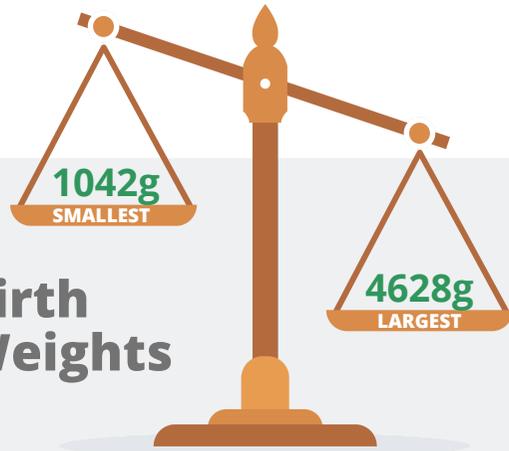


Maternity and Neonatal Insight

AUGUST 2021

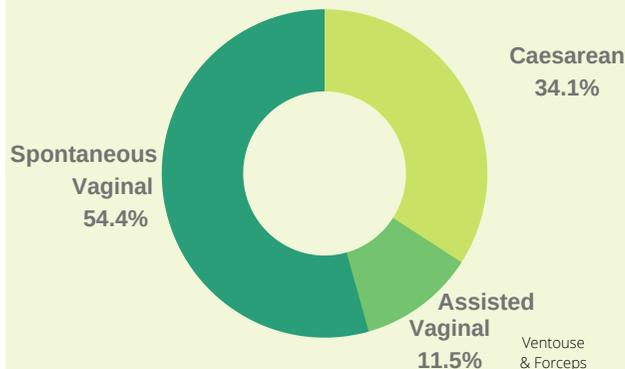


Girls
311



Boys
306

Type of Birth



11 Home Births

596 Hospital Births

Please note that Home and Hospital birth figures will not match total babies figure due to multiple births



444 Breastfeeding



10 Twins



536 Bookings



72 Smoking

Number of Women Smoking at the time of their delivery

This dashboard shows monthly maternity data across the Herefordshire and Worcestershire Local Maternity and Neonatal System



Herefordshire and Worcestershire Local Maternity System Board Dashboard



Reporting Period: August 2021 v1

ANTENATAL

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date			
Booking	National	ABO1.1			Women booked before 12 + 6 weeks	Integer	527	592	595	597	446										2487		
	Local	ABO1.2	MSB1.1		% Women booked before 12 + 6 weeks	%	83.3%	87.6%	85.4%	86.5%	83.2%											83.3%	
	LMS	ABO2.1			Women booked after 12 + 6 weeks	Integer	106	69	86	79	90											430	
	LMS	ABO2.2			% of Women booked after 12 + 6 weeks	%	16.7%	12.1%	14.6%	13.5%	16.8%												14.7%
Contractual	ABO3.0	MSB1.2			Total bookings	Integer	633	671	591	586	536											2917	
	ABO4.1				Midwife led care at booking	Integer	243	197	234	225	222												1126
Risk Management	Contractual	ABO4.2	MO17.0		% Midwife led care at booking	%	38.2%	34.5%	39.6%	38.4%	41.4%												38.4%
	LMNS	ARM1.1			Women with BMI over 30 at booking	Integer																	
Smoking	Local	ASM2.2	MSB1.6		% Smokers accepting CO screening at booking	%																	425
	LMS	ASM1.1			Smoking at booking	Integer	82	97	89	88	69												425
	LMS	ASM1.2			% Smoking at booking	%	13.0%	17.6%	15.1%	15.0%	12.8%												14.6%
	LMS	ASM2.1			Smokers accepting smoking cessation service referral at booking	Integer																	
Carbon Monoxide	Local	ACM1.1			Women screened for CO at booking	Integer																	
	LMS	ACM1.2			% Women screened for CO at booking (of total bookings)	%																	
	LMS	ACM2.1			Women with CO reading greater than 4 ppm at booking	Integer																	
	Local	ACM2.2			% Women with CO reading greater than 4 ppm at booking (of total bookings)	%																	

INTRAPARTUM

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date				
Deliveries	Contractual	IDET.0	MDIEL1.0		Total Deliveries	Integer	554	534	541	557	607											2793		
	Contractual	IDM1.0			Vaginal deliveries	Integer	294	311	289	309	330												1533	
Delivery Method	LMS	IDM1.1	MNV1.0		% Vaginal deliveries	%	53.1%	58.2%	53.4%	55.5%	54.4%												54.9%	
	LMS	IDM2.1			Ventouse & forceps deliveries	Integer	68	50	45	64	70												297	
C-Section Deliveries	Contractual	IDM2.2	MV1.0		% Ventouse & forceps deliveries	%	12.3%	9.4%	8.3%	11.5%	11.5%												10.6%	
	Contractual	ICS1.1			Elective caesarean deliveries	Integer	89	71	101	81	88												430	
	LMS	ICS1.2	MCS1.1		% Elective caesarean deliveries	%	16.1%	13.3%	18.7%	14.5%	14.5%													15.4%
	Contractual	ICS2.1			Emergency caesarean deliveries	Integer	103	102	106	103	119													533
Midwife Led Care	LMS	ICS2.2	MCS1.2		% Emergency caesarean deliveries	%	18.6%	19.1%	19.6%	18.5%	19.6%													19.1%
	Contractual	ICS3.1			Total deliveries as caesarean	Integer	192	173	207	184	207												963	
	Contractual	ICS3.2	MCS1.0		% Total deliveries as caesarean	%	34.7%	32.4%	38.3%	33.0%	34.1%													34.5%
	Contractual	IML1.1	W-ILM1.1	H-IML1.1	Midwife led care deliveries	Integer	319	320	310	304	345													1598
Births	LMS	IML1.2	MO13.0		% Midwife led care deliveries	%	57.6%	59.9%	57.3%	54.6%	56.8%													57.2%
	LMS	IML2.1			Home deliveries	Integer	17	19	17	15	11												79	
	LMS	IML2.2			% Home deliveries	%	3.1%	3.6%	3.1%	2.7%	1.8%													2.9%
	Contractual	IB1.0	MBR1.0		Total Births	Integer	561	541	549	563	617												2831	
Breastfeeding	LMS	IB1.1			Full term births	Integer	527	493	505	529	556												2610	
	LMS	IB1.2			% Full term births	%	93.9%	91.1%	92.0%	94.0%	90.1%													92.2%
	LMS	IB1.3	W-IB1.1	H-IB1.1	Pre-term births	Integer	34	48	44	34	61												221	
	LMS	IB1.4	W-IB1.2	H-IB1.2	% Pre-term births	%	6.1%	8.9%	8.0%	6.0%	9.9%													7.8%
Smoking	LMS	IB1.5	W-IB1.4	H-IB1.4	Stillbirths	Integer	3	3	3	1	1												11	
	LMS	IB1.6	W-IB1.5	H-IB1.5	% Total births stillbirth	%	0.5%	0.6%	0.5%	0.2%	0.2%													0.4%
	Contractual	IRM1.1			Low birth weight where IUGR detected antenatally	Integer																		
	Contractual	IRM1.2	MO14.0		% Low birth weight where IUGR detected antenatally	%																		
Breastfeeding	National	IBR1.1			Breast feeding initiation rate	Integer	339	400	403	412	444												1998	
	National	IBR1.2	MO1.0		% Breast feeding initiation rate	%	61.2%	74.9%	74.5%	74.0%	73.1%													71.5%
Smoking	National	ISM1.1	W-ISM1.1	H-ISM1.1	Women smoking at delivery	Integer	59	54	56	56	72												287	
	National	ISM1.2	MO12.0	H-ISM1.2	% Women smoking at delivery	%	10.6%	10.1%	10.4%	10.1%	11.9%													10.6%

