

RPIW Implementation - Proposed changes to Scheme of Delegation

Current Situation-

12: Appointment of permanent staff, Admin and clerical

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer and Director of People and Culture (or their nominated deputy) in attendance at the Pay Control Panel.	Subject to Trust policy / process. There is a weekly meeting with representatives from Finance and HR where managers who wish to recruit present vacancies they wish to fill. The relevant templates are available from HR. All vacancies must follow the Vacancy Management Governance process and requirements.

13: Appointment of Permanent staff: Medical and Nursing

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Divisional Management Team of the relevant Division (Divisional Operations Director, Divisional Medical Director, Divisional Nursing Director and Business Advisor).	Corporate Medical and Nursing posts require sign off by appropriate Voting Executive Director. All vacancies must follow the Vacancy Management Governance process and requirements.

14: Appointment of Temporary staff, Admin and clerical

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer, Director of People and Culture, Chief Finance Officer, Chief Nursing Officer and Chief Medical Officer Director (or their nominated deputies) in attendance at the Pay Control Panel	Where the request is to cover the gap with third party agency / bank, the appropriate Agency Request process needs to be followed. All vacancies must follow the Vacancy Management Governance process and requirements.

15: Appointment of Temporary staff: Medical and Nursing

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer, Director of People and Culture, Chief Finance Officer, Chief Nursing Officer and Chief Medical Officer Director (or their nominated deputies) in attendance at the Pay Control Panel	Corporate Medical and Nursing posts require sign off by appropriate Voting Executive Director Bank and agency requests should follow the respective booking processes. All vacancies must follow the Vacancy Management Governance process and requirements.

Background

The Trust has identified the recruitment work stream as a priority for review and improvement under the 4ward improvement system. The purpose of this is to streamline vacancy pathways and the authority to recruit (ATR) process.

The current Scheme of Delegation are not fit for purpose and in many cases already not being followed. We also found the ATRs that are following the Scheme of Delegation have many delays along the process. The current Scheme of Delegation mentions nursing/clinical and admin staff but not AHPs.

Assessment

The Rapid Process Improvement Workshop (RPIW) has undertaken a detailed analysis and appraisal of the current recruitment form (ATR) approval process. This has included scrutiny of the average time for the approval process in entirety, with the mean time from initial commencement of the ATR to sign off at vacancy control panel being 10 days and 16 hours. In many cases this was seen to be significantly exceeded.

The process has included observation, audit and process mapping which has identified clear and significant potential for removal of waste and improvement.

Recommendation from RPIW

- Change the ATR form
- Implement a digital online ATR approval system (outside of NHS jobs)
- Amend the Scheme of Delegation

It is acknowledged that for all of the above to be accepted by the organisation, robust governance processes will be required to be put in place. These processes would underpin the delegation of responsibility to budget managers / holders and Divisional teams. So removing the need for ATRs which meet clearly defined criteria to be signed off at VCP.

ATR's that meet the following criteria can be signed off by the budget managers:

- Straight replacement in terms of hours and banding
- Post within funded establishment for duration required.
- Post covered within the last 6 months either by agency, bank or substantive.

ATR's that sit outside of this criteria will be escalated to divisional level for additional scrutiny, assurance and approval

Required changes to current Scheme of Delegation

12. Staff – Appointment of all staff that fit all of the following criteria

- A straight replacement in terms of hours and banding
- Within funded establishment and fully funded for duration required
- Has been covered in the last 6 months (agency, bank or substantive)

Delegated Matter	Value	Authority Delegated to	Notes / Comments
Approval to recruit	N/A	Budget Manager	Subject to Trust Policy / process. There is an automated and regular report generated and sent to the Division of all posts completed by the Budget Manager which fit this criteria. This presents an opportunity for Division to have complete oversight on workforce.

13. Staff – Appointment of all staff that DO NOT fit the criteria detailed in point 12.

Examples include changes of banding, Agency placements, posts not within establishment.

Delegated Matter	Value	Authority Delegated to	Notes / Comments
Approval to recruit	N/A	Divisional Management Team/Senior Leadership team of the relevant division.	<p>Subject to Trust Policy / process. There is a requirement that ALL posts following this route have had agreement by the Human Resource Business Partner and Business Advisor prior to the request reaching the Division for a decision. This agreement should be clearly documented on the form within the justification section.</p> <p>There is an automated and regular report generated and sent to the Executives of all posts approved by the Division. This presents an opportunity for the Executives to have complete oversight on workforce and Finances and to discuss any concerns. There is a requirement that the Division discuss with the Chief Operating Officer when the request is to recruit above establishment on an already overspent pay budget.</p>



Assurances

Above processes will be supported by automated digital reports detailing all ATRS submitted in a given period which will be available to Stakeholders and Executive board. In addition to this, the RPIW team would suggest that approved ATRs becomes a standing agenda item at Divisional PRM.

