Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks)	Chief Operating Officer	**92%**	49.0%	49.6%	48.6%	50.3%	50.5%	53.2%	56.3%	55.6%	56.6%	56.0%	54.3%	54.8%	55.9%	34,714	62,118			58.3%	Apr-24				
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		66,623	64,956	62,700	61,008	59,842	58,046	58,058	59,242	59,900	61,458	61,753	61,740	62,118					7,570,000					
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	6,256	5,515	5,328	5,152	4,399	3,593	3,194	2,968	2,746	2,672	2,536	2,204	2,089					302,589					
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1,785	1,419	1,396	1,534	1,404	1,211	1,064	1,048	891	766	587	472	464					50,397					
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	138	22	43	61	88	100	119	125	109	68	27	13	14					5,013					
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	0	3	3	4	3	3	1	0	0	0	0	0	0					275					
	GP Referrals (electronic referrals ONLY. Includes RAS even if rejected)	Chief Operating Officer	**2019/20**	8,896	9,603	8,910	8,878	8,670	8,873	8,970	7,206	9,156	9,374	8,711	9,438	9,492										
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	**2019/20**	109%	121%	104%	110%	113%	126%	124%	107%	110%	120%	136%	116%	110%	18,376	16,637	113%							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	114%	109%	107%	101%	109%	113%	111%	98%	105%	104%	103%	105%	86%	18,376	21,245	95%							
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	102%	113%	94%	111%	103%	117%	113%	102%	104%	116%	123%	108%	103%	55,429	53,981	105%							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	116%	109%	107%	103%	108%	111%	113%	103%	111%	111%	107%	117%	96%	55,429	57,648	106%							
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	94%	103%	90%	106%	96%	95%	100%	101%	105%	107%	129%	110%	105%	7,583	7,250	107%							
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	100%	95%	89%	95%	91%	94%	101%	99%	101%	102%	104%	94%	98%	7,583	7,716	96%							
	BADS Daycase rates (3 months to month end)	Chief Operating Officer	**Actual**	83%	84%	85%	85%	85%	85%	85%	87%	88%	87%	-	-	-	4,532	5,183	-		81%	Dec				
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	**85%**	84%	84%	84%	83%	82%	81%	84%	81%	82%	81%	82%	82%	83%			82%		78%	February				
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	**85%**	88%	87%	87%	87%	85%	84%	88%	84%	84%	83%	85%	84%	86%			85%		82%					
	Cancelled Operations on day of Surgery for non clinical reasons (hospital attributable)	Chief Operating Officer	-	75	127	92	99	115	88	118	83	92	76	75	66	84			150		21,053	Q4 23-24				
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**Plan**	109.3%	104.9%	107.1%	105.2%	101.5%	108.5%	109.4%	112.4%	117.0%	115.0%	117.6%	115.2%	119.4%	7,453	6,244	117%							
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**Plan**	109.1%	96.9%	94.7%	100.1%	79.7%	89.4%	104.2%	91.3%	92.0%	96.0%	84.5%	115.9%	111.6%	1,459	1,307	114%							
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**Plan**	88.7%	85.4%	86.1%	87.7%	86.1%	89.3%	91.9%	102.6%	97.0%	86.0%	89.3%	99.6%	104.7%	2,384	2,276	102%							
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	**<15%**	16.8%	17.4%	18.3%	18.9%	22.5%	14.2%	15.8%	18.4%	25.2%	19.5%	25.8%	27.4%	29.7%	3,809	12,841			23.0%	Apr				
Maternity	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**90%**	84%	81%	84%	85%	88%	84%	85%	86%	87%	88%	87%	83%	88%	345	394	85%							
	Caesarean section rate for Robson Group 1 women (rolling 6 month)	Chief Medical Officer	**TBC**	4.3%	5.0%	5.0%	5.1%	5.8%	5.6%	5.1%	4.4%	4.4%	4.4%	4.7%	-	-										
	Caesarean section rate for Robson Group 2 women (rolling 6 month)	Chief Medical Officer	**TBC**	53.9%	54.7%	55.8%	56.8%	58.2%	59.2%	59.6%	60.0%	59.5%	59.6%	59.2%	-	-										
	Caesarean section rate for Robson Group 5 women (rolling 6 month)	Chief Medical Officer	**TBC**	82.2%	82.3%	82.3%	82.3%	81.9%	81.9%	82.4%	81.7%	81.4%	81.3%	81.8%	-	-										
	Maternity Activity (Deliveries)	Chief Nursing Officer		376	384	404	387	392	393	357	358	396	372	413	372	410			782							
Outpatient transformation	Missed outpatient appointments (DNAs) rate	Chief Operating Officer	**<4%**	5.5%	5.2%	5.5%	5.3%	5.5%	5.6%	5.8%	5.8%	5.5%	4.8%	5.0%	4.8%	5.2%	3,048	58,674	5%		6.6%	Mar				
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**90%**	90%	88%	88%	89%	89%	88%	89%	89%	90%	91%	91%	89%	90%	35740	39886	89%							
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	**v 2019/20**	99%	109%	90%	108%	99%	112%	109%	100%	101%	114%	118%	104%	99%	37,053	37,344	102%							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	**Plan**	117%	109%	106%	104%	107%	110%	114%	106%	114%	114%	110%	124%	102%	37,503	36,403	112%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**25%**	19%	18%	18%	18%	18%	18%	18%	18%	18%	18%	17%	16%	17%	9,829	58,493	17%		18%	Feb to Jan				
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer	-	10%	10%	8%	9%	5%	8%	8%	7%	9%	9%	7%	7%	8%	32	410	7.5%							

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**<92%**	95%	94%	95%	93%	95%	96%	96%	96%	97%	96%	96%	96%	96%	800	829	96%		95%	Apr			
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	59	41	57	51	52	70	65	63	75	102	82	69	67			136		4,732	Apr			
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**4.5**	7.4	7.6	7.1	7.7	7.3	7.4	7.9	7.5	8.1	8.2	8.1	7.8	7.9	23361	2948	7.87		4.4	Feb to Jan			
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**2.5**	3.6	2.8	3.8	2.9	3.7	3.4	3.4	3.5	3.0	3.7	3.2	3.3	3.1	1509	490	3.18		3.1				
	Medically fit for discharge - Acute	Chief Operating Officer	**5%**	13%	12%	13%	10%	12%	16%	15%	15%	14%	14%	12%	12%	13%	104	781	12.7%		23.1%	Dec			
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**5%**	5.9%	6.1%	6.0%	6.2%	7.3%	6.5%	6.6%	7.2%	7.1%	7.9%	8.5%	7.5%	8.2%	1074	13033	7.8%		7.5%	Jan to Dec			
	Mortality SHMI - Rolling 12 months (new methodology introduced Dec-23 onwards)	Chief Medical Officer	**100**	103.8	104.2	103.5	102.9	104.3	103.9	104.5	105.8	-	-	-	-	-				As expected					
	Never Events	Chief Nursing Officer	**0**	0	1	2	0	0	0	0	0	0	0	0	0	0			0						
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	0	1	1	0	0	0	0	0	1	1	0	0			0						
	MSSA Bacteraemia	Chief Nursing Officer	**17**	6	3	3	5	2	0	4	5	2	4	2	5	10			15						
	Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	**78**	9	15	9	15	10	7	14	8	8	15	9	11	10			21						
	Number of falls with moderate harm and above	Chief Nursing Officer		2	3	3	3	5	6	3	1	4	2	5	3	6			9						
	Serious Incidents	Chief Nursing Officer	**Actual**	10	9	10	15	4	1	0	0	2	1	0	1	1			2						
	VTE Risk Assessments	Chief Medical Officer	**95%**	92.9%	93.4%	93.5%	93.5%	92.7%	92.4%	93.6%	91.0%	93.3%	93.0%	92.2%	93.2%	96.3%	12436	12916	95%						
	WHO Checklist	Chief Medical Officer	**100%**	99%	97.7%	98%	98%	96.1%	97%	97%	98%	98%	97%	98%	98%	98%	11850	12090	98%						
	Stroke: % of high risk TIA patients seen within 24 hours	Chief Medical Officer	**60%**	94%	80%	82%	87%	76%	86%	85%	86%	83%	61%	66%	45%	62%	59	95	53%						
	Stroke: % of patients meeting thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	**90%**	56%	90%	88%	44%	45%	67%	50%	50%	50%	75%	75%	33%	57%	4	7	46%						
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	**80%**	64%	70%	75%	74%	74%	79%	70%	81%	77%	75%	82%	78%	69%	44	64	73%						
	Number of complaints	Chief Nursing Officer	**2022/23 (747)**	52	48	60	64	71	63	71	51	88	77	75	80	64			144						
	Number of complaints referred to, and investigated by, Ombudsman	Chief Nursing Officer	**0**	0	1	0	0	0	1	0	0	0	0	0	0	0			0						
	Complaints resolved within policy timeframe	Chief Nursing Officer	**85%**	60%	63%	70%	76%	64%	44%	42%	62%	63%	82%	69%	48%	66%	44	66	58%						
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	**95%**	89%	89%	91%	90%	87%	86%	87%	84%	74%	71%	77%	76%	74%	2013	2704	75%		79%				
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	**95%**	97%	97%	97%	97%	96%	97%	98%	96%	94%	93%	94%	94%	94%	1312	1602	94%		95%	Apr-24			
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	**95%**	100%	100%	86%	84%	89%	94%	70%	94%	33%	94%	100%	100%	96%	358	374	96%		93%				
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**25%**	21%	23%	22%	25%	22%	17%	21%	14%	23%	23%	23%	22%	23%	2704	11820	22%						
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**30%**	38%	41%	40%	39%	35%	30%	36%	25%	35%	37%	37%	35%	37%	4602	12441	37%						
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**30%**	0%	1%	2%	5%	2%	3%	6%	12%	1%	9%	1%	3%	5%	31	624	4.0%						

People		Responsible Director	Standard	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Latest Month Numerator	Latest Month Denominator	Year to Date	Latest Available Monthly Position: Latest month v benchmark	Latest Available Monthly Position: National or Regional	SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	**6%**	9.5%	11.1%	9.3%	10.2%	9.8%	9.4%	9.7%	8.5%	9.6%	8.4%	8.8%	8.6%	9.0%			8.8%					
	Appraisals - Non-medical	Chief People Officer	**90%**	81.0%	80.0%	80.0%	78.4%	81.0%	79.0%	79.0%	80.0%	79.0%	79.0%	79.0%	79.0%	80.0%	4,451	5,563	79.5%					
	Appraisals - Medical	Chief People Officer	**90%**	93.0%	90.0%	91.0%	91.0%	91.0%	92.0%	94.0%	96.0%	93.0%	93.0%	93.0%	94.0%	96.0%	516	537	95.0%					
	Mandatory Training	Chief People Officer	**90%**	90%	90%	90%	89%	88%	88%	88%	88%	90%	90%	91.0%	91.0%	91.0%	75,876	83,560	91.0%					
	Overall Sickness	Chief People Officer	**4$%**	5.5%	5.3%	5.5%	5.6%	5.7%	6.2%	6.0%	6.3%	6.3%	5.9%	5.8%	5.9%	5.6%	11,424	205,213	5.7%					
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	**11.5%**	12%	12%	12%	12%	12%	11%	11%	11%	11%	11%	11%	11%	11%	630	5,801	11.0%					
	Vacancy Rate	Chief People Officer	**7.5%**	13%	12%	12%	11%	10%	9%	8%	8%	8%	7%	7%	10%	9%	682	6,633	9.5%					

