

# QUALITY AND SAFETY IN NUMBERS

April 2022



**MRSA**  
**0**



**ECOLI**  
**2**



**CDIFF**  
**8**



**MSSA**  
**1**



**Hand Hygiene**  
 Participation **91.89**  
 Compliance **97.83**

## SEPSIS

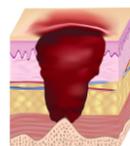
**Sepsis**  
 Screening Compliance **85.50**  
 Sepsis 6 bundle compliance **54.20**



**ICE reports viewed**  
 Radiology **22.93**  
 Pathology **93.35**



**Falls per 1,000 bed days causing harm**  
**0.09**



**Pressure Ulcers**  
 All hospital acquired pressure ulcers **25**  
 Serious incident pressure ulcers **0**



**Response Rate**  
 A&E **15.6**  
 Inpatients **33.09**  
 Maternity **2.05**  
 Outpatients **11.27**



**Recommended Rate**  
 A&E **86.63**  
 Inpatients **97.78**  
 Maternity **81.82**  
 Outpatients **95.64**



**HSMR 12 months rolling (June 21)** **95.61**  
**Mortality Reviews completed <=30 days (Nov-20)** **35.50**



**Risks overdue review** **239**  
**Risks with overdue actions** **288**



**Discharged before midday**  
**14.12**



**Complaints Responses <=25 days**  
**82.14**



**Total Medicine incidents reported** **158**  
**Medicine incidents causing harm (%)** **5.70**

# WORKFORCE COMPOSITION IN NUMBERS

April 2022



Employees  
**6,773**



BAME employees  
**20%**



Part-time workers  
**45%**



Female  
**82%**



Registered nurses  
**1,966 (29%)**



Registered midwives  
**252 (4%)**



HCAs, helpers and assistants  
**1,292 (19%)**



Doctors  
**732(11%)**



Other clinical and scientific staff  
**854 (13%)**



Over age 55  
**18%**



30 years and under  
**20%**



Staff with less than 2 years service  
**27%**



Staff with 20 years service or over  
**10%**

## Committee Assurance Reports

Trust Board  
9<sup>th</sup> June 2022

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## Finance & Performance Committee Assurance Report - 25 May 2022

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom – Associate Non-Executive Director	Richard Oosterom – Associate Non-Executive Director	Rebecca O’Connor, Company Secretary
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	<b>Y</b>	<b>BAF number(s)</b> 2, 3, 4, 7, 8 ,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20

### Executive Summary

**The Committee met virtually on 25 May and the following key points were raised - escalations to Board**

Item	Rationale for escalation	Action required by Trust Board
Annual Priorities	Trust Board approval required	Recommended for approval
BAF and Risk Appetite	Trust Board approval required	Recommended for approval
Contract Awards x3 (construction, mattresses Microbiology) plus an upcoming Chairs Action re mobile units at KTC	Over delegated limits	Recommended for approval

**The following levels of assurance were approved:**

Item	Level of Assurance	Change	BAF Risk
Annual Priorities	Level 5	N/A.	7, 8, 9, 11, 14, 18, 19
BAF and Risk Appetite	Level 5	Maintained	7, 8, 13, 16, 18, 19, 20
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8 ,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Finance Report: Income and Expenditure	Level 3	Maintained	7 and 8
Finance Report: Capital	Level 4	Maintained	7 and 8
Finance Report: Cash	Level 6	Maintained	7 and 8
21/22 Draft Annual Accounts and Report	Not reported	N/A	7
Contract Awards: Construction contracts	Level 5	N/A	8, 14, 4, 11
Contract Award; Mattresses	Level 6	N/A	7
Contract Award: Microbiology	Level 6	N/A	7, 13 and 16
Xerox Contract Breach	Level 5	N/A	Risk 3118

## Finance & Performance Committee Assurance Report - 25 May 2022

### Executive Summary

The Committee met virtually on 25 May and the following key points were raised:

Item	Discussion
<b>Annual Priorities</b>	Committee welcomed the priorities and debated the linkage with key Trust strategies, cross cutting themes, PEPs and the three year plan. It noted the mix of outcomes and process measures reflected the differing requirements at both a national and ICS level. Committee accepted there was more work to do regarding how it monitors the plan and development of the IPR and which measures talk to the deliverability were debated. It was confirmed that the priorities have been shared with system partners as agreed at the recent Board to Board. The priorities were recommended to the Trust Board for approval.
<b>BAF &amp; Risk Appetite</b>	The Committee BAF was reviewed and minor amendments to the position noted. The use of the BAF and its role in triangulation was discussed in the context of overall assurance. The risk appetite statement was reviewed and recommended for approval along with the proposed BAF updates. The priorities were recommended to the Trust Board for approval.
<b>Integrated Performance Report</b>	Executive summary headlines were noted. The key operational performance issues were in relating to activity, elective and ongoing UEC pressures. There was a lengthy discussion regarding the impact on discharge on flow and activity and also on 104 week waits. The position with regards to orthodontics was noted. Committee welcomed the rebasing of SUS baseline data in 19/20 which was positive. Development of metrics to support the ongoing use of the IPR was discussed along with potential metrics to support Committee's review. Committee noted this work and its alignment with the Trust's objectives, priorities and outcomes was ongoing. <b>Assurance level 4 overall was agreed</b>
<b>Finance Report – Month 1</b>	Committee noted the challenges of a M1 report and that no national submission was required. M1 position was plan of £(4.7)m deficit with an actual of £(3.7)m noting receipt and treatment of £1.4m ERF plus associated risk of under-delivery. Reading room papers were noted regarding actions, VFM Use of Data for Service Line Management. Committee noted capital risks and future access to funds. Clarity was required on delivery of milestones and forecasting. Committee noted positive corporate service cost benchmarking. Risk around under identification of PEPs, funding of PDU and increased risk of inflation and supplier failure were noted. Weighted activity unit (WAU) methodology and reporting was discussed alongside the ongoing work in relation to the cross cutting themes and productivity. <b>Assurance levels were approved at levels 3 I&amp;E, 4 capital and 6 cash</b>
<b>Draft 21/22 Annual Report &amp; Accounts</b>	The draft annual accounts and annual report and their in depth review at Audit & Assurance Committee were noted.
<b>Contract Awards – Construction</b>	Call off agreements with Couch Consulting Engineers, Currie & Brown, Hydrock and Pinnegar Hayward Design were considered by Committee and recommended for approval by Trust Board
<b>Contract Awards – Mattresses</b>	Procurement Plan & contract regarding Pressure Area Care – Acute Bed and Mattresses products and service were considered by Committee and recommended for approval by Trust Board
<b>Contract Award – Microbiology</b>	Microbiology Procurement Plan and MSC Contract Extensions were considered by Committee and recommended for approval by Trust Board
<b>Contract Breach</b>	A contract breach in respect of scanning of legacy records was noted. A further analysis would be undertaken and reported back to Committee.
<b>Other</b>	The action log was reviewed in detail and updated. A meeting to refresh the Committee's working and priorities would be scheduled. Chairs action taken regarding the Cardiac Cath Lab - Rotablator and Consumables and potential action required regarding mobile units at KTC were supported and noted.

## Quality Governance Committee Assurance Report – 26 May 2022

Accountable Non-Executive Director	Presented By	Author		
Dr Sue Sinclair – Associate Non-Executive Director	Dr Sue Sinclair – Associate Non-Executive Director	Rebecca O'Connor, Company Secretary		
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y	<b>BAF number(s)</b>	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20

### Executive Summary

The Committee met virtually on 26 May 2022 and the following were agreed as escalations to Board:

The Committee was not quorate and thus the meeting proceeded on an assurance only basis, noting that the majority of papers were for assurance or onwards approval by the Trust Board

Item	Rationale for escalation	Action required by Trust Board
Quality Account	Trust Board approval required	Recommended for approval
Head and Neck Service review	For Trust Board to note the review and QGC's oversight of the action plan	Awareness at this stage

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Quality Account	Level 6	Maintained	4
Annual Priorities	Level 5	Maintained	7, 8, 9, 11, 14, 18, 19
Board Assurance Framework & Risk Appetite	Level 5	Maintained	2, 3, 4, 11, 17, 18, 19, 20
Maternity Services Safety Report (inc Ockeden)	Level 5	Maintained	2, 4, 9, 10
Head and Neck Cancer Services Review	Level 5	N/A	3
Clinical Negligence Q4 Report	Not reported	N/A	4, 11
Xerox Contract Breach	Level 5	N/A	Risk 3118
Corporate Risk Register	Level 4	N/A	3, 4

# Quality Governance Committee Assurance Report – 26 May 2022

## Executive Summary

The Committee met virtually on 26 May 2022 and the following key points were raised:

Item	Discussion
<b>CNO/CMO escalations</b>	The position with regards to Monkeypox was noted. Committee was pleased to note the recent NHSEI IPC visit had resulted in a solid green rating and thanks were expressed to the teams. Thanks were also expressed to Tracy Cooper for her work at the Trust.
<b>Integrated Performance Report</b>	Committee noted good progress on complaints, but despite a recent rise that the Trust is meeting response rates. Themes are mainly related to waiting times, delays and communication and work is in place to address. Community acquired pressures ulcers are also rising and ongoing pressures in urgent care were noted. Fractured NOF was discussed in detail with Committee updated as to actions currently in place, however this would be kept under review. <b>Assurance level 4 was approved.</b>
<b>Quality Account</b>	Committee welcomed the report, noting this was an iterative and challenging process with data still coming in. The report was a reduced version from last year as a result of feedback, with a focus on legislative requirements and will be laid before parliament on 30 June. Committee was pleased to note and celebrate the good progress made over the last year and the QA was recommended for approval by the Trust Board.
<b>Annual Priorities</b>	Committee welcomed the Annual priorities which support delivery of the Trust's operational plan. Progress from last year has been incorporated. They are built on both national and trust quality priorities, BAF risks and cross cutting themes from the three year plan. The paper was recommended for approval by the Trust Board.
<b>BAF &amp; Risk Appetite</b>	Committee reviewed its BAF risks and supported the development of the risk appetite statement, both of which were recommended for approval by the Trust Board.
<b>Maternity Services Safety Report (inc Ockeden gap analysis)</b>	Progress made on booking was noted along with a stabilisation of perinatal mortality. Learning in respect of incidents was discussed in detail along with staffing and recruitment. A gap analysis was noted against the Ockenden recommendations was noted and an action plan would follow through usual governance processes
<b>Head and Neck Cancer Services Review</b>	Committee noted the report and accepted the ongoing actions taken regarding governance and surgeons within the service. Committee was assured as to the action plan in place and would receive further updates as to progress. It was agreed to escalate to the Trust Board, confirmation that QGC has oversight of the same.
<b>Clinical Negligence Q4 Report</b>	The report and ongoing work to address learning from legal cases was noted by Committee
<b>Xerox Contract Breach</b>	The report was noted along with the feedback from F&P. Committee noted the impact of ongoing public inquires on this issue.
<b>Corporate Risk Register</b>	The report was noted for assurance
<b>AMU/PDU Update</b>	Ongoing issues with pipework were noted with this being rerouted around the outside of the building. It is envisaged the works will be completed by the end of June.

## People & Culture Committee Assurance Report – 31 May 2022

<b>Accountable Non-Executive Director</b>	<b>Presented By</b>	<b>Author</b>	
Dame Julie Moore Non-Executive Director	Colin Horwath Non-Executive Director	Jo Wells Deputy Company Secretary	
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y	<b>BAF number(s)</b> 9, 10, 14, 15, 17

### Executive Summary

The Committee met virtually on 31 May and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
<b>Integrated People &amp; Culture Report</b>	Approval of the People & Culture section of the 3-year plan deferred due to amendments to the priorities requested by the Committee and presented to the next meeting prior to submission for approval by Trust Board.	To approve the revised report in August 2022
<b>Staff Story</b>	To highlight the staff story received at Committee and recommend Trust Board receive the staff story	To receive the staff story at a future meeting

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Integrated People & Culture Report	Level 4	N/A	10
Trust Academy Update Report	Level 2	N/A	9
Nurse Staffing	Level 5	Maintained	9
Midwifery Staffing	Level 5	<b>Increased to a 5</b> due to improvement in sickness level, decrease in COVID-19 absence and an in month reduction in leavers and vacancies.	9
Board Assurance Framework & Risk Appetite Statement	Level 5	N/A	9, 10, 14, 15, 17
People & Culture Risk Register	N/A	N/A	9, 10, 11, 14, 15, 17

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## People & Culture Committee Assurance Report – 31 May 2022

### Executive Summary

The Committee met virtually on 31 May and the following key points were raised:

Item	Discussion
<b>Staff Story</b>	A staff member shared their experience of sexual harassment in the workplace. They raised their concerns and were supported by Freedom To Speak Up, though they felt that there was little humanity or support through the HR process. HR were also unaware of previous complaints of inappropriate behaviour in relation to the perpetrator and the wider team have not been approached or supported throughout the process. The Committee asked that lessons learnt from this story were presented at a future meeting
<b>Integrated People &amp; Culture Report</b>	Recruitment, leadership and staff offers being key for the next year were noted, however efficiency and value for money needed to be reflected in the priorities. Approval of the report was deferred to the next meeting prior to presenting to Trust Board.
<b>Board Assurance Framework and Risk Appetite Statement</b>	BAF 9 decreased from risk score 15 to 12 as a result of Executive Review and consideration of the mitigations in place and current environment. Reviews of all P&C risks have taken place and updates made to all current BAF risks in respect of the actions, controls and mitigations.
<b>Trust Academy Update</b>	The Trust Academy model, form and functionality was approved at the Trust Management Executive in 2021, following wide scale consultation and socialisation both within the Trust and across system partners and has been in design stage during 2021/22. Many of the academy's functions and initiatives have been successfully established despite challenges in delays due to Covid and level 4 pressures. A launch was planned for September 2022. Committee requested to receive an update at the next meeting regarding assurance level achievements.
<b>Nursing &amp; Midwifery Staffing</b>	Nursing: HCA vacancies continued to reduce as were RN vacancies. Utilisation of the Best People Programme was assisting with the reduction of agency staffing. Midwifery: Improved assurance level of 5. The supernumary status of the shift leader and 1:1 care in labour was not achieved. Work continued with managing recruitment and sickness.
<b>People &amp; Culture Risk Register</b>	Assurance was provided that all appropriate risks were included within the Risk Register.

