

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc G

### Midwifery Safe Staffing Report July 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	August 2022	
Trust Management Executive	17 August 2022	Noted

<b>Recommendations</b>	Trust Board 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 July 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>There were 443 babies born in July. 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 July. It has not been possible to achieve minimum safe staffing levels on all shifts.</p> <p>The supernumerary status of the shift leader was not maintained in July.</p>
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Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc G

	<p>There is ongoing support required to embed the acuity app into the ward areas. An improvement has been noted for the antenatal ward completion rate.</p> <p>There were twelve no/insignificant harm staffing incidents and seven medication incidents reported on Datix</p> <p>Sickness absence rates remain static but continue to be higher than the Trusts target at 8.4% across all areas. COVID absence rates were lower in July. The directorate continue to work with the HR team to manage sickness absence timely. The rolling turnover rate increased to 17.3%. The current vacancy rate remains at 10% and is expected to reduce to 5% following the arrival of 13WTE midwives in September. Further recruitment events are planned</p> <p>The suggested level of assurance for July is 4. This reduction is due to the increased vacancy rate despite positive recruitment in Q1.</p> <p>Delays in care were noted but no reported harm although it is recognised that this impacts negatively on women's experience. There has been an increase in red flag reporting.</p> <p>A higher level of assurance will be offered when there is a sustained decrease in sickness, a reduction in turnover and vacancy rates.</p>
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Risk												
Which key red risks does this report address?				What BAF risk does this report address?		9-If we do not have a right sized, sustainable and flexible workforce, we will not be able to provide safe and effective services resulting poor patient and staff experience and premium staffing costs.						
Assurance Level (x)	0	1	2	3	4	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					
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					

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc G

## 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 August 2022.

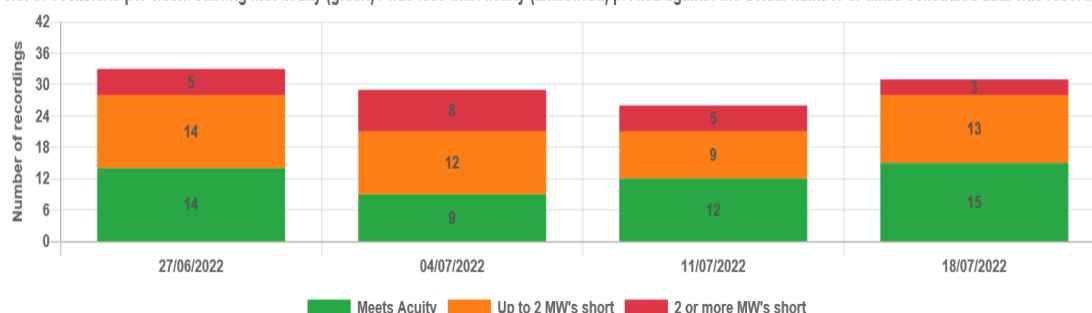
## Issues and options

### **Completion of the Birthrate plus acuity app**

#### **Delivery Suite**

The acuity app data was completed in 70.8 % of the expected intervals which is a little lower than last month. The diagram below demonstrates when staffing was met or did not meet the acuity. This indicator is recorded prior to any actions taken. Despite a number of mitigations, the minimum safe staffing levels were not maintained on all shifts throughout July; 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.

No. of occasions per week: staffing met acuity (green) / was less than acuity (amber/red) plotted against the actual number of times scheduled data was recorded



Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc G

From the information available the acuity was met in 42% (a decrease of 18% from previous month) of the time and recorded at 58% 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 (55% to mitigate the risk. This is a slight decrease on the previous month. Also to note when staff are unable to take their allocated breaks which has increased in month (24%) and there were 2 reports of staff staying beyond their shift.

The on call midwives and/or the continuity teams were required to support the inpatient service on 13 occasions and managers and matrons were available to provide support on 2 occasions.