NEONATAL

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date				
Admissions	Local	NAD1.0	MO16.0		Total admissions to neonatal care	Integer	63	62	77	79	89											370		
	National	NAD2.1	MO1.1		Unexpected admissions of full-term babies to neonatal care	Integer	27	23	19	27	11													166
Risk Management	LMS	NAD2.2	MO16.2		% Unexpected admissions of full-term babies to neonatal care (of all live term births)	%	5.1%	4.5%	3.8%	5.1%	2.0%												4.1%	
	LMS	NRM1.1	W-NRM1.1	H-NRM1.1	Neonatal deaths	Integer	0	1	1	2	0												4	
	LMS	NRM1.2			% Neonatal deaths (of total neonatal admissions)	%	0.0%	1.6%	1.3%	2.5%	0.0%													1.1%
	LMS	NRM2.1			Neonatal brain injuries	Integer																		
Risk Management	LMS	NRM2.2			% neonatal brain injuries (of total neonatal admissions)	%																		
	LMS	NRM3.1			Referrals to NHS Resolution	Integer																		
	LMS	NRM3.2			% referrals to NHS Resolution (of total births)	%																		
	LMS	NRM4.1			Neonatal transfers for therapeutic cooling	Integer	1	0	0	0	1													2
	LMS	NRM4.2			% Neonatal transfers for therapeutic cooling (of total neonatal admissions)	%	1.6%	0.0%	0.0%	0.0%	1.1%													0.5%
	LMS	NRM5.1			Administration of antenatal steroids (to mothers of babies born between 23 and 33wks gestation)	Integer	9	11	6	7	12													45
	LMS	NRM5.2			% Administration of antenatal steroids (of babies born between 23 and 33wks gestation)	%	9	16	6	9	16													56
	LMS	NRM6.1			Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	Integer	2	0	1	4	1													8
Risk Management	LMS	NRM6.2			% Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	%	100.0%	68.8%	100.0%	77.8%	75.0%													80.4%
	LMS	NRM6.3			Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	Integer	2	0	1	4	1													8
Risk Management	LMS	NRM6.4			% Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	%	100.0%	-	100.0%	100.0%	100.0%													100.0%

POSTNATAL

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date				
Risk Management	Local	PRM1.1	MMM2.0		ITU admissions in obstetrics	Integer	1	3	0	2	2												8	
	Local	PRM1.2			% ITU admissions in obstetrics (of all deliveries)	%	0.2%	0.6%	0.0%	0.4%	0.3%													0.3%
	LMS	PRM2.1	MMM4.0		Maternal deaths	Integer	0	0	0	0	0												0	
	National	PRM2.2			% Maternal deaths (of all deliveries)	%	0.0%	0.0%	0.0%	0.0%	0.0%													0.0%



Herefordshire and Worcestershire Local Maternity System Antenatal Dashboard



Reporting Period: August 2021 v1

COMBINED LMS AREA

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date				
Booking	National	ABO1.1			Women booked before 12 + 6 weeks	Integer	527	502	505	507	446										2487			
	National	ABO1.2	MSB1.1		% Women booked before 12 + 6 weeks	%	83.3%	87.9%	85.4%	86.5%	83.2%											85.3%		
	LMS	ABO2.1			Women booked after 12 + 6 weeks	Integer	106	69	86	79	90											430		
	LMS	ABO2.2			% of Women booked after 12 + 6 weeks	%	16.7%	12.1%	14.6%	13.5%	16.8%												14.7%	
	Contractual	ABO3.0	MSB1.2		Total bookings	Integer	633	571	591	586	536												2917	
	LMS	ABO4.1			Midwife led care at booking	Integer	242	197	234	225	222													1120
Risk Management	Contractual	ABO4.2	MOI7.0		% Midwife led care at booking	%	38.2%	34.5%	39.6%	38.4%	41.4%												38.4%	
	LMNS	ARM1.1			Women with BMI over 30 at booking	Integer																		
Smoking	LMNS	ARM1.2			% Women with BMI over 30 at booking	%																		
	LMS	ASM1.1			Smoking at booking	Integer	82	97	89	88	69												425	
	LMS	ASM1.2			% Smoking at booking	%	13.0%	17.0%	15.1%	15.0%	12.9%												14.6%	
	LMS	ASM2.1			Smokers accepting smoking cessation service referral at booking	Integer	21	21	17	20	11													90
	LMS	ASM2.2	MSB1.4		% Smokers accepting smoking cessation service referral at booking	%	25.6%	21.6%	19.1%	22.7%	15.9%													21.2%
	LMS	ASM3.1			Smokers accepting CO screening at booking	Integer	1	19	8	12	11													51
Carbon Monoxide	Local	ASM3.2	MSB1.6		% Smokers accepting CO screening at booking	%	1.2%	19.6%	9.0%	13.6%	15.9%												12.0%	
	LMS	ACM1.1			Women screened for CO at booking	Integer	4	2	48	86	83												223	
	LMS	ACM1.2			% Women screened for CO at booking (of total bookings)	%	0.6%	0.4%	8.1%	14.7%	15.5%												7.6%	
	LMS	ACM2.1			Women with CO reading greater than 4 ppm at booking	Integer	0	11	11	20	12													54
Local	ACM2.2			% Women with CO reading greater than 4 ppm at booking (of total bookings)	%	0.0%	1.9%	1.9%	3.4%	2.2%													1.9%	

HEREFORDSHIRE

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date					
Booking	National	ABO1.1			Women booked before 12 + 6 weeks	Integer	136	136	130	125	104												631		
	National	ABO1.2	MSB1.1		% Women booked before 12 + 6 weeks	%	95.1%	98.6%	97.0%	96.2%	99.0%													97.1%	
	LMS	ABO2.1			Women booked after 12 + 6 weeks	Integer	7	2	4	5	1													19	
	LMS	ABO2.2			% of Women booked after 12 + 6 weeks	%	4.9%	1.4%	3.0%	3.8%	1.0%														2.9%
	Contractual	ABO3.0	MSB1.2		Total bookings	Integer	143	138	134	130	105														650
	LMS	ABO4.1			Midwife led care at booking	Integer	16	13	18	4	16														67
Risk Management	Contractual	ABO4.2	MOI7.0		% Midwife led care at booking	%	11.2%	9.4%	13.4%	3.1%	15.2%													10.3%	
	LMNS	ARM1.1			Women with BMI over 30 at booking	Integer	41	36	35	44	26													182	
Smoking	LMNS	ARM1.2			% Women with BMI over 30 at booking	%	28.7%	26.1%	26.1%	33.8%	24.8%													26.0%	
	LMS	ASM1.1			Smoking at booking	Integer	28	36	19	25	13													121	
	LMS	ASM1.2			% Smoking at booking	%	19.6%	26.1%	14.2%	19.2%	12.4%													18.6%	
	LMS	ASM2.1			Smokers accepting smoking cessation service referral at booking	Integer	21	21	17	20	11													90	
	LMS	ASM2.2	MSB1.4		% Smokers accepting smoking cessation service referral at booking	%	75.0%	58.3%	89.5%	80.0%	84.6%														74.4%
	LMS	ASM3.1			Smokers accepting CO screening at booking	Integer	1	19	8	12	11														51
Carbon Monoxide	Local	ASM3.2	MSB1.6		% Smokers accepting CO screening at booking	%	3.6%	52.8%	42.1%	48.0%	84.6%													42.1%	
	LMS	ACM1.1			Women screened for CO at booking	Integer	4	2	48	86	83													223	
	LMS	ACM1.2			% Women screened for CO at booking (of total bookings)	%	2.8%	1.4%	35.8%	66.2%	79.0%													34.3%	
	LMS	ACM2.1			Women with CO reading greater than 4 ppm at booking	Integer	0	11	11	20	12													54	
Local	ACM2.2			% Women with CO reading greater than 4 ppm at booking (of total bookings)	%	0.0%	8.0%	8.2%	15.4%	11.4%														8.3%	