By the action of approval, budget managers / holders are confirming that they are compliant with the set criteria specified and have reviewed the ongoing need to recruit into the post.

For posts that sit outside of the criteria of level 1, prior to budget manager / holder sign off, there is a requirement that all forms following this route, have been discussed with the Human Resource Business Partner and Business Advisor prior to the request reaching Division. This support should be clearly documented on the form, within the justification section.

The Divisional team or equivalent, (For clinical divisions this will include the Divisional triumvirate, for non-clinical divisions this would include the Divisional Director) review the Route 2 recruitment forms.

By the Divisional team's action of approval of posts not fitting the criteria of level 1, divisional management team are confirming that they have oversight of the workforce and financial implications of approving or declining the post.

Budget managers / holders, Divisional Team and Exec board receive weekly / monthly reports on all approved applications for review. This will provide the visibility and accountability of actions taken by budget managers / holders and Divisional teams.

Divisional team will be asked to present and provide narrative on reports as standing agenda item at PRM

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Nurse staffing report –September 2022

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

Alignment to the Trust's strategic objectives (x)

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

Committee/Group	Date	Outcome
TME	19 October 2022	Noted

Recommendations

Trust Board are asked for assurance and to note:

- Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout September 2022 has been achieved.
- The areas of increased patient acuity and demand and changes to staffing requirements in place.
- Ongoing work streams in place to meet staff absences in particular recruitment and retention drives.
- Appendix 1 Summer Acuity and Dependency paper.
- The RCN/ Unions are currently balloting their members during September/ October for strike action, an operational tactical group is in place to support both the staff and the ongoing needs of patients services.

Executive summary

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during September 2022. Maternity staffing is provided as a separate report. Key headlines are:

- August has seen an ongoing demand for temporary staffing to cover short term absences, vacancies and increased patient acuity and dependency. Key areas of high use are urgent care departments on both Worcester Royal and Alexandra Hospital and the Maternity department.
- Cross adult wards there has seen an increase in the requirement for mental health specialist nurses to meet the therapeutic needs of patients with mental health requirements who are medical fit for discharge and awaiting transfer for appropriate mental health care. There are discussions with the Health and Care.
- Following a meeting with the Secretary of State for Health and Social Care in September, Herefordshire and Worcestershire is in

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a cohort of six Trusts that have been asked to implement a new model of care. This is in response to continuing failure of system-wide flow to eradicate patient risk caused by ambulance handover delays at our hospitals. The implementation of a new model for managing flow between the emergency department (ED) at Worcestershire Royal Hospital, the assessment units and the medical and surgical wards has been adopted. This has increased the staffing needs for the emergency department, ongoing daily review of staffing for the wards is in place.

- There has also been an increased demand for COVID capacity on the ward areas however there has not been an increase in requests for staffing.
- There were 18 insignificant or minor incidents reported with no moderate or significant harms reported. This is a significant reduction in month.
- The health care assistant recruitment drive remains in place, with the opening up following covid restrictions the recruitment centres have reopened. This programme remains pivotal and is being supported by the retention workstream.
- The vacancy factor is: RN 211 at 10.66%, against model hospital data of 12.3%, RM 28, at 11.8% (there is no model hospital benchmarking data available) and HCA 122 at 12.4% against model hospital of 11.1% (August data). Priority areas for recruitment are Maternity and HCA. A review of retention is being undertaken by HR.
- Triangulation of data shows the bank and agency usage is reduced compared to the WTE in vacancy, sickness and maternity.
- The completion of the summer Acuity and dependency biannual staffing is reported in appendix 1. The winter review will be reported in December.
- A winter staffing review is in progress and will be reported in the October paper.
- There remains a reported concern of staff feeling tired and pressured in particular within urgent care and an ongoing focus on meeting the changing needs of the health and wellbeing for staff.

Risk												
Which key red risks does this report address?				What BAF risk does this report address?	BAF risk 9 -If we do not have a sustainable fit for purpose and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.							
Assurance Level (x)	0	1	2	3	4	5	6	x	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				