Finance and Use of Resources		Responsible Director	Standard	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Latest Month Numerator	Latest Month Denominator	Year to Date	Latest Available Monthly Position: Latest month v benchmark	Latest Available Monthly Position: National or Regional	SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	**≥0**	-£382	-£2,873	-£2,962	-£2,672	-£201	-£2,331	£2,279	-£4,897	-£5,562	-£4,361	-£3,361	-£7,799	-£4,672			-£12,471					
	I&E - Margin (%)	Chief Finance Officer	**≥0%**	-0.7%	-5.0%	-5.3%	-4.6%	-0.3%	-4.1%	3.7%	-8.7%	-9.8%	-7.5%	-4.7%	-14.0%	-7.8%			-10.8%					
	I&E - Variance from plan (£k)	Chief Finance Officer	**≥0**	£1,516	-£1,342	-£1,709	-£1,816	£863	-£3,822	£528	-£5,177	-£7,277	-£6,677	-£4,954	-£6,262	£6,397			£135					
	I&E - Variance from Plan (%)	Chief Finance Officer	**≥0%**	497.0%	53.0%	42.0%	32.0%	529.0%	-64.0%	77.0%	-6.0%	-31.0%	-53.0%	-47.0%	-71.4%	166.8%			1.1%					
	CPIP - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£262	-£159	-£891	-£1,082	-£1,145	-£2,603	-£1,772	-£2,195	-£2,510	-£2,741	-£1,323	-£643	-£193			-£836					
	Agency - expenditure (£k)	Chief Finance Officer	**N/A**	-£3,128	-£3,862	-£3,112	-£3,717	-£3,456	-£3,272	-£3,581	-£3,049	-£3,505	-£3,098	-£3,158	£3,186	£3,406			£6,592					
	Agency - expenditure as % of total pay	Chief Finance Officer	**N/A**	9.5%	11.1%	9.3%	10.2%	9.8%	9.4%	9.7%	8.5%	9.6%	8.4%	8.0%	8.6%	9.0%			8.8%					
	Capital - Variance to plan (£k)	Chief Finance Officer	**≥0**	-£3,177	£92	-£3,269	£632	£2,138	-£2,607	-£2,467	£757	£401	-£925	£25,631	£0	£0			£0					
	Cash - Balance at end of month (£m)	Chief Finance Officer	**As Per Plan**	£7.593m	£17.093m	£11.021m	£5.121m	£4.723m	£7.736m	£1.019m	£1.303m	£7.862m	£20.333m	£11.384m	£1.125m	£1.712m			-					
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	**≥95%**	92.8%	88.5%	91.7%	86.1%	86.6%	80.0%	79.4%	88.2%	83.1%	88.5%	95.6%	95.1%	87.9%			-					
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	**≥95%**	93.8%	94.4%	96.3%	94.4%	91.3%	82.6%	78.6%	88.2%	85.9%	89.8%	93.3%	87.4%	89.3%			-					

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**23/07/2024**
Title of Report:	Perinatal Safety Report May 2024
Status of report:	**☒Approval ☐Position statement ☒Information ☒Discussion**
Report Approval Route:	Quality Governance Ctte
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Nursing Officer**
Author:	Justine Jeffery Director of Midwifery Amrat Mahal – Director of Nursing – Women & Children's Division Susie Smith – Maternity & Neonatal Governance Lead Lara Greenway – Matron Neonatal Services
Documents covered by this report:	• NHSE (2020) Perinatal Surveillance Model • NHSR Clinical Negligence Scheme for Trusts - Maternity Incentive Scheme

1. Purpose of the report

The purpose of the paper is to provide a monthly update on key maternity and neonatal safety initiatives which will support the Trust to achieve the national ambition. This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety.

The report will inform Trust Board and the LMNS Board of present or emerging safety concerns or activity being undertaken to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity services team as outlined in the NHSEI document '*Implementing a revised perinatal quality surveillance model'* (December 2020).

The report will also present the evidence required for the NHS Resolution, Clinical Negligence Scheme for Trusts (CNST) - Maternity Incentive Scheme

2. Recommendation(s)

Trust Board are invited to:

1. **Note** and **discuss** the content of the report,
2. Receive **Assurance** that our maternity and neonatal services are meeting the national requirements outlined in the documents covered by this report.

3. Chief Officer/Executive Director Opinion[1]

The CNO offers assurance to QGC and the Board that the maternity and neonatal services are meeting the national requirements outlined in the documents covered by this report.

Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

☐ *Focus on Flow*	☐ *Think/Act as a Lead Provider*
☒ *Governance*	☐ *Improve Staff Experience*
☐ *Home First Mindset*	☐ *Tertiary Partnerships*
☐ *4ward Improvement System*	☐ *Leadership and Structures*
☐ *Elective Care: No Delays*	☐ *Strategic 'Big Moves*

CQC Maternity Ratings 2020	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:
Worcester Acute Hospitals NHS Trust	Requires improvement	Requires Improvement	Good	Good	Requires improvement	Good
Maternity Safety Support Programme	Yes - Scott Johnston					

	2023											
	June	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**
1.Findings of review of all perinatal deaths using the real time data monitoring tool	√	√	√	√	√	√	√	√	√	√	√	√
2. Findings of review of all cases eligible for referral to HSIB	√	√	√	√	√	√	√	√	√	√	√	√
Report on: 2a. The number of incidents logged graded as moderate or above and what actions are being taken	√	√	√	√	√	√	√	√	√	√	√	√
2b. Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training	√	√	√	√	√	√	√	√	√	√	√	√
2c. Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively	√	√	√	√	√	√	√	√	√	√	√	√
3.Service User Voice Feedback	√	√	√	√	√	√	√	√	√	√	√	√
4.Staff feedback from frontline champion and walk-abouts	√	√	√	√	√	√	√	√	√	√	√	√
5.HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	√	√	√	√	√	√	√	√	√	√	√	√
6.Coroner Reg 28 made directly to Trust	√	√	√	√	√	√	√	√	√	√	√	√
7.Progress in achievement of CNST 10	√	√	√	√	√	√	√	√	√	√	√	√

8.Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment	Annual report
9.Proportion of speciality trainees in Obstetrics & Gynaecology responding with 'excellent' or 'good' on how they would rate the quality of clinical supervision out of hours	Annual report

1. Introduction/Background

The purpose of the report is to inform the WAHT Trust Board and the LMNS Board of present or emerging safety concerns or activity being undertaken to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity services team as outlined in the NHSEI document '*Implementing a revised perinatal quality surveillance model'* (December 2020). This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety and will provide monthly updates to the Local Maternity and Neonatal System (LMNS) via the LMNS Board. The key performance indicators for this month are presented below and RAG rated as appropriate:

Summary of Key Safety Indicators

Metrics	Target	Current position
Booking completed by 12+6	90%	87.6%
ATAIN	6%	4.5%
PMR (MBRRACE 2021)	<5.19 per 1000 births (rolling)	3.36
Stillbirth rate (MBRRACE 2021)	<3.54 per 1000 births (rolling)	2.10
NND rate (MBRRACE 2021)	<1.65 per 1000 births (rolling)	1.26
Maternity and Neonatal Moderate or above incidents	-	4
Maternity PALS	-	10
Neonatal PALS		0
Maternity Complaints	-	5
Neonatal Complaints		0

Summary of Key Workforce Performance Indicators

Metrics	Target	Current position
Sickness rate (MWs)	4%	5.47%↓
Turnover rate (rolling) (MWs)	11.5%	8.23%↑
Vacancy rate (MW)	7%	8%↔
Sickness rate (MSWs)	5.5%	10.86%↑
Turnover rate (rolling) (MSWs)	11.5%	15.93%↑
Vacancy rate (MSW)	7%	12%↓
Sickness rate (RNs)	4%	6.8%
Sickness rate (NNs)	4%	6.6%
Turnover rate (rolling) (RNs)	11.5%	4.06%
Turnover rate (rolling) (NNs)	11.5%	8.14%
Vacancy rate (RN)	7%	7.5%
Vacancy rate (NN)	7%	9.24%
Shifts staffed to BAPM	100%	96.77%
Supernumerary shift leader (NNU)	100%	100%
QIS trained	70%	60.5% ↑

Summary of Key Training Performance Indicators

Metrics	Target	Current position
PROMPT – Human Factors & Maternity Emergencies	90%	81% ↓
PROMPT – Neonatal Basic Life Support	90% (including Doctors and Neonatal Nurses)	84% ↓
Fetal monitoring	90%	94% ↑
Trust Mandatory training (non-medical)	90%	86%↑
Trust Mandatory training (Obstetricians)	90%	76% ↑
Maternity PDR rate	90%	62%↓
Neonatal PDR rate	90%	95.16% ↑
Trust Mandatory Training (non-medical)	90%	92.79%
Trust Mandatory Training (medical)	90%	86.88% ↑

2. KPI Booking by 12+6 weeks' gestation

The KPI for booking by 12+6 weeks' gestation has increased in month to 87.6% The work around single point of access is in progress and is progressing – an agreed implementation date is not confirmed as this is reliant on the enactment of the admin review.

3. Perinatal Mortality Rate (PMR)

The national average rates for stillbirth and neonatal rates, published by MBRRACE (2021 data) in Autumn 2023 have identified increases from previous years. The stillbirth rate is now 3.54 per 1000 births and for neonatal deaths, the rate is 1.65 per 1000 births; the newly updated figures for 2022 births are awaited.

The national extended perinatal mortality rate is 5.19 per 1000 births. Rates are adjusted for a variety of characteristics such as socio-economic deprivation, maternal age, ethnicity etc, which the figures below are not; these are the crude figures. It is important to note that neonatal deaths (up to 28 days' post birth) are counted at place of birth, rather than place of death. This includes for those babies diagnosed with congenital anomalies and complex cases requiring surgery at tertiary centres.

3.1 Local Rates

The rolling crude stillbirth rate for the Trust for the last 12 months is 2.10 per 1000 births which is below the national rate. The crude neonatal death rate remains 1.26 per 1000 births which is below the national rate.

It is always important to note that these figures will change when they are reviewed and adjusted by MBRRACE. Small in month variations (including an increase or decrease in the number of live births) can have a significant impact on the overall numbers and rate/trajectory.

The Trust board is required to have oversight of all deaths reviewed and consequent action plans. The quarterly perinatal mortality reports are discussed with the Trust Executive and Non- Executive Board level safety champions, and included in the Safety Champion agenda.

The Perinatal Mortality Rate for WAHT is presented below in *Figure 1*.

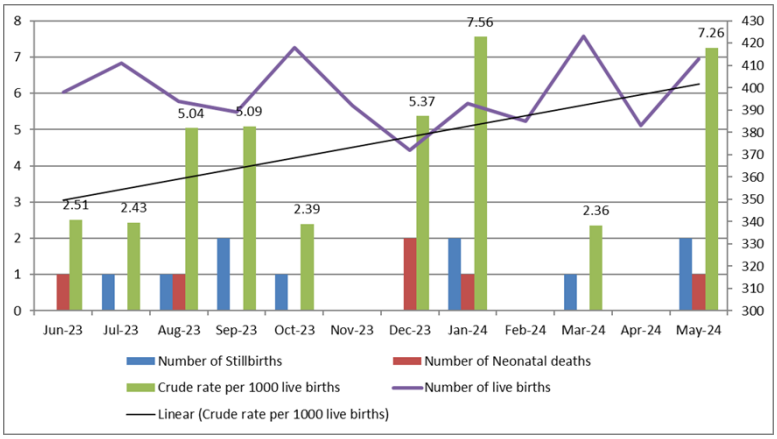


Figure 1. WAHT Perinatal Mortality Rates

The MBRRACE 2022 perinatal surveillance report for the Trust was received in March 2024; a detailed report was available in the Board papers last month and we await the national report in October 2024.

3.2 Annual data for stillbirths, neonatal deaths, maternal deaths and babies transferred for therapeutic cooling.

The table below presents the annual local data for stillbirths, neonatal deaths, maternal deaths and babies transferred for therapeutic hypothermia from 2018 and demonstrates that the PMR is consistently within the national average for the last 4 years; 2022 and 2023 figures are crude data. This table also reports term babies transferred for therapeutic hypothermia; it must be noted that not all referrals result in a diagnosis of Hypoxic-Ischaemic Encephalopathy (HIE).