WORCESTERSHIRE

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date						
Booking	National	ABO1.1			Women booked before 12 + 6 weeks	Integer	391	366	375	382	342													1856		
	National	ABO1.2	MSB1.1		% Women booked before 12 + 6 weeks	%	79.8%	84.5%	82.1%	83.8%	79.4%														81.9%	
	LMS	ABO2.1			Women booked after 12 + 6 weeks	Integer	99	67	82	74	89														411	
	LMS	ABO2.2			% of Women booked after 12 + 6 weeks	%	20.2%	15.5%	17.9%	16.2%	20.6%															18.1%
	Contractual	ABO3.0	MSB1.2		Total bookings	Integer	490	433	457	456	431														2287	
	LMS	ABO4.1			Midwife led care at booking	Integer	226	184	216	221	206															1053
Risk Management	Contractual	ABO4.2	MOI7.0		% Midwife led care at booking	%	46.1%	42.5%	47.3%	48.5%	47.8%														46.4%	
	LMNS	ARM1.1			Women with BMI over 30 at booking	Integer																				
Smoking	LMNS	ARM1.2			% Women with BMI over 30 at booking	%																				
	LMS	ASM1.1			Smoking at booking	Integer	54	61	70	63	56														304	
	LMS	ASM1.2			% Smoking at booking	%	11.0%	14.1%	15.3%	13.8%	13.0%														13.4%	
	LMS	ASM2.1			Smokers accepting smoking cessation service referral at booking	Integer																				
	LMS	ASM2.2	MSB1.4		% Smokers accepting smoking cessation service referral at booking	%																				
	LMS	ASM3.1			Smokers accepting CO screening at booking	Integer																				
Carbon Monoxide	Local	ASM3.2	MSB1.6		% Smokers accepting CO screening at booking	%																				
	LMS	ACM1.1			Women screened for CO at booking	Integer																				
	LMS	ACM1.2			% Women screened for CO at booking (of total bookings)	%																				
	LMS	ACM2.1			Women with CO reading greater than 4 ppm at booking	Integer																				
Local	ACM2.2			% Women with CO reading greater than 4 ppm at booking (of total bookings)	%																					



Herefordshire and Worcestershire Local Maternity System Intrapartum Dashboard



Reporting Period: August 2021 v1

COMBINED LMS AREA																						
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date		
Deliveries	Contractual	IDEL0	MOEL0		Total Deliveries	Integer	954	934	941	957	907									2793		
	Contractual	IDM1.0			Vaginal deliveries	Integer	294	311	289	309	330										1533	
	LMS	IDM1.1	MNVD1.0		% Vaginal deliveries	%	31.1%	33.3%	30.8%	32.3%	36.4%										54.9%	
Delivery Method	Contractual	IDW2.1			% Venouse & forceps deliveries	Integer	58	50	42	54	79										287	
	Contractual	IDW2.2	MIVD1.0		% Venouse & forceps deliveries	%	12.3%	9.4%	8.3%	11.5%	15.5%										10.6%	
	LMS	IDW2.1			% Venouse & forceps deliveries	%	12.3%	9.4%	8.3%	11.5%	15.5%										10.6%	
C-Section Deliveries	Contractual	ICS1.1			Elective caesarean deliveries	Integer	89	71	101	81	88										430	
	LMS	ICS1.2	MCS1.1		% Elective caesarean deliveries	%	16.1%	13.5%	16.7%	14.5%	14.5%										15.4%	
	Contractual	ICS1.1			Emergency caesarean deliveries	Integer	108	192	106	159	119										333	
	LMS	ICS1.2	MCS1.2		% Emergency caesarean deliveries	%	18.6%	19.1%	19.6%	18.5%	19.6%											19.1%
	LMS	ICS1.1			Total deliveries as caesarean	Integer	192	173	207	184	207											963
Midwife Led Care	Contractual	ICSL2	MCS1.0		% Total deliveries as caesarean	%	34.7%	32.4%	34.7%	34.1%											34.5%	
	Contractual	IML1.1			Midwife led care deliveries	Integer	319	320	310	304	345										1598	
	LMS	IML1.2	MOX0.0		% Midwife led care deliveries	%	57.9%	59.9%	57.3%	54.6%	56.8%										57.2%	
Home Deliveries	LMS	IML2.1			Home deliveries	Integer	17	9	17	15	11										79	
	LMS	IML2.2			% Home deliveries	%	3.1%	3.6%	3.1%	2.7%	1.8%										2.8%	
	Contractual	IBI1.0	MBIR1.0		Total Births	Integer	561	541	549	563	617										2831	
Births	LMS	IBI2.1			Full term births	Integer	527	493	505	529	556										2610	
	LMS	IBI2.2			% Full term births	%	93.9%	91.1%	92.0%	94.0%	90.1%											92.2%
	LMS	IBI3.1			Pre-term births	Integer	34	48	44	34	61											221
	LMS	IBI3.2			% Pre term births	%	6.1%	8.9%	8.0%	6.0%	9.9%											7.8%
	LMS	IBI4.1			Stillbirths	Integer	3	3	3	1	1											11
Risk Management	Contractual	IRM1.1			% Total births stillbirth	%	0.5%	0.6%	0.5%	0.2%	0.2%										0.4%	
	Contractual	IRM1.2	MOX4.0		Low birth weight where IUGR detected antenatally	Integer																
Breastfeeding	Contractual	IBR1.1			% Low birth weight where IUGR detected antenatally	%	339	490	403	412	444										1988	
	National	IBR1.2	MOX1.0		Breast feeding initiation rate	%	61.2%	74.9%	74.5%	74.0%	73.1%											71.5%
Smoking	Contractual	ISM1.1			Women smoking at delivery	Integer	59	54	56	56	72										287	
	National	ISM1.2	MOX2.0		% Women smoking at delivery	%	10.6%	10.1%	10.4%	10.1%	11.9%											10.8%

HEREFORDSHIRE																							
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date			
Deliveries	Contractual	IDEL0	MOEL0		Total Deliveries	Integer	142	127	140	146	157										712		
	Contractual	IDM1.0			Vaginal deliveries	Integer	64	69	67	69	72											341	
	LMS	IDM1.1	MNVD1.0		% Vaginal deliveries	%	45.1%	54.3%	47.9%	47.3%	45.9%											47.9%	
Delivery Method	Contractual	IDW2.1			% Venouse & forceps delivery	Integer	23	14	9	1	9											87	
	Contractual	IDW2.2	MIVD1.0		% Venouse & forceps delivery	%	16.2%	11.0%	7.1%	14.4%	12.1%											12.2%	
	LMS	IDW2.1			% Venouse & forceps delivery	%	16.2%	11.0%	7.1%	14.4%	12.1%											12.2%	
C-Section Deliveries	Contractual	ICS1.1			Elective caesarean deliveries	Integer	22	15	28	25	23											113	
	LMS	ICS1.2	MCS1.1		% Elective caesarean deliveries	%	15.5%	11.8%	20.0%	17.1%	14.0%											15.9%	
	Contractual	ICS1.1			Emergency caesarean deliveries	Integer	33	29	35	31	43											171	
	LMS	ICS1.2	MCS1.2		% Emergency caesarean deliveries	%	23.2%	22.8%	25.0%	21.2%	27.4%												24.0%
	LMS	ICS1.1			Total deliveries as caesarean	Integer	55	44	63	56	66											284	
Midwife Led Care	Contractual	ICSL2	MCS1.0		% Total deliveries as caesarean	%	38.7%	34.6%	45.0%	38.4%	42.0%											39.9%	
	Contractual	IML1.1			Midwife led care deliveries	Integer	17	20	17	14	21											89	
	LMS	IML1.2	MOX0.0		% Midwife led care deliveries	%	12.0%	15.7%	12.1%	9.6%	13.4%											12.5%	
Home Deliveries	LMS	IML2.1			Home deliveries	Integer	9	9	9	9	9											47	
	LMS	IML2.2			% Home deliveries	%	0.0%	0.0%	0.0%	0.0%	0.0%											0.0%	
	Contractual	IBI1.0	MBIR1.0		Total Births	Integer	144	128	141	147	159											719	
Births	LMS	IBI2.1			Full term births	Integer	139	120	129	137	144											657	
	LMS	IBI2.2			% Full term births	%	95.9%	93.8%	91.5%	93.2%	90.6%												91.4%
	LMS	IBI3.1			Pre-term births	Integer	11	8	12	10	21											62	
	LMS	IBI3.2			% Pre term births	%	7.6%	6.3%	8.5%	6.8%	13.2%												8.6%
	LMS	IBI4.1			Stillbirths	Integer	1	3	0	0	1												3
Risk Management	Contractual	IRM1.1			% Total births stillbirth	%	0.7%	0.6%	0.0%	0.0%	0.6%											0.4%	
	Contractual	IRM1.2	MOX4.0		Low birth weight where IUGR detected antenatally	Integer	9	2	7	4	9											32	
Breastfeeding	Contractual	IBR1.1			% Low birth weight where IUGR detected antenatally	%	6.3%	44.4%	53.8%	27.1%	42.1%											50.6%	
	National	IBR1.2	MOX1.0		Breast feeding initiation rate	%	129	191	119	122	123												162
Smoking	Contractual	ISM1.1			Women smoking at delivery	Integer	16	13	14	16	23											82	
	National	ISM1.2	MOX2.0		% Women smoking at delivery	%	11.3%	10.2%	10.0%	11.0%	14.4%												11.5%