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Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N		
If no has the action plan been revised/ enhanced	Y	x	N		
Timescales to achieve next level of assurance					
Introduction/Background					
Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for August 2022					
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					
Issues and options					
The provision of safe care and treatment Staff support ongoing A priority for the trust remains the health and wellbeing of staff as there remains the priorities of managing the ongoing demands from the acuity and dependency of the patients entering the hospitals and the increases in patient attendance through the urgent care pathway. The provision of staff support continues to be a high priority for the teams. There is a Trust wide weekly meeting in place to assess progress with safest staffing and professional issues and to gain a professional update on health and wellbeing issues at ward/clinical level, led by the CNO/Deputy Chief Nurse. Roll out of the Professional Nurse Advocate (PNA) training programme and PNA network is in place and restorative supervision offered for staff as required and areas for targeted support.					
Harms There were 18 minor and insignificant patient harms reported for September over a variety of ward areas. No hot spot areas, with no patient related risks reported.					
Good Governance There daily staffing escalation calls to cover last minute sickness and the divisions work together to cover the staffing gaps with last resort escalation to off framework agencies. There remains an assurance weekend staffing meeting held each week with the CNO and the monthly NWAG meeting. Triangulation of data is ongoing, with Whole time equivalent data now available for Maternity leave and sickness.					
Safe Staffing Nurse staffing ‘fill rates’ (reporting of which was mandated since June 2014)					

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"This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwives in hospitals which are filled". National rates are aimed at 95% across day and night RN and HCA fill Mitigation in staff absences was supported with the use of temporary staffing and redeployment of staff where staff were able to do so.

Current Trust Position			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	The current domestic and international pipeline to be reviewed. The increase in RN fill is significant across the COVID areas and the need for additional staffing on these areas. The HCA fill rate on days and nights has increased slightly this month a trust wide advert is in place to fill all the HCA vacancies.	5
RN	94%	99%		
HCA	91%	103%		

DATA from Here is for August 2022

Vacancy trust target is 7%

RN and RM vacancies ongoing recruitment to reduce vacancies both domestic and international. Rolling adverts for specialities have been ongoing. HCA recruitment continues following the recruitment drive with HEE and a centralised trust wide advert 22/23 International nurse recruitment commenced in April 2022 for the next financial year with additional funds supported by NHSEI with supporting teaching for the Hereford and Worcester Health and Care Trust. A further Bid has been submitted for funding Jan- March 23 for a further 20 nurses and an IR midwifery bid has been successful for 6 midwives to arrive before July 23. The health and care trust are also submitting a further bid for IR nurses that the team will support on the training for Jan- March.

Current Trust Position WTE	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN 211 WTE 10.66% RM 28 WTE 11.8% HCA 122 WTE 12.41%	RN 12.3% RM not available HCA 11.1%	4

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

- Inpatient wards have deployed staff and employed use of bank and agency workers.
- Vacancies numbers has led to constraints on staffing and a need for bank or agency to keep staffing safe across all the Wards within safest levels.
- Urgent Care is currently carrying the majority of the RN vacancies.

Recruitment International nurse (IN) recruitment pipeline

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Recruitment has already commenced with arrivals planned through from April 2022 to December 2022 totalling 80 with additional financial support from NHSEI. A further bid has been submitted for a further 20 nurses of which we will now look as a trust to the Philippines.

Domestic nursing and midwifery pipeline

With the commencement of the grow our own campaign through the Best people programme, September will hopefully see new cohorts of Registered Nurse associates and Registered nurse degree apprentices.

Maternity

There is no trust target for maternity leave and no model hospital data to benchmark

Current Trust Position	Model Hospital data May 2022 Benchmarking	Current Level of Assurance
RN 68 WTE RM 9 WTE HCA 28 WTE	Not available	4

Bank and Agency Usage

Trust target is 7%-

Current Trust Position WTE	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN 282 WTE 10,2% RM 23 WTE HCA 200 WTE	RN 6.4% RM Not available HCA Not available	5

Sickness –

The Trust Target for Sickness is 4%, August sickness data 5.67%.

Current Trust Position	Model Hospital data May 2022 Benchmarking	Current Level of Assurance
RN 94 WTE 4.7% RM 14 WTE 6.11% HCA 82 WTE 8.3%	RN 5.5% RM 6.3% HCA 7.7%	4

Turnover

Trust target for turnover 11%.

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.

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Work being undertaken with NHSEI to develop a recruitment and retention action plan to support HCA recruitment. To have a pool of ready to start HCAs as vacancies arise.

Current Trust Position	Model Hospital data March 2022 Benchmarking	Current level of Assurance
RN Turnover 12.2% RM Turnover 16.48% HCA Turnover 16.41%	RN Turnover 13.1% RM Turnover 13.8% HCA Turnover 18%	3

Recommendations

Trust Board are asked to note:

- Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout September 2022 has been achieved.
- The areas of increased patient acuity and demand and changes to staffing requirements in place.
- Ongoing work streams in place to meet staff absences in particular recruitment and retention drives.
- Appendix 1 Summer Acuity and Dependency paper.
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Appendix 1 Acuity and Dependency Bi annual review for Nurse Staffing on adult wards