Year	Births	Stillbirths		Neonatal deaths		Maternal deaths	Validated data by ONS & MBRRACE	Comparator group average rate	Term babies- therapeutic hypothermia/ HIE
		Count	Rate per 1000 births	Count	Rate per 1000 births				
2018	5248	17	3.40	6	1.14	0	YES – stabilised and adjusted		Not available
2019	5200	20	3.05	9	1.29	2	YES – stabilised and adjusted		6
2020	4941	17	3.25	7	1.18	2	YES – stabilised and adjusted		4
2021	4996	16	3.26	6	1.09	1	YES – stabilised and adjusted		4
2022	4843	17	3.21	5	1.12	1	YES – stabilised and adjusted		4
2023	4781	10	2.09*	10	2.09*	0	NO		3 (1 also NND)
2024	1997	5	2.50**	2	1.00**	0	NO		2

*crude rate ** year to date

Key:

Rate suppressed due to small numbers
Rate over 15% lower than comparator group average
Rate 5 to 15% lower than comparator group average
Rate within 5% of comparator group average
Rate over 5% higher than comparator group average

3.3 Perinatal Mortality Summary for May 2024.

There were two stillbirths and one neonatal death in May 2024; further details will be included in the Perinatal Incident report submitted to Private Trust Board.

4. Maternity and Neonatal Safety Investigations (MNSI formerly known as HSIB) and Maternity Serious Incidents (SIs)

4.1 Background

The National Maternity Safety Ambition, initially launched in November 2015, aims to halve the rates of stillbirths, neonatal and maternal deaths, and brain injuries that occur soon after birth, by 2025. All cases which meet the following defined criteria are reported to MNSI (Appendix 1) and are reported in detail to the Board alongside all maternity Serious Incidents:

All term babies (at least 37 completed weeks of gestation) born following labour who have one of the following outcomes:

Maternal Deaths: Direct or indirect maternal deaths of women while pregnant or within 42 days of the end of pregnancy

Intrapartum stillbirth: where the baby was thought to be alive at the start of labour but was born with no signs of life.

Early neonatal death: when the baby died within the first week of life (0-6 days) of any cause.

Severe brain injury diagnosed in the first seven days of life, when the baby:

- *Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE) or*
- *Was therapeutically cooled (active cooling only) or*
- *Had decreased central tone and was comatose and had seizures of any kind*

HSIB became Maternity and Neonatal Safety Investigations in October 2023. They are now hosted by the CQC. Their remit and current processes are the same at present however there are some changes to current practices.

Current MNSI cases:
A summary of the current MNSI cases is below; one case was referred in May 2024:

MNSI reference	Date of case	DOC completed	Stage of investigation
MI034704	October 2023	Yes	Draft report received and comments returned to MNSI
MI036534	November 2023	Yes	Final report received – action plan generated
MI036675	January 2024	Yes	Draft report received and out for comments
MI036767	January 2024	Yes	Investigation underway
MI037218	April 2024	Yes	Investigation underway
MI037490	May 2024	Yes	Parental consent gained – MNSI informed

MNSI Quality Review Meetings

The Trust continues to undertake a pilot with MNSI for improving the process of working with the Trust; the Governance Lead and the Link Investigator meet every 2 weeks to share any issues/concerns/updates, and the DOM and MNSI Team Leader meet once a month to discuss emerging themes, trends and safety concerns. This continues to be working well so far and will be evaluated in due course.

5. Incidents reported moderate or above in Maternity and Neonates in May 2024.

There were 4 incidents reported in May 2024; one of which has been referred to MNSI as above. Additional detail will be presented in the Perinatal Incident Report at Private Board.

6. Maternity and Neonatal Training Compliance

The maternity and neonatal teams have individualised role-specific training but there is some MDT cross over training, in particular in regard to neonatal resuscitation.

Course	Staff Group	Compliance	Comments
Maternity Mandatory Training – (3 yearly)	Midwives	70% ↑	
Maternity Mandatory Training – (3 yearly)	MSW/MCA	66% ↑	
Annual Saving Babies Lives training	Midwives	90% ↑	
Annual Saving Babies Lives training	MCA/MSW	56% ↔	
Annual Saving Babies Lives training	Obstetricians	62% ↓	
Annual fetal monitoring training	Midwives	94% ↑	Now a f2f study day
Annual fetal monitoring training	Obstetricians (all on rota)	94% ↑	Now a f2f study day
PROMPT training (Human Factors/MDT Obstetric Emergency	Midwives	94% ↓	
PROMPT training (Human Factors/MDT Obstetric Emergency	MSW's	81% ↓	
PROMPT training (Human Factors/MDT Obstetric Emergency	Obstetricians (all on rota)	74% ↓	
PROMPT training (Human Factors/MDT Obstetric Emergency	Anaesthetists (all on rota)	76% ↓	
Neonatal Life Support	Midwives	94% ↓	
Neonatal Life Support (NLS 4yearly)	Neonatal Nurses	100% ↔	
Neonatal Life Support (NLS 4yearly)	Neonatal Drs	95% ↑	

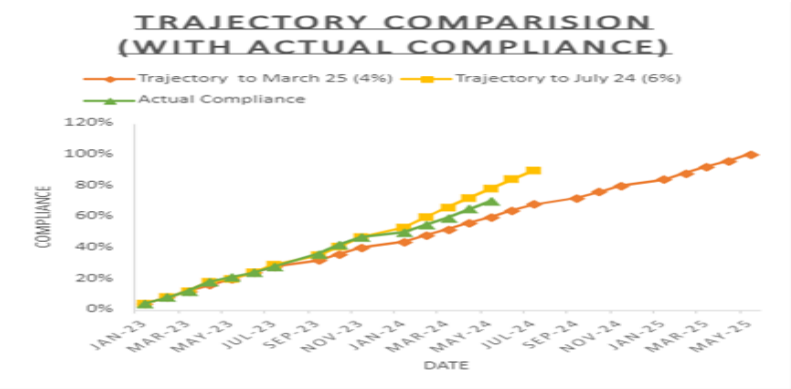
Neonatal Resuscitation Update (annual)	Neonatal Nurses	81% ↓	Update sessions included on Neonatal Study Day which all staff do annually. Timing of the days and expiry dates do not always line up.
Neonatal Resuscitation Update (annual)	Neonatal Drs	91% ↑	
Trust Mandatory Training	Obstetricians	76%↑	
Trust Mandatory Training	Midwifery Staff	86%↑	
Trust Mandatory Training	Neonatal Nurses	93%	
Trust Mandatory Training	Neonatal Drs	87% ↑	

Figure 2. Training Compliance

Maternity specific training:

The expected trajectories for compliance to meet the Core Competency framework V2 are presented below, however in year 6 MIS there is no compliance target, just an expectation that Trust's continue to work towards this. It is anticipated that the Trust will be able to evidence 83% compliance by July 2024 but thus far this has been affected by staff members not being able to attend due to sickness and requirement to cover ward areas to ensure safe staffing.

The support worker figures have affected due to many new starters and the bookings have had to be spread out evening over the year so most of the new starters are non-compliant, but this will pick up again.



We are now above 90% compliance for fetal monitoring training; this is now a face to face study day.

Neonatal training:

Mandatory training compliance for medical staff has improved on the previous month but remains an issue as they are employed under different training programmes and currently their training compliance is not transferrable. The directorate team continues to work with line managers to improve their position. Junior doctors change on the first Wednesday of August/December/April (GP/FY1 & 2), and the first Wednesday of September/February (Paediatrics) - every year. Doctors training has increased to 87% in May compared to 80% in April. Neonatal nurses have achieved 93% compliance. All rotation doctors receive an annual neonatal resuscitation update at induction or within 3 months of starting. Nurses receive their annual NLS update by attending an annual Neonatal study day.

7. Safe staffing

7.1 Midwifery

Safe midwifery staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus acuity tools

- Monitoring the midwife to birth ratio
- Unify data
- Monitoring staffing red flags as recommended by NICE guidance NG4 ‘Safe Midwifery Staffing for Maternity Settings’
- 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 (Appendix 2)

There were 413 births in May. The escalation policy was enacted on 24 occasions to reallocate staff was required – this is a significant increase on previous months. The community and continuity teams were asked to support on seven occasion.

The vacancy rate has remained static for midwives and reduce for MCAs – there are additional midwifery staff commencing in October 2024.The rolling turnover rate for midwives remains below Trust target further however for non-registered staff remains high but is reducing. Sickness absence rates for midwives decreased in month with a slight increase for support staff.

The supernumerary status of the shift leader and 1:1 care in labour was achieved in May.

The fill rates (actual) presented in the table below reflect the position of all areas of the maternity service. Again, the rates reported demonstrate some improvement in fill rates.

	Day RM %	Night RM %	Day MCA/MSW %	Night MCA/MSW %
Continuity of Carer	100%	100%	n/a	n/a
Community Midwifery	83%	n/a	n/a	n/a
Antenatal Ward/Triage	94%	94%	76%	95%
Delivery Suite	99%	99%	67%	93%
Postnatal Ward	85%	88%	81%	93%
Meadow Birth Centre	80%	72%	63%	81%

7.2 Obstetric Medical Staffing including Consultant attendance

Consultants

We have 22.75 WTE Consultants in post. The consultants at WRH work either a 1:10 Obstetric on call or a 1:20 on call depending on whether they are also on the Gynaecology on call rota. There are 8 consultants purely on the Obstetric on call rota and 6 who do both Obstetrics and Gynaecology. We currently have no vacancies but are in the process of trying to get approval for ATRs for 2 further Substantive Consultants due to external roles and the loss of clinical activity due to the increase to 2 SPAs.

With the rota structured as it is there is potential for our consultants not to fulfil the compensatory rest period as outlined by the RCOG. To address and monitor this we have an action plan in place which is presented in the CNST table as evidence for Safety action 4.

Registrars

The registrars work a 1:9 on call rota. We currently have 17.6 WTE in post (funded for 19.6 WTE), with 14.6 WTE on the on-call rota.

Our on-call vacancies are being filled internally and by locums. Unfortunately, in May a long-term locum had to leave due to a family bereavement.

We have a clinical fellow (planned to go up to the middle tier rota) currently working on the junior tier rota and a further 2 starting on the 2nd July. We also have an advert out for a Urogynaecology Clinical Fellow post and are looking at converting some of our Clinical Fellows onto permanent contracts.

We have submitted an application for a Urogynaecology Subspecialty Training post which will be a joint position with Leicester. If successful it is envisaged that they will commence at WAHT in August 2025.

Medical staffing is on our risk register.

Junior Grades

The junior tier works a 1:9 on call rota. We currently have 15.2 WTE (1 WTE is the Clinical Fellow who will move up to the middle tier rota), giving us a vacancy of 1.8 WTE

We have a Physicians Associate working 40hrs/wk.

We are looking at reducing our junior tier posts so that we can re-distribute the funding into our middle tier from August 2025.

Consultant Attendance

In May Consultant presence was achieved in 6 of the 8 cases (75%) mandated by the RCOG and Action 4 of CNST.

In the 2 cases where a consultant wasn't present:

- One was for a Caesarean Section (CS) for placenta praevia. The operating surgeon was an experienced Speciality Doctor and the Consultant was present on the Unit. The CS was uneventful with a blood loss of 600mls.
- The second was a PPH at the time of Caesarean Section. There was a broad ligament tear. The senior doctor on shift was asked to assist in theatre and the tear repaired. Total blood loss was 2.2L.

A reminder has been sent to all medical staff about the need for Consultant presence in these cases and the RCOG requirements for attendance have been circulated again.

Compensatory Rest

There was 1 episode in May where a Consultant did not meet the required 11 hrs Compensatory Rest. They were called at 06.25hrs and attended their antenatal clinic straight from delivery suite.