WORCESTERSHIRE																							
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date			
Deliveries	Contractual	IDEL0	MOEL0		Total Deliveries	Integer	412	497	401	411	490										2081		
	Contractual	IDM1.0			Vaginal deliveries	Integer	230	242	222	240	258											1192	
	LMS	IDM1.1	MNVD1.0		% Vaginal deliveries	%	55.8%	48.6%	55.4%	58.4%	52.3%											57.3%	
Delivery Method	Contractual	IDW2.1			% Venouse & forceps delivery	Integer	45	35	41	31	41											219	
	Contractual	IDW2.2	MIVD1.0		% Venouse & forceps delivery	%	10.9%	8.8%	8.7%	10.5%	11.3%											10.1%	
	LMS	IDW2.1			% Venouse & forceps delivery	%	10.9%	8.8%	8.7%	10.5%	11.3%											10.1%	
C-Section Deliveries	Contractual	ICS1.1			Elective caesarean deliveries	Integer	67	56	73	56	65											317	
	LMS	ICS1.2	MCS1.1		% Elective caesarean deliveries	%	16.3%	12.8%	18.2%	13.6%	14.4%												16.9%
	Contractual	ICS1.1			Emergency caesarean deliveries	Integer	70	73	71	72	76											362	
	LMS	ICS1.2	MCS1.2		% Emergency caesarean deliveries	%	17.0%	17.9%	17.7%	17.5%	16.9%												17.4%
	LMS	ICS1.1			Total deliveries as caesarean	Integer	137	129	144	128	141												679
Midwife Led Care	Contractual	ICSL2	MCS1.0		% Total deliveries as caesarean	%	33.3%	31.7%	35.9%	31.1%	31.3%											32.5%	
	Contractual	IML1.1			Midwife led care deliveries	Integer	302	300	293	290	324											1599	
	LMS	IML1.2	MOX0.0		% Midwife led care deliveries	%	73.3%	73.7%	73.1%	70.6%	72.9%											72.5%	
Home Deliveries	LMS	IML2.1			Home deliveries	Integer	17</																



Herefordshire and Worcestershire Local Maternity System Neonatal Dashboard



Reporting Period: August 2021 v1

COMBINED LMS AREA

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date	
Admissions	Local	NAD1.0	MOI6.0		Total admissions to neonatal care	Integer	63	62	77	79	89									370	
	National	NAD2.1	MOI6.1		Unexpected admissions of full-term babies to neonatal care	Integer	27	22	19	27	11									106	
	LMS	NAD2.2	MOI6.2		% Unexpected admissions of full-term babies to neonatal care (of all live term births)	%	5.1%	4.5%	3.8%	5.1%	2.0%									4.1%	
Risk Management	LMS	NRM1.1			Neonatal deaths	Integer	0	1	1	2	0									4	
	LMS	NRM1.2			% Neonatal deaths (of total neonatal admissions)	%	0.0%	1.6%	1.3%	2.5%	0.0%									1.1%	
	LMS	NRM2.1			Neonatal brain injuries	Integer															
	LMS	NRM2.2			% neonatal brain injuries (of total neonatal admissions)	%															
	LMS	NRM3.1			Referrals to NHS Resolution	Integer															
	LMS	NRM3.2			% referrals to NHS Resolution (of total births)	%															
	LMS	NRM4.1			Neonatal transfers for therapeutic cooling	Integer	1	0	0	0	1										2
	LMS	NRM4.2			% Neonatal transfers for therapeutic cooling (of total neonatal admissions)	%	1.6%	0.0%	0.0%	0.0%	1.1%										0.5%
	LMS	NRM5.1			Administration of antenatal steroids (to mothers of babies born between 23 and 33wks gestation)	Integer	9	11	6	7	12										45
	LMS	NRM5.2			Mothers eligible for antenatal steroids (of babies born between 23 and 33wks gestation)	Integer	9	16	6	9	16										56
	LMS	NRM5.3			% Administration of antenatal steroids (of babies born between 23 and 33wks gestation)	%	100.0%	68.8%	100.0%	77.8%	75.0%										80.4%
	LMS	NRM6.1			Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	Integer	2	0	1	4	1										8
	LMS	NRM6.2			Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	Integer	2	0	1	4	1										8
	LMS	NRM6.3			% Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	%	100.0%	-	100.0%	100.0%	100.0%										100.0%

HEREFORDSHIRE

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date	
Admissions	Local	NAD1.0	MOI6.0		Total admissions to neonatal care	Integer	18	11	17	19	13									78	
	National	NAD2.1	MOI6.1		Unexpected admissions of full-term babies to neonatal care	Integer	10	8	7	14	3									42	
	LMS	NAD2.2	MOI6.2		% Unexpected admissions of full-term babies to neonatal care (of all live term births)	%	7.5%	6.7%	5.4%	10.2%	2.3%									6.4%	
Risk Management	LMS	NRM1.1		H-NRM1.1	Neonatal deaths	Integer	0	1	1	1	0									3	
	LMS	NRM1.2			% Neonatal deaths (of total neonatal admissions)	%	0.0%	9.1%	5.9%	5.3%	0.0%										3.8%
	LMS	NRM2.1			Neonatal brain injuries	Integer															
	LMS	NRM2.2			% neonatal brain injuries (of total neonatal admissions)	%															
	LMS	NRM3.1			Referrals to NHS Resolution	Integer															
	LMS	NRM3.2			% referrals to NHS Resolution (of total births)	%															
	LMS	NRM4.1			Neonatal transfers for therapeutic cooling	Integer	0	0	0	0	0										0
	LMS	NRM4.2			% Neonatal transfers for therapeutic cooling (of total neonatal admissions)	%	0.0%	0.0%	0.0%	0.0%	0.0%										0.0%
	LMS	NRM5.1			Administration of antenatal steroids (to mothers of babies born between 23 and 33wks gestation)	Integer	0	1	3	1	2										7
	LMS	NRM5.2			Mothers eligible for antenatal steroids (of babies born between 23 and 33wks gestation)	Integer	0	3	3	1	3										10
	LMS	NRM5.3			% Administration of antenatal steroids (of babies born between 23 and 33wks gestation)	%	0.0%	33.3%	100.0%	100.0%	66.7%										70.0%
	LMS	NRM6.1			Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	Integer	0	0	0	0	1										1
	LMS	NRM6.2			Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	Integer	0	0	0	0	1										1
	LMS	NRM6.3			% Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	%	-	-	-	-	100.0%										100.0%