DATE:-	17/10/22
FROM:	Louise Pearson Lead Nurse Workforce and Education.
<p><u>For Information and Assurance:</u></p> <p><u>Background</u></p> <p>The Trust has over the past 2 years completed the Bi annual Acuity and dependency studies using a paper based model. The review covers a 4-week period with every adult inpatient ward. The aim being to ensure an accurate record of acuity and dependency is captured which support the assessment of whether current staffing levels meet the needs of the patients. Due to COVID-19 the decision was made in 2020 to utilize the safe care capabilities of the allocate system for the reviews going forward.</p> <p>Using the triangulated approach as described in the National Quality Board (2016) guidance, a process of using professional judgement, patient acuity and dependency assessments and environment considerations are incorporated to support the establishments reviews. This triangulated approach to decision making allows a judgement of whether there is the right staff with the right skills at the right time and place on staffing rosters to meet the needs of the patients they serve. Allocate is aligned to the Safer Nursing Care Tool (SNCT) which is aligned to evidence based staffing resources to allow nursing establishments to be based on a patient's needs, there is a specific tool for general inpatient areas, assessment units and children and young people, these are all areas where the first study for 2022 has been carried out.</p> <p><u>Assessment and Results</u></p> <p>The first of the biannual 2022 reviews was undertaken in May 2022. This utilized the electronic system of Safe care within the allocate suite. The reviews are based the Shelford model of acuity and dependency (SNCT) and establishment changes should only be considered after 2 studies have taken place for a ward area in order to control for seasonal variation and hence a more reliable data set to base the annual establishment recommendations upon.</p> <p>The results from the May review have been triangulated with finance data to facilitate alignment of the E-rosters with the financial envelop assigned to each ward. This involved review of all 31 inpatient wards. There have been a number of ward moves in 2022 and their specialities, this change of ward location and the change in bed numbers can affect the Acuity and dependency</p>	

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result meaning that the environmental impacts also have to be taken into consideration on reviewing establishments. The outcomes for each ward are given below in table 1. All inpatient ward rotas have been signed off by the Chief Nursing Officer Paula Gardner as compliant from both a patient acuity and dependency and also a financial alignment with the ledger. There were no changes made to roster from the May 2022 assessment.

Next Steps

There were variances identified and cautions applied in some areas due to patients with speciality needs having care on an outlying ward and not in the designated specialty areas.

Training needs of staff in use of safer care identified.

The next acuity and dependency study is planned for November. The winter review for A and D is due for November, all areas have to achieve 80% on compliance.

JUSTIFICATION, e.g. National Guidance / etc:

National requirements to provide 2 studies using the tool and the compliance required for establishment reviews.

DECISION:

All inpatient and ED establishments aligned through the e-roster system and the finance ledger. A further Study to be undertaken in November to align for budget setting.

REASONING:

EXEC/OFFICER ACCOUNTABLE FOR DECISION:

DATE:

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Midwifery Safe Staffing Report September 2022

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

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Maternity Governance	October 2022	
TME	19 October 2022	Noted

Recommendations	The group is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.
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Executive summary	<p>This report provides a breakdown of the monitoring of maternity staffing in September 2022. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance.</p> <p>Safe midwifery staffing is monitored monthly by the following actions:</p> <ul style="list-style-type: none"> • Completion of the Birthrate plus acuity tools • Monitoring the midwife to birth ratio • Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings' • Unify data • Daily staff safety huddle • SitRep report & bed meetings • COVID SitRep (re - introduced during COVID 19 wave 2) • Sickness absence and turnover rates • Recruitment/Vacancy Rate • Monthly report to Board <p>There were 456 births in September. The escalation policy was enacted to reallocate staff internally as required however the community and continuity teams were also required to support the team throughout September. Minimum safe staffing levels were maintained on a greater number of shifts in September.</p> <p>The supernumerary status of the shift leader was not maintained on six occasions however 1:1 care in labour was achieved in month.</p>
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There is ongoing support required to embed the acuity app into the ward areas and some improvement is noted in the antenatal data submission.

There were four no/insignificant harm staffing incidents and seven medication incidents reported on Datix

Sickness absence rates remain higher than the Trusts target but have decreased to 8.14%. COVID absence rates were lower in September. The directorate continue to work with the HR team to manage sickness absence timely. The rolling turnover rate decreased to 15.39%. The current vacancy rate is at 5% following the arrival of 11 WTE midwives in month. The majority (4%) of these vacant posts are due to an increase in the funded establishment that will enable staff to be released to meet the national requirement for role specific training.

The suggested level of assurance for September is 5. This increase in assurance is recommended as there has been a significant reduction in vacancies, a decrease in sickness rates, an increase in fill rates, a reduction in delays in care and a reduction in red flag reporting.

A higher level of assurance will be offered when the vacancy, sickness and turnover rates are at or below the Trust target.