7.3 Neonatal Staffing

7.3.1 Neonatal Nursing

Safe neonatal nurse staffing is monitored by taking the following actions:

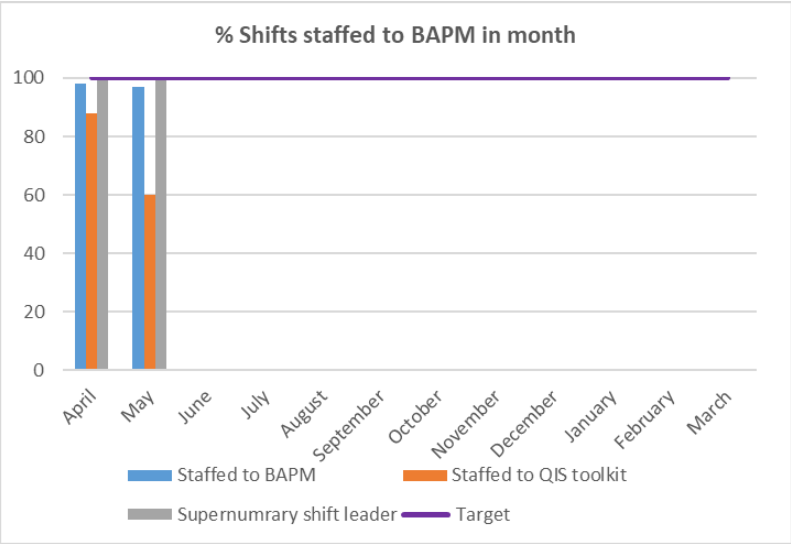
- Completion of safe staffing on Badgernet – three times day
- Monitoring nurse patient ratios as per BAPM
- Monitoring staffing red flags as recommended by NICE guidance
- Daily safety huddles
- SitRep report and bed meetings three times a day
- Monitoring sickness/absence and turnover rates
- Monitoring recruitment/vacancy rates
- Daily escalation - temporary NHSP and Agency staffing

- Monthly safe staffing report to Nursing Workforce Advisory Group (NWAG)

The unit provides the following nurse-patient ratios to meet BAPM:

- 1:1 Intensive Care (IC)
- 1:2 High Dependency (HD)
- 1:4 Special Care (SC)
- Supernumerary shift leader

In May 96.77% of shifts were staffed to BAPM. There was a shortfall of 1 shift due to the acuity on the Neonatal Unit. Based on BAPM, 6.4 staff were required for the number of babies and acuity, however there were 6 staff on duty. There was also 1 shift showing an error on Badgernet (indicating 5 ITU on staffing tab but 3 on daily update. This has been raised with Clevermed. 59.68% of shifts in May were staffed to QIS, this was due to high acuity. The supernumerary status of the shift leader was achieved on every shift and all shift remained safe.



% shift to BAPM

It is important to note whilst the number of qualified in specialty (QIS) is below the BAPM recommended, with on-going nurse recruitment the percentage of compliance will fluctuate. It also takes a minimum of 9 months to complete the neonatal foundation course before individuals can be considered for the neonatal critical care course to become qualified in specialty (QIS). There are 3 staff allocated to commence the critical care course later this year and there has been recent appointment of nurses already QIS which will improve the overall compliance.

Escalation plans are in place and during the month there were no safe staffing red flags.

Sickness absence rates decreased for the third month in a row, from 7.46% to 6.57% for registered nurses. There was a very slight increase in the non-registered workforce from 6.1 % to 6.3%. This remains above the Trust target of 4%. Staff continue to be directed to health and well-being support.

7.3.2 Neonatal medical staff

The current on-call rota for out of hours is combined for paediatrics and neonatal. To meet BAPM safe medical staffing there is a need for 8 on-call neonatal consultants and 6 Advanced Neonatal Nurse Practitioners (ANNP) to support the implementation of a separate paediatric and neonatal medical rota

Currently there is a shortfall of 0.5wte consultant and 5 ANNPs. We have submitted an intention to recruit 0.5 Consultant PAs utilising Ockenden funding. We are holding interviews in mid-July where we hope to be in a position to appoint to a locum consultant role. We are still exploring ANNP options and have made a recent decision to extend contracts for 2 of our clinical fellows for 12 months and replace

2 other clinical fellows with 12 month fixed term contracts. We are collating supporting data and support from other Trusts to build the business case for ANNP roles and aim to be closer with a strong case that stands up financially by late summer 2024. We are calculating underspends on the rotating doctors to support recruitment of up to 2 middle grade level clinical fellows. This will reinforce the Tier 2 rota.

8. Service User Feedback

8.1 Maternity& Neonatal Voice Partnership

The CQC survey findings have been shared with the MNVP and plans have been made to coproduce an action plan.

8.2 Baby Friendly and BLISS Accreditation

The neonatal unit was awarded stage 1 accreditation at the beginning of the year and is now working towards stage 2. The maternity unit is now working towards 'GOLD'.

The neonatal unit is also working towards silver BLISS accreditation; however, BLISS paused the submission of applications in Q3 of last year due to the overwhelming number of applications received nationwide. The aim for our next submission has moved to August 2024 from the original plan of May. The Family Integrated Care Lead met with BLISS in May to obtain some feedback from BLISS prior to submitting the submission which resulted in some further actions.

8.3 Complaints and PALS feedback – Maternity and Neonates

Complaints received on a weekly basis at the QRSM. PALS are handled by the clinical team and Matrons and themes noted and discussed as required.

Maternity: In May 2024, 5 formal complaints were received:

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
85366	13/05/2024	Maternity (formerly Obstetrics)	Admission or Discharge (Excl. Absence of Care Package)	Other (admission/ discharges)
84978	01/05/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in treatment
86126	30/05/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in induction of labour
85289	10/05/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in treatment
85644	17/05/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Delay or failure to follow up

In addition, there were 10 Maternity PALS queries were received as below, which is an increase on last month:

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
84797	02/05/2024	Maternity (formerly Obstetrics)	Clinical Treatment	PALS – Inadequate frequency of observations
85003	02/05/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - TELEPHONE
85168	07/05/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - TELEPHONE
85389	14/05/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - TELEPHONE
85503	15/05/2024	Maternity (formerly Obstetrics)	PALS - Signposting	Message Directed to Other Department
85468	15/05/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - TELEPHONE
85570	17/05/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Post-treatment complications
85631	20/05/2024	Maternity (formerly Obstetrics)	Clinical Treatment	PALS – Delay or Failure in Treatment/Procedure
85628	22/05/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - IN PERSON
86117	31/05/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - IN PERSON

No themes were apparent this month, but the sub-subject categories appear to have changed – a query has been sent to the PALS team for confirmation.

Neonatal: 0 formal complaints or PALS were received in May 2024.

9. Safety Champion escalations

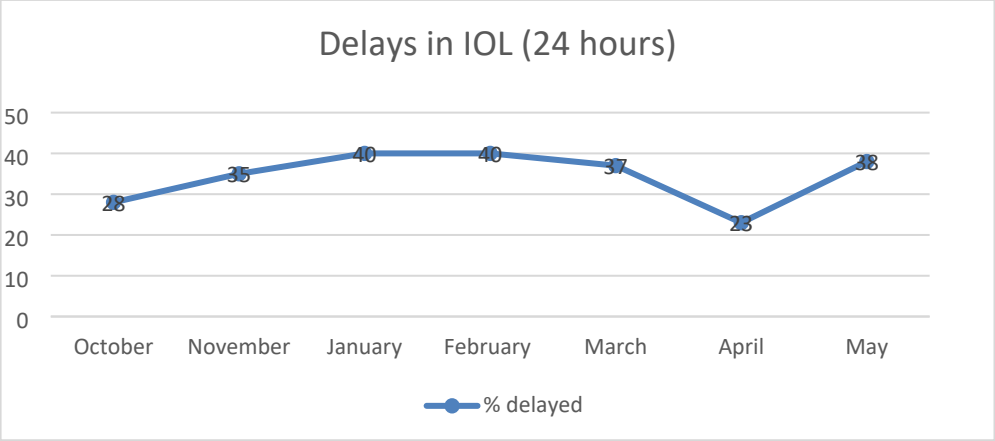
The Safety Champions meeting was scheduled for the 31st May but was postponed till 7th June 2024. Summary of this meeting will be available in July's Perinatal Safety Report.

9.1 Delays in care

Induction of labour

Delays in induction of labour (red flag) are reported in the national and regional sitreps. Delay in induction of labour is recorded via the acuity tool but this is not reliable and does not reflect the daily position.

The % of women waiting over 24 hours (awaiting ARM) on the IOL pathway are as follows



Induction of labour pathway remains a focus as delays in care is a significant red flag - a QI project is underway to reduce delays in this pathway.

9.2 Claims scorecard review in conjunction with incidents and complaints

NHS Resolution Safety and Learning leads attended a PSIRG meeting on 10 June 2024 to provide some support and training on effective use of the scorecard. A further Maternity and Neonatal meeting is to be arranged to support further detailed review of our data.

A Q4 report for maternity and neonates is included in the appendix.

10. HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust

The maternity service was rated good overall. The safe domain remains at 'requires improvement. All actions are monitored via the COSMOS platform.

11. Coroner Regulation 28 made directly to Trust

No regulation 28 regarding maternity or neonatal care was made to the Trust in May 2024.

12. In-utero and ex–utero activity

2 IUT transfers out as per the network pathway (<27/40), 1 out due to a known congenital issue and 1 IUT transfer out for non-clinical reasons.
1 IUT transfer out of the network due to capacity of delivery suite beds and NNU cots in the region.
1 ex-utero transfer into the unit as requiring level 2 cot.
3 ex-utero transfers out for medical reasons.
There was 1 exception reported in May.
The table below summaries the transfers as per network pathway:

Type of Transfer	May		Comments
	In	Out	
IUT Transfers for clinical reasons as per network pathway	0	3	3 out – 1 to Newcross & 1 to Heartlands as <27/40. 1 to BWH due to congenital cardiac issue
IUT Transfers for non-clinical reasons	0	1	1 out to Hereford for ARM due to activity at WRH
IUT Transfers outside of the network	0	1	1 <27/40 out to Bristol as either level 3 cot or delivery bed unavailable within Network
Ex-utero Transfers for clinical reasons as per network pathway	1	3	1 in from Warwick requiring level 2 cot. 3 out to BCH for clinical reasons.
Ex-utero Transfers for non-clinical reasons	3	0	3 repatriations in. 2 from BWH & 1 from Heartlands.
Ex-Utero Transfers out of network for clinical reasons	0	0	
Delays in transfer in/out	0	0	
IUT or Ex-utero Exceptions	1		IUT to Bristol

13. MSSP Report

The National Chief Midwifery Officer and the Maternity Improvement Advisor have confirmed that the exit criteria have been met. A sustainability plan has been agreed and shared at Trust Board. Exit request agreement received. The sustainability plan will be overseen by the ICB – formal confirmation of our exit is expected in June 2024**.**

Further progress against actions have been made and the sustainability plan updated (Appendix 4). Focus continues on the following actions:

- PDR compliance rates
- Increasing Consultant led theatre lists
- Enact findings of administrative review
- Review GTT service efficiencies
- Exploration of service improvements at AGH.

14. Progress in achievement of NHSR CNST 10 – Maternity Incentive Scheme

The new MIS Year 6 scheme was published at the beginning of April 24. An action plan has been completed and added to the CCOSMOSS platform to support ongoing monitoring and the collection and storage of evidence.