WORCESTERSHIRE

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date	
Admissions	Local	NAD1.0	MOI6.0		Total admissions to neonatal care	Integer	45	51	60	60	76									292	
	National	NAD2.1	MOI6.1		Unexpected admissions of full-term babies to neonatal care	Integer	17	14	12	13	8										64
	LMS	NAD2.2	MOI6.2		% Unexpected admissions of full-term babies to neonatal care (of all live term births)	%	4.3%	3.8%	3.2%	3.3%	1.9%										3.3%
Risk Management	LMS	NRM1.1		W-NRM1.1	Neonatal deaths	Integer	0	0	0	1	0									1	
	LMS	NRM1.2			% Neonatal deaths (of total neonatal admissions)	%	0.0%	0.0%	0.0%	1.7%	0.0%										0.3%
	LMS	NRM2.1			Neonatal brain injuries	Integer															
	LMS	NRM2.2			% neonatal brain injuries (of total neonatal admissions)	%															
	LMS	NRM3.1			Referrals to NHS Resolution	Integer															
	LMS	NRM3.2			% referrals to NHS Resolution (of total births)	%															
	LMS	NRM4.1			Neonatal transfers for therapeutic cooling	Integer	1	0	0	0	1										2
	LMS	NRM4.2			% Neonatal transfers for therapeutic cooling (of total neonatal admissions)	%	2.2%	0.0%	0.0%	0.0%	1.3%										0.7%
	LMS	NRM5.1			Administration of antenatal steroids (to mothers of babies born between 23 and 33wks gestation)	Integer	9	10	3	6	10										38
	LMS	NRM5.2			Mothers eligible for antenatal steroids (of babies born between 23 and 33wks gestation)	Integer	9	13	3	8	13										46
	LMS	NRM5.3			% Administration of antenatal steroids (of babies born between 23 and 33wks gestation)	%	100.0%	76.9%	100.0%	75.0%	76.9%										82.6%
	LMS	NRM6.1			Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	Integer	2	0	1	4	0										7
	LMS	NRM6.2			Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	Integer	2	0	1	4	0										7
	LMS	NRM6.3			% Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	%	100.0%	-	100.0%	100.0%	-										100.0%



Herefordshire and Worcestershire Local Maternity System Postnatal Dashboard



Reporting Period: August 2021 v1

COMBINED LMS AREA

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date
Risk Management	Local	PRM1.1	MMM2.0		ITU admissions in obstetrics	Integer	1	3	0	2	2									8
	Local	PRM1.2			% ITU admissions in obstetrics (of all deliveries)	%	0.2%	0.6%	0.0%	0.4%	0.3%									0.3%
	LMS	PRM2.1	MMM4.0		Maternal deaths	Integer	0	0	0	0	0									0
	National	PRM2.2			% Maternal deaths (of all deliveries)	%	0.0%	0.0%	0.0%	0.0%	0.0%									0.0%

HEREFORDSHIRE

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date
Risk Management	Local	PRM1.1	MMM2.0		ITU admissions in obstetrics	Integer	0	1	0	0	0									1
	Local	PRM1.2			% ITU admissions in obstetrics (of all deliveries)	%	0.0%	0.8%	0.0%	0.0%	0.0%									0.2%
	LMS	PRM2.1	MMM4.0		Maternal deaths	Integer	0	0	0	0	0									0
	National	PRM2.2			% Maternal deaths (of all deliveries)	%	0.0%	0.0%	0.0%	0.0%	0.0%									0.0%

WORCESTERSHIRE

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date
Risk Management	Local	PRM1.1	MMM2.0		ITU admissions in obstetrics	Integer	1	2	0	2	2									7
	Local	PRM1.2			% ITU admissions in obstetrics (of all deliveries)	%	0.2%	0.5%	0.0%	0.5%	0.4%									0.3%
	LMS	PRM2.1	MMM4.0		Maternal deaths	Integer	0	0	0	0	0									0
	National	PRM2.2			% Maternal deaths (of all deliveries)	%	0.0%	0.0%	0.0%	0.0%	0.0%									0.0%

Committee Assurance Reports

Trust Board
11th November 2021

Topic	Page
Operational & Financial Performance	
• Finance and Performance Committee Assurance Report	2 – 4
Quality & Safety	
• Quality Governance Committee Assurance Report	5 – 6

Finance & Performance Committee Assurance Report – 27th October 2021

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom Associate Non-Executive Director	Colin Horwath 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) 7, 8, 13, 16, 18, 19 and 20

Executive Summary

The Finance & Performance Committee met virtually on 27 October 2021 and below are the main points from the meeting:

Three Year Plan: We noted progress on development of the Three Year Plan and the key risks and mitigations to delivery. Our Plan needs to bring finance together with quality and safety, digitisation and the Single Improvement Methodology to set out how we are to make service improvements and to reduce our financial deficit. This builds on our Clinical Services Strategy. Our major schemes such as the UEC, ASR and new theatres at the Alex, new diagnostic facilities will provide opportunities for staff to deliver better services and digitisation will address some of the frustrations currently experience by staff. Leadership will be provided at the PRMs and the Transformation Guiding Board. It is important that there is a balance in developing the Plan with operational challenges. There is good engagement and the cross Divisional schemes are being extracted from the self-assessments to be taken forward.

Assurance level 4

H2 Update: We received an update on our approach, progress and timescales, as well as headlines from our draft H2 plan and the interventions, issues and risks associated with delivery. The full year effect between H1 and H2 for our Trust is a deficit of £18m. The year end system deficit is £34m. We are working with partners to reduce this figure where reducing workforce costs is a particular challenge. We were informed of the plans to deliver our H2 activity levels and increasing activity can lead to an increases in our costs. We were assured that the final plan is to be submitted by the deadline of 16 November 2021.

Assurance level 3

Progress Review UEC and Alex Theatres: We received an update on progress with the UEC scheme. We will receive updates on the Alex Theatres once the separate business case has been prepared.

Unified Tech Fund (UTF) – Frontline Digitisation – the process, timeframe and opportunity: We approved this business case which is conditional upon successfully applying for funding from the NHSX Unified Tech Fund, Frontline Digitisation category area. This business case is on the Trust Board agenda for approval.

Finance & Performance Committee Assurance Report – 27th October 2021

Executive Summary (cont.)

Integrated Performance Report: We were informed that we had achieved our H1 activity levels. There is an increase in referrals on the 2ww pathway, those patients waiting longer than 52 weeks and those waiting 104 days where we need to reduce the later to 0. There is an increase in type 1 emergency activity, ambulance conveyances and one hour ambulance handover delays. The investment in the 2 hour community response is designed as an early intervention; however, the impact is currently limited as the Health and Care Trust (who are responsible for the scheme) are experiencing recruitment challenges. The presence of primary care on the Worcester ED site is “diverting” approximately 30 patients per day to appropriate settings other than ED. We are working with WMAS to convey appropriate patients directly to assessment units.

We are below our 35% target of discharging MFDD patients before 12.00 noon and 100% of MFFD patients on the same day. We need the support of the County Council and the Health and Care Trust to improve this performance. The format of the report is to be revisited to better set out what and by when is required to move to the next assurance level. This is also to be considered by the Audit and Assurance Committee as part of their review of governance arrangements.

Assurance level 4

Financial Performance Report Month 6: Our initial submission to the system for H1 showed a deficit position of £(2.9)m which was reassessed to £1.1m surplus including revised activity projections and ERF in M2. Our Income and Expenditure position in month 6 is a deficit of £0.9m, £0.7m adverse to the operational plan in month. Our cash position remains positive. We noted the work being undertaken to improve monitoring our capital programme. Some of the funding for our major capital schemes will be deferred into the next financial year. We were informed on the position on of PEP schemes noting the focus on delivering the schemes with the largest financial benefit. We remain concerned over the bank and agency spend and although we are pleased to learn that the focus to reduce high cost agency spend with bank or substantive posts in Speciality Medicine is to be trialled in other Divisions.

