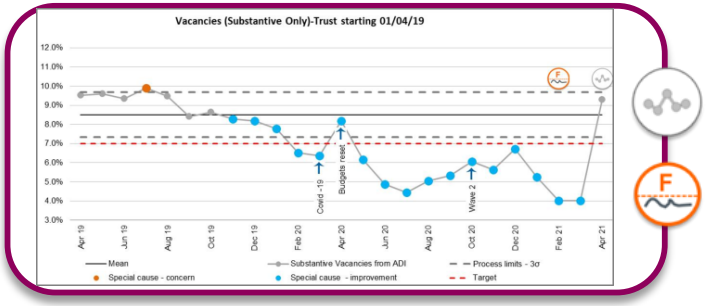
Month 1 [April] 2020-21 Workforce Performance Summary

Responsible Director: Director of People and Culture | Validated for March -21 as 14th May 2021

NHS Worcestershire Acute Hospitals NHS Trust

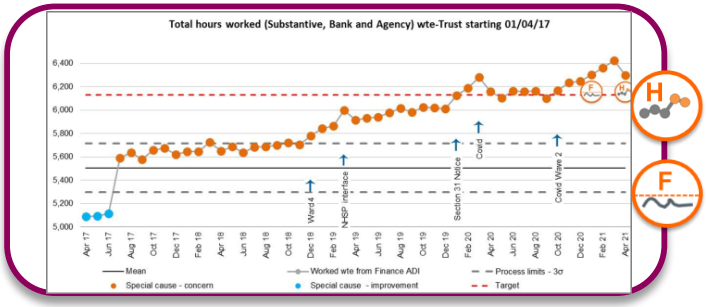
Substantive Vacancy Rate

9.3%



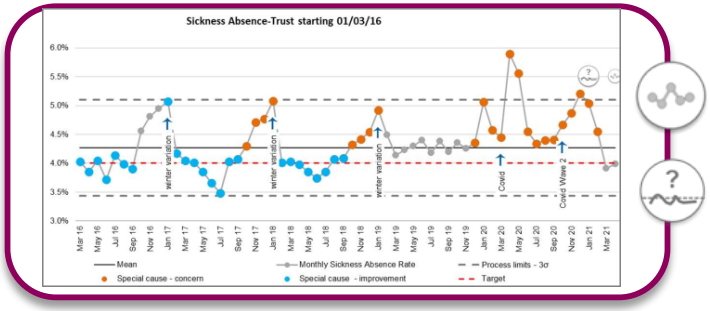
Total Hours Worked

6296 wte



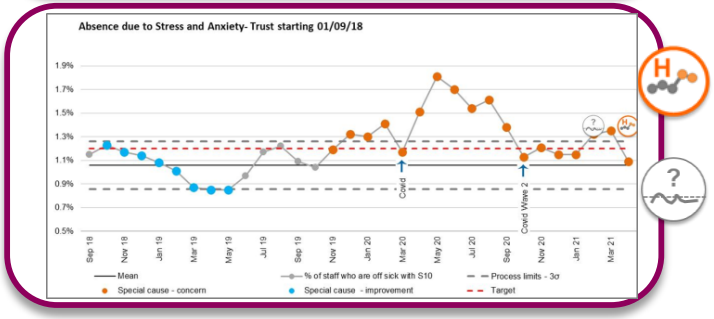
Monthly Staff Sickness Absence

3.99%



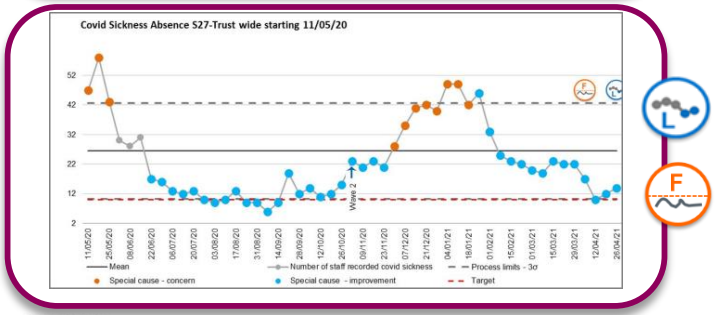
% Staff absent due to Stress and Anxiety (S10)

1.09%



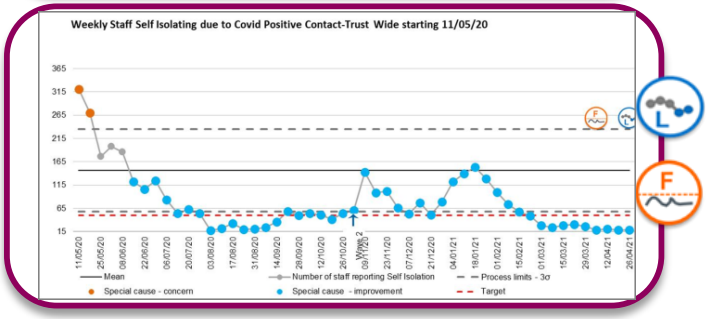
Number Covid Sickness (S27)

14



Number Self Isolating

19



Variation: Special Cause Concern High / Special Cause Concern Low / Special Cause Note/Investigate High / Special Cause Note/Investigate Low / Common Cause

Assurance: Consistently hit target / Hit and miss target subject to random / Consistently fail target

Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Workforce Performance Month 1 - What does the data tell us?

Substantive Vacancy Rate	Total Hours worked (including substantive bank and agency)	Monthly Sickness Absence Rate and cumulative sickness rate for 12 months	% Staff absent due to Stress and Anxiety (S10)	Number of staff off with Covid Sickness (S27) on the last Monday of month	Number of Staff self isolating due to Covid+ contact on the last Monday
9.3%	6,296 wte	3.99% and 4.72%	1.09%	14	19

What does the data tell us?

- **Vacancy Rate** – Substantive vacancy rates have increased due to budget setting following patient acuity and nurse establishment review. Some of this is due to movement of funded establishment from bank and agency. Our contracted staff in post has fallen by 7 wte from last month but is 225 wte higher than the same period last year.
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff reduced by 126 wte from 6,422 to 6,296 wte. This is against a revised increase funded establishment of 6,478 wte.
- **Monthly Sickness Absence Rate** – Re-uploading of the nurse roster information due to the Interface issue last month has produced a revised monthly sickness absence rate of 3.91% for March. April is broadly the same with 3.99% which is a whole 2.0% better than the same period last year which was the first full month of the pandemic. Cumulative sickness has reduced to 4.72% from 4.96%
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has reduced by 0.26% to 1.09% this month which is 0.44% better than the same period last year. We are now nearing the Pre-covid S10 sickness level which averaged at 1.03%.
- **Absence due to Covid Sickness (S27) –** Only 14 staff were absent due to Covid during April. This figure includes those staff who have reported sick due to effects of the Covid vaccine.
- **Absence due to Self Isolation –** Absence due to self isolation (including shielding, and Test and Trace) had reduced dramatically from the peak of 244 in mid January to 19. The Trust has had no positive staff PCR swabs during April.

National Benchmarking (May 2021)
We improved to Quartile 2 on Model Hospital for sickness with 5.21% compared to 5.84% national average (January 2021 data). Monthly turnover is also good at Quartile 2 with 0.86% compared to 0.93% national average (January 2021 data)

Annual Plan Strategic Objectives: Workforce

Strategic Workforce Plan		BAME Workforce	Organisational Development
Introduce new roles and staffing models to support the delivery of our clinical services strategy	Accelerate new ways of working from the Covid-19 experience	Undertake Covid-19 Risk Assessments for all BAME staff	Implement new operational management structure

Annual Plan: Strategic Objectives | Best people

Ensure all our staff have annual appraisal and are suitably trained with up to date job plans. Ensure we have adequate staff to meet patient needs within financial envelope, and that this is a good place to work so that we can retain our substantive staff and reduce reliance on bank and agency staff.

How have we been doing?

Included below are business as usual updates.

- Medical Appraisal rates have improved by 5% this month
- Vacancy rate of 9.3% is now 1.13% higher than the same period last year.
- Staff turnover has reduced and is 2.33% better than last year
- Mandatory training compliance remained at 90% which meets target and model hospital benchmark
- Covid vaccination has been offered to all staff with 91% uptake of first dose; and 77% uptake of second dose as at 5th May (85% first dose and 62% second dose for BAME colleagues)
- Covid Risk Assessment compliance has fallen by 1% to 91% due to starters, leavers and returners from Long Term Sickness or Maternity Leave.
- Our first upload of annual leave and other leave from HealthRoster to ESR was successful
- Employee on Line (EOL) leave booking functionality on HealthRoster for all non-nursing staff is implemented and starting to embed.
- End of Life Care Competency launched through OLM linked to ESR.

What improvements will we make?

- Continue to work with divisions to ensure 95% of patient facing staff are encouraged to take up the Covid vaccine
- To work with divisions to reduce their reliance on bank and agency staff
- To continue to roll out new competencies on the Essential to Role matrix - Donning and Doffing training to be uploaded in May for all staff.
- To work with NHSP to tighten up booking of additional hours and triangulate to vacancies and sickness within the department
- Complete Establishment Review on HealthRoster
- Work with the Nursing Workforce Lead to further embed SafeCare on all wards to provide accurate staffing position linked to patient acuity.
- Continue to work with divisions to ensure that OH risk assessments are kept up to date and compliance maintained for new starters and that Version 4 forms are completed for all CEV staff.
- Review of KPI metrics to align with revised People and Culture Plan.

Overarching Workforce Performance Level – 5 – February 2021 **Previous Assurance Level - 5 – January 2021**	**To work towards improvement to next assurance level**

Finance

Finance | Headlines

COVID-19 Financial Regime

Due to the continuing COVID-19 pandemic, a revised COVID-19 financial framework will be in place for H1 21/22. System funding envelope, comprising adjusted CCG allocations, system top-up and COVID-19 fixed allocation, based on the H2 2020/21 envelopes adjusted for known pressures and policy priorities. Block payment arrangements will remain in place and signed contracts between NHS commissioners and NHS providers are not required for the H1 2021/22 period. NHS England and NHS Improvement have nationally calculated CCG and NHS provider organisational plans for the H1 period as a default position for systems and organisations to adopt.