There are a number of changes noted within the scheme in Safety Actions 3,5,6, 7 & 8. A summary position is outlined below:

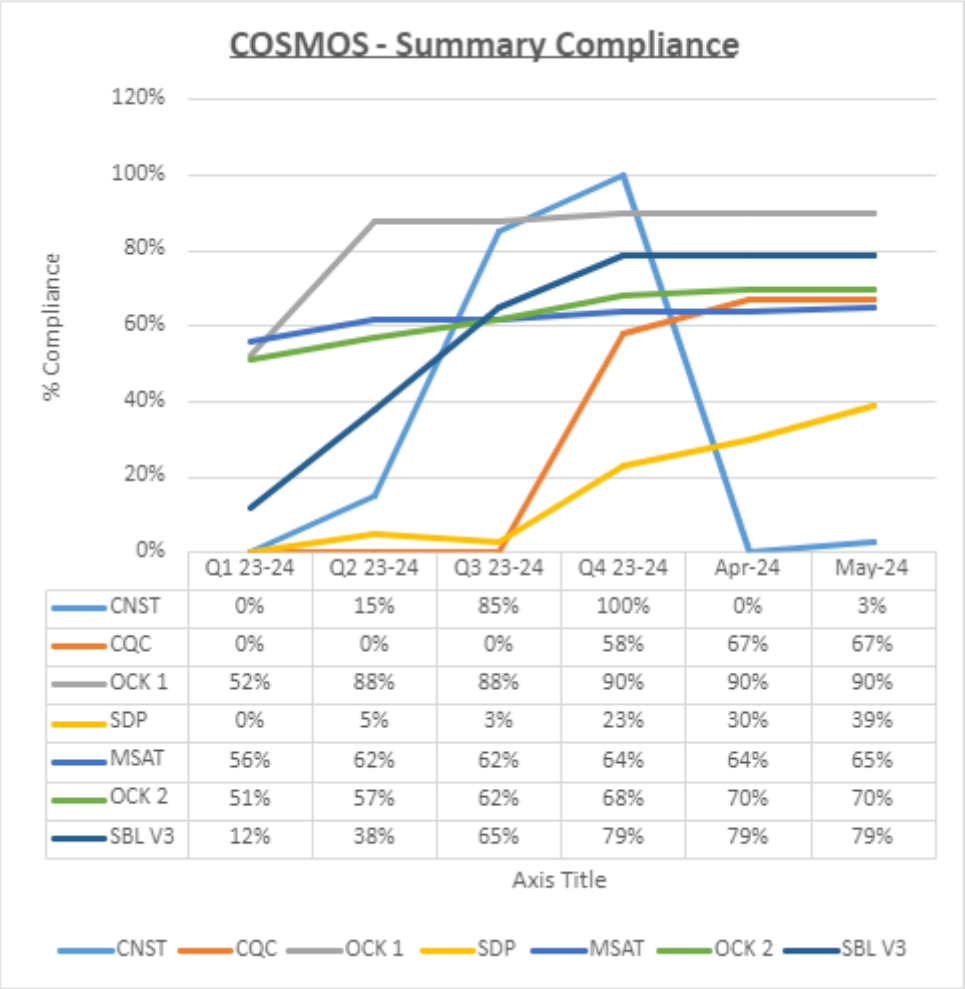
Element	Current Status	Actions
1. PMRT		Quarterly reporting in place. Evidence shared in Aprils report. One baby notified outside the 7-day reporting window.
2. MSDS		No anticipated issues with the data submission
3. ATAIN		Quarterly reporting in place. Evidence shared in Aprils report.
4. Clinical Workforce		Safety report in place– NCCR implementation plan below: WMNODN NCCR Unit Implementation I Compensatory Rest.docx
5. Midwifery Workforce		Monthly staffing report in place. SN status of the SL requirement changed in Yr6 scheme
6.Saving Babies Lives		Quarterly audit reporting in place. Evidence shared in Aprils report.
7.MNVP		Some changes to this year's requirements –additional funding available to support implementation
8.MDT Training		On target
9. Safety Champions		Reporting process in place. Roles embedded and SC meetings working well.
10. NHSR EN Scheme		Reporting process in place – externally validated.

15. CCOSMOSS

CCOSMOS is a local acronym for Clinical Negligence Scheme for Trusts (CNST), CQC, Ockenden 1, Single Delivery Plan (SDP), Maternity Self-Assessment Tool, Ockenden 2, Saving Babies Lives (SBL) and Safety Champions. The recommendations/actions (n=505) from all these national documents have been captured within a TEAMs platform to ensure that the directorate can track the progress of actions completed, communicate with leads and demonstrate monthly position/compliance.

	7th May 2024	Compliant	In progress	Overdue	Not Started	Total	Compliance
C	CNST	1	27	0	2	30	3%↑
C	CQC	16	1	7	0	24	67%↔
O	OCK 1	45	2	2	1	49	90%↔
S	SDP	25	35	1	3	64	39%↑
M	MSAT	102	16	22	16	156	65%↑
O	OCK 2	69	23	4	3	99	70%↔
S	SBL V3	Q3 LMNS Validated					79%↑

The directorates monthly progress is presented below:



	Q1 23-24	Q2 23-24	Q3 23-24	Q4 23-24	Apr-24	May-24
CNST	0%	15%	85%	100%	0%	3%
CQC	0%	0%	0%	58%	67%	67%
OCK 1	52%	88%	88%	90%	90%	90%
SDP	0%	5%	3%	23%	30%	39%
MSAT	56%	62%	62%	64%	64%	65%
OCK 2	51%	57%	62%	68%	70%	70%
SBL V3	12%	38%	65%	79%	79%	79%

Conclusion

This report provides a monthly update on key maternity and neonatal safety initiatives which will support WAHT to achieve the national ambition. The report provides the evidence outlined within the revised perinatal surveillance model and will also assist the directorates to collate evidence for NHS Resolutions Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme.

Appendices

1. MNSI Monthly Summary – no summary available this month
2. Trust Claims score card Q4
3. MSSP Sustainability plan

Quarter 4 – 2023-2024

Maternity Incentive Scheme – Safety Action 9: Quarterly review of Trust's claims scorecard alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level safety champions at a Trust level (Board or directorate) quality meeting

Worcestershire Acute Hospitals NHS Trust

Claims scorecard – updated by NHSR in June 2023, received by Trusts in November 2023. aim summary on following page)

- The claims scorecard contains all CNST claims with an incident date 01/04/2013 and 31/03/2023
- Q4 discusses the themes highlighted by NHSR at our recent meeting – a further meeting is planned to explore the claims in more detail.

NHS Resolution feedback at scorecard initial meeting on 10.06.2024

- Maternity has the highest number of claims for the Trust at just over 100, and also the highest value.
- The top 'cause' code for the whole Trust is 'fail/delay in treatment' - these can be broken down further into additional injuries, the most common being 'additional or unnecessary pain' as a result of the delay.
- Repeated claims for 'fail/delay in treatment' for Maternity (Obstetrics) are: - retained products of conception, retained placenta, sepsis and urinary retention
- In terms of additional and unnecessary pain, this can be further broken down into repeated claims and also adds complications with tear/wounds.
- Anumber of claims relating to care of women who have experienced a stillbirth are evident though there was insufficient time to explore these claims in depth at the meeting.
- Additional review has identified that there are 8 claims relating to stillbirth, the earliest from 2013 (1), 2017 (1), 2018 (1), 2019 (2) 2020 (2) and 2021 (1)
- The legal team have been asked to share more information relating to the claims (as some have been closed for some years eg. (2016) but it is anticipated that they will have been reviewed through the PMRT process and the themes and learning shared – it is however impossible to verify without the information from the legal team as there is no PID – assurance will follow on the next report.
- The leads also explained the link to GIRFT data for which the next pack is due in Summer 2024.
- The Safety and Learning Leads have been contacted and asked if they can attend a Maternity and Neonatal specific session where we can explore our claims and issues in more depth to gain the greatest understanding and learning from these and to ensure that changes to practice are having the desired outcome.

Incidents Q4 23-24

291 incidents reported under maternity and neonates in Q4 23-24

Top sub-categories:

- Unexpected term admissions (56)
- Maternity staffing issues (21)
- Medical staffing issues (17)
- PPH >1500ml (13)
- Cord gases pH <7.1 at birth (11)
- Plan/pathway (9)
- IUD, Stillbirth or Neonatal Death (7)
- Treatment (6)
- Delay in assessment/review (5)
- Delayed/missed diagnosis (5)

Complaints Q4 23-24 - 11 received (none in neonatal)

- Conflicting information (3)
- Delay in induction of labour (1)
- Delay in treatment (1)
- Delay/failure in ordering tests (1)
- Failure of infection control measures (1)
- Failure to provide food to meet clinical need (e.g. coeliac) (1)
- Inappropriate treatment (1)
- Post-treatment complications (1)
- Rudeness (1)

Themes Q4 23-24

- The total number of term admissions in Q4 was actually 40 – again, it is excellent that there are more incidents submitted as this means there is duplicate reporting between both areas
- Maternity and medical staffing continued to be challenging in Q4 – report provided in Perinatal Safety reports – medical staffing affected by industrial strike action
- PPH's over 1500ml continue to be a highly reported incident – the ObsUk trial has started including use of the ROTEM machine and this will be monitored over the next 2 years.

Learning Q4 23-24

- Indwelling urinary catheters must not be removed until 12 hours post insertion (or admission to recovery) to ensure appropriate timeframe for full bladder sensation to return (decreasing risk of failed TWOC).

Action Plan Q4 23-24 - Actions that have been completed and require monitoring to ensure embedded are on the following page

Not started | In progress | Complete

Maternity complaints deep dive – this will be completed in Q1 of 24/25	30.06.24	RF/SS	
Indwelling urinary catheters must not be removed until 12 hours post insertion – shared with all staff and covered on training	30.04.24	HT/SS	
Reminder to all staff that when a woman transfers care from another hospital, CO reading must be taken (learning from PMRT case)	31.03.24	LH	
Introduce CTG monitoring from 26 weeks gestation when presenting with reduced fetal movements (action from PMRT case)	30.08.24	KG/DB	

Update and information from Q4 2023-2024

Claims scorecard April 13 – March 23 – summary *(NB. It would appear as if some cases have been recategorized from the previous scorecard)*

Top 5 injuries by volume: • Fail/delay in treatment (33) • Fail/delay in diagnosis (8) • Fail to respond to abnormal FHR (5) • Failure to recognise complication of (4) • Inadequate nursing care (3)	**Top injuries by value (14):** • Fail / Delay Treatment (5) • Fail to make response to Abnormal FHR (4) • Fail To Recognise Complication (1) • Failure to interpret USS (1) • Other (bladder damage) (1) • Birth defects (1) • Inappropriate case selection (requested CS – did not happen) (1)
Top causes by volume: • No cases listed	**Top causes by value:** • No cases listed

Learning and Themes Q4 23-24 – update for Q4 in bold - some have and will be monitored through the action plan

- Noted increase in large PPH volumes (>3L) in Q1 – no theme apparent – **no PPH's >3L in Q2, 2 in Q3, 1 in Q4 – can be removed for Q1 24/25 – Obs UK trial now commenced**
- Medical discharge reviews to be completed by senior clinician – **much improved – to provide further update in Q4**
- VTE risk assessments inaccurate on admission – learning shared with staff – **VTE compliance shows improvement to 92.1% (previously 89.3%) compliance on admission within 24 hours and 99.8% compliance with PN VTE risk assessment – audit ongoing to assure regarding accuracy**
- Audit of bladder and catheter care is ongoing from Q3 and into Q4 – this covers a number of elements including timing of the removal of the catheter.