Risk												
Which key red risks does this report address?												
What BAF risk does this report address?	9-If we do not have a right sized, sustainable and flexible workforce, we will not be able to provide safe and effective services resulting poor patient and staff experience and premium staffing costs.											
Assurance Level (x)	0	1	2	3	4	5	x	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		
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											

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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 tools
- Monitoring the midwife to birth ratio
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Unify data
- Daily staff safety huddle
- SitRep report & bed meetings
- COVID SitRep (re - introduced during COVID 19 wave 2)
- Sickness absence and turnover rates
- Recruitment/Vacancy Rate
- Monthly report to Board

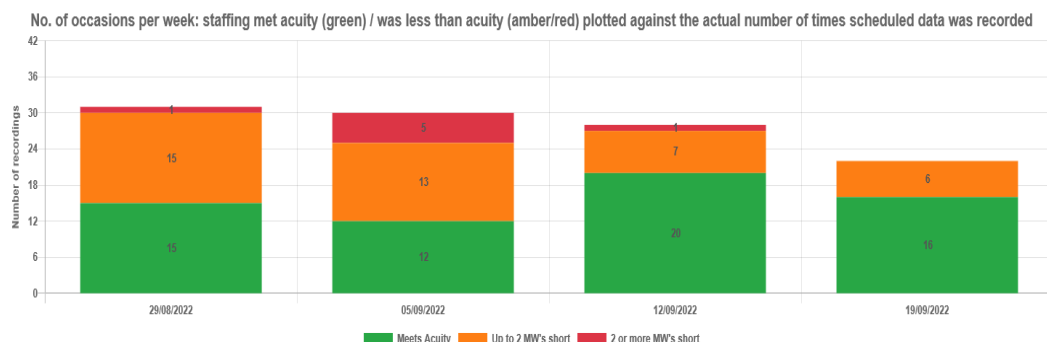
In addition to the above actions a biannual report (published in July and January) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly 'desktop' audits. The full Birthrate plus audit has now been completed and a workforce paper will go to Board in October 2022 however no additional funding is needed as the workforce requirement is currently funded following the receipt of national investment.

Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 66% of the expected intervals which is lower than last month. The diagram below demonstrates when staffing was met or did not meet the acuity. This indicator is recorded prior to any actions taken. Despite a number of mitigations, the minimum safe staffing levels were maintained on the majority of shifts in September; where this was not achieved mitigations were put in place to maintain safety and the escalation policy was used accordingly in response to activity and professional judgment.


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From the information available the acuity was met in 57% (an increase from previous month) of the time and recorded at 43% when the acuity was not met prior to any actions taken.

The mitigations taken are presented in the diagram below and demonstrate the frequency of when staff are reallocated from other areas of the inpatient service (53% to mitigate the risk. This is similar to the previous month. Also to note a slight increase when staff are unable to take their allocated breaks (19%) and there was one report of staff staying beyond their shift.

It is reported that the on call midwives and/or the continuity teams were required to support the inpatient service on 5 occasions and ward managers and specialist midwives were deployed to support the clinical areas although this is not recorded.

Number & % of Management Actions Taken

From 01/09/2022 to 30/09/2022

	MA1	Redeploy staff internally	31	53%
	MA2	Redeploy staff from community	5	9%
	MA3	Redeploy staff from training	0	0%
	MA4	Staff unable to take allocated breaks	11	19%
	MA5	Staff stayed beyond rostered hours	1	2%
	MA6	Specialist midwife working clinically	1	2%
	MA7	Manager/Matron working clinically	0	0%
	MA8	Staff sourced from bank/agency	6	10%
	MA9	Utilise on call midwife	0	0%
	MA10	Escalate to Manager on call	3	5%
	MA11	Maternity Unit on Divert	0	0%
		Total	58	

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

All of the NICE recommended red flags can be reported within the new acuity app and are presented below.

The labour ward coordinator was not supernumerary 100% of the time; it was reported that there were 6 events across the month (6 in August, 20 in July, 10 in June, 3 in May) when this was not maintained. This remains a concern however the reduction in trend is encouraging.

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There were no reports when 1:1 care in labour was not provided. There were also fewer delays in IOL reported and there were small numbers of other delayed clinical activity recorded.

Number & % of Red Flags Recorded

From 01/09/2022 to 30/09/2022

 RF1	Delayed or cancelled time critical activity	0	0%
 RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	1	11%
 RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
 RF4	Delay in providing pain relief	1	11%
 RF5	Delay between presentation and triage	0	0%
 RF6	Full clinical examination not carried out when presenting in labour	0	0%
 RF7	Delay between admission for induction and beginning of process	1	11%
 RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
 RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
 RF10	Delivery Suite Co-ordinator is not supernumerary	6	67%
	Total	9	

Antenatal & Postnatal Wards

The data remains incomplete for the antenatal and postnatal ward. Based on this rate of completion the data is not reliable and therefore cannot be included in the report. However, the antenatal ward has demonstrated an improvement and it is anticipated that data will be included in October's report. A lead has been identified to work with the PN ward manager to improve the current rate of completion and it is expected that improvements will be evident in October.