H1 2021/22 Financial Plan £(2.9)m

The 2021/22 operational financial plan for H1 has been developed from a roll forward of the recurrent cost and non patient income budget from 2019/20 adjusting for an assessment of PEP delivery in 2020/21 and the recurrent impact, identification of cost pressures and an assessment of legacy and approved business cases in 2020/21. We have then overlaid the impacts of additional Covid expenditure (and additional Covid income) and PEP schemes developed by the Divisions. The final step has been to adjust for vacancy factors, activity levels lower than 2019/20 and any slippage in Business cases. **Our submission to the system for H1 shows a deficit position of £(2.9)m.**

Delivery of the H1 Internal Financial Plan £(2.9)m

Month 1 April Position

Statement of Comprehensive Income	April 21 (Month 1)			Year to Date		
	Budget £000s	Actual £000s	Var to Budget £000s	Budget £000s	Actual £000s	Var to Budget £000s
Operating Revenue & Income						
Operating income from patient care activities	44,118	44,365	247	44,118	44,365	247
Other operating income	1,743	1,845	102	1,743	1,845	102
Operating Expenses						
Employee expenses	(27,053)	(26,898)	155	(27,053)	(26,898)	155
Operating expenses excluding employee expenses	(17,997)	(17,368)	628	(17,997)	(17,368)	628
OPERATING SURPLUS / (DEFICIT)	**812**	**1,944**	**1,132**	**812**	**1,944**	**1,132**
Finance Costs						
Finance income	0	0	(0)	0	0	(0)
Finance expense	(1,024)	(1,024)	(0)	(1,024)	(1,024)	(0)
Movement in provisions	(4)	0	4	(4)	0	4
PDC dividends payable/refundable	(571)	(571)	(0)	(571)	(571)	(0)
Net Finance Costs	**(1,599)**	**(1,595)**	**4**	**(1,599)**	**(1,595)**	**4**
Other gains/(losses) including disposal of assets	0	1	1	0	1	1
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(786)**	**350**	**1,136**	**(786)**	**350**	**1,136**
Less impact of Donated Asset Accounting (depreciation only)	13	14	1	13	14	1
Adjusted financial performance surplus/(deficit) inc PSF, FRF, MRET &	**(774)**	**364**	**1,138**	**(774)**	**364**	**1,138**

I&E Delivery Assurance Level: **Level 4**

Rationale:

H1 plan deficit of c.£(2.9)m not reassessed due to uncertainty. Controls remain. POSITIVE Financial variance in month. PEP & Temp Staffing remain challenged. Underlying deficit remains.

Against the H1 £(2.9)m operational plan, the month 1 (April 2021) plan £(0.8)m deficit we report an **actual surplus of £0.4m**. **Positive variance of £1.1m**.

Favourable variances against employee expenses in month (£0.2m) mostly due to Business Case slippage and lower than anticipated Covid expenditure.

Favourable variances against operating expenses excluding employee expenses (£0.6m) include Business Case slippage (£0.2m) , Profile of activity reducing spend on supplies and services (£0.2m) and Covid (0.1m). The combined income position was £0.4m favourable to budget, £0.2m of this was due to Covid funded outside envelope.

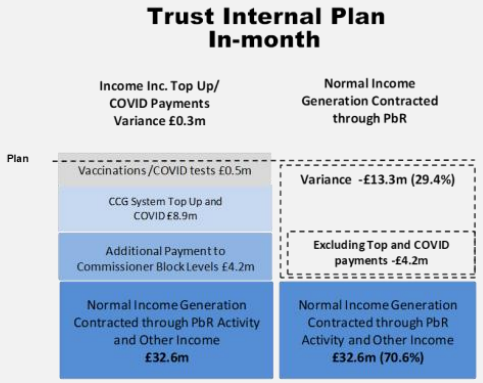
Despite the positive variance in M1, we have chosen not to amend our H1 plan as April is often challenging re finance certainty following year end, and as a System we have committed to collectively overseeing H1 performance.

Finance | Headlines

PERFORMANCE AGAINST Operational Trust plan

Income

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was **£0.4m** above the operational income plan in April.



£8.9m additional System COVID/top up payment was received from Commissioners to cover additional costs of COVID and to fulfil the STP breakeven requirement. This arrangement will be in place April to September(H1), with the continuation of block payments for the first half of 2021/22. As with 2020/21 there will be no contracts in place for first 6 months of 2021/22.

In addition to the block payments and System COVID & Top up payment, in H1 the Trust can qualify for further funding should the STP achieve activity thresholds set by NHS England & Improvement under the Elective Recovery Framework.

The Trust's estimate of potential achievement in April was £0.4m (not accounted for in the Trust's position), though system performance will not be validated until the SUS freeze deadline in a number of weeks time, and at the time of writing there remain uncertainties in the valuation methodology.

Expenditure

In M1 the **combined pay and non pay expenditure** variance against plans **£0.7m favourable**.

Overall employee expenses were £26.9m in Month 1, £0.6m lower than March (after adjusting for the £17.7m one off adjustments posted at year end) of which £0.4m was due to a reduction in temporary staff supporting our COVID response. Favourable variances against employee expenses in month (£0.2m) against plan mostly due to Business Case slippage and lower than anticipated COVID expenditure. A review of funded Business Cases has been completed and we anticipate a similar level of slippage in M2.

Operating expenses excluding employee expenses overall decreased by £0.8m in March to April (after adjusting for the £15m one off adjustments posted at year end) . Of this £0.5m was related to COVID expenditure on clinical supplies and services which has decreased. Favourable variances against operating expenses excluding employee expenses (£0.6m) include Business Case slippage (£0.2m), phasing of activity reducing spend on supplies and services (£0.2m) and COVID (0.1m). A review of funded Business Cases has been completed and we anticipate a similar level of slippage in M2. A review of activity levels will be completed in M2 to assess whether a further reduction in expenditure on supplies and services should be assumed for H1.

The combined **income** position was £0.4m favourable to budget, £0.2m of this was due to COVID funding outside of envelope.

Finance | Headlines

Capital

Capital expenditure for month 1 of financial year 2021/22 is £1.782m. The 2021/22 Capital Plan is at £51.688m in total for the financial year, including IFRIC 12. This is inclusive of the completion of the new Urgent Emergency Care, plus the ASR project subject to final business case approval. The share of the remaining capital envelope has been prioritised across the work streams to ensure we address regulatory risks, infrastructure backlog and to replace end of life equipment.

Capital Assurance Level: **Level 5**

Reason: Significant capital schemes continue into 2021/22 and will require robust programme management to ensure delivery. Commitment monitoring remains in place and prioritisation of schemes nearing completion. Risk remains in medium term.

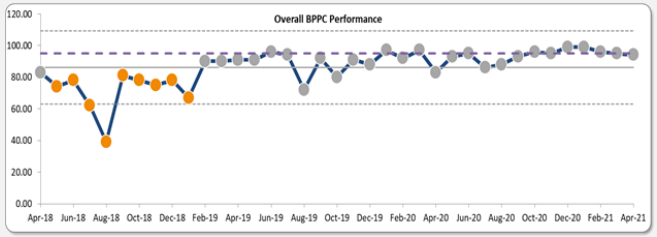
Cash Balance

At the end of Apr 2021 the cash balance was £35.2m.

The high cash balance is the result of the timing of receipts from the CCG's and NHSE under the current arrangement as well as the timing of supplier invoices.

Cash Assurance Level: **Level 6**

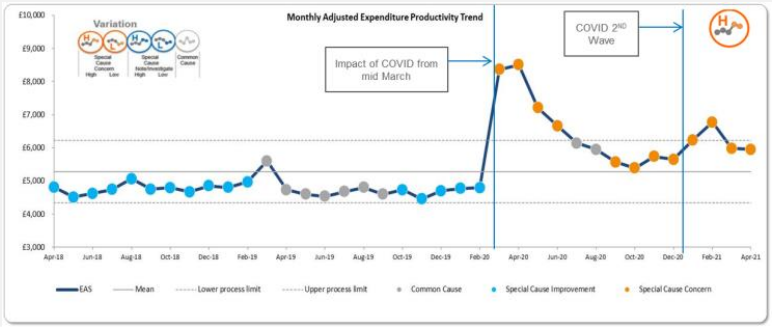
Reason: Good cash balances, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given evolving regime for H2 2021/22 and beyond.



Productivity & Efficiency

Our internal operational plan for H1 is inclusive of **£5.4m** of annual Productivity and Efficiency plans. Plans for the H1 period (M1 – M6) total £2m.