Meeting	Trust Board
Date of meeting	9 June 2022
Paper number	Enc J

### Nurse staffing report –April 2022

For approval:		For discussion:		For assurance:	X	To note:	
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<b>Accountable Director</b>	Paula Gardner, Chief Nursing Officer		
<b>Presented by</b>	Jackie Edwards, Deputy Chief Nurse	<b>Author /s</b>	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
Trust Management Executive	18 <sup>th</sup> May 2022	Assured
Quality Governance Committee	26 <sup>th</sup> May 2022	Assured

<b>Recommendations</b>	<p>Trust Board are asked to note:</p> <ul style="list-style-type: none"> <li>Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout April 2022 has been achieved.</li> <li>April has seen a continued rise in patient acuity and dependency and an increase in staff sickness and a slow reduction in Covid positive patients within the hospitals. This has impacted upon the needs for temporary staffing in all areas of urgent care.</li> <li>The Vacancy for HCA has continued to reduce to 9.45%</li> <li>The key area for targeted recruitment is the urgent care division. Targeted International nurse recruitment will support the urgent care position.</li> <li>There were 23 insignificant or minor incidents reported which is an increase in month with 2 moderate incidents these will be picked up within division.</li> </ul>
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<b>Executive summary</b>	<p>This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during April 2022. 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 April 2022. However, to note that April has seen a rise in patient acuity and dependency, a slight decrease in covid positive cases within the hospitals and an increase in staff absence. This has impacted upon the needs for temporary staffing in areas such as urgent care, paediatrics. This coupled with 1. COVID and winter related virus affecting staffing absences, 2. long</p>
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Meeting	Trust Board
Date of meeting	9 June 2022
Paper number	Enc J

	term sickness has impacted upon the health and wellbeing for staff with reports of staff feeling an increased tiredness.
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Risk			
<b>Which key red risks does this report address?</b>		<b>What BAF risk does this report address?</b>	<i>BAF risk 9 -If we do not have a sustainable fit for purpose and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.</i>

<b>Assurance Level (x)</b>	0	1	2	3	4	5	x	6	7	N/A
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<b>Financial Risk</b>	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.
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Action					
<b>Is there an action plan in place to deliver the desired improvement outcomes?</b>	Y	x	N		N/A
<b>Are the actions identified starting to or are delivering the desired outcomes?</b>	Y	x	N		
<b>If no has the action plan been revised/ enhanced</b>	Y	x	N		
<b>Timescales to achieve next level of assurance</b>					

**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 March 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 the continued management of the COVID 19 pandemic and experiences of winter 21/22 is in place. Across the Nursing, Midwifery, Health Care Scientists and Allied health professional, all line managers have been made aware of staff support available both internally through HR and occupational health and externally to the trust. There is nursing representation on the Health and wellbeing group. A campaign to raise awareness of the Health and wellness pin wheel for staff to access support has been promoted.

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. Twice daily trust staffing huddles are in place to ensure safest staffing across the trust.

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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 23 minor and insignificant patient harms reported for April 2022 over a variety of ward areas. There were 2 moderate harms raised within the month these will be reviewed within the divisions.

**Good Governance**

There are twice 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.

A review of Vacancy sickness and maternity will need to be completed next month to review against bank and agency usage.

**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 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 has increased slightly this month a trust wide advert is in place to fill all the HCA vacancies and support winter planning.	<b>5</b>
RN	92%	98%		
HCA	86%	99%		

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**DATA from here is for March 2022**

Vacancy trust target is 7% March position for RN 5.74% RM 10.18%and HCA 9.45%

Current Trust Position WTE			What needs to happen to get us there	Current level of assurance
Division	RN/RM WTE	HCA WTE	RN and RM vacancies ongoing recruitment to reduce vacancies both domestic and international. Rolling adverts for specialities have been ongoing. External recruitment events commence in May. Targeted international nurse recruitment is in process for Urgent Care with ED sisters interviewing. HCA recruitment continues following the recruitment drive with HEE and a centralised trust wide advert being launched in October to support winter planning. 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.	6
Speciality Medicine	12	9.3		
Urgent Care	51	15		
Surgery	16	4		
SCSD	4	34		
Women's and Children's	12 RN 23 RM	27		

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**

Recruitment has already commenced with arrivals planned through from April 2022 to December 2022 totalling 80 with additional financial support from NHSEI.

**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.

**Bank and Agency Usage**

Trust target is 7%- current usage is Bank 9.51% Agency 5.99%

Bank usage has seen an increase in month and agency usage has shown a decrease in month.

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	In month we have seen a decrease in agency usage and an increase in bank fill. There is also a significant rise in bank usage for RM which has increased significantly since last month	4
Speciality Medicine	70	49		

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Urgent Care	87	27		
Surgery	63	44		
SCSD	73	26		
Women's and Children's	15 RN 28 RM	15		

**Sickness –**

The Trust Target for Sickness is 4%, March position for RN 5.61% and RM 9.84% HCA 8.99%

Current Trust Position			What needs to happen to get us there	Current Level of Assurance
	RN/RM	HCA	Sickness has been changed to staff group for more assurance for RN/RM and HCA.	4
Spec Med	6.48%	8.7%		
Urgent care	4.52%	5.83%		
Surgery	6.71%	10.77%		
SCSD	5.96%	9.12%		
W & C's	10.48% RN 9.84% RM	9.85%		

**Turnover**

Trust target for turnover 11%. March is RN 10.8% RM 16.15% HCA 16%

Current Trust Position			What needs to happen to get us to there	Current level of Assurance
Division	RN/RM	HCA	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. 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.	3
Speciality Medicine	9.95%	19.11%		
Urgent Care	11.3%	19.99%		
Surgery	10.38%	12.43%		
SCSD	12.11%	13.9%		
Women's and Children's	RN 9.61% RM 9.23%	13.86%		

HCA turnover is higher than trust target across all divisions

**Recommendations**

Meeting	Trust Board
Date of meeting	9 June 2022
Paper number	Enc J

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 April 2022 has been achieved.
- April has seen a continued rise in patient acuity and dependency and an increase in staff sickness and a slow reduction in Covid positive patients within the hospitals. This has impacted upon the needs for temporary staffing in all areas of urgent care.
- The Vacancy for HCA has continued to reduce to 9.45%
- The key area for targeted recruitment is the urgent care division. Targeted International nurse recruitment will support the urgent care position.
- There were 23 insignificant or minor incidents reported which is an increase in month with 2 moderate incidents these will be picked up within division.

Meeting	Trust Board
Date of meeting	9 June 2022
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**Midwifery Safe Staffing Report April 2022**

For approval:		For discussion:		For assurance:	x	To note:	
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<b>Accountable Director</b>	Paula Gardner, Chief Nursing Officer		
<b>Presented by</b>	Justine Jeffery, Director of Midwifery	<b>Author /s</b>	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	20 <sup>th</sup> May 2022	
Trust Management Executive	18 <sup>th</sup> May 2022	Assured
Quality Governance Committee	26 <sup>th</sup> May 2022	Assured

<b>Recommendations</b>	The group is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.
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<b>Executive summary</b>	<p>This report provides a breakdown of the monitoring of maternity staffing in April 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"> <li>• Completion of the Birthrate plus acuity tools</li> <li>• Monitoring the midwife to birth ratio</li> <li>• Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'</li> <li>• Unify data</li> <li>• Daily staff safety huddle</li> <li>• SitRep report &amp; bed meetings</li> <li>• COVID SitRep (re - introduced during COVID 19 wave 2)</li> <li>• Sickness absence and turnover rates</li> <li>• Recruitment/Vacancy Rate</li> <li>• Monthly report to Board</li> </ul> <p>The birth rate in April was again lower than expected and is reflected in the acuity tool results. 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 March. It has not been possible to achieve minimum safe staffing levels on all shifts.</p>
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Meeting	Trust Board
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There were six medication incidents reported resulting in no harm. There were five no harm staffing incidents reported on Datix which is a noticeable reduction in reporting and likely due to the ability to report red flags on the acuity app. The supernumary status of the shift leader was not maintained in April and again there was 1 reported occasion when 1:1 care in labour was not achieved. There is ongoing support required to embed the acuity app into the ward areas and the ward managers have to be tasked to lead this improvement.

Sickness absence rates continue to be higher than the Trusts target at 8.25% across all areas. Non COVID absence rates were low in April. The directorate continue to work with the HR team to manage sickness absence timely. The rolling turnover rate increased to 17.27%. Further recruitment events are planned. The vacancy rate is currently 3.5%.

The suggested level of assurance for April is 5. This is in response to the improvement in the current sickness level, decrease in COVID absence and an in month reduction in leavers and vacancies.

However, it is acknowledged that the supernumary status of the shift leader and 1:1 care in labour was not achieved. Minimum safe staffing levels could not be achieved on all shifts and the mitigations put in place maintained safety. Delays in care were noted but no reported harm although it is recognised that this impacts negatively on women's experience.

A higher level of assurance will be offered when there is a sustained decrease in sickness and turnover rates and a reduction in red flag reporting.

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

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

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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 next complete full Birthrate plus audit is currently being undertaken. A draft report has been received and a workforce paper will be submitted to Board in June 2022.

**Issues and options**

**Completion of the Birthrate plus acuity app**

**Delivery Suite**

The acuity app data was completed in 70.8 % of the expected intervals and this remains below the recommended rate and therefore caution should be taken when interpreting the summary of the acuity presented below. 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 (incentivised bank payments and a focus on absence management)) the minimum safe staffing levels were not maintained on all shifts throughout April; 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% (further increase 2% from previous month having noted a 5% increase in March) 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 (73%) to mitigate the risk. Also to note when staff are unable to take their allocated breaks (9%) and there were no reports of staff staying beyond their shift. This is an improving picture.

The on call midwives and/or the continuity teams were required to support the inpatient service on 6 occasions – this is a reduction from the previous month.

**Number & % of Management Actions Taken**

From 01/04/2022 to 30/04/2022

MA	Description	Count	Percentage
MA1	Redeploy staff internally	40	73%
MA2	Redeploy staff from community	6	11%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	5	9%
MA5	Staff stayed beyond rostered hours	0	0%
MA6	Specialist midwife working clinically	1	2%
MA7	Manager/Matron working clinically	1	2%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call midwife	0	0%
MA10	Escalate to Manager on call	2	4%
MA11	Maternity Unit on Divert	0	0%

**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.

**Number & % of Red Flags Recorded**

From 01/04/2022 to 30/04/2022

RF	Description	Count	Percentage
RF1	Delayed or cancelled time critical activity	5	29%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	1	6%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	6	35%
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	1	6%
RF10	Delivery Suite Co-ordinator is not supernumerary	4	24%

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The labour ward coordinator was not supernummary 100% of the time; it was reported that there were 4 events across the month (14 in March) when this was not maintained; there was also one reported occasion when 1:1 care in labour was not maintained. Delays in the IOL pathway continued during April and there was a small reduction in the number of other delayed clinical activity with no report of associated harm.

### ***Antenatal & Postnatal Wards***

Following feedback from the Birthrate team further support was provided to the inpatient ward teams. Despite this support the data remains incomplete for the antenatal ward (completion rate 33%) and the postnatal ward (completion rate is 34%). Based on this rate of completion the data is not reliable and therefore cannot be included in the report.

Ongoing support and training will be provided for staff in the ward areas to improve reporting and the ward managers have been tasked to improve compliance in May.

### ***Staffing incidents***

There were five staffing incidents reported in April via Datix and no harm was recorded. The themes reported this month are

- Community staff attended homebirth as CoC team unavailable – impact of following days’ workload (1)
- Medical staff cover for antenatal clinic at KTC (1)
- Duplicate reports (3)

There continues to be a noticeable decrease in reported staffing incidents as these are now captured in the acuity tool. It continues to be acknowledged 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.

Staff support drop in events have continued throughout April to offer support to staff and to update staff on the current challenges in maternity services and the potential impact of the publication of the Final Ockenden report.

### ***Medication Incidents***

There were six reported medication incidents and no harm was recorded. These incidents reported are:

- Missing CD – 1 tablet (1)
- Uncharted medication (1)
- Incorrect disposal of a CD (1)
- Omission of insulin (1)
- Late administration of IVAB(1)
- Duplicate incident (1)

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### **Unify Data**

The fill rates (actual) presented in the table below reflect the position of all inpatient ward areas. The rates reported demonstrate similar fill rates from previous month for registered midwives and maternity support workers.

	Day RM	Day HCA	Night RM	Night HCA
Antenatal Ward	79	61	88	69
Delivery Suite	77	53	72	80
Postnatal Ward	75	86	81	90
Meadow Birth Centre	67	39	65	61

### **Monitoring the midwife to birth ratio**

The monthly birth to midwife ratio is recorded on the maternity dashboard. The outcomes are reviewed at the Maternity Governance monthly meeting. The ratio in April was 1:19 (in post) and 1:18 (funded). This is within the agreed midwife to birth ratio as outlined in Birthrate Plus Audit, 2018 (1:28).

### **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. No additional huddles were completed in April.

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

### **Maternity SitRep**

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. 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 and the pilot of the regional Sitrep continues.

### **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 frequency of these meetings was increased to three times per week in December due to the challenges experienced and has continued throughout April. This enabled the Divisional team to offer support and timely updates to all of the directorates and enabled timely escalation of concerns. The national COVID SitRep continues to be completed each fortnight and there

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has been cause to report that safe staffing levels have not been maintained (without significant mitigation) throughout April.

**Vacancy**

There are currently 9 unfilled midwifery posts – vacancy rate of 3.5%. 7WTE posts have been offered to students who qualify in September. The majority of these vacancies are within the inpatient area.

**Sickness**

Sickness absence rates were reported at 8.25% in month. This is an improved position from previous months.

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.
- Signposting staff to Trust wellbeing offer and commencement of wellbeing conversations.
- Daily walk arounds by members/member of the DMT.
- Close working with the HR team to manage sickness promptly.
- Health and wellbeing work stream actions

**Turnover**

The rolling turnover remains below the Trust target at 17.27%. As expected 7WTE midwives commenced at the end of March and are now working in the inpatient area. In April we had 2 leavers from our inpatient team and no leavers from our community team.

**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
- 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 May for midwives and maternity care assistants.
- Weekly ‘drop- in’ sessions led by the DoM continued in month.

**Conclusion**

The activity was reduced again in April (341 births) and there was a further 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.

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<p>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 on fewer occasions to maintain safe staffing however the requirement to request support from community midwifery teams or continuity teams was also required.</p> <p>No training was cancelled in April and there were five staffing incidents and six medication errors recorded in April.</p> <p>There were reported delays in care but the number of reports was reduced from previous months. It was also noted that there were occasions when the shift leader was not supernummary and also one occasion when it was reported that a woman did not receive 1:1 care in labour.</p> <p>Sickness absence rates have been reported at 8.25% which is an improved position. It is noted this remains above the Trust target; ongoing actions are in place to support ward managers and matrons to manage sickness effectively.</p> <p>The rolling turnover rate is at 17.27%. As expected 7 WTE midwives commence in March and the midwifery vacancy rate is now 3.5%. A further 7 posts have been offered.</p> <p>Although there has been a net increase in midwives in post in April the reduction in available staff on each shift in the inpatient area continues to impact on the health and wellbeing of the team; support is available from the visible leadership team, PMAs and local line managers.</p> <p>The suggested level of assurance for April is 5. This is in response to the improvement in the current sickness level, decrease in COVID absence and an in month reduction in leavers and vacancies.</p> <p>However, it is acknowledged that the supernummary status of the shift leader and 1:1 care in labour was not achieved. Minimum safe staffing levels could not be achieved on all shifts and the mitigations put in place maintained safety. Delays in care were noted but no reported harm although it is recognised that this impacts negatively on women's experience.</p> <p>A higher level of assurance will be offered when there is a sustained decrease in sickness and turnover rates and a reduction in red flag reporting.</p>
<b>Recommendations</b>
The Board is asked to note the content of this report for information and assurance
<b>Appendices</b>

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**Report of the Trust Management Executive**

For approval:		For discussion:		For assurance:	X	To note:	
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<b>Accountable Director</b>	Matthew Hopkins Chief Executive		
<b>Presented by</b>	Matthew Hopkins Chief Executive	<b>Author /s</b>	Rebecca O'Connor, Company Secretary

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

Report previously reviewed by		
Committee/Group	Date	Outcome

<b>Recommendations</b>	The Trust Board is requested to receive this report for assurance.
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<b>Executive summary</b>	This report gives a summary of the items discussed at the Trust Management Executives (TME) held in April and May 2022. Members will see that there is a clear line of sight between the Board, Committees and TME.
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Risk			
<b>Which key red risks does this report address?</b>		<b>What BAF risk does this report address?</b>	All

<b>Assurance Level (x)</b>	0	1	2	3	4	5	6	7	N/A	X
<b>Financial Risk</b>	N/A									

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

## Trust Management Executive Assurance Report – 20 April 2022

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

The Trust Management Executive met virtually on 20 April 2022. The following escalations were made to Board :

Item	Rationale for escalation	Action required by Trust Board
Review of conditions FT4 & G6	For approval to publish	Recommended to approve
Contract Award: Amicus Digital SQL Server Support	Over delegated limits	Recommended to approve

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk	Decision
2022/23 Plan & Annual Priorities	Level 4	N/A	7, 8, 9, 11, 14, 18, 19	Noted and progressed to F&P
Data Quality	Level 5	N/A	4, 16	Noted and progressed to A&A
Cyber Security	Level 4	N/A	13	Noted and progressed to A&A
Section 106	Level 6	N/A	7	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 and P&C
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Noted and progressed to QGC
Draft Annual Governance Statement and Corporate Governance Statement	Level 5	N/A		Noted and progressed to A&A
Flowers Agreement	Level 6	N/A	7	Approved
Health & Safety Report	Level 3	N/A	4, 8	Noted and progressed to QGC
Finance Report: Month 12 & VFM	Level 5	Maintained	7	Noted and progressed to F&P
Clinical Governance Group Report	Level 5	N/A	4	Noted and progressed to QGC
Information Governance Report	Level 6	N/A	8, 10, 11 & 13	Noted
4ward Improvement & Transformation Guiding Board Update	Not reported	N/A	All	Noted
Nurse Staffing	Level 5	Maintained	9	Noted and progressed to P&C

## Trust Management Executive Assurance Report – 18 May 2022

Continued...

Item	Level of Assurance	Change	BAF Risk	Decision
Nurse Staffing	Level 5	Maintained	9	Noted and progressed to P&C
Midwifery Staffing	Level 5	Increased from level 4	9	Noted and progressed to P&C
Terms of Reference – F&P & QGC				Noted and progressed to F&P & QGC

## Trust Management Executive Assurance Report – 18 May 2022

Accountable Non-Executive Director	Presented By	Author
N/A - Executive	Matthew Hopkins, Chief Executive	Rebecca O'Connor, Company Secretary

The Trust Management Executive met virtually on 18 May 2022. The following escalations were made to Board :

Item	Rationale for escalation	Action required by Trust Board
Quality Account	For approval to publish	Recommended to approve
Contract Award: construction – Crouch consulting, Currie & Brown, Hydrock & Pinnegar Haywood Design	Over delegated limits	Recommended to approve
Contract Award: Mattresses	Over delegated limits	Recommended to approve
Contract Award: Microbiology MSC contract extension	Over delegated limits	Recommended to approve

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk	Decision
HCAI Update re visit (escalation)	GREEN (NHSEI)	Improvement	4	Noted and progressed to QGC
Quality Account	Level 6	N/A	4	
Annual Plan Priorities	Level 5	-	7, 8, 9, 11, 14, 18, 19	Endorsed and progressed to QGC, F&P and P&C
Board Assurance Framework & Risk Appetite Statement	Level 5	Maintained	ALL	Endorsed and progressed to QGC, F&P and P&C
Flexible Capacity in ENT	Not reported	N/A	4, 18	Approved.
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 and P&C
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Noted and progressed to QGC
Ockenden Final Report & Gap Analysis	Level 5	N/A	2, 4, 9, 10	Noted and progressed to QGC
Head and Neck Review	Level 5	N/A	3	Noted and progressed to QGC
Policy: Transition of care and decontamination of medical devices	Level 4	N/A		Both policies were approved

## Trust Management Executive Assurance Report – 18 May 2022

Continued...

Item	Level of Assurance	Change	BAF Risk	Decision
Finance Report: Month 1	Level 3, 4 & 6	Maintained	7 and 8	Noted and progressed to F&P
Draft Annual Report and Accounts	Level 4	N/A	7	Noted and progressed to A&A
Xerox Contract Breach	Level 5	N/A	16	Endorsed and progressed to F&P & QGC
Contract Award: construction – Crouch consulting, Currie & Brown, Hydrock & Pinnegar Haywood Design	Not reported	N/A	Not reported	Endorsed and progressed to F&P
Contract Award: Mattresses	Level 6	N/A	7 and 8	Endorsed and progressed to F&P
Contract Award: Microbiology MSC contract extension	Level 6	N/A	7 and 8	Endorsed and progressed to F&P
Nurse Staffing	Level 5	Maintained	9	Noted and progressed to P&C
Midwifery Staffing	Level 5	Increased from level 4	9	Noted and progressed to P&C
Integrated People & Culture Report	Level 4	Maintained	10	Noted and progressed to P&C
Trust Academy Update	Level 2	N/A	9	Noted and progressed to P&C
Clinical Negligence	Not reported	N/A	Not reported	Noted and progressed to QGC
Declarations of Interest	Level 5	N/A	11 and 15	Noted and progressed to A&A