Action Plan 23-24 | Not started | In progress | Complete |

	Action	Date	Initials	Update	
Q1	Ensure laterality and situs included on USS scans	31.07.2023	AFG	Situs is now being reported at every FM contact and images are saved on at least 1 FM scan. An audit has been completed and presentation is planned for June 2024 with the findings.	
Q2	VTE audit to review accuracy of completion on admission	31.07.2024	DB	This audit is ongoing and will be evidenced on the next summary report – due date amended	
Q2	Consider development of MSSA info leaflet with MNVP	31.07.2024	DB/SS	This is under consideration in conjunction with support of the MNVP – due date amended	
Q3	NHSR contacted regarding scorecard support	10.06.2024	SS	NHSR attended to provide Trustwide training – further bespoke training is planned for maternity and neonatal teams	
Q3	Learning shared regarding weighing of swabs at births	31.03.2024	CBa/KT	ObsUK PPH trial now underway from beginning of June 2024 – move towards 'measured blood loss' rather than 'estimated blood loss'.	
Q3	Learning regarding claim ref MOH and early consideration for transfer back to theatre/examination under anaesthetic shared with staff	30.04.2024	LV	Learning has been shared with all staff and included in the newly updated PPH guidance	

Appendix 2 Sustainability Plan

	Improvement actions	Current progress	Plan for Sustainability/ongoing progress	Trust Lead	Monitoring arrangements
Actions following the CQC Inspection of Maternity	Staff Training Compliance		Provide staff with rostered time to train. Funding currently available for role specific training in midwifery budget only. Ensure rotating medical staff can 'passport' previously completed training	DoM	Monthly via Maternity Safety Report to Trust Board and LMNS Board. Oversight by ICB via LMNS Programme Team
	Appraisal Compliance		Recruit to all leadership roles to ensure that there are an adequate number of leaders to complete appraisals. Agree trajectories with the directorate triumverate and manage performance via local PRMs. 21/6/24 Remains below Trust target	DoM	Monthly via Maternity Safety Report to Trust Board and LMNS Board. Oversight by ICB via LMNS Programme Team
Y5 MIS compliance	Midwifery Staffing		Workforce team to continue to supply timely and quality data to divisional team to support reliable workforce planning. Recruit to all midwifery vacancies. Maintain funding to meet BR Plus requirement.	DoM	Monthly via Maternity Safety Report to Trust Board and LMNS Board. Oversight by ICB via LMNS Programme Team

			Implement agreed Theatre Business case to free up midwifery hours and reinvest hours back into delivery suite. Continue to report monthly to Board.		
Compliance with Ockenden IEAs	- Maternity & Neonatal Trust website - Evidence of attendance at ward rounds - SBL v3 toolkit completion and implementation - BRAIN to be introduced to aid informed conversations	90%	Continue to fund Compliance & Assurance role to monitor and coordinate progress against national documents/policy. Cross system working to continue to embed and train staff in BRAIN. Complete purchase of finger print machine to log attendance at ward rounds – unable to progress this initiative	DoM	Monthly via Maternity Safety Report to Trust Board and LMNS Board. Oversight by ICB via LMNS Programme Team during Insight Visits.
Recommendations of the Commissioned overview of Obstetrics March 2022 (two outstanding actions)	The Division should urgently consider provision of informatics/IT/data analyst resource to support timely and comprehensive clinical and workforce data flows and up to date clinical outcomes dashboard aligned with		A reorganisation of the Trust Informatics team has been undertaken as it was recognised that maternity and neonatal requirements were outstripping the current available resource. There is now a dedicated informatics lead for maternity services.		

	national QI indicators and priorities.		The maternity directorate has a substantively funded digital midwife.		
	The Directorate should develop a plan to have a consultant obstetrician/ gynaecologist rostered to all elective CS lists to ensure trainee supervision and safeguard patient safety.		Recruit to vacancies. Complete and review job plans	CD	Monthly via Maternity Safety Report to Trust Board and LMNS Board. Oversight by ICB via LMNS Programme Team.
Progress with recruitment to Midwifery Leadership/Specialist Team and Obstetric Leadership Team.	LW Lead Obstetrician		Advertise and recruit – lead now in place	CD	Monthly via Maternity Safety Report to Trust Board and LMNS Board. Oversight by ICB via LMNS Programme Team.
	Professional Midwifery Advocate Lead		This is a substantively funded post. Once recruitment is completed the role will become embedded – 21/6/24 start date awaited	DoM	Monthly via Maternity Safety Report to Trust Board and LMNS Board. Oversight by ICB via LMNS Programme Team.
	Diabetic Specialist MW/Mat medicine		This is a substantively funded post. Once recruitment is completed the role will become embedded 21/6/24 –in post	DoM	Monthly via Maternity Safety Report to Trust Board and LMNS Board. Oversight by ICB via LMNS Programme Team.
Outstanding Action agreed as part of the	Provision of Scrub RNs to eliminate the need to Midwives to scrub for		Business case agreed. Cost pressure to division. Recruitment underway.	DoM	Monthly via Maternity Safety Report to Trust Board and LMNS Board.

Board CoC Options Appraisal.	Elective and Emergency CSs		21/6/24 – formal handover completed on 12/6/24		Oversight by ICB via LMNS Programme Team.
Other actions in progress (MSSP Exit Criteria)	A review of the reception, midwifery and maternity support working staffing in the Maternity Hubs to clearly align with the daily workload.		Progress against this action will be monitored via the maternity directorate meeting. 21/6/24 Admin review completed – additional funding required.	Directorate Manager	Monthly via Maternity Safety Report to Trust Board and LMNS Board. Oversight by ICB via LMNS Programme Team.
	The glucose tolerance test pathway should be reviewed to see if any staffing efficiencies can be achieved.		Progress against this action will be monitored via the maternity directorate meeting.	Directorate Manager	Monthly via Maternity Safety Report to Trust Board and LMNS Board. Oversight by ICB via LMNS Programme Team.

	Clear written guidance is needed regarding the offsite Day Assessment Units in particular the pathway for women deemed at higher risk should be articulated documented and audited.		Audit completed and is included in the maternity audit plan.  11.5 Satellite DAU Audit presentation.pp	DoM	Monitored via maternity governance. Oversight by ICB via LMNS Programme Team.
	The maternity directorate should explore and develop a clear plan or business case to upgrade or relocate the Redditch Maternity Hub to bring this in line with current requirements and women's expectations.		Currently no capital funding allocated to change/remodel estate.  AGH Maternity Hub action plan Sept 23.dc		Action plan will be monitored via directorate meeting. Oversight by ICB via LMNS Programme Team.

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**23/07/2024**
Title of Report:	**Midwifery Safe Staffing Report May 2024**
Status of report:	**☐Approval ☐Position statement ☒Information ☒Discussion**
Report Approval Route:	Quality Governance Ctte
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Nursing Officer**
Author:	Justine Jeffery Director of Midwifery
Documents covered by this report:	• NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings' • NHSR Clinical Negligence Scheme for Trusts - Maternity Incentive Scheme • NHSE (2020) Perinatal Surveillance Model

1. Purpose of the report

The purpose of this report is to provide assurance that midwifery staffing is monitored and to note actions taken to mitigate any shortfalls.

2. Recommendation(s)

Trust Board is invited to:

- **Note** how safe midwifery staffing is monitored, and the actions taken to mitigate any shortfalls
- **Note** any risks associated with achieving safe levels of midwifery staffing.

3. Chief Officer/Executive Director Opinion[1]

The report offers assurance to the Board that there are robust processes in place to monitor midwifery staffing levels and that appropriate actions are taken to mitigate the risk when staffing gaps occur.

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

☐ ***Focus on Flow***	☐ ***Think/Act as a Lead Provider***
☒ ***Governance***	☐ ***Improve Staff Experience***
☐ ***Home First Mindset***	☐ ***Tertiary Partnerships***
☐ ***4ward Improvement System***	☐ ***Leadership and Structures***
☐ ***Elective Care: No Delays***	☐ ***Strategic 'Big Moves'***

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

Introduction/Background

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

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
- Sickness absence, vacancy and turnover rates
- Recruitment & retention
- 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 summary of the workforce KPIs are as follows:

Metrics	Target	Current position (MW)	Current positon (MSW/MCAs)
Sickness rate	4%	5.47%↓	10.86%↑
Turnover rate (rolling)	11.5%	8.23%↑	15.93%↑
Vacancy rate (MW)	7%	8%↑	12% ↓
Maternity Leave	-	4.72 %↑	2.18%↑
Midwife to birth ratio (in post)	1:24	1:20	
1:1 care in labour	100%	Achieved	
Shift leader SN	100%	Achieved	

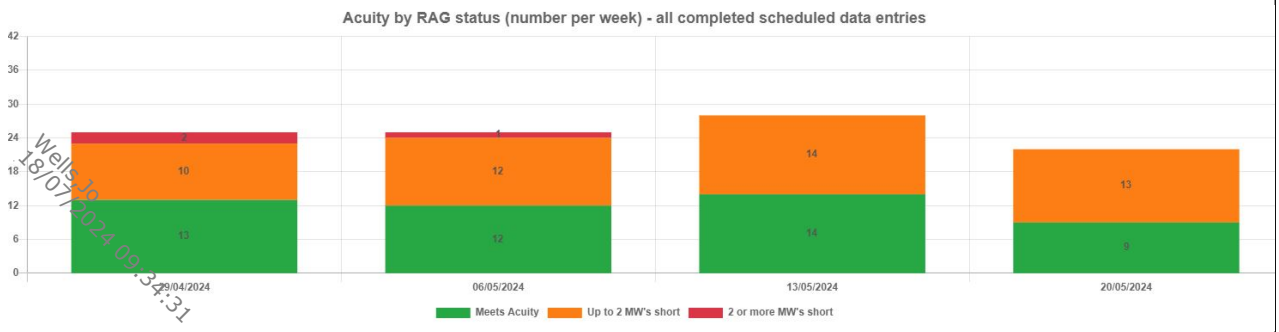
Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 60% of the expected intervals therefore the data presented is not reliable. The agreed timings have been amended to improve completion however this has not improved the current position and monitoring of individual compliance is now in place.

The diagram below demonstrates when staffing was met or did not meet the acuity. From the information available the acuity was met in 48% of the time and recorded at 52% when the acuity was not met prior to any actions taken. This is a significant decrease to the previous month and is likely inaccurate due to 40% of the data missing. This indicator is recorded prior to any actions taken. Safe staffing levels were maintained on all shifts in May following the mitigations taken that are detailed below.



The mitigations taken are presented in the diagram below and demonstrate the frequency (n=13 occasions) of when staff are reallocated from other areas of the inpatient service. In addition, there were four reported occasions when the community teams were deployed to supported the inpatient area however the continuity of care team were asked to support on seven occasion – this is an increase in month. There was one report of staff not being able to take breaks and no reports of staff staying beyond their shift time. There were no concerns escalated to the manager on call.

Number & % of Management Actions Taken

From 01/05/2024 to 31/05/2024

MA1	Redeploy staff internally	13	65%
MA2	Redeploy staff from community	4	20%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	1	5%
MA5	Staff stayed beyond rostered hours	0	0%
MA6	Specialist midwife working clinically	0	0%
MA7	Manager/Matron working clinically	0	0%
MA8	Staff sourced from bank/agency	2	10%
MA9	Utilise on call midwife	0	0%
MA10	Escalate to Manager on call	0	0%
MA11	Maternity Unit on Divert	0	0%
	Total	20	

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 acuity app and are presented below. There were no red flags reported in May.

Number & % of Red Flags Recorded

From 01/05/2024 to 31/05/2024

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)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	0	0%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	0	0%
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	0	0%
	Total	0	

Antenatal & Postnatal Wards

The ward acuity tool was relaunch in November. Training has now been completed and the tool was officially relaunched in February. Currently we are unable to download data from the BR+ ward application as ongoing development work is still in progress.

Staffing incidents

There were five no harm staffing incidents:

1. Escalation of staff from antenatal ward (2)
2. Role specific mandatory training cancelled for staff in ANC (2)
3. No middle grade available at onset of shift – covered initially by Consultant until cover arranged

Medication Incidents

There were four no harm medication incidents:

1. Incorrect storage of Metronidazole
2. Near miss – incorrect dosage of Terbutaline prepared but noted before administration
3. Drug administered and no time recorded.
4. Delay in administration of insulin as clamp on pump not released until alarm sounded.

Monitoring the midwife to birth ratio

The ratio in May was 1:22 (in post) and 1:20 (funded). The midwife to birth ratio was compliant with the recommended ratio from the Birth Rate Plus Audit, 2022 (1:24).

Daily staff safety huddle

Daily staffing huddles are completed each morning within the maternity department. This multi professional huddle 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 Deputy Director of Midwifery with an escalation to the Director of Midwifery as required. Additional huddles were held in May to maintain safe staffing and manage flow. Bed meetings are held three times per day and are attended by the Directorate teams. Information from the SitRep is discussed at this meeting.