	Apr-21 M1	May-21 M2	Jun-21 M3	Jul-21 M4	Aug-21 M5	Sep-21 M6	Oct-21 M7	Nov-21 M8	Dec-21 M9	Jan-22 M10	Feb-22 M11	Mar-22 M12	FY TOTAL
PEP Profile £000's	158	169	328	400	443	460	556	554	565	571	578	581	5,362



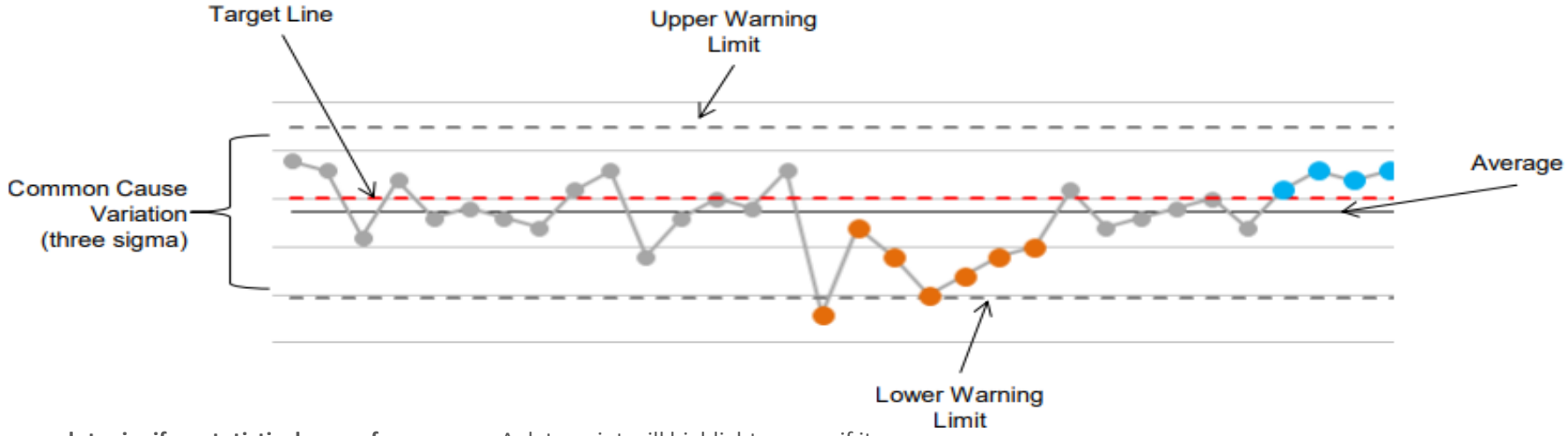
Adjusted Expenditure Productivity Trend:

COVID significantly impacts our spend against weighted activity. This local metric allows us to follow productivity changes through COVID recovery and to track against forecasted activity going forward.

April has seen the trend remain static, primarily because the mix within the WAU sees slightly less emergency inpatients and increased Outpatient and A&E.

Appendices

Statistical Process Charts (SPC) Guidance



Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

Blue dots signify a statistical improvement. A data point will highlight blue if it:
A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern of orange or blue dots.

Levels of Assurance

RAG Rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all the agreed actions, with clear evidence of the achievement of desired outcomes over defined period of time i.e. 3 months.
Level 6	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of the desired outcomes.
Level 5	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with little or no evidence of the achievement of the desired outcomes.
Level 4	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of a number of agreed actions being delivered, with little or no evidence of the achievement of the desired outcomes.
Level 3	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability, agreed measures to evidence improvement.
Level 2	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
Level 1	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
Level 0	Emerging actions not yet agreed with all relevant parties.	No improvements evident.

APRIL 2021 IN NUMBERS

Worcestershire Acute Hospitals NHS Trust

6,979

Walk-in patients (A&E)

4,840

Patients arriving by ambulance

10,248

Inpatients

25,266

Face to Face outpatients

13,122

Telephone consultations

1,045

Elective operations

148

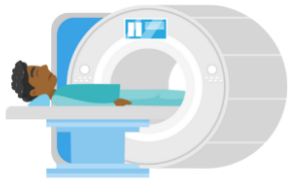
Trauma Operations

309

Emergency Operations

5.6

Average length of stay



13,912

Diagnostics

Putting Patients First 4ward

QUALITY AND SAFETY IN NUMBERS

April 2021

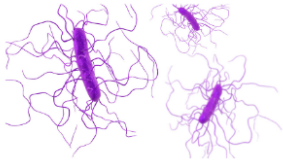
NHS Worcestershire Acute Hospitals NHS Trust

MRSA

0

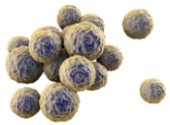
ECOLI

3



CDIFF

2



MSSA

1

Hand Hygiene

Participation	**93.58**
Compliance	**99.43**

Sepsis

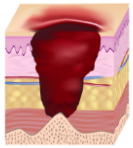
Screening Compliance	**72.17**
Sepsis 6 bundle compliance	**64.06**

ICE reports viewed

Radiology	**84.03**
Pathology	**96.48**

Falls per 1,000 bed days causing harm

1



Pressure Ulcers

All hospital acquired pressure ulcers	**14**
Serious incident pressure ulcers	**0**

Response Rate

A&E	**15.79**
Inpatients	**32.58**
Maternity	**15.82**
Outpatients	**10.03**

Recommended Rate

A&E	**83.72**
Inpatients	**96.68**
Maternity	**94.05**
Outpatients	**94.35**

HSMR 12 months rolling (Feb21) **98.34**

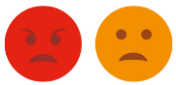
Mortality Reviews completed </=30 days (Nov-20) **35.50**

Risks overdue review **118**

Risks with overdue actions **161**

Discharged before midday

14.49



Complaints Responses </=25 days

85.29

Total Medicine incidents reported **152**

Medicine incidents causing harm (%) **3.29**

Putting Patients First 4ward

WORKFORCE COMPOSITION IN NUMBERS

NHS Worcestershire Acute Hospitals NHS Trust

April 2021

Employees

6,748

BAME employees

17.%

Part-time workers

44%

Female

82%

Registered nurses

1,902 (28%)

Registered midwives

261 (4%)

HCAs, helpers and assistants

1,295 (19%)

Doctors

716 (11%)

Other clinical and scientific staff

853 (13%)

>55

Over age 55

18%

≤30

30 years and under

21%

Staff with less than 2 years service

28%

Staff with 20 years service or over

9%

Integrated Performance Report

NHS Worcestershire Acute Hospitals NHS Trust

Committee Assurance Reports

Trust Board

10th June 2021

Finance & Performance Committee Assurance Report – 26th May 2021

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom Associate Non-Executive Director	Richard Oosterom Associate Non-Executive Director	Martin Wood Deputy Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	1, 5, 6, 7, 8, 12

Executive Summary

The Finance & Performance Committee met virtually on 26 May 2021. Our focus was on annual planning, in particular priorities for restoration and the budget; the COVID-19 year end with a focus on learning; A and E and discharge performance from the Integrated Performance Report and the Urgent and Emergency Care business case.

Annual Planning 2021/22: We received an update noting that work is continuing particularly around increasing activity prior to the final submission on 3 June 2021. The Region have provided feedback on our draft submission and particularly providing challenge to ensure that our plans are ambitious. The main risk to delivery is workforce with other risks being a third wave and increased urgent and emergency care activity. We have asked that further detail on risks and mitigations is included in the Plan. The system bid for funding for interventions was unsuccessful, but there may be opportunities for funding if our plan is delivered over the next three months. The vanguard theatres are being funded by the system. The projections are that the backlog will reduce with the exception on new outpatients. ED activity is considerable above 2019 levels. We noted the financial gap of £2.9m and the effort to reduce this. We are concerned over the impact of increased staffing costs on next year's budget. We have asked that the run rate is presented quarterly to our meetings. We have stressed the importance of preparing a three year transformational plan, developing PEPs and restoration of services additionally taking into account the financial aspects before decisions are made.

COVID-19 Longer View Year End Summary: The report provided a broad and long view of the Covid-19 pandemic and its impact on the Trust. Specifically around inpatient numbers, mortality rates, patient demography, impact on services and implications for a possible third wave. We commented that the pandemic was well managed, but did not see how we had performed in comparison to other Trusts, the changes in the ways of working which we wish to retain and the learning for our business continuity plans. We were assured that these comments will be addressed in the report presented to the Trust Board.

Integrated Performance Report: We noted the increase in attendances including ambulance conveyances (majors and minors), referrals from 111 and walk-ins. An audit has identified a significant of number walk-ins who presented as the only available option. Discussions are taking place with Primary Care over access to GPs. There has also been a significant increase in attendances after 5.00pm. There has been no change in the conversion rate although with higher numbers of attendances there are increased admissions. Discharges are a cause for concern. There is a need for increased reablement capacity and the County Council have secured funding to increase capacity by approximately 40% although staffing that increase is challenging. We questioned the sense of urgency to make improvements and were assured that, despite other activity, this remains our number one priority. Our partners are not operating at pace. The System Gold Command now have oversight of this. Whilst our performance for ambulance handover delays and 12 hour breaches is better than in 2019, there is currently no plan with system partners to ensure delivery. On this basis we have reduced the assurance level for urgent care and patient flow including Home First Worcestershire to 4 (from 5). The remaining assurance levels are unchanged - cancer 5 except 62 days which is 4, Outpatients and planned admissions 4, diagnostics 4, RTT 3 and stroke 5. The overall assurance level is 4

Finance & Performance Committee Assurance Report – 26th May 2021

Executive Summary (cont.)

Financial Performance Report Month 12: We note that against the H1 internal £(2.9)m operational plan, the month 1 (April 2021) plan £(0.8)m deficit we report an actual surplus of £0.4m. Positive variance of £1.1m. Main contributing factors are: lower than anticipated COVID costs, lower activity and business case slippage. So, no reason to adjust forecast right now. Our cash position remains healthy. Capital expenditure for month 1 is £1.78m. The 2021/22 Capital Plan is £51.69m for the financial year, including IFRIC 12. We noted the Costing and Procurement Updates and the Standard Operating Procedure to be used for business cases. The latter will hopefully lead to better Business cases and more certainty of achieving the benefits, which will be monitored in F&P on a quarterly basis.

The assurance levels remain unchanged with 4 for income and expenditure, 5 for capital and 6 cash.

Provider – Provider New Service Level Agreement/Collaborative Arrangements within STP/ICS: We have noted the principle to waive competitive procurement where provision is NHS to NHS within our STP and there is a credible option to support that provision within the STP/ICS footprint so that the Herefordshire and Worcestershire pound stays within the system**.**

Digital Care Record Programme Review: We noted that the PAS re-implementation remains of track to go live in January 2022. The outcome of the DCR Programme Review and the business case which the opportunity of the Digital Aspirant Programme presents are to be presented to our next meeting.

UEC Programme Budget Update: We were not able to recommend approval to the overall budget increase requesting further work on the level of contingency, the impact on revenue costs, the extent of the risks and mitigations and further improving governance. An updated report is to be circulated addressing these points prior to consideration by Trust Board. A separate report appears on the Private Trust Board agenda.