We agreed the following assurance levels with 6 for cash, 4 for capital and 3 for income and expenditure These remain unchanged from our last meeting when we were given an assurance that they would have improved by the time of this meeting. We are particularly concerned over the assurance level of 3 for income and expenditure on our governance arrangements with the likelihood that this will not improve during H2. PRMs are to focus on outputs to close the H2 financial gap and we are to receive in one report at our next meeting covering all aspects.

Finance & Performance Committee Assurance Report – 27th October 2021

Executive Summary (cont.)

Contract Awards Microbiology MSC Contract Extensions and Equipment Upgrade and Linen and Laundry Contract Award: We approved three Contract Award Governance Reports related to the Biomerieux contract extension to cover the period 1 April 2021 – 31 March 2023; the Roche MSC extension to cover the period 1 December 2021 to 31 March 2023; and for equipment refresh to Cobas 6800. We have also approved a Contract Award Governance Report for a new 5 year contract for laundry and linen services. These Awards are on the Trust Board agenda for approval. We are pleased with the progress being made to monitor and manage contracts so that over time they will be presented before the expiry date of the current contract.

Construction Award for Community Diagnostic Hub at KTC: This contract has been signed and the responses to the questions we raised at our last meeting are to be circulated to us.

Board Assurance Framework Deep Dive – Urgent Carer Risks: We have deferred consideration of this item to our next meeting.

Recommendation(s)

The Board is requested to receive this report for assurance.

Quality Governance Committee Assurance Report – 28th October 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)	2, 3, 4, 17, 18, 19 and 20

Executive Summary

The Committee met virtually on 28 October 2021 and the key points raised included:

Patient Story: We were informed of the patient story being presented to Trust Board today. We also received a presentation on domestic abuse.

Infection, Prevention and Control Update (Including AMS Update): We received a verbal update on current performance and focused on Antimicrobial Stewardship (AMS). AMS audits are improving and we were informed of the arrangements in Surgery Division to improve performance. There are discussions with the ICS for the CCG to address the increase in prescribing amongst primary care colleagues. The junior doctor induction programme is to be revisited for an appropriate element is included for AMS training. Overall assurance level 4. AMS assurance level 5.

Infection Prevention Control Bed Spacing in response to COVID-19 - Update against new NHSI Guidance: Following three NHSE/I recommendations, we noted the updated recommendations for physical distancing within elective/planned pathways had been approved (Recommendations 1); the changes to pre procedure testing on operational delivery, patient safety, harm, and quality of care had not been approved (Recommendation 2); and the approach and risk appetite to recommendation 2 changes from PCR to LFT had been approved. The current cleaning regimes to remain unchanged.

Escalations from the Chief Medical and Nursing Officers: We were informed that whilst there is a fluctuation in RSV patient numbers our position remains stable. We are awaiting formal notification of a Regulation 28 letter from HM Coroner.

Integrated Performance Report: We were informed that we have received the letter from NHSE/I regarding the requirement to immediately stop all ambulance handover delays. We were informed of a pilot to start next Monday for further GRAT nurses to be provided to maintain patient safety to deal with the increasing number of ambulance conveyances. Improving patient flow remains critical. Whilst this initiative mitigates patient safety it increases our cost base and this is being picked up with the ICS as it is not sustainable. A “perfect 10 Days” is to start on 8 November 2021 working with system partners to ensure that patients are not in a bed longer than necessary. The aim is to continue at the end of this exercise the lessons learnt. There are discussion forums with primary care to work with our Trust for appropriate arrangements to be in place to deal with the increasing number of 2ww breast cancer referrals. Overall assurance level 4.

Quality Governance Committee Assurance Report – 28th October 2021

Executive Summary (cont.)

Maternity Services Safety Report: We considered the new report format noting the incidents reported as moderate or above. We noted that cases are reviewed and any actions required are implemented immediately rather than await the formal external report. Further work is required to improve training compliance now that face to face training has re-started. Assurance level 5.

Board Assurance Framework Deep Dive - Urgent Care Risks: We received an update on the actions being taken to mitigate the two Urgent Care risks. We sought assurance on how the actions are being tracked and their impact on mitigating the risks. We were informed that there needs to be a greater link to the location of the detail, for example the IPR. Minutes of meetings will also be helpful. The BAF is being reviewed to make it a more “live” document.

Clinical Harm Review Panel: We noted that there continues to be assurance that despite a high number of harm reviews continuing to be required, there has been no apparent evidence that a delay in itself, is creating any harm. It is difficult to capture all forms of harm and we were informed that emergency patients are linked to waiting lists as part of the harm review process. This is a system issue which is to be discussed at Place and the ICS Quality Forum.

Committee Escalations: There were no escalations other than the reports which were considered by the Committee and which are also included on the Trust Board agenda. Separate discussions are planned on how learning can be achieved from those same reports which are considered by each Committee. There were no risk escalations for the BAF.

Recommendation(s)

The Board is requested to receive this report for assurance.

Meeting	Trust Board
Date of meeting	11 November 2021
Paper number	Enc F1

Nurse staffing report – September 2021

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

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

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	20 October 2021	Noted

Recommendations	<p>The Trust Board are requested to note:</p> <ul style="list-style-type: none"> Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout September 2021 has been achieved. Where gaps due to short term absences occurred this was supported through deployment (moving staff) and when this is not possible securing temporary workforce. There were 2 staffing related patient moderate harms reported for September both citing safe staffing. The triangulation of harm is under review at this time for these 2 incidences. A further 31 insignificant or minor incidents reported which is an increase from last month. An increase in staff absences was experienced during September due to increased sickness levels for both short term sickness and stress related sickness levels. As a result the early enactment of the Winter incentive for bank staffing was approved to commence in October with the aim to improve uptake of unfilled shifts. Turnover of HCAs has increased month on month
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Executive summary	<p>This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during September 2021. Maternity staffing is provided as a separate report.</p> <p>Staffing of the wards/CCU's to provide the 'safest' staffing levels to meet the fluctuating needs of patients was achieved through out September 2021. However there have been significant challenges due to short term absences in meeting optimal levels on adult wards and increased patient dependency on paediatric ward.</p>
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Risk			
Which key red risks does this report address?		What BAF risk does this report address?	BAF 4, BAF 9, BAF 17

Assurance Level (x)	0	1	2	3	4	5	x	6	7	N/A
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Financial Risk	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.
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Action

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

Issues and options

**The provision of safe care and treatment
Staff support ongoing**

A focus and priority for the trust remains the health and wellbeing of staff as the continued management of the COVID 19 pandemic is in place. Across the Nursing, Midwifery, Health Care Scientists and Allied health professional, all line managers are aware of staff support available both internally through HR and occupational health and externally to the trust. There is nursing representation on the Health and wellbeing group.

The provision of staff support will continue to be a priority for the teams. It has been and will remain essential that the Trust through the winter months to continue support through:

- Health and well-being support through telephone helplines and various counselling services.
- 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.

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Two further cohorts of staff have completed with a September group and a planned group for January 2022.

- The flexible working steering group has been set up and the NHSI/E flexible working group commences in September.

Harms

There were 31 minor and insignificant patient harms reported for September 2021. These are over a variety of areas and predominantly relate to additional staffing requirements in nursing confused patients. There have been no escalation of concerns through the wards daily safety huddles. Two moderate harms reported in surgery which are in process of investigation/triangulation within the division.

Good Governance

There is a daily staffing escalation call with NHSP to cover gaps in establishments due to last minute absences. The divisions work together to cover the staffing gaps with last resort escalation to off framework agencies. Demand for short term sickness absence has increased in month. There remains an assurance weekend staffing meeting held each week with the CNO reporting into 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 midwives in hospitals which are filled". National fill levels are set to 95% trusts wide across both day and night for RN and HCA.

Mitigation in staff absences is supported with the use of redeployment of staff and temporary staffing.