Unify Data

The fill rates (actual) presented in the table below reflect the position of all areas of the maternity service. Again the rates reported demonstrate some improvement in fill rates.

	Day RM %	Night RM %	Day MCA/MSW %	Night MCA/MSW %
Continuity of Carer	100%	100%	n/a	n/a
Community Midwifery	83%	n/a	n/a	n/a
Antenatal Ward/Triage	94%	94%	76%	95%
Delivery Suite	99%	99%	67%	93%
Postnatal Ward	85%	88%	81%	93%
Meadow Birth Centre	80%	72%	63%	81%

Maternity SitRep

The maternity 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 deputies. The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing. The regional SitRep is submitted daily.

National Maternity SitRep

The national COVID SitRep was stood down in October. A revise national maternity submission is now available and is completed each fortnight; it is expected that the regional SitRep will be rolled out across England – this is still awaited.

Vacancy

There are now 17 unfilled clinical midwifery posts and 3 unfilled specialist roles – vacancy rate remains at 8%. Following a successful recruitment event 13 WTE midwives have received offers and are expected to be on boarded by Sept/October 2024.

There are 6 WTE MCA posts vacant with plans to recruit.

Sickness

Sickness absence rates for midwives were reported at 5.47% and 10.86% for non-registered staff – slight decrease for midwives and a slight increase for support staff.

The following actions remain in place:

- Monthly oversight of sickness management by the Divisional team with HR support
- Focus review of sickness management in areas with high levels of absence
- 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.
- Regular walk rounds by members/member of the DMT.
- Close working with the HR team to manage sickness promptly.

Turnover

The rolling turnover rate is at 8.23% for midwives and at 15.93% for non-registered staff. The PDM for MSW/MCA is currently working with HR to ensure that this group are aware of the Trust offer around Health and Wellbeing and also the development opportunities.

Risk Register –staffing

Risk ID	Narrative	Risk Rating
4208	If maternity safe staffing levels are not maintained this may impact on safety and outcomes for mothers and babies	**5**

Actions throughout this period:

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed/staffing meeting daily

- SitRep report completed three times per day
- Maintained focus on managing sickness absence effectively.
- Monthly ‘drop - in’ sessions led by the DoM.
- Safety Champion walkabouts
- Ongoing retention work led by retention midwife and Practice Development Midwife for MSW/MCAs.

Conclusion

To maintain safety staff were deployed to areas with the highest acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 24 occasions to maintain safety. The community and continuity of carer midwives were required to support the inpatient team in May on eleven occasions.

No red flags were reported via the acuity app; the supernumerary status of the shift leader was maintained and 1:1 care in labour was achieved. Of the nine datix reports for staffing and medication incidents submitted, no harm was identified.

Sickness absence rates have decreased for midwives and slightly increased for non-registered staff. Ongoing actions are in place to support ward managers and matrons to manage sickness effectively and maintain improvements.

The rolling turnover rate is at 8.23% (MWs) and 15.93% (MSWs & MCA’s). The vacancy rate is at 8% for MWs and 12% for MCA’s. There are 13 WTE midwives in the pipeline and further recruitment is planned for the MCAs.

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

Recommendations

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

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	23 July 2024
Title of Report:	Nurse Staffing Report – June 2024
Status of report:	☐**Approval** ☐**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	Choose an item.
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Nursing Officer**
Author:	Sue Smith, Deputy Chief Nurse
Documents covered by this report:	Nurse Staffing Report including trajectory of Registered Nurse recruitment April 24 - April 25

1. Purpose of the report

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during June 2024 with numerical data presented for May 2024. Key headlines are:

Vacancy factor (May 2024 data)

- 160.92 WTE **RN vacancies at 7.36%** (Reduced from 178.5 in April following addition of business cases and budget setting).

The above increased figure includes:

- Spec Med – 21.51 WTE additional RN - Including COPD virtual ward, Neurology nurse practitioner and re-aligning rosters where RNA posts required increase back to Band 5 RN.
- Surgery – 31.26 WTE additional RN –Including SSDEC / SAU and UIC business cases
- SCSD – 43.7 WTE additional RN – Including 18.42 WTE Endoscopy expansions, 7 WTE ITU ACP and 10.0 WTE obstetric scrub nurses
- Urgent care – 24.75 WTE additional RN- Including 20.32 corridor and waiting room RNS AGH & WRH,

- 102.34 WTE **HCSW vacancies 9.57%** (slight reduction from 106.5 WTE in April).

Absence (May 2024 data)

- 380.19 WTE RN total absence due to vacancy, sickness and maternity leave (from 405.98 WTE in April) versus bank and agency use of 339.28 (down from 342.97 WTE in April).
- 222.11 WTE HCSW total absence due to vacancy, sickness and maternity leave (decreased from 227.32 in April) versus bank and agency usage of 286.19 WTE (decreased from 289.71 WTE in April).
- The Trust currently has 90 RNs and 35 HCSWs on maternity leave (stable from March). **Current cover arrangements are via temporary staffing solutions.** Currently budgets do not contain uplift for maternity leave cover and sickness, (sickness sits with the NHSP line so reliant on temporary staffing). Whilst budgeted for, this sits within the bank / agency line so hence is reliant on temporary staffing solutions.

Bank and agency (May 2024 data)

- Total fill of those shifts sent to bank and agency, has stabilised at **92.9%** with a further increase in **bank fill rate at 60.2% (59.4% previous month)** and a corresponding decrease in **agency fill of 32.37%** (**33.3% previous month)**

- Overall lead-time has increased slightly to 37.7 days from 36.3 days, this will remain an area of focus given correlation between lead time and bank fill.
- May saw a further decrease in the average hourly agency rate £32.77 from £34.02 in April.
- Bank to agency bumping, which was switched on in April 24 has not affected the fill rate but has increased the bank fill slightly
- PA remains in place with executive oversight and approval with weekly reports shared to highlight usage.

2. Recommendation(s)

Committee members are invited to:

1. **NOTE** the content of the report and the assurance levels
2. **NOTE** the following key points:

- Staffing on Paediatrics and neonates has been maintained at safe levels throughout June 2024.
- Staffing on all adult areas in patient areas was also safe throughout June 2024.
- **Overall** nursing, midwifery and HCSW pay costs of £15,096,275 in May from £15,155,018 in April, this is a decrease of £58,744 compared with spend in April, with the decrease being largely attributable to reduction in substantive costs and a larger reduction in agency spend
- **Substantive** nursing, midwifery and HCSW pay spend of £12,083,348 from £12,090,904 in April 2024.
- **Bank** spend (registered and unregistered) of £1,934,662 from £1,856,253 in April.
- **Agency** spend of £1,078,264 has seen a further decrease of £130 K from £1,207,861 in April.
- Throughout May 2024, the Trust has used 72hrs of 'off framework' agency (Greys) across all registered nursing grades. This was utilised in Occupational Health

Use of surge capacity including Aconbury 0, Cardiac SDEC, opening of winter wards, Avon 4 and Ward 15, GRAT nurses and A&E corridor and waiting room, continue to be reliant on the use of temporary staffing solutions. It should be noted that the additional capacity beds on PDU originally closed on the 19th April 2024, however are being used overnight. Aconbury 0 is scheduled to close this month.

3. Chief Officer/Executive Director Opinion[1]

Staffing on Paediatrics and neonates has been maintained at safe levels throughout June 2024.

Staffing on all adult areas in patient areas was also safe throughout June 2024.

We are continuing to see a reduction in agency spend despite unfunded escalation areas remaining open and the RN recruitment pipeline is impressive along with an increase in domestic recruitment which is reflective of the positive work that we have been doing with our local university.

It is noted that the Nursing workforce team were not made aware of the scale of the additional vacancies added in April until the publication of the Divisional compliance report in May 2024. Work is now taking place between teams to improve processes to ensure that this does not occur again.

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

☒ ***Focus on Flow***	☐ ***Think/Act as a Lead Provider***
☒ ***Governance***	☒ ***Improve Staff Experience***
☐ ***Home First Mindset***	☐ ***Tertiary Partnerships***
☐ ***4ward Improvement System***	☒ ***Leadership and Structures***
☐ ***Elective Care: No Delays***	☐ ***Strategic 'Big Moves'***

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 May 2024

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 & options

Harms

In June 2024 there were 27 insignificant or minor incidents reported. The insignificant and minor harms reported relating to nursing / midwifery staffing, and were largely reported as near misses due to staff absence, rather than patient harm. All incidents were included in NWAG Divisional reports and assurance of mitigation where appropriate has been given.

Safe Staffing

Nurse staffing 'fill rates' (reporting of which was mandated since June 2014)

"*This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwifes in hospitals which are filled'.*
National rates are aimed at achieving 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 able to do so.

Current Trust Position May 2024 data	What needs to happen to get us there	Current level of assurance
<table><tr><th></th><th>Day % fill</th><th>Night % fill</th></tr><tr><td>RN</td><td>96%</td><td>100%</td></tr><tr><td>HCSW</td><td>100%</td><td>113%</td></tr></table>	This month fill rates remain stable, with registered and non-registered meeting national targets of 95%. Last dip below 95% for RN October 2023. HCSW night fill at 113% is raised but stable for the 5th month and is impacted by areas acknowledged to have both high acuity and high numbers of boarders. This has been discussed in acuity and dependency review meetings this month.	6

Care hours per patient day (CHPPD)

In line with National guidance, in addition to the measurement of unified data (filled and unfilled hours), care hours per patient day (CHPPD) are calculated for each inpatient area and uploaded monthly to NHSE.

The Trust average for CHPPD for May 2024 was **8.8 (decreased slightly from 8.9 in April)**. The average national range for CHPPD is **9.1** with a variation of **6.33 to 15.48**, which the Trust falls within; however, it should be noted that the Trust is at the lower end of the national variation.

Aconbury 4 fell below the lower range at 6.2. This is partly due to boarding of additional patients and the impact of bed occupancy. - there was no increase in hospital acquired pressure ulcers or falls in these areas during this period. The first Acuity and dependency review meetings are booked with the CNO for June. CHPPD will be included on the review, triangulated with acuity data, quality and safety measures and professional judgement for all areas.

5 clinical areas were above the maximum variation level seen nationally, these are consistent from last month:

- ICU WRH
- ICU AGH
- Meadow birth suite
- NICU
- Ward 1 KTC

All these units are specialised, necessitating staffing to maximum number of beds and acuity rather than actual activity. This will fluctuate greatly each month depending on the patients in each unit at time of measurement at midnight.

Nurse to bed ratio

From the April 24 report there has been no changes to bed state therefore data is unchanged

All adult in patient wards and departments are staffed according to guidance NICE / RCN and where relevant specialist advisory bodies.

Vacancy (Trust target 6%)

May 2024 data

Current Trust Position **WTE** **May 2024 data**	**Previous month** **April 2024**	**Model Hospital data Dec 2023 Benchmarking**	**Current level of Assurance**
RN 7.36% (160.92 WTE) HCSW 9.57% (102.34 WTE)	RN 8.11% (178.5 WTE) HCSW 9.96% (106.5 WTE)	RN 9% HCSW 9.3%	5

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

- deploying staff across all wards / departments to ensure safer staffing levels achieved
- employed use of bank and agency workers.

International nurse (IN) recruitment pipeline

The initial target for the year 24/25 is 100 supported by an internal business case, in the absence of assured external funding from NHSE. This number is open to flex however and our NHSP international recruitment partners have been advised, that we may decrease this number depending on vacancies and confidence in local recruitment pipelines.

The International recruitment training team (part of professional development), has also outsourced the program in the last financial year creating **£17,739 of income in 23/24.**
This is something we will look to replicate and expand upon in the coming financial year and will work with our ICS colleagues to identify opportunities for us to support the local health economy.

Domestic and international nursing recruitment

The current 12-month trajectory looks positive with a predicted vacancy rate at Month 12 of 31 WTE RN. This is based on active recruitment drives for both autumn and spring qualifying cohorts and a moderate international pipeline of 50. This is in combination with baseline local recruitment and RNA to RN top ups of existing staff. A graph show showing this can be found in Appendix 1.