BAF Risks – Finance and Performance Committee Section: Further work is being undertaken with Executives following the meeting of the small Group established to consider the Committee's risks and a detailed report is to be presented to our next meeting.

Recommendation(s)

The Board is requested to receive this report for assurance.

Quality Governance Committee Assurance Report – 27th May 2021

Accountable Non-Executive Director	Presented By	Author
Dame Julie Moore Non-Executive Director	Dame Julie Moore Non-Executive Director	Rebecca O'Connor Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	2, 3, 4, 5, 12

Executive Summary

The Committee met virtually on 27 May and the key points raised included:

Infection, Prevention and Control update:
Committee noted performance issues resulting in target breaches in quarter 4. There was continued progress in antimicrobial stewardship and MSSA. The QI project in relation to *Staphylococcus aureus* bacteraemia has restarted. Three outbreaks have occurred in ITU and have been managed in accordance with policy **Assurance level 4 overall was approved.**

Integrated Performance Report:
Committee discussed ED flow and discharges were discussed and a report was requested in respect of the system response the drivers of demand, discharges and flow. Theatre utilisation, maternity and breast cancer referrals were discussed. 2 never events had been reported and a third is under review, some immediate actions have taken place regarding learning. **Assurance level overall was agreed at level 4.**

Maternity SI Report:
Committee reviewed 5 cases which had met the reporting criteria, noting 2 reports to HSE. These are higher than in previous quarters but there have been changes in national guidance. Terms of reference for a review are under discussion. Maternity Voices have signed off development of the induction of labour pathway and are supporting the development of leaflets. Walkarounds would take place to manually check oxygen cylinders. **Assurance level 6 approved.**

CNST:
Committee reviewed the evidence and noted the current position. **Assurance level 6 approved.**

Harm Review Panel:
Committee received the report noting a growing maturity in the process. There is lots of learning following Covid and this will be key to how we manage infectious disease in the future. **Assurance level 5 approved.**

Quality Governance Committee Assurance Report – 27th May 2021

Executive Summary (cont.)

Draft Quality Accounts:
Committee reviewed the draft and expressed its huge thanks to the team in pulling this together. Committee agreed to make the document more meaningful and useful a short summary be developed setting out the key priorities. **Assurance level 7 approved.**

Safeguarding annual reports:
Committee review the annual reports and approved the same. The team and Debbie Narlborough were commended for an excellent report. The report to be commended to the Trust Board **Assurance level 6 approved.**

Committee Escalations
Key issues to Trust Board via this reports I relation to highlighting the excellent safeguarding annual report. There were no risk escalations for the BAF.

Recommendation(s)

The Board is requested to receive this report for assurance.

People and Culture Committee Assurance Report – 1st June 2021

Accountable Non-Executive Director	Presented by:	Author
Dame Julie Moore Non-Executive Director	Dame Julie Moore Non-Executive Director	Martin Wood Deputy Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	9, 10, 11, 12

Executive Summary

The Committee met virtually on 1 June 2021. Below is a summary of our discussion.

- **BAF – People and Culture Section:** Workforce is the biggest risk facing our Trust and we have agreed to set up a workshop during the summer months to refresh our workforce risks to determine the five top risks and ensure that all risks are well articulated.

- **The Development of Integrated Care Systems through a People and Culture Lens:** As we move to an Integrated Care System, the interface of the People Board with the new NHS ICS Board and Integrated Health and Care Partnership and two geographical places will be key. (Currently oversight of the people and culture agenda at system level is through the STP People Board). There are a number of key people and culture considerations being taken forward. In particular, further work is taking place to improve the governance around three of the four people and culture workstreams.

- **Academy Update:** We noted the Herefordshire and Worcestershire ICS Academy Model and Delivery Plan and approved the structure of our new Trust Education, Learning and Development Academy and the alignment of our Trust Education, Learning and Development Academy Model to our People and Culture Strategy and Delivery Plan.

- **People and Culture Directorate Annual Plan:** We received the People and Culture Directorate Annual Plan and looking back on key achievements in 2020/21 our staff survey results are now in line with the acute trust average across all themes. We perform better than average for staff turnover rates, mandatory training compliance and time to hire. We are an outlier on bank and agency workforce. Our priorities for 2021/22 include a refresh of our 4ward programme, leadership compact, reviewing the shape of our workforce, maximising agile and flexible working, reducing premium staffing costs and continuing to focus on recruitment and retention. Further work is required to improve experiences and opportunities for colleagues with protected characteristics. The plan describes what will look different this time next year.

- **Workforce Plan Update – H1 Planning Round:** We received for information the initial submission noting that further work is required to triangulate workforce, activity and finance prior to the final annual planning 2021/22 submission on 3 June 2021. A workforce transformation programme is being developed for which the Committee will have oversight.

People and Culture Committee Assurance Report – 1st June 2021

Executive Summary (cont.)

- **Safest Staffing Report – Adult Nurse and Maternity Staffing:** We received an assurance that adult nursing and maternity staffing for April 2021 was considered safest with mitigations in place. We noted that the pipeline for international nurse recruitment has ceased due to the Indian variant of COVID-19. We were pleased to note the increase in bank usage with a reduction in agency usage. The Physician Advocate programme will be of benefit in providing additional support. There have been improvements in maternity staffing with efforts continuing to make further improvement.

- **People and Culture Risk Register** We have closed risks relating to HR capacity (PC15), EU nationals (PC20) and Occupational Health capacity (PC25) in light of the actions in place. We have reduced the risk rating for Apprenticeship Levy (PC8b) as we forecast to maximise the levy this year. We have closed the risk relating to Pension Tax (PC21) in the light of the mitigations in place.

- **Other reports noted:**
  - Divisional Compliance Dashboard as at 30 April 2021
  - JNCC Notes
  - MMC Notes
  - Workplan

Recommendation

The Board is requested to note this report for assurance.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	10 June 2021
Paper number	Enc F1

Nursing and Midwifery staffing report – April 2021

For approval:		For discussion:		For assurance:	X	To note:	

Accountable Director	Paula Gardner Chief Nurse		
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
TME	19 May 2021	Report noted
People and Culture Committee	1 June 2021	Report noted

Recommendations	The Trust Board are asked to note: • Staffing of the wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout April 2021 has been achieved through the deployment of staff ,3rd year student nurse paid deployment and booking of temporary workforce for short notice absences. • There were no staffing related patient harms reported for April. There has been a decrease in incident reporting over this period of time for nursing.

Executive summary	This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during April 2021. Maternity staffing is provided as a separate report. Staffing of the wards/CCU's to provide the 'safest' staffing levels to meet the fluctuating needs of patients was achieved through out April 2021. The 3rd year nursing students who were deployed into paid positions in February to support patient care during the second wave of COVID 19 pandemic have completed paid employment with the Trust at the end of April 2021. With the continued decrease in community related prevalence from COVID 19 infections the Trust continued to see a decrease nursing and midwifery staff absences.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	10 June 2021
Paper number	Enc F1

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	
Assurance Level (x)	0	1	2	3	4	5	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.									

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						

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	10 June 2021
Paper number	Enc F1

Introduction/Background

Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing, Midwifery and Allied Health Professional for March 2021

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

During April all of the staff deployed in support of COVID related patient care within critical care have returned to their substantive posts.
Staffing has been further supported throughout April as staff who were shielding returned into the workplace.

Issues and options

- **The provision of safe care and treatment**

Staff support ongoing

Across the nursing, midwifery, health care scientists and allied health professional, all line managers are aware of staff support available internally and externally to the Trust, supporting colleagues to access the support they require to maintain health and wellbeing. The ongoing health and wellbeing of the workforce remains paramount.

Divisions 'own' and maintain their staffing lists of staff returned so periodically can touch base with staff to ensure health and wellbeing of staff members
The provision of staff support has continued to be been pivotal in providing the safeguard for staffing. It has been essential to continue:

- Health and well-being support through telephone helplines and various counselling services.
- Re visit staff awareness of the offer for support and to encourage they prioritise their own health and wellbeing offers of flexible working arrangements.
- The Trust is supporting a pilot for introducing Professional Advocate (PA) model known as A-EQUIP. This model will aim to provide opportunities for development of reflection and builds resilience through the provision of restorative supervision, empowering the development of personal action to improve quality of care as an intrinsic part of their role. Training has commenced through the University of Worcester for 6 senior staff. This course is due to be completed July 2021. A strategy will be provided in September 2021.Introduction of the national red flags through the Allocate software for both nursing and midwifery.

Harms

There were no patient harms reported for April 2021. There has been a decrease in datix reporting over April for both Nursing and Midwifery. With no significant harm, Reported 5 minor and 11 insignificant harms.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	10 June 2021
Paper number	Enc F1

Good Governance

The Senior Nursing, Midwifery and AHP team have now moved to monthly meetings. There remains an assurance weekend staffing meeting held each week with the CNO and the monthly NWAG meeting.

Safe Staffing

Nurse staffing 'fill rates' (reporting of which was mandated since June 2014) "*This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwifes in hospitals which are filled*". National rates are aimed at 95% across day and night RN and HCA fill

There are some areas that need consistent work to pull up to these levels.

Current Trust Position			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	All establishments reviewed 7/05/21 Rotas to be updated	**5**
RN	92%	95%		
HCA	90%	98%		

The Challenges seen by the divisions have been specifically due to: Staff returning from shielding returned in a phased manor to support both themselves and the work place.

Vacancy trust target is 7%

Current Trust Position WTE			What needs to happen to get us there	Current level of assurance
Division	RN/RM	HCA	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. Ensure HCA recruitment continues Continue International nurse recruitment – this has been paused since April 2021	4
Speciality Medicine	24	-2		
Urgent Care	56	16		
Surgery	40	22		
SCSD	-2	28		
Women's and Children's	2RN 24RM	9		

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. With the closure of ward 1 on the Alexandra site and the realignment of services on Trust sites.
  Vacancies numbers has been leading to constraints on staffing and a need for Bank or agency to keep staffing safe across all the Wards. Urgent Care are currently carrying the majority of the RN vacancies but with active recruitment this will improve through the year, with the realignment of surgical services a targeted recruitment campaign will be launched.