Increased patient acuity and dependency is being experienced within Children's service requiring increased staffing requirements to meet surges in attendances. A surge capacity plan is in place, however the risks of securing RN (Child) staff is a challenges with mitigations being explored through deployment of staff in line with a blended staffing model. Staffing for patients with mental health needs remains a daily requirement and specialised staffing with RMN specialised. Securing RMN's on a shift by shift basis to meet patient requirement remains challenging, with mitigations in place with staffing models of RN (child) and HCA's.

Winter staffing plan reviewed appendix 1. Staffing escalation plan review in progress for report in October NWAG.

Current Trust Position			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	External recruitment events in place, next is in October 21 at the NEC.	4
RN	92%	98%		

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HCA	88%	106%	Monthly review of domestic and international pipeline. The HCA fill rate on days is a cause of concern with a month on month decline. A plan is in progress to recruit additional HCAs within ward areas to support fill rates and support patient acuity and demand.	
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Vacancy trust target is 7% September position for RN 5.4% and HCA 14.33%

Current Trust Position WTE			What needs to happen to get us there	Current level of assurance
Division	RN/RM WTE	HCA WTE	Aim to fill all RN and RM through recruitment drive to reduce vacancies. Rolling adverts for specialities have been ongoing and recruitment. September saw fill rates improve for RNS through newly qualified RN's taking up posts from qualification. HCA recruitment continues following the recruitment drive with HEE and a centralised trust wide advert being launched in October to support winter planning. Request to begin onsite open days is in progress through bronze command and control escalation for COVID 19. International nurse recruitment recommenced in August with cohorts of 12 nurses per month in progress.	5
Speciality Medicine	5	6		
Urgent Care	48	14		
Surgery	18	13		
SCSD	7	35		
Women's and Children's	7RN 8 RM	26		

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

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

Below is the recruitment pipeline for the divisions with staff who have an October and November start date.

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

There is in place a second cohort of Registered Nurse Associates who will begin training as RN (adults) January 2022.

Bank and Agency Usage

Trust target is 7%

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

The fill rate for vacant shifts escalated to bank and agency as per escalation process has been challenging throughout September with poor take up. As a result, the early enactment of the Winter incentive for bank staffing was approved at executive level to commence in October with the aim of improving the uptake of hard to fill shifts.

Sickness –

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

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Current Trust Position			What needs to happen to get us there	Current Level of Assurance
	Monthly	Stress related	Sickness has increased month with an increase in stress related reports. Revisit Communications of support services available. Daily oversight of sickness levels and reasons. Listening into staffing events to be instigated.	4
Spec Med	5.64%	1.36%		
Urgent care	5.12%	1.77%		
Surgery	5.52%	1.19%		
SCSD	4.74%	1.39%		
W & C's	5.99%	1.88%		

Turnover

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

Current Trust Position			What needs to happen to get us to there	Current level of Assurance
Division	RN/RM	HCA	HR to update retention policy – staff development in house for all staff groups Introduction of Apprenticeships across all bands to encourage talent management and growing your own staff – Diploma level 3 – level 7 are available through the apprenticeship Levy. A review of exit interviews for RN and HCA identify themes and areas of support needed discussion with HR to improve this process. Work with NHSE/I to develop a recruitment and retention action plan.	4
Speciality Medicine	7.13%	18.72%		
Urgent Care	9.24%	17.47%		
Surgery	8.38%	9.43%		
SCSD	10.9%	13.25%		
Women's and Children's	8.15%	13.61%		

Recommendations

The 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 2021 has been achieved, this was supported when required through the booking of temporary workforce for short notice absences.

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- There were 2 staffing related patient moderate harms reported for September both citing safe staffing triangulation of harm will be reviewed for these 2 incidences. A further 31 insignificant or minor incidents reported which is an increase from last month.
- An increase in staff absences was experienced during September due to increased sickness levels for both short term sickness and stress related sickness levels.
- Turnover of HCAs has increased month on month

Appendix 1. Winter staffing plan

Nursing and Midwifery winter plan : Objective support the clinical teams to provide the safest staffing levels in meeting the needs of patients through Winter 2021/2022

Safer Staffing	Recruitment	Retention
<ul style="list-style-type: none"> • Maintain staffing levels to agreed staff to patient ratios in line with national standards for speciality areas • Escalation operation process to be followed from ward to CNO when levels against patient acuity fall. For review in October 2021 escalation policy for consideration of escalation to GOLD to risk assess closure of non urgent activity Follow action cards when staffing levels/skill mix drop below minimum levels on ward • Deployment of staff across ward/teams when required and assessed as safe to do so. • Robust reporting, investigation and action learning of incidents where red flags for staffing and patient need are identified real time reporting to minimise risks. • Review of ESR, KPI's weekly basis in staffing meeting. • Strengthening site clinical leadership model to focus on staffing and patient care issues for escalation. • CNS deployment to own clinical speciality areas where identified from risk assessments and impact on patient outpatient care to ensure not compromised • Support significant measurable improvements in discharge process in line with Homefirst programme through R2R workstreams, OCT pilot project 	<ul style="list-style-type: none"> • Domestic pipeline <ul style="list-style-type: none"> • Over establishment of health care assistance through a trust wide recruitment drive of 100 HCAs, this support NHSI HCAW drive for 0 vacancy and over establishment for adult wards. • Fast track HCA certificate programme linked to fundamentals of Care programme • Incentive bank rate for band 2-8 promoting all new starters students to join the bank • Hold open days for all new recruits in November/December <ul style="list-style-type: none"> • Preceptorship programme for all newly qualified staff • International pipeline <ul style="list-style-type: none"> • International nurse recruitment of 12 nurses per month • Preceptorship programme for all newly qualified IN's • CNS/ACP Urgent care recruitment drive for qualified ACP 	<ul style="list-style-type: none"> • Valuing and developing our workforce <ul style="list-style-type: none"> • Implementation of the PNA model to support role out of restorative supervision • Listening through winter – open and transparent communications at all times through chief nurse and senior nurse keeping in touch sessions for staff • Ward managers master class programme • Ward accreditation certification December 2021 • Developing our leaders – • Flexible working patterns reviewed and offered as per policy • Rotation programmes in divisions for new starters • lu/covid vaccine role out programme

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Midwifery Safe Staffing Report September 2021

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	September 2021	
TME	20 October 2021	Noted

Recommendations	Trust Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.
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Executive summary	<p>This report provides a breakdown of the monitoring of maternity staffing in September 2021. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance.</p> <p>Safe midwifery staffing is monitored monthly by the following actions:</p> <ul style="list-style-type: none"> • Completion of the Birthrate plus acuity tool (4 hourly) • Monitoring the midwife to birth ratio • Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings' • Unify data • Daily staff safety huddle • COVID SitRep (re -introduced during COVID 19 wave 2) • Sickness absence rates <p>September was a busy month and it remained challenging to maintain safe staffing levels due to sickness absence, COVID related absence and vacancies. The Division continue to support the use of agency staff and the team continue to provide additional shifts via NHSP although this availability decreased in month.</p> <p>15 red flag events were reported in maternity resulting in no harm. There were no reports of women not receiving 1:1 care in labour.</p> <p>The escalation policy was enacted to maintain safe staffing levels. The</p>
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	<p>deployment of staff and the cancelling of non- clinical working days provided additional staff to maintain safe levels and provided appropriate mitigation.</p> <p>Acuity was reported to be higher than the actual staffing levels in 74% of occasions throughout this period. This is a reduction in compliance on previous months and is due to the expected, seasonal increase in activity and reduced fill rates.</p> <p>Of the 17 WTE midwifery posts offered a total of 8 had commenced employment by the end of September with a further 2 expected in October and the final applicant plans to join the team in January. There were 5 WTE midwives expected who chose to take up a post elsewhere.</p> <p>A new ATR has been agreed for 18WTE midwifery posts; 8 WTE additional posts to current establishment funded from the Ockenden bid with a further 10 posts which will cover those not recruited to in the last round of recruitment, 3 resignations and 2 maternity leaves.</p> <p>Sickness absence rates continue to be higher than the Trusts target at 6.84% across all areas; this continues to represent a sustained decrease within the midwifery workforce. The directorate continue to work with the HR team to manage sickness absence timely. Turnover remains below the Trust target and needs to be monitored in the community and continuity teams.</p> <p>External funding opportunities for workforce development were realised in month with further applications ongoing.</p> <p>The level of assurance provided for safe maternity staffing remains at 4 due to the decrease in the ability to meet acuity in the intrapartum area and the current unfilled vacancies. A higher level of assurance will be offered when the COVID related absence reduces further, there are no vacancies recorded and the sickness absence rate is at the Trust target.</p>
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Risk										
Which key red risks does this report address?		What BAF risk does this report address?	BAF 4, BAF 9, BAF 17							
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		