Staffing incidents

There were four staffing incidents reported in September via Datix and no harm was recorded. There continues to be a noticeable decrease in reported staffing incidents as these are now captured in the acuity tool. The following incidents were reported:

1. Escalation causing increased workload in a community team for 1 day
2. DS staffing below minimum staffing levels
3. ANW staffing reduced to minimum safe staffing levels following escalation
4. Incorrect categorisation of incident – data access issue not staffing issue

It is noted that any reduction in available staff results in increased stress and anxiety for the team and the staff have continued to report reduced job satisfaction and concern about staffing levels, burnout and staff health and well – being.

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Staff drop in events have continued throughout September to offer support to staff and to update staff on the current challenges in maternity services. Attendance remains low and may be as a result of improved staffing levels.

Medication Incidents

There were seven medication incidents in September:

- Incorrect dose administered
- Stock error – TTO packs used as stock
- Drugs not signed (2)
- Late medication (2)
- Incorrect sliding scale regime

Unify Data

The fill rates (actual) presented in the table below reflect the position of all inpatient ward areas. The rates reported demonstrate a further improvement in fill rates for registered midwives and maternity support workers in the majority of the inpatient areas.

	Day RM %	Day HCA %	Night RM %	Night HCA %
Continuity of Carer	100%	n/a	100%	n/a
Community Midwifery	66%	n/a	100%	n/a
Antenatal Ward	85%	64%	86%	80%
Delivery Suite	92%	59%	84%	86%
Postnatal Ward	73%	71%	91%	75%
Meadow Birth Centre	59%	68%	80%	53%

Monitoring the midwife to birth ratio

The ratio in September was 1:25 (in post) and 1:24 (funded). This is slightly higher than the agreed midwife to birth ratio as outlined in Birthrate Plus Audit, 2022 (1:24).

Daily staff safety huddle

Daily staffing huddles are completed each morning within the maternity department. This huddle is attended by the multi professional team and includes the unit bleep holder, Midwife in charge and the consultant on call for that day. If there are any staffing concerns the unit bleep holder will arrange additional huddles that are attended by the Director of Midwifery. Additional huddles were held during high activity in the first week of September.

The maternity Unit Bleep Holder and the on call manager continue to join the Trust site meeting twice per day. This has facilitated escalation of any concerns and a greater

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understanding of the pressures within maternity services. The maternity team have also gained an insight into the challenges currently faced across our hospital services.

Maternity SitRep

The maternity team SitRep continues to be completed 3 times per day. The report is submitted to the capacity hub, directorate and divisional leads and is also shared with the Chief Nurse and her deputies. Maternity staffing is also discussed at the Chief Operating Officers daily meeting.

The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing. Further work on the Sitrep is ongoing, the pilot of the regional Sitrep continues and the DoM is a member of the regional development group.

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

The directorates continue to share information about the current COVID position and identify any risks to the service which includes a focus on safe staffing. The meetings are now held weekly. The national COVID SitRep continues to be completed each fortnight and there has been cause to report that safe staffing levels have not been maintained (without mitigation) throughout September however this was not due to COVID related absence.

Vacancy

There are currently 13 unfilled midwifery posts – vacancy rate of 5%. Eight of these post represent an uplift in establishment funded from Ockenden monies to enable staff to be released for role specific training.

To inform a reliable recruitment plan the directorate has requested information from the university to identify how many students live locally and are therefore likely to remain in Worcestershire upon qualification. Information has been shared from the last 2 groups of students and is summarised below:

Region	No of Students (total 31)
LMNS	22
West Midlands	2
Other	7

Sickness

Sickness absence rates were reported at 8.14% in month – this is a slight increase on the previous 2 months however the trend continues to demonstrate a reduction over the last 6 months.

The following actions remain in place:

- Monthly oversight of sickness management by the Divisional team with HR support
- Focus review of sickness management in areas with high levels of absence

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

Turnover

The rolling turnover remains below the Trust target at 15.39%.

Actions throughout this period:

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed meeting twice per day
- Non - clinical staff redeployed to clinical rota as required
- Agency staff block booked to support across summer months
- Sitrep report completed three times per day
- Maintained focus on managing sickness absence effectively.
- Further training and oversight by ward managers to improve completion rates of the acuity app agreed.
- Further recruitment event planned for November for midwives.
- Fortnightly 'drop - in' sessions led by the DoM continued in month.
- Additional drop in sessions with CNO & DoM

Conclusion

The activity was high in September (456 births) and there was an increase in the % of time that acuity was met on delivery suite. To maintain safety staff were deployed to areas with the highest acuity; minimum safe staffing levels were not achieved on all shifts and the escalation policy was utilised alongside professional judgment to maintain safety.