Recruitment International nurse (IN) recruitment pipeline

The first 25 nurses from the 20/21 business case arrived in the country but now due to the decision nationally to pause International nurse recruitment.The majority of our international recruitment is via India.

Domestic nursing and midwifery pipeline

During the COVID 19 pandemic there have been two directives from Higher Education England to support staffing safeguard during emergency national measure are employed. An opportunity has arisen to support the domestic pipeline to reduce RN vacancies by a successful bid with HEE to support the Registered Nurse Associate - Registered Nurse top up opportunity.

Bank and Agency Usage

Trust target is 7%- **Data unavailable at time of report**

Current Trust Position			What needs to happen to get us there	Current level of assurance
Division	Bank	Agency	Sign up to the TWS11 workforce solutions – adhere to agency cap rates inline with NHSI cap rates. Reduce agency % and in short term increase bank % until recruitment of substantive staff at 97%.	
Speciality Medicine				
Urgent Care				
Surgery				
SCSD				
Women's and Children's				

Bank fill has increased to 57.6% agency fill has decreased with savings in month of £32,816 Thornbury is in use for Riverbank for RMN cover, highest agency spend remains in urgent care where there is a correlation against Vacancy.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	10 June 2021
Paper number	Enc F1

Sickness –

The Trust Target for Sickness is <4% - Trust 4.55%

Current Trust Position			What needs to happen to get us to level 6	Current Level of Assurance
Division	Monthly	Stress related	Divisions to ensure Sickness reviews in place staff signposted to Health and wellbeing package of support.	**5**
Speciality Medicine	4.45%	0.61%		
Urgent Care	3.8%	1.07%		
Surgery	4.8%	0.94%		
SCSD	3.9%	1.3%		
Women's and Children's	4.2%	2.03%		

Turnover

Trust target for turnover 11% April RN/RM 8.83% HCA 12.35%

Current Trust Position			What needs to happen to get us to level 6	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	**5**
Speciality Medicine	7.43%	13.43%		
Urgent Care	8.98%	11.9		
Surgery	7.95%	9.75%		
SCSD	10.2%	12.2%		
Women's and Children's	7.16%	11.82%		
HCA turnover is quite high across all divisions – A career pathway will be looked at to help retain support staff				

Recommendations

The Trust Board are asked to note:

- Staffing of the wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout April 2021 has been achieved through the deployment of staff ,3rd year student nurse paid deployment and booking of temporary workforce for short notice absences.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	10 June 2021
Paper number	Enc F1

- There were no staffing related patient harms reported for April. There has been a decrease in incident reporting over this period of time for nursing.

NHS
Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	10 June 2021
Paper number	Enc F1

Midwifery Safe Staffing Report April 2021

For approval:		For discussion:		For assurance:	x	To note:	

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	May 2021	
TME	19 May 2021	Report noted
People and Culture Committee	1 June 2021	Report noted

Recommendations	Trust Board is asked to note the content of this report for information and assurance.

Executive summary	This report provides a breakdown of the monitoring of maternity staffing in April 2021. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance. Safe midwifery staffing is monitored monthly by the following actions: • 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' • Daily staff safety huddle • COVID SitRep (re -introduced during COVID 19 wave 2) • Sickness absence rates Throughout April it has remained challenging to maintain safe staffing levels due to sickness absence, vacancies and higher acuity. Staff have raised their concerns with the Executive team through engagement events that have been undertaken by the CNO and CEO. Additional actions have been added to the existing maternity improvement action plan.

Acuity was reported to be higher than the actual staffing levels in 41% of occasions throughout this period. This is an improvement on the previous 6 month reporting.

We continue to see a healthy incident reporting culture during this period in response to engagement with staff. All staffing incidents were reviewed and no harm was identified. Role specific mandatory training was completed in month.

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. Despite these actions there were some delays in care for women undergoing induction of labour.

A continuous recruitment programme remains in place for staffing in both inpatient and community. The final 6 WTE employed for community are currently progressing through the approvals process and are expected in May. A further recruitment event took place in April and 17 WTE posts have been offered to cover planned maternity leave and turnover in Q3 & 4.

Additional roles to support the clinical areas (surgical nurses, nursery nurses and maternity support workers) have been explored and support provided by our colleagues in SCSD.

Sickness absence rates continue to be higher than the Trusts target at 8 - 14% across inpatient areas. A program of work with HR support is planned to address both long term and short term sickness.

The level of assurance provided for safe maternity staffing is 4. This is the same assurance level from the previous month as despite an action plan agreed to address staffing issues some of those actions are yet to demonstrate a sustained improvement.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	
Assurance Level (x)	0	1	2	3	4 x	5	6	7	N/A
Financial Risk	*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.*								

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N		N/A	

NHS
Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	10 June 2021
Paper number	Enc F1

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		N		
Timescales to achieve next level of assurance	**3 months**				

Introduction/Background

The Directorate is required to provide a monthly report to Board outlining how safe midwifery staffing in maternity is monitored to provide assurance.

Safe staffing is monitored monthly by the following actions:

- 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'
- Daily staff safety huddle
- COVID SitRep (re -introduced during COVID 19 wave 2)
- Sickness absence rates

In addition to the above actions a biannual report (published in June and December) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly 'desktop' audits. The next complete full Birthrate plus audit will take place in Spring 2021.

Issues and options

Completion of the Birthrate plus acuity tool (4 hourly)

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 41% of occasions throughout this period. This is an improvement on the previous 6 month reporting. In the majority of cases (22%) a shortfall of 2 midwives was reported in the intrapartum area and in 19% of cases a shortfall of one member of staff was recoded due to staff sickness and/or a midwife scrubbing in theatre. Staff were redeployed from other clinical areas to mitigate the risk.

The purchase of an updated acuity tool is progressing and will enable recording of acuity throughout the entire inpatient pathway. It will also capture the impact of staff deployment.

Monitoring the midwife to birth ratio

The monthly birth to midwife ratio is recorded on the maternity dashboard. The outcomes are reviewed in Maternity Governance meeting monthly. The ratio in April was 1:26 (in post) and 1:24 (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'

There were 15 staffing incidents reported in April. All of the reports record less than expected staffing numbers in triage, the antenatal ward and postnatal ward. This is a significant decrease in reported incidents from previous month (n=57)

Staffing levels were maintained at or above minimum agreed levels however two incidents reported that minor harm had occurred as one woman gave birth on the antenatal ward and the other report outlined that observations were delayed however there was no evidence of harm as a result of the reported delays or birth having taken place on the ward. It is important to acknowledge that any reduction in available staff has resulted in increased stress and anxiety for the team and the staff have continued to report reduced job satisfaction and increasing concern about staffing levels, burnout and staff health and well – being; this has been shared with the CNO and CEO at a number of events.

There were 7 medication incidents; this is a reduction in previous reported incidents (n=15).
There were three omissions identified, a dose of Oramorph had been given too early and three occasions when ANTI D was not administered prior to discharge unfortunately resulting in all women having to return to the hospital for administration. This is currently being monitored by the ward manager and matron.

The remaining clinical red flags (as listed in the NICE Safe staffing guidance) can be reported on Safecare. Training has been delayed but the majority of the team have now completed the required training and there is an agreed roll out date for May. Red flags will continue to be reported on Datix until May.

Daily staff safety huddle

Daily staffing huddles have been completed each morning within the maternity department and the Chief Nursing Officer and Deputy Chief Nursing Officer have joined the morning huddle. 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. No additional huddles were called with the senior team during this time period.

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

As planned the Divisional Management team have reduced the frequency of the COVID huddle to 3 times per week. 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 and is a forum for Matrons and Ward Managers to raise concerns about staffing levels.

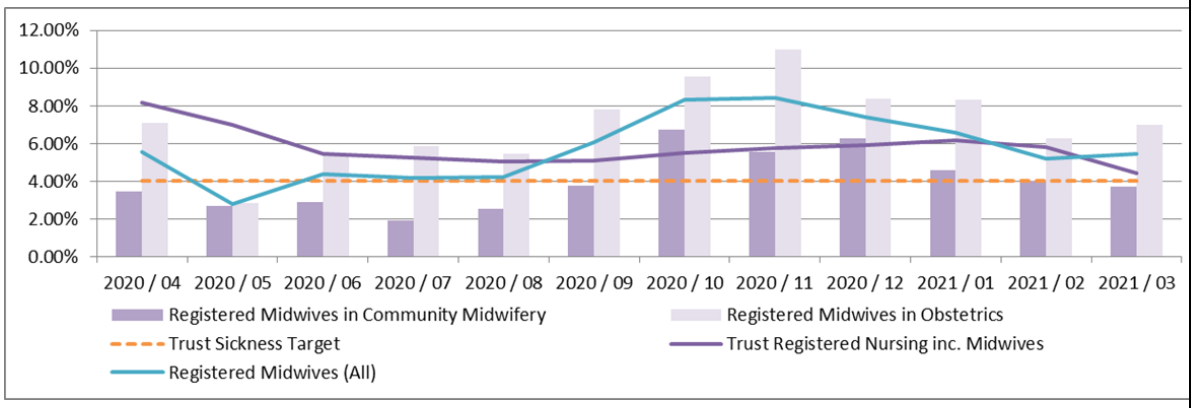
Sickness

The Division continues to work with our HR partners to obtain accurate sickness absence rates for midwifery only groups. The graph below reports that for the last 12 months non COVID related sickness in the midwifery inpatient team has been above the Trust target. Our local information has identified the ward areas as ‘hot spots’ and can vary between 8 -

14%. The reason reported for the majority of absence is recorded as 'mental health' or 'other'.

The following actions are in place:

- Workshops provided by HR for all ward managers and matrons to refresh and update on the management in line with Trust Policy now completed.
- Matron of the day to carry the bleep that staff use to report sickness to ensure staff receive the appropriate support and guidance.
- A review of the health and wellbeing offer for staff in maternity services



The Division will continue to work with the Human Resource team to ensure that ongoing monitoring of sickness rates, turnover and bank fill are available and visible to the Directorate management team.