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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		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'
- Unify data
- 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 July and January) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly 'desktop' audits. The next complete full Birthrate plus audit will take place in Autumn 2021; this has been delayed due to the company's capacity to meet demand following the recent introduction of the Ockenden recommendations. The six monthly report will be available in October 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 74% of occasions throughout this period. This is higher than August and was due to increased workload and a reduction in available staff.

In the majority of cases (42%) a shortfall of 2 midwives (red) was reported in the intrapartum area and in 32% of cases a shortfall of one member (amber) of staff was recorded due to staff sickness, COVID related absence and/or a midwife scrubbing in theatre. Staff were redeployed from other clinical areas to mitigate the risk. In 26% of the periods staffing either met or exceeded required staffing.

The new acuity tools are now in the process of being configured to our local requirements; training is planned for October/November and the tools will be in place from w/c 6th December 2021.

Monitoring the midwife to birth ratio

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

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

Shift leader supernummary

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

One to one care in labour

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

Staffing incidents

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

- Availability of CoC midwives (4) – ongoing work to improve reporting of availability.
- Availability of medical staff (1) – no cover for ANC, medical staffing is a new risk recently added to the risk register
- In escalation and requirement to deploy staff to delivery suite to ensure that 1:1 care is provided and the shift leader remains supernummary (3).
- In escalation and community midwifery team called in (2)
- Inappropriate break allocation in theatre (1)

Staffing levels were maintained at or above minimum agreed levels with the support of the on call community midwife due to the increase in COVID related absence. No harm was reported in this period.

It continues to be acknowledged that any reduction in available staff can result in increased stress and anxiety for the team and the staff have continued to report reduced job satisfaction and concern about staffing levels, burnout and staff health and well – being. A Trust psychologist continues to support the team.

Medication Incidents

There were five medication incidents and no harm was reported. The five incidents were due to:

- Missed IVABs for GBS (2)
- Incorrect antibiotic given (1)

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- BCG vaccine error
- Omission in administration (5)

The remaining clinical red flags (as listed in the NICE Safe staffing guidance) can be reported on Safecare.

Unify data

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

The fill rates demonstrate a reduction for RM cover on day and night shifts in a number of inpatient areas due to a decrease in the uptake of bank shifts by our substantive staff. A reduction of MSWs on day shifts and an improvement on night shifts is reported again for September.

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

	Day RM	Day HCA	Night RM	Night HCA
Antenatal Ward	90	86	96	81
Delivery Suite	58	62	70	82
Postnatal Ward	85	79	81	93
Meadow Birth Centre	76	66	88	93

Daily staff safety huddle

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

The maternity Unit Bleep Holder and the on call manger continue to join the Trust site meeting twice per day. This has facilitated escalation of any concerns and a greater understanding of the pressures within maternity services. The maternity team have also

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gained an insight into the challenges currently faced across our hospital services.

Maternity SitRep

In September the maternity team piloted a SitRep; this is completed 3 times per day. The report is submitted to the capacity hub, directorate and divisional leads and is also shared with the Chief Nurse and her deputies. The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing. Throughout September the service was rated at either green or amber.

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

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

In September one of the national maternity SitReps was stood down with the other being completed fortnightly to continue to provide assurance that we are able to provide the full range of maternity services and safely manage capacity and staffing.

Sickness

Sickness absence rates were reported at 6.84% in September which represents a sustained decrease in sickness absence within the inpatient areas. The reason reported for the majority of absence continues to be recorded as 'mental health' or 'other'.

The following actions remain in place:

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

Turnover

Turnover remains below the Trust target at 9.53% however there is a 12% turnover rate in the community and continuity midwifery teams; this is the highest rate reported for 12 months. There have been a number of retirements in one team with a further three resignations across the county. The Community Matron is proactively recruiting into these posts and has been very successful in the previous two rounds of recruitment.

Actions throughout this period:

- To review how the directorate can work closely with the recruitment team to ensure the Trust is maintaining contact with new midwives awaiting clearance

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- Daily safe staffing huddles continued to monitor and plan mitigations
- Attendance at the site bed meeting twice per day
- Implemented a new SitRep report three times per day
- Launched health and well-being work stream
- Continued to work with the psychologist to provide staff support to improve health and wellbeing
- Launched maternity service improvement plan
- Received funding from Ockenden (£450+k) for additional 8 WTE midwives and 1WTE Obstetrician
- Completed an application for funding (£50k) from NHSEI to support retention of midwives
- Exploring a contract with Worcestershire County Council for 2 x public health midwives (funding available £251k over 2 years). Expected agreement early October.
- All ward managers were deployed to the clinical areas to support safer staffing levels as required throughout this period.
- Maintained focus on managing sickness absence effectively.
- Regional job descriptions now available for MSWs, this will support progress with the development of the MSW workforce
- Confirmed that the use of agency midwives will continue until January 2022.
- Configuration of Birthrate Plus acuity tools completed

Conclusion

As expected September saw a high number of births although a reported decrease in the number of available staff throughout this period. This reduced the ability to meet acuity however additional actions taken did provide appropriate mitigation to maintain safe staffing levels in the intrapartum area.

Agency midwives has provided additional support to all areas of the service. There was a slightly reduced number of reported staffing incidents and medication errors recorded in September. Redeployment of staff and requests to community colleagues to support the inpatient area were made throughout September.

Sickness absence rates have been reported at 6.84% which continues to demonstrate an improvement however it is noted that rates remain above the Trust target; ongoing actions are in place to support ward managers and matrons to manage sickness effectively.

Turnover is below the Trusts target however there were a high number of midwives retiring which will not recur in future months. Workforce data is now routinely available for this group of staff and supports future workforce planning.

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

A number of opportunities for additional funding to support roles and workforce development opportunities have been realised with further applications in progress.

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The level of assurance provided for safe maternity staffing in September remains at 4. This is based on a decrease in the ability to meet acuity in the intrapartum area. A higher level of assurance will be offered when the COVID related absence reduces further, there are no vacancies recorded and the sickness absence rate is at the Trust target. It is anticipated that this will be achieved in September 2021.

Recommendations

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

Appendices

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Appointment of Responsible Officer

For approval:	x	For discussion:		For assurance:		To note:	
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Accountable Director	Rebecca O'Connor, Company Secretary		
Presented by	Rebecca O'Connor, Company Secretary	Author /s	Martin Wood, Deputy Company Secretary

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

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board is invited to appoint Dr Christine Blanshard, Chief Medical Officer, as the Responsible Officer for the Trust in accordance with The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 from 7 October 2021.
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Executive summary	Section 5 of The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 states that the Trust must nominate or appoint a Responsible Officer. This appointment rests with the Chief Medical Officer and following the change in Chief Medical Officer, the Trust is invited to appoint Dr Christine Blanshard to this role. Mr Graham James held the role on a temporary basis whilst Acting Chief Medical Officer.
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Risk			
Which key red risks does this report address?		What BAF risk does this report address?	N/A

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