Agency midwives and non-clinical midwives have provided additional support to all areas of the service when required. Deployment of all non-clinical staff was requested to maintain safe staffing and support required from the community and continuity teams however this has decreased.

There was a reduction in reported delays in care and a maintained reduction in the times the shift leader was not supernummary was noted.

Sickness absence rates reported at 8.14%. It is noted this remains above the Trust target; ongoing actions are in place to support ward managers and matrons to manage sickness effectively.

The rolling turnover rate is at 15.39% and the vacancy rate is now 5%. Eleven new starters commenced in post as planned with a further 3WTE expected in Q3.

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Any reduction in available staff on duty will impact on the health and wellbeing of the team; support is available from the visible leadership team, PMAs and local line managers.

The suggested level of assurance for September is 5. This increase in assurance is recommended as there has been a significant reduction in vacancies, an overall decrease in sickness rates, an increase in fill rates, a reduction in delays in care and a reduction in red flag reporting.

A higher level of assurance will be offered when the vacancy, sickness and turnover rates are at or below the Trust target.

Recommendations

The Committee is asked to note the content of this report for information and assurance

Appendices

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Report of the Trust Management Executive

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Matthew Hopkins Chief Executive		
Presented by	Matthew Hopkins Chief Executive	Author /s	Jo Wells, Deputy Company Secretary

Alignment to the Trust's strategic objectives (x)

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

Committee/Group	Date	Outcome

Recommendations	The Trust Board is requested to receive this report for assurance.
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Executive summary	This report gives a summary of the items that were for discussion at the Trust Management Executive (TME) held on 17 th August and 21 st September 2022. Both meetings were condensed due to level 4 operational pressures. Members will see that there is a clear line of sight between the Board, Committees and TME.
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Risk

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

Is there an action plan in place to deliver the desired improvement outcomes?	Y		N		N/A	X
Are the actions identified starting to or are delivering the desired outcomes?	Y		N			
If no has the action plan been revised/ enhanced	Y		N			
Timescales to achieve next level of assurance						

Trust Management Executive Assurance Report – 17 August 2022 – Meeting condensed due to Level 4 operational pressures

Accountable Non-Executive Director	Presented By	Author
N/A - Executive	Matthew Hopkins, Chief Executive	Jo Wells, Deputy Company Secretary

The meeting was condensed to 1 hour due to Level 4 operational pressures. The Chief Executive reviewed the agenda and papers and approved progression to Committee or deferred to the next meeting.

The following items were escalated to Board

Item	Rationale for escalation	Action required by Trust Board
Resolution to Contractor claim and completion of UEC works	For approval by F&P	For approval at Private Board
Complaints & PALS Annual Report 2021/22	For approval by QGC	For approval at Trust Board

The following items were reviewed by the CEO and progressed to committee as below.

Item	Level of Assurance	Change	BAF Risk	Decision
Three Year Plan Update	Level 4	N/A	3, 4, 9, 21	Noted. To be presented back to TME.
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20	Noted and progressed to QGC, & F&P
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Noted and progressed to QGC
UEC Revenue Business Case	Level 2	N/A	9, 14, 19, 20	Noted. To be presented back to TME
Volunteering Business Case	Level 6	N/A	2	Noted. To be presented back to TME
Clinical Harm Review Report	Level 6	N/A	18	Noted and progressed to QGC
Finance Report: Month 4	Level 3, 4, 6	Maintained	7, 8	Noted and progressed to F&P
Community Diagnostic Bids		N/A		Noted and progressed to F&P
Surgical Reconfiguration Business Case	Level 4	N/A	3, 11, 16, 17, 18, 19	Noted. To be presented back to TME
Complaints & PALS Annual Report 2021/22	Level 6	N/A	N/A	Noted and progressed to P&C

Trust Management Executive Assurance Report – 17 August 2022

Continued...

Item	Level of Assurance	Change	BAF Risk	Decision
Nurse Staffing	Level 6	Increased	9	Noted and progressed to P&C
Midwifery Staffing	Level 4	Maintained	9	Noted and progressed to P&C
Medical device update	Level 4	N/A		Noted
Clinical Governance Group Report	Level 5	N/A		Noted
IGSG Report	Level 6	Maintained	8, 10, 11, 13	Noted
Divisional Staff Survey Action Plans	Level 4	N/A		Noted and progress to P&C
Responsible Officer Report: Medical Appraisal & Revalidation	Level 6	N/A	9	Noted and progressed to P&C
EPRR Annual Assurance Process	Level 4	N/A	17, 21, 8, 15	Noted and progressed to F&P
Internal Audit Reports		N/A		Noted and progressed to A&A

Trust Management Executive Assurance Report – 21 September 2022 – Meeting condensed due to Level 4 operational pressures

Accountable Non-Executive Director	Presented By	Author
N/A - Executive	Matthew Hopkins, Chief Executive	Jo Wells, Deputy Company Secretary

The meeting was condensed to 1.5 hours due to Level 4 operational pressures. The Chief Executive reviewed the agenda and papers and approved progression to Committee or deferred to the next meeting.

The following items were escalated to Board

Item	Rationale for escalation	Action required by Trust Board
South Midlands Pathology Network SOC	For approval by F&P	For approval at Trust Board
Three Year Plan	For approval by F&P	For approval at Trust Board
Contract Awards: Radiology Reporting & Royal Mail	For approval by F&P	For approval at Private Trust Board

The following items were reviewed by the CEO and progressed to committee/ deferred as below.

Item	Level of Assurance	Change	BAF Risk	Decision
Enabling Emergency Department Flow	Level 5	N/A	4, 18, 19, 20	Review at Extraordinary TME
Three Year Plan	Level 4	N/A	3, 4, 9, 21	Noted and progressed to F&P
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20	Noted and progressed to QGC, & F&P
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Noted and progressed to QGC
Fetal Medicine Information System Business Case		N/A	3, 4, 16	Approved.
South Midlands Pathology Network SOC	Level 4	N/A	4, 13, 16, 18	Noted and progressed to F&P
Chief Finance Officer Report: Month 5	Level 3,4,6	Maintained	7, 8	Noted and progressed to F&P
Robot Update	Level 5	N/A	3, 4, 7, 8, 9, 10, 11, 16, 17, 18, 19, 21	Noted and progressed to F&P
Business Case SOP	Level 5	N/A	7	Noted and progressed to F&P

Trust Management Executive Assurance Report – 21 September 2022

Continued...

Item	Level of Assurance	Change	BAF Risk	Decision
Productivity Efficiency Programme	Level 4	N/A	7, 10, 11, 16, 18, 19	Noted.
Quality & Safety Deep Dive & Assurance Reviews	Level 5	N/A	4	Noted and progressed to QGC.
Annual IP Programme		N/A		Noted and progressed to QGC.
Maternity Engagement	Level 6	N/A	4, 10	Noted and progressed to QGC.
Yellow Badges		N/A		Approved at CETM
Medical Examiner System	Level 6	N/A		Noted.
Contract Awards: Radiology Reporting & Royal Mail	Level 5	N/A	8, 4, 11, 14	Noted and progressed to F&P
HFMA Financial Sustainability		N/A		Noted and progressed to A&A
Theatres Utilisation		N/A		Noted
AHP Workforce Data Report	Level 5	N/A	9	Noted and progressed to P&C
WRES/WDES Report	Level 5	N/A		Noted and progressed to P&C
Integrated People & Culture Report	Level 4	N/A	9, 10, 14, 15	Noted and progressed to P&C
4Ward Improvement System Update		N/A		Noted and progressed to P&C
Internal Audit Report – Data Security & Protection Toolkit		N/A		Noted and progressed to A&A
Internal Point Prevalence Audit	Level 5	N/A		Noted ad progressed to QGC

Extraordinary Trust Management Executive Assurance Report – 26 September 2022 & 30 September 2022

Accountable Non-Executive Director	Presented By	Author
N/A - Executive	Matthew Hopkins, Chief Executive	Jo Wells, Deputy Company Secretary

Two Extraordinary meetings were scheduled during September.

The following items were escalated to Board

Item	Rationale for escalation	Action required by Trust Board
TIF2 – Theatre Business Case	For approval by F&P	For approval at Private Trust Board
Contract Governance Award – Kidderminster A Block roof	For approval by F&P	For approval at Private Trust Board

The following items were reviewed by the CEO and progressed to committee:

Item	Level of Assurance	Change	BAF Risk	Decision
TIF2 Theatre Business Case	Level 6	N/A	3, 8, 17, 18, 19	Discussion took place on 26/09 prior to a full review of the Business Case on 30/09 which progressed to F&P.
Enabling Emergency Department Flow	Level 5	N/A	4, 18, 19, 20	Noted and progressed to QGC
RAS Implementation Project	Level 5	N/A	3, 4, 7, 8, 9, 10, 11, 16, 17, 18, 21	Noted and progressed to F&P
Contract Governance Award – Kidderminster A Block roof	Level 7	N/A		Noted and progressed to F&P