Actions that continue throughout this period:

- Awaiting 6 WTE midwives to join our community midwifery teams.
- Monitor recruitment pipeline following posts offered to 17 WTE midwives.
- Daily safe staffing huddles continued to monitor and plan mitigations.
- The delays in Induction of Labour continued in the early part of April: each delay was managed through continuous risk assessment with the multi-professional team.
- No adverse clinical incidents were reported which related to staffing or delays in care however it is acknowledged that some women had a poor experience and staff have been under additional pressure. Daily discussions with the Consultant / midwife in charge were undertaken.
- All non-essential training and non - clinical working days were cancelled and all of the matrons, ward managers and specialist midwives were deployed to the clinical areas to support safer staffing levels as required throughout this period.
- Continue to work with HR to ensure that midwifery staff in post documentation is accurate.
- Expressions of interests requested from MSWs who wish to be considered for training to become a band 3 Maternity Support Worker.
- Additional support to the postnatal ward was also provided by neonatal nurses, nursery nurses and nursing staff from the gynaecology and surgical service

- Reduction in COVID related absence and a return of CEV staff.

The actions outlined above have supported the provision of safe staffing levels however until the following three actions are completed the Division will not be able to offer a higher level of assurance:

- 6 WTE to commence in community services; start dates provided for Q1
- Reduction in sickness absence
- Further recruitment – this will allow over – recruitment to ensure that any further turnover throughout the next 3 - 9months does not negatively impact on staffing levels.

The outstanding three actions are expected to be completed by August 2021.

Conclusion

The additional new starters supported improved staffing levels throughout April. Additional actions taken did provide appropriate mitigation to maintain safe staffing levels however some delays in care were still noted in early April. There was a decrease in reported staffing incidents reflecting the improving rota fill rates.

A decrease in the reliance of support from the community midwifery and Continuity of Carer teams to maintain safe staffing levels was noted for the majority of April.

Sickness absence rates have reduced but remain above the Trust target; ongoing actions are in place to support ward managers and matrons to manage sickness effectively. Workforce data is now available for this group of staff and will support future workforce planning.

The prolonged reduction in available staff has resulted in increased stress and anxiety for the team and staff have reported reduced job satisfaction and increasing concern about staffing levels, burnout and staff health and well – being; this has been shared with the CNO and CEO at engagement events in April. A review of the health and wellbeing offer for staff in maternity services is currently being undertaken.

Recommendations

Trust Board is asked to note the content of this report for information and assurance.

Appendices

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Assurance levels March 2021

Meeting	Trust Board
Date of meeting	10 June 2021
Paper number	Enc F2

Maternity Serious Incident Report Q4 2020/21

For approval:		For discussion:	x	For assurance:	x	To note:	

Accountable Director	Paula Gardner (Chief Nurse/ Maternity Safety Board Champion)		
Presented by	Justine Jeffery (Divisional Director of Midwifery & Nursing)	**Author /s**	Nicola Robinson (Divisional Governance Lead)

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		Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome
Divisional Governance	28th April 2021	Approved
TME	19th April 2021	Approved
QGC	27th May 2021	Approved

Recommendations	To note the Serious Incidents reported in Maternity in Q4 January – March 2021 contained within the report and the Ockenden recommendations for the reporting and scrutiny of all Serious Incidents.

Executive summary	This report is to provide a summary of key issues & learning from all maternity Serious Incidents (SIs) reported during for Q4 January – March 2021. The clinical details have been presented and discussed in detail at TME & QGC on 19th April and 27th May respectively. During this period there were a total of 5 cases that now meet the required criteria for reporting as an SI. All have been escalated and reported via the appropriate governance process. 2 of the cases out of the 5 have been reported in line with the requirements to Health safety Investigation Branch (HSIB).

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	
Assurance Level (x)	0 | 1 | 2 | 3 | 4 | 5 | 6 x | 7 | N/A		
Financial Risk	*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.*		

Worcestershire Acute Hospitals NHS Trust

Assurance levels March 2021

Meeting	Trust Board
Date of meeting	10 June 2021
Paper number	Enc F2

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		N			
Timescales to achieve next level of assurance						

Introduction/Background

This report provides a summary of all Serious Incidents (SIs) reported by the Maternity and Neonatal Directorates during January - March 2021. The Directorate will provide a report to the Trust Board every three months outlining all serious incidents, the progress of duty of candour and the report, themes (where identified) and any lessons learned.

There were five serious incidents reported in January – March 2021 which are outlined in this report.

In December 2020, the Ockenden Report was published and recommended the following:

- The trusts must work collaboratively to ensure local investigations into Serious incidents (SIs) have regional and local maternity system (LMS) oversight. All maternity SI reports (and summary of the key issues) must be sent to the Trust Board, and at the same time to the local LMS for scrutiny, oversight and transparency. This is provided every 3 months.

- External clinical specialist opinion from outside the Trust (but from within the region), must be mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.

Issues and options

Case 1

Web 151907/ 152939

Incident category - Pre term delivery with resuscitation issues.

Not referred to HSIB as did not meet criteria (pre term) reported as an SI 2021/4128

Discussed at QSRM and immediate issues/actions identified:

Incorrect advice offered when called Triage
Potential resuscitation equipment failure /operator error – equipment isolated and checked and no failure identified.

Immediate Learning: Earlier invitation to attend the unit was indicated when an intrauterine transfer may have been arranged as the outcomes for babies born less than 27 weeks improve if born in the correct location – a level 3 cot was indicated.

Duty of Candour completed 26.02.21 by Governance Lead

Investigation ongoing completion expected 21.06.21 (60 working days)

Case 2

Web 152939/152897

Incident category – Neonatal Death

Not reported to HSIB as did not meet criteria (pre term) reported as an SI 2021/4128

Discussed ICR at QSRM and immediate issues/actions identified:

- Decision to escalate as SI as it was agreed that the decision to deliver could have been made earlier. It was believed that this may have impacted on the outcome as it could not be confirmed when the antenatal insult was sustained. - Agreed to await findings from post mortem and re-evaluate the level of investigation. Case has been referred to the coroners.
- Placenta not stored and therefore could not be sent for histopathology following the unexpected death.

Immediate learning: To investigate should all placentas be kept for 2 weeks for all babies who are transferred to NNU in case of adverse outcome. Ongoing discussion around process and storage equipment/environment.

Duty of Candour Completed 26.02.21 by Governance Lead.

Investigation ongoing completion expected 21.06.21 (60 working days)

Case 3

Web 153127

Incident Category – Intrapartum stillbirth

Reported to HSIB reference MI-003263 Reported as an SI 2021/4671

Discussed ICR at QRSM and immediate actions/issues identified:

- Immediate change to practice initiated: A change to the management of possible rupture of membranes at term pathway has been included into the existing guideline. A further review of the entire guideline is being undertaken to ensure that it aligns with national guidance.
- Follow up care/plan following declining of IOL – urgent review of guidance.
- Review of guidance regarding SROM and advice on when to attend.
- Review of management of reduced fetal movements guideline identified however also noted that this is in progress.

Duty of Candour completed by Governance Manager 26.02.21

Family consent obtained for HSIB family interviews being undertaken - Investigation ongoing (6 month closure date 22.08.21)

Case 4

Web 154545

Incident Category – pre term delivery.

Not reported to HSIB as did not meet criteria (pre term) Reported as an SI 2021/7809

A review of the records identified a potential missed opportunities to treat the woman via the premature prevention clinic which may have changed the outcome.

Discussed ICR at QRSM and immediate actions/issues identified:

- Review of guidance around premature prevention pathway, alongside increased communication of importance of patients following correct pathway in line with SBLCB V2.

Duty of Candour initially undertaken by Consultant – follow up letter to be sent.

Discussed at SIRG 12.04.21 agreed escalation as an SI (60 workings days 05.08.21)

Case 5

Web 154909

Incident category – shoulder dystocia / therapeutic cooling.

Reported to HSIB following parental consent reference MI-003263 Reported as an SI 2021/7662 HIMS reference: 003382

Discussed ICR at QRSM and immediate actions/issues identified:

- Nil noted on initial ICR.

Duty of Candour completed 29.03.21 letter sent

Discussed at SIRG 10.04.21

Conclusion

In conclusion there were 5 cases reported appropriately as Serious Incidents via the SIRLG meeting.

Two of the five cases were referred, as indicated, to the Health Safety Investigation Branch (HSIB). Three of the cases were assessed as not meeting the HSIB criteria due to prematurity and will therefore be investigated by the Trust.

Where indicated immediate actions have been taken and disseminated. Themes identified are:

- Issues with compliance with clinical guidance/pathways and alignment to national guidance.
- Care planning when treatment is declined

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Assurance levels March 2021

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In all 5 cases the Duty of Candour has been completed with the families.

	Incident Category	***ICR completed in 72 hours***	***Declared SI***	***HSIB referral***	***DOC completed***
Case 1	*Pre term birth- resuscitation issues*	*Yes*	*Yes*	*N/A*	*Yes*
Case 2	*Neonatal Death*	*Yes*	*Yes*	*N/A*	*Yes*
Case 3	*Intrapartum Stillbirth*	*Yes*	*Yes*	*Yes*	*Yes*
Case 4	*Pre term delivery*	*No*	*Yes*	*N/A*	*Yes*
Case 5	*Shoulder Dystocia / therapeutic hypothermia*	*No*	*Yes*	*Yes*	*Yes*

Recommendations

To note the Serious Incidents reported in Maternity in Q4 January – March 2021 contained within the report and the Ockenden recommendations for the reporting and scrutiny of all Serious Incidents.

To share the findings with the LMS as a minimum every 3 months as per Ockenden report.