Further generic HCSW interviews took place in June 24 for both WRH and AGH sites 2024 and 20 job offers were made.

In light of national targets from nursing apprenticeships we are actively working to increase our RNA, RNDA and top up apprenticeships. The Trust is actively engaging with the Herefordshire and Worcestershire ICS to work through a strategy for financial backfill to wards to cover the cost of seconding staff on apprenticeship and clinical hours to replace this. Further detail will be provided once funding stream has been clarified.

The Trust continues to work with the ICS and Heart of Worcestershire College Redditch, to undertake the first pilot cohort of RCN cadets commencing September 24.

Interviews for 'new to care' HCA Apprenticeships have taken place in May 2024 with a good number of offers made.

<u>Bank and Agency Usage</u>
May 2024 data

Bank and agency usage, total combined RN & HCSW of 624.75 WTE (from 632.68 WTE in April):
Triangulated data for sickness / vacancy and maternity leave gives an overall absence of 380.19 WTE for registered (not including midwifery) and 222.11 for unregistered nursing. Combined triangulated vacancy is 602.30 WTE against a combined bank and agency usage of 624.75 WTE.

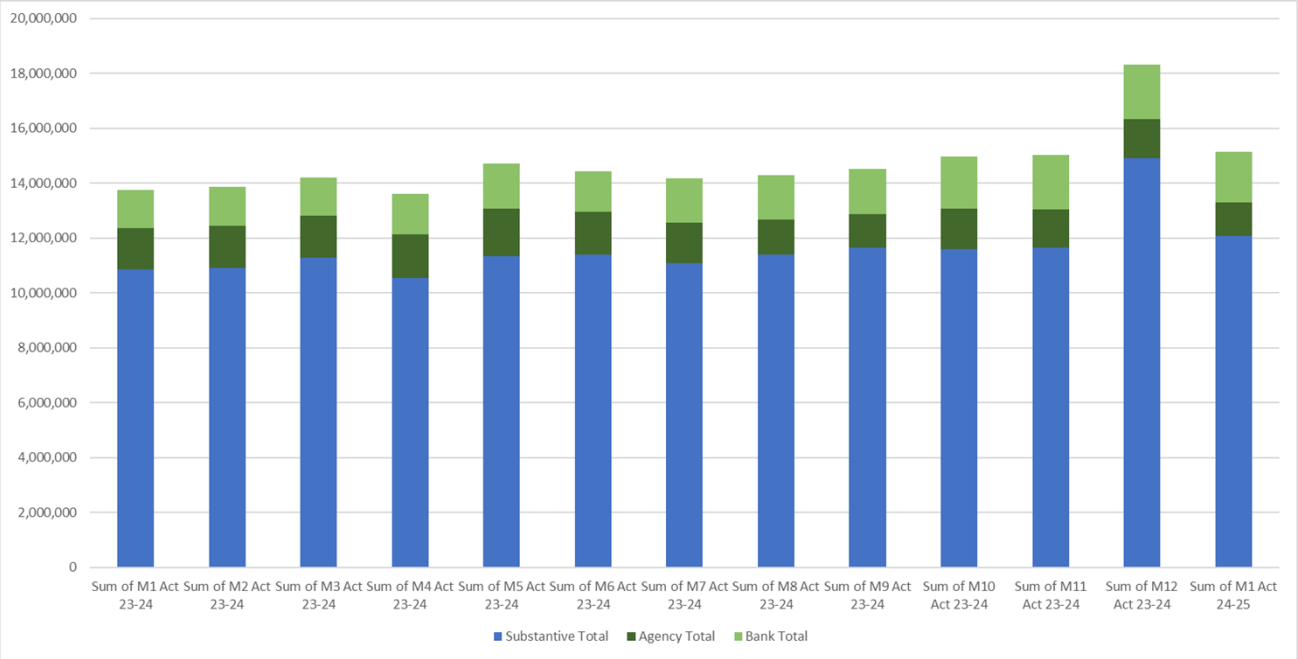
Model Health System (MHS) data shows wards fully established hence the difference from 4.6% (MHS) to 16-24% at WAHT.
Also noting, maternity and sickness are not within headroom cover substantively.

Current Trust Position WTE May 2024	Previous Month April 2024	**Model Health System Data Sep 2023 Benchmarking**	**Current level of assurance**
RN 15.7% (338.3 WTE)	RN 15.5 % (342.97 WTE)	RN 4.8%	5

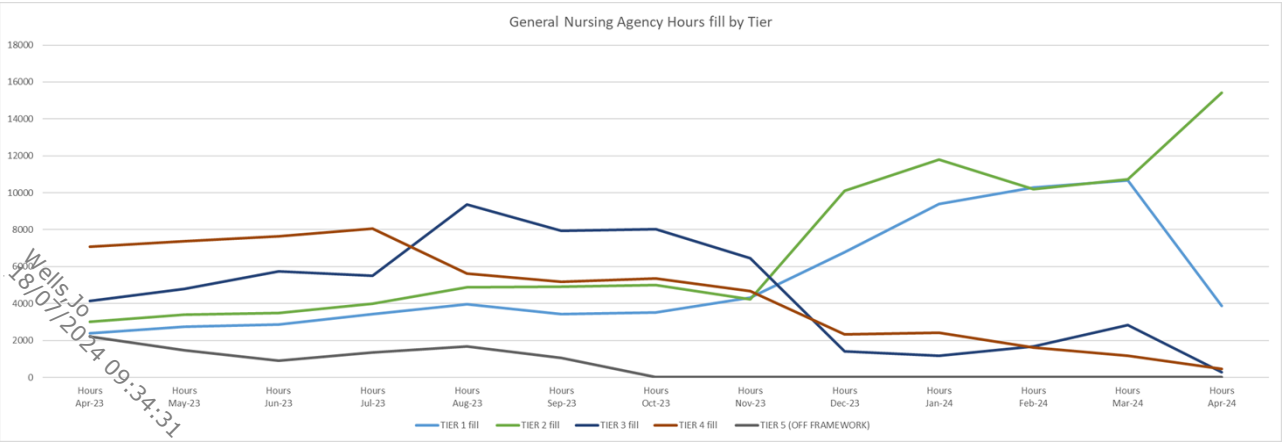
(163.48 Bank / 175.08 Agency) HCSW 28.6% (286.19 WTE) (255.36 Bank / 30.83 Agency)	(151.7 Bank / 191.27 Agency) HCSW 28.3% (289.71 WTE) (262.96 Bank / 26.75 Agency)	HCSW Not available	

The 8 additional 'winter pressure' beds on PDU closed on the 19th of April 2024 to inpatients. These are now being used overnight for next day discharges to support flow across the WRH site.

Graph showing trend of substantive / bank and agency spend



Reduction of agency spend & average hourly rate, remains a focus. The graph below illustrates the consistent reduction of Tiers 3 & 4 and removal of off framework agencies. Focus going forward will look at the promotion of tier 1 over tier 2 and a greater push toward capped rates.



Sickness
May 2024 data (% reflects updated headcount)

Current Trust Position May 24	**Previous Month April 24**	**Model Health System data Feb 2024 Benchmarking**	**Current Level of Assurance**
RN 6.03% (129.2 WTE) HCSW 8.5% (84.77 WTE)	RN 6.9% 140.48 (WTE) HCSW 9% 83.37 (WTE)	RN 5.4% HCA 7.5 %	**5**

The Trust target has reduced to 4% in line with the Foundation Collaborative. Reduction of Sickness Absence rates is a key objective within our 10-Point Plan.

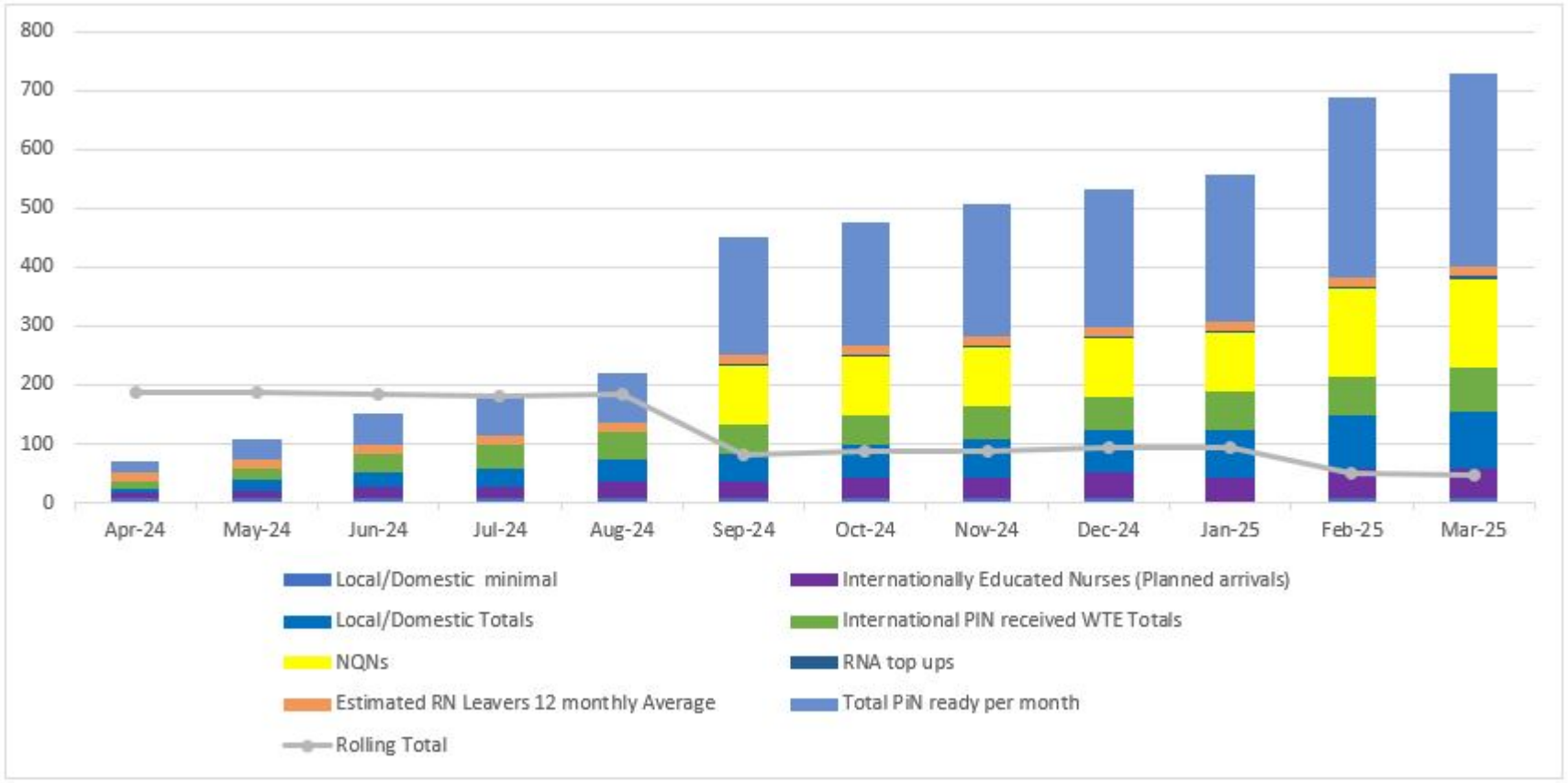
Turnover (Trust target 11.5 %)
May 2024 data

Current Trust Position May 2024	**Previous Month April 2024**	**Model Health System data Feb 2024 Benchmarking**	**Current Level of Assurance**
RN Turnover 8.31% HCSW turnover 15.59%	RN Turnover 8.53% HCSW turnover 16.06%	RN Turnover 10.8% HC Turnover 22%	**6**

Turnover rate is below both the Trust target and Model Health System for RN and below Model Health System for HCSW

Appendices		
Appendix 1	Trajectory of Registered nurse recruitment April 24