### Number & % of Management Actions Taken

From 01/07/2022 to 31/07/2022

	<b>MA1</b> Redeploy staff internally	32	40%
	<b>MA2</b> Redeploy staff from community	12	15%
	<b>MA3</b> Redeploy staff from training	0	0%
	<b>MA4</b> Staff unable to take allocated breaks	19	24%
	<b>MA5</b> Staff stayed beyond rostered hours	2	3%
	<b>MA6</b> Specialist midwife working clinically	0	0%
	<b>MA7</b> Manager/Matron working clinically	2	3%
	<b>MA8</b> Staff sourced from bank/agency	4	5%
	<b>MA9</b> Utilise on call midwife	1	1%

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

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

The labour ward coordinator was not supernumerary 100% of the time; it was reported that there were 20 events across the month (10 in June, 3 in May) when this was not maintained. This is a concerning rise in red flags and the matron is currently in discussion with the team to ensure that the reporting is correct and if so how to ensure management actions are taken to avoid this occurring in the future.

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc G

There were no reports when 1:1 care in labour was not provided. Delays in the IOL pathway continued during July and there was a small reduction in the number of other delayed clinical activity with no report of associated harm.

### Number & % of Red Flags Recorded

From 01/07/2022 to 31/07/2022

RF1	Delayed or cancelled time critical activity	0	0%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	1	3%
RF4	Delay in providing pain relief	1	3%
RF5	Delay between presentation and triage	1	3%
RF6	Full clinical examination not carried out when presenting in labour	1	3%
RF7	Delay between admission for induction and beginning of process	10	29%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator is not supernumerary	20	59%

### Antenatal & Postnatal Wards

The data remains incomplete for the antenatal and postnatal ward. Based on this rate of completion the data is not reliable and therefore cannot be included in the report. Previously agreed actions have seen no improvement.

### Staffing incidents

There were twelve staffing incidents reported in July via Datix and no harm was recorded. There continues to be a noticeable decrease in reported staffing incidents as these are now captured in the acuity tool. It is noted that any reduction in available staff results in increased stress and anxiety for the team and the staff have continued to report reduced job satisfaction and concern about staffing levels, burnout and staff health and well – being.

Staff drop in events have continued throughout July to offer support to staff and to update staff on the current challenges in maternity services.

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc G

### **Medication Incidents**

There were seven medication incidents in July:

- Out of date medication
- Delay in administration
- Dose limit exceeded
- Medication discarded incorrectly

### **Unify Data**

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

	Day RM %	Day HCA %	Night RM %	Night HCA %
Continuity of Carer	100	-	-	-
Community Midwifery	72	-	-	-
Antenatal Ward	78	69	91	79
Delivery Suite	82	56	72	83
Postnatal Ward	86	73	89	68
Meadow Birth Centre	54	67	61	61

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

The ratio in July was 1:25 (in post) and 1:22 (funded). This is higher than the agreed midwife to birth ratio as outlined in Birthrate Plus Audit, 2022 (1:24).

### **Daily staff safety huddle**

Daily staffing huddles are completed each morning within the maternity department. This huddle is attended by the multi professional team and includes the unit bleep holder, Midwife in charge and the consultant on call for that day. If there are any staffing concerns the unit bleep holder will arrange additional huddles that are attended by the Director of Midwifery. A number of additional huddles were completed in July and attended by the divisional management team.

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

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc G

### **Maternity SitRep**

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

The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing. Further work on the Sitrep is ongoing 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 meetings are now held weekly. The national COVID SitRep continues to be completed each fortnight and there has been cause to report that safe staffing levels have not been maintained (without mitigation) throughout July.

### **Vacancy**

There remain 24 unfilled midwifery posts – vacancy rate of 10%. 14WTE posts have been offered to students who qualify in September.

### **Sickness**

Sickness absence rates were reported at 8.4% in month. There is no change from the previous month.

The following actions remain in place:

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

### **Turnover**

The rolling turnover remains below the Trust target at 17.3%.

It has been noted that the turnover rates in our community and continuity teams were high with 21 leavers from April 2021 – April 2022. A deep dive into reasons for leaving are presented below:



Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc G

Reason for leaving	No. of midwives
Retired	7
Left the NHS	6
Caring for a relative	1
Joined a CoC team in a neighbouring Trust	1
Joined a homebirth team in a neighbouring Trust	1
Promotion	1
Returned to previous Trust	2
Unknown	2

#### ***Actions throughout this period:***

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed meeting twice per day
- Non - clinical staff redeployed to clinical rota as required
- Agency staff block booked to support across summer months
- Sitrep report completed three times per day
- Daily COO meeting
- 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 July for midwives.
- Weekly 'drop - in' sessions led by the DoM continued in month.

#### **Conclusion**

The activity was high in July (433 births) and there was a further decrease in the % of time that acuity was met on delivery suite. To maintain safety staff were deployed to areas with the highest acuity; minimum safe staffing levels were not achieved on all shifts and the escalation policy was utilised alongside professional judgment to maintain safety.

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

There were reported delays in care but the number of reports and an increase in the times the shift leader was not supernumary was noted.

Sickness absence rates have been reported at 8.4%. It is noted this remains above the Trust target; ongoing actions are in place to support ward managers and matrons to manage sickness effectively.



Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc G

The rolling turnover rate is at 17.3% and the vacancy rate is now 10%. Forteen posts have been offered and further recruitment is expected in Q3.

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.

The suggested level of assurance for July is 4. This reduction is due to the increased vacancy rate despite positive recruitment in Q1. There has been an increase in red flag reporting.

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, a reduction in turnover and vacancy rates.

#### Recommendations

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

#### Appendices

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc H

### Scheme of Delegation - updated

For approval:	X	For discussion:		For assurance:		To note:	
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<b>Accountable Director</b>	Neil Cook – Chief Finance Officer (Designate)		
<b>Presented by</b>	Neil Cook – Chief Finance Officer (Designate)	<b>Author /s</b>	Lynne Walden – Head of Financial Services Charlotte Ogden – Deputy Financial Accountant

### Alignment to the Trust's strategic objectives

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

Committee/Group	Date	Outcome
Audit & Assurance Committee	16 August 2022	Approved

<b>Recommendations</b>	<p>The Audit and Assurance Committee approved the revised Scheme of Delegation (SoD) as at July 2022.</p> <p>Please note there have been no amendments to the Standing Financial Instructions.</p> <p>The Board is requested to give approval for the updated Scheme of Delegation</p> <ul style="list-style-type: none"> <li>• subject to endorsement of section 16 – Expenditure for Charitable and Donated Funds – by the Charitable Funds Committee</li> <li>• Approve the changes to section 7 and 27 of the SoD</li> <li>• Standing Financial Instructions to be cascaded to all Directorate/Divisional Budget Managers and Budget Holders prior to the changes being presented to Trust Board in September 2022.</li> </ul>
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<b>Executive summary</b>	The purpose of this paper is to provide the Board with the updated Scheme of Delegation (SoD).
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Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc H

Risk												
Which key red risks does this report address?												
What BAF risk does this report address?												
BAF Risk 7 - <i>If we fail to address the drivers of the underlying deficit then we will not achieve financial sustainability (as measured through achievement as a minimum of the structural level of deficit) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures.</i>												
Assurance Level (x)	0	1	2	3	4	5	6	7	N/A	x		
Financial Risk	As noted above – BAF 7											
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												

Introduction/Background
<p>The purpose of this paper is to provide the Board with the updated Scheme of Delegation (SoD).</p> <p>The Standing Financial Instructions (SFI) and SoD were reviewed and updated in July 2021. They were published on the Trust Intranet where all Budget Holders and Budget Mangers were asked to review and confirm (via the Voting Button on Outlook email) to evidence that they have been received.</p> <p>The SoD and the SFI's are reviewed annually and amended as required.</p>

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc H

## Issues and options

The SoD have been reviewed and updated in June 2022. Once approved, the intention is to publish them on the Trust Intranet with appropriate communications to all staff, including all Budget Holders and Budget Managers.

Budget Holders and Budget Managers will be asked to review and confirm (via the Voting Button on Outlook email) to evidence that they have been received and understood the SoD and SFI's. It is proposed to communicate this in July, prior to formal sign off from Trust Board in September 2022.

Attached is version 6 as at July 2021 with tracked amendments for ease of reference for the SoD, which is now named as July 2021 version 7. Also attached is a clean version for approval.

Areas of change are:

- Section 7 - Expenditure – Purchase Invoices and other Payments – Internal Finance Team Only – increase limits for the Deputy Head of Financial Services, Head of Financial Planning and Services and Deputy Director of Finance
- Section 16 – Expenditure – Charitable & Donated Funds – amendments to limits
- Section 27 – Non-Financial Matters – Authorisation of Research Projects – additional signatory for delegated authority and additional comments
- Section 27 – Non-Financial Matters – Authorisation of Clinical Trials – amendment to signatory for delegated authority and additional comments
- Section 27 – Non-Financial Matters – Authorisation of Confidentiality Non-Disclosure Agreement – new section
- Section 27 – Non-Financial Matters – Research Contracts – Model Contracts – new section
- Section 27 – Non-Financial Matters – Research Contracts – Non-Model Contracts – new section

Please note that page numbers have not been changed on the tracked changes appendix attached.

## Conclusion

The SFI's and SoD is an integral part of the financial governance of the Organisation and as such it is important that they are regularly reviewed, and where necessary strengthened or clarified. The amendments proposed in this review have been identified through internal review, and the outputs of audit work.

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc H

#### Recommendations

The Audit and Assurance Committee approved the revised Scheme of Delegation (SoD) as at July 2022.

Please note there have been no amendments to the Standing Financial Instructions.

Trust Board is requested to give approval for the updated Scheme of Delegation

- subject to endorsement of section 16 – Expenditure for Charitable and Donated Funds – by the Charitable Funds Committee
- Approve the changes to section 7 and 27 of the SoD
- Standing Financial Instructions to be cascaded to all Directorate/Divisional Budget Managers and Budget Holders prior to the changes being presented to Trust Board in September 2022.

#### Appendices

Scheme of Delegation – July 2021 v7 with tracked changes  
 Scheme of Delegation – July 2021 v7 Final Version

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc I

## Audit and Assurance Committee Report

For approval:		For discussion:		For assurance:	X	To note:	
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<b>Accountable Director</b>	Colin Horwath, Audit and Assurance Committee Chair		
<b>Presented by</b>	Colin Horwath, Committee Chair	<b>Author /s</b>	Jo Wells, Deputy Company Secretary

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

Report previously reviewed by		
Committee/Group	Date	Outcome

<b>Recommendations</b>	The Board is requested to: 1. Note the report for assurance
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<b>Executive summary</b>	<p>This report summarises the business of the Audit and Assurance Committee at its meeting held on 16 August 2022.</p> <p>The following key points are escalated to the Board's attention:</p> <ol style="list-style-type: none"> <li><b>1. External Audit Value for Money Report</b> Committee received an update regarding Value for Money, advising that a draft report would be reviewed by External Audit Moderation prior to sharing with Executive Directors for views and comments.</li> <li><b>2. Internal Audit Progress Report: ToR Financial Sustainability</b> Committee received a progress update regarding financial sustainability requirements and timetable. The Trust are required to complete a self-assessment followed by TME approval prior to an audit review of 12 specific questions outlined by NHSI/E</li> <li><b>3. Debt Write Off</b> Committee approved £38k of debt write off.</li> <li><b>4. Debtors and Creditors</b> Committee received an update noting that the debtors balance was reported at £778k and creditors reported as £451k.</li> </ol>
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Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc I

### 5. Clinical Negligence Claims Annual Report 2021/22

Committee reviewed the Annual Report and were assured that processes were in place, claims addressed appropriately and that lessons were being learned.

### 6. Scheme of Delegation

Committee received an annual update and noted the changes prior to approval at Trust Board.

### 7. Gifts & Hospitality Register, Register of Interests & Trust Seal

Committee received all three reports for information and noting. It was noted there was a significant increase of compliance of the Register of Interests.

#### Risk

Which key red risks does this report address?

What BAF risk does this report address?

All – Committee's work cross cuts all underpinning BAF risks

Assurance Level (x)

0 1 2 3 4 5 X 6 7 N/A

Financial Risk

None directly arising as a result of this report

#### Action

Is there an action plan in place to deliver the desired improvement outcomes?

Y N N/A X

Are the actions identified starting to or are delivering the desired outcomes?

Y N

If no has the action plan been revised/ enhanced

Y N

Timescales to achieve next level of assurance



Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc J

### 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>	Jo Wells, Deputy Company Secretary

### Alignment to the Trust's strategic objectives (x)

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

Committee/Group	Date	Outcome

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

**Executive summary** This report gives a summary of the items that were for discussion at the Trust Management Executive (TME) scheduled for 22<sup>nd</sup> June and 20<sup>th</sup> July 2022. The meeting on 22<sup>nd</sup> June was stood down due to level 4 operational pressures. The Chief Executive and Chief Operating Officer reviewed the items and either deferred to the next meeting or progressed to Committee for review. Members will see that there is a clear line of sight between the Board, Committees and TME.

### Risk

Risk	Which key red risks does this report address?			What BAF risk does this report address?		All						
Assurance Level (x)		0	1	2	3	4	5	6	7	N/A	X	
Financial Risk		N/A										
Action												
Is there an action plan in place to deliver the desired improvement outcomes?							Y		N		N/A	X
Are the actions identified starting to or are delivering the desired outcomes?							Y		N			
If no has the action plan been revised/ enhanced							Y		N			
Timescales to achieve next level of assurance												

## Trust Management Executive Assurance Report – 22 June 2022 – Meeting stood down due to Level 4 operational pressures

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

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

The following items were escalated to Board

Item	Rationale for escalation	Action required by Trust Board
Infection Prevention & Control Annual Report	For approval by QGC	For approval
Safeguarding Annual Report	For approval by QGC	For approval
Enforcement Undertakings	For approval by QGC	For approval at Private Trust Board

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

Item	Level of Assurance	Change	BAF Risk	Decision
2022/23 Annual Plan Resubmission	Level 4	N/A	7, 8, 9, 11, 14, 18, 19	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
Safeguarding Annual Report	Level 6	N/A		Noted and progressed to QGC
IPC Annual Report	Level 6	N/A	3	Noted and progressed to QGC
Harm Review Report	Level 6	N/A	18	Noted and progressed to QGC
Finance Report: Month 2	Level 3, 4, 6	Maintained	7	Noted and progressed to F&P
VFC: Workforce / E&F	Level 5 / 3		9 / 7 & 8	Noted and progressed to F&P
Robot Assisted Surgery	Level 4	N/A	7 & 8	Noted and progressed to F&P

## Trust Management Executive Assurance Report – 22 June 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	Maintained	9	Noted and progressed to P&C
Enforcement Undertakings		N/A	4, 11, 18, 19, 20	Noted and progressed to QGC
Clinical Governance Group Report	Level 5	N/A		Noted
IGSG Report	Level 6	Maintained	8, 10, 11, 13	Noted
Volunteering Business Case				Deferred to next TME
Psychology Business Case				Deferred to next TME
Location by Vocation				Deferred to CETM
Policy Approval				Deferred to next TME
Veteran's Healthcare Alliance				Deferred to next TME
Elective Recovery Funding Bid				Deferred to next TME
IGSG Reports				Noted

## Trust Management Executive Assurance Report – 20 July 2022

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

### The following items were escalated to Board

Item	Rationale for escalation	Action required by Trust Board
Quality and Patient Safety Strategy	For approval by QGC	For approval
Psychology Business Case	For approval at F&P	Noting approval
Theatres Plus – Outline Business Case	For approval at F&P	For approval

### The following items were reviewed by TME and progressed to committee as below.

Item	Level of Assurance	Change	BAF Risk	Decision
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
PALS Review Report		N/A		Approved and progressed to QGC
Health & Safety Progress Update	Level 4	Maintained	4	Noted and progressed to QGC
Externally funded Capital Schemes Interdependencies	Level 6	N/A		Noted and progressed to F&P
Finance Report: Month 3	Level 3, 4, 6	Maintained	7, 8	Noted and progressed to F&P
Location by Vocation Update	Level 4	Maintained	9, 14	Noted
People & Culture Priorities	Level 5	Maintained		Noted and progressed to P&C
NHSI/E Commissioned overview of Obstetrics (Kennedy Report)		N/A		Noted and progressed to QGC and Private Board

## Trust Management Executive Assurance Report – 20 July 2022

Continued...

Item	Level of Assurance	Change	BAF Risk	Decision
Nurse Staffing	Level 6	Increased from 5	9	Noted and progressed to P&C
Midwifery Staffing	Level 4	Decreased from 5	9	Noted and progressed to P&C
Integrated People & Culture Report	Level 5	N/A	9, 10, 14, 15	Noted and progressed to P&C
7 Priority EDI Plan	Level 5	Maintained		Noted and progressed to P&C
IGSG Report	Level 6	Maintained	8, 10, 11, 13	Noted
Xerox Legacy Records Contract Update	N/A	N/A		Noted and progressed to F&P