Appendices

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	10th June 2021
Paper number	Enc F3

Year 3+1 Quality Priorities – Status – April 2021 & Quality Account Production Progress

For approval:	x	For discussion:		For assurance:	x	To note:	

Accountable Director	Paula Gardner, Chief Nursing Officer		
Presented by	Paula Gardner, Chief Nursing Officer	**Author /s**	Rachel Beasley-Suffolk, Healthcare Standards Officer Siobhan Gordon, Head of Quality Hub & Healthcare Standards

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		Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	17th February 2021	Quality priorities for Year 3 roll over to Year 3 +1 (2021/22)
QGC	25th February 2021	Quality priorities for Year 3 roll over to Year 3 +1 (2021/22)
CGG	4th May 2021	Quality Account draft shared in reading room; comments received by Quality Hub following CGG
TME	19th May 2021	Quality Account reviewed and approved for review by QGC
QGC	27th May 2021	Quality Account reviewed and approved for review by Trust Board

Recommendations	Trust Board is asked to: • Review the year-end final results against the Year 3 Quality Priorities set out in the 2019/20 Quality Account, along with the targets for 2021/22. • Note the progress of the Quality Account draft, and timescales for the compilation and production of the 2020/21 Quality Account in readiness for the publication date of 30th June 2021. • Review and approve the draft Quality Account 2020/21.

Executive summary	Worcestershire Acute Hospitals NHS Trust is required to publish a Quality Account annually, as set out in the Health Act 2009. The Quality

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
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Paper number	Enc F3

	Account must include the Trust's quality indicators, according to the Health and Social Care Act 2012. This paper includes the current position (at year-end, March 2021) of the Year 3 Quality Priorities set out in the 2019/20 Quality Account, focusing on: • Care that is Safe • Care that is Clinically Effective • Care that is a Positive Experience for Patients and their Carers The Year 3 Quality Priorities progress at year-end (March 2021) and targets for 2021/22 are set out in Appendix 1. This paper also outlines the: • Process and timescales for the production of the 2020/21 Quality Account in readiness for the **publication date of 30th June 2021** (as set out in the NHSE/I Guidance to Quality Accounts). • The Quality Account draft at 2nd June 2021 (Appendix 2).

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	1, 2, 3

Assurance Level (x)	0		1		2		3		4		5		6		7	x	N/A	
Financial Risk	*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.*																	

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		N			
Timescales to achieve next level of assurance	**May 2021 –** *on target for publication by 30th June 2021*					

Introduction/Background

The Trust is required by law to publish a Quality Account annually, which includes the Trust's quality indicators.

In preparation for the production of the 2020/21 Quality Account, a review has been conducted to understand the current position and progress made during 2020/21 against each of the Year 3 Quality Priorities. The Year 3 Quality Priorities are aligned to the Quality Improvement Strategy, under:

- Care that is Safe
- Care that is Clinically Effective
- Care that is a Positive Experience for Patients and their Carers

Issues and options

It was agreed at both TME (February 2021) and QGC (February 2021) to continue with a renewed focus on those Quality Priorities agreed for Year 3, 2020/21 throughout 2021/22. These Quality Priorities for 2021/22 will be referred to as "Year 3 +1 Quality Priorities". This will ensure that the required quality improvements have been met and measured to ensure high quality patient care.

Timescales for the production of the 2020/21 Quality Account & Process Flow are outlined below:

	Year 3 status and future targets	Timescale	Status
	Quality Priorities Checkpoint (TME, QGC)	February 2021	Completed
2020/2021 Quality Account production	Stakeholder engagement – feedback and future target setting	February – May 2021	Completed
	Progress, narrative and projection templates issued to Corporate Leads	February – April 2021	Completed
	Continuous Review and Quality Assurance of draft	April – June 2021	On target
	Stakeholder review of draft (post-TME approval) and comment (CCG, HOSC, Healthwatch, PPF)	May – June 2021	On target *Expected 4th June 2021*
	Board Approval 10th June (TME –> CGG –> QGC –>Trust Board)	May – June 2021	Scheduled & on target
	Communications Team to create production document	11th – 18th June 2021	Scheduled & on target
	Final Publication Deadline	**30th June 2021**	**On target**

New for the Trust's 2020/21 Quality Account, the following areas have been included:

- Learning Disabilities – focus on learning from deaths and improvement to standards
- *"Staff Story"* - highlighting the Trust's journey throughout the COVID-19 response, in particular:
  - The commitment demonstrated by staff to ensure the safety and quality of care for our patients.
  - Support for staff wellbeing.
  - Learning and innovations.

To ensure compliance with NHS "*Guide to questions and statements required for a Quality Account"* a section on Data Quality has been included in Part 2, Section 2.2.

A process flow chart for the Quality Account Production has been included on the next page:

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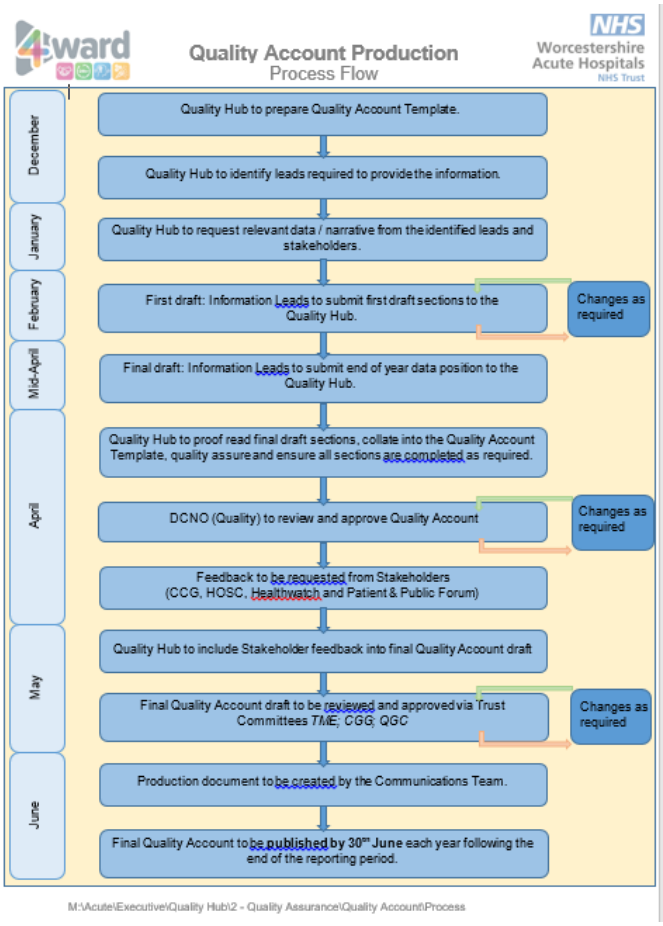
Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	10th June 2021
Paper number	Enc F3

We are here



External Audit

The Trust is not required to commission audit and assurance on their 2020/21 Quality Account, as confirmed by NHSE/I's letter of 15th January 2021: "*NHS accounts timetable and year-end arrangements – with provider annex".*

Quality Account Production Tool

Good progress has been made on the Draft Quality Account, and the Quality Hub continue to monitor, under the direction and accountability of the Deputy Chief Nurse, the progress for the end-to-end production of the Quality Account and facilitate the governance of the document through to Board review, oversight and approval. The Quality Hub will further instruct the Communication team as to when the draft account can be worked into the final production document. Production status has been included in Appendix 3.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	10th June 2021
Paper number	Enc F3

Recommendations
Trust Board is asked to: • Review the year-end final results against the Year 3 Quality Priorities set out in the 2019/20 Quality Account, along with the targets for 2021/22. • Note the progress of the Quality Account draft, and timescales for the compilation and production of the 2020/21 Quality Account in readiness for the publication date of 30th June 2021. • Review and approve the draft Quality Account 2020/21.

Appendices – Available in the Reading Room	
Appendix 1 – Year-end outcomes against Year 3 Quality Priorities; targets for 2021/22	
Appendix 2 – Draft Quality Account at 2nd June 2021	
Appendix 3 – Quality Account Production Tool – Status at 2nd June 2021	

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	10 June 2021
Paper number	Enc F4

Clinical Negligence Scheme for Trusts (CNST) - Maternity Incentive Scheme Quarterly Report Q3 2020

For approval:	✓	For discussion:		For assurance:	✓	To note:	

Accountable Director	Paula Gardner : Chief Nursing Officer		
Presented by	Justine Jeffery : Director of Midwifery	**Author /s**	Nicola Robinson : Governance Lead

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
TME	19th May 2021	Approved
QGC	24th May 2021	Approved

Recommendations	The Trust Board are asked to review the evidence submitted against the ten safety actions and accept this report to demonstrate compliance.

Executive summary	This report provides an update on the maternity services current position and progress of collecting the required evidence to demonstrate compliance with the CNST 10 safety actions for Q3, 2020.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	

Assurance Level (x)	0		1		2		3		4		5		6	✓	7		N/A	

Financial Risk	*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.*

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	**Y**		N		N/A	
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						

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	10 June 2021
Paper number	Enc F4

Introduction/Background

The NHS Resolution Clinical Negligence Scheme for Trusts Maternity Incentive Scheme supports all acute Trusts to deliver safer maternity care. This scheme applies to all acute Trusts and incentivises ten safety actions that each Trust must provide evidence of achievement annually.

This quarterly update outlines progress to date and reports on the required evidence to demonstrate compliance against the ten safety actions to support the Board to confidently complete the Board declaration to NHS Resolution.

This year (year 3 of the scheme) was paused due to the recognised challenges of the coronavirus pandemic. The maternity incentive scheme has been revised to include additional elements that ensure key learning from important emerging Covid-19 themes are considered and implemented by NHS maternity services.

The Scheme was relaunched in October 2020 and underwent a second revision in January and a further revision in anticipated in March 2021.

In order to be eligible for payment under the scheme, Trusts must submit their completed Board by **12 noon on Thursday 15th July 2021**.

This quarterly report details compliance, progress and actions required for all of the CNST safety standards for October – Dec 2020. The 10 required standards are discussed below.

Issues and options

Safety Action 1 - Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard?

Attached is the report that has been submitted through the internal Governance process and shared with the LMNS. This demonstrates compliance with all aspects of this standard. (Appendix 1)

Safety Action 2 - Are you submitting data to the Maternity Data Set (MSDS) to the required standard?

This standard has been a challenging during this quarter due to the implementation of the BadgerNet Maternity Information System. However the informatics team have been closely monitoring the submission and working with NHS Digital to reinforce and to provide evidence of the efforts undertaken and how WAHT approached the scoring of October and November data submissions.

Confirmation has since been received from NHS digital, that WAHT have achieved compliance with this standard during Q3.

Safety Action 3 - Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions into neonatal unit programme?

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Attached is the report that has been submitted through the internal Governance process and shared with the LMNS. (Appendix 2)

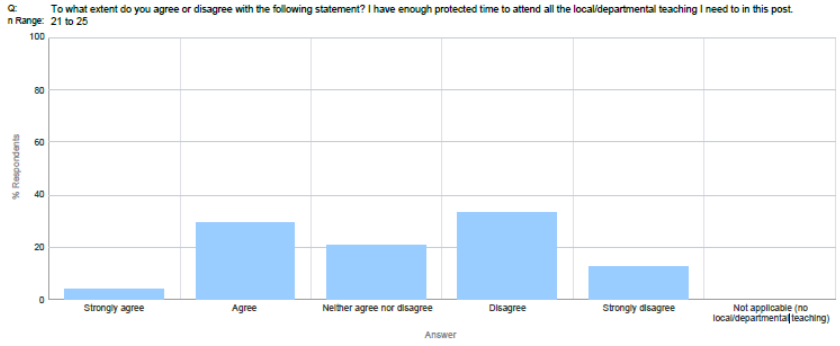
A review of term admission to the neonatal unit and to TC during the COVID 19 period has been undertaken to identify the impact of:

- Closures or reduced capacity of TC
- Changes to parental access
- Staff redeployment
- Changes to postnatal visit leading to increase in admission including those for jaundice, weight loss and poor feeding.

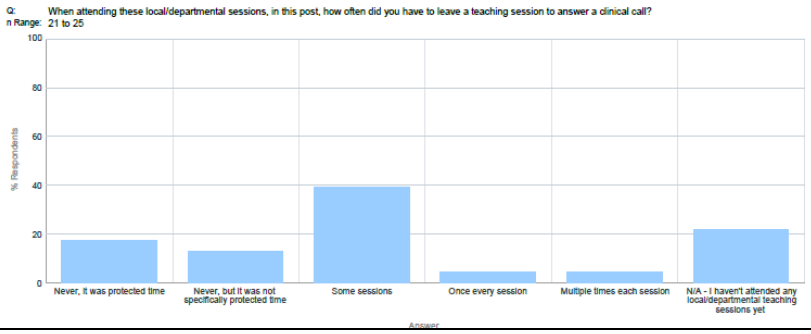
10% of admissions to TCU are audited each month to ensure the admissions are appropriate and the criteria are reached

<u>Safety Action 4</u> - Can you demonstrate an effective system of medical workforce planning to the required standard?

4.1 Obstetric Medical Workforce: Information with regards to progress against the GMC National trainee's survey has been obtained results of which are demonstrated below. **An action plan is being drafted to address those lost educational opportunities due to rota gaps**



Answer	% Respondents
Strongly agree	4.17
Agree	29.17
Neither agree nor disagree	20.83
Disagree	33.33
Strongly disagree	12.50
Not applicable (no local/departmental teaching)	0.00
Grand Total	**100.00**



Answer	% Respondents
Never, it was protected time	17.39
Never, but it was not specifically protected time	13.04
Some sessions	39.13
Once every session	4.35
Multiple times each session	4.35
N/A - I haven't attended any local/departmental teaching sessions yet	21.74
Grand Total	**100.00**

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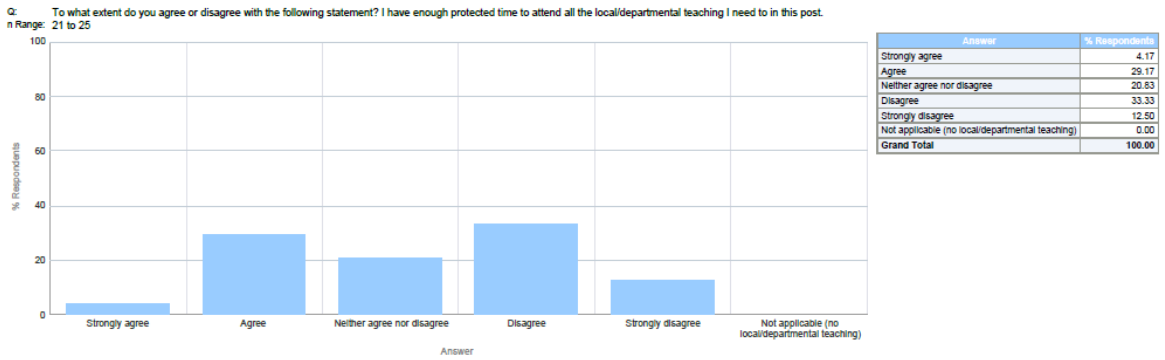

Answer	% Respondents
Strongly agree	4.17
Agree	29.17
Neither agree nor disagree	20.83
Disagree	33.33
Strongly disagree	12.50
Not applicable (no local/departmental teaching)	0.00
Grand Total	**100.00**

4.2 Anaesthetic Medical Workforce: It has been confirmed that for this reporting period, WAHT has met the all of the ACSA standards required 1.7.2.5, 1.7.2.1 and 1.7.2.6.

4.3 Neonatal Medical Workforce: The neonatal Unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing. A tier 1 doctor is available 24 / 7 in line with recommendations from BAPM.

4.4 Neonatal Nursing Workforce: Attached is a staffing paper submitted to NHSE/I in an attempt to secure funding for BAPM in 19/20 (Appendix 3)

Also attached is last staffing paper submitted to NWAG Nov 2020. (Appendix 4)

Safety Action 5 - Can you demonstrate an effective system of midwifery workforce planning to the required standard? (Appendices 5 and 6)

Safety Action 6 - Can you demonstrate compliance with all 5 elements of SBL bundle version 2?

In Q3 we were not fully compliant with SBLCBv2 as a Fetal Surveillance Midwife was not in post. However, funding was secured to enable this to be progressed. Recruitment was planned for Q4 and the report for Q4 will demonstrate full compliance with all 5 elements of the bundle.

Safety Action 7- Can you demonstrate that you have patient feedback mechanisms for maternity services and that you regularly act on feedback

7.1 Terms of reference have been agreed for the Maternity Voice Partnership (MVP).

7.2 Regular feedback sessions and Maternity Voice Partnership meetings are ongoing. Embedded are the minutes from September 2020. We have user representation in labour ward forum meetings. (Appendix 7)

7.3 Remuneration for the chair & other services user members of the committee has been obtained to demonstrate compliance with this criterion.

<u>Safety Action 8</u> - Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?

Training compliance is monitored through the Divisional Governance structure, due to the 2nd wave of the pandemic compliance was affected. However training recommenced in October 2020. An action plan was developed to address the training shortfalls identified as a result of COVID. (Appendix 8)

<u>Safety Action 9</u>- Can you demonstrate that Trust safety champions (Obs & Midwife) are meeting bimonthly with board level champions to escalate locally identified issues

A pathway has been developed to formalise how safety intelligence from floor to board which is shared through LMNS & MatNeoSip. (Appendix 9)

The maternity Safety Board level Champion undertakes monthly Walkabouts. This is documented in a template developed to capture the detail of those events.

The Continuity of Carer and all other related local outcome reports are shared

<u>Safety Action 10</u> - Have you reported 100% of qualifying 2019/20 (financial year) incidents Under NHSR Early Notification Scheme

1 case 2011-2680 met the criteria for reporting to HSIB were notified, during this quarter all cases were notified to NHS Resolutions were performed by HSIB as per National guidance.

Conclusion

The maternity and neonatal services are able to demonstrate compliance with all 10 safety actions in 2019 a full rebate was received in 2019. In 2020 all Trusts received a full rebate as the scheme was suspended due to the pandemic. Compliance in 2021 will be extremely challenging as the information outlined within the scheme has undergone a number of revisions, the pandemic has interrupted some committees where the evidence would be reported and discussed and staff have been deployed to critical areas of the wider hospital to deliver care which will impact on training compliance and the roll out of continuity of carer. However regular updates will be provided to ensure that the Board are sighted on the on gong position and compliance with each safety action.

Recommendations

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The Trust Board are asked to note the content of this report, the current position and challenges and continue to support the Division to deliver compliance against all safety actions by July 2021.

Appendices – Appendices are in the Reading Room

NHS
Worcestershire Acute Hospitals NHS Trust

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Paper number	Enc F4

Clinical Negligence Scheme for Trusts (CNST) - Maternity Incentive Scheme Quarterly Report Q4 2020/21

For approval:	✓	For discussion:		For assurance:	✓	To note:	

Accountable Director	Paula Gardner, Chief Nursing Officer		
Presented by	Justine Jeffery, Director of Midwifery	**Author /s**	Nicola Robinson, Divisional Governance Lead

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
Directorate Governance	21.05.21	Approved
Divisional Governance	02.05.21	Approved
Clinical Governance Committee	01.06.21	Approved

Recommendations	The Trust Board are asked to review the evidence submitted against the ten safety actions and accept this report to demonstrate compliance.

Executive summary	This report provides an update on the maternity services current position and progress of collecting the required evidence to demonstrate compliance with the CNST 10 safety actions for Q4, 2020/21. The report provides a good level of evidence for the majority (8) standards with 2 standards requiring additional small audits and the completion of an action plan. The Board declaration is required for submission to NHSR on 15th July 202; this coincides with the next available Board date and therefore it is recommended that any outstanding evidence is presented to Trust Management Executive Committee at the end of June so that a declaration can be made against all 10 standards.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	
Assurance Level (x)	0 | 1 | 2 | 3 | 4 | 5 | 6 ✓ | 7 | N/A		
Financial Risk	*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.*		

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	**Y**		N		N/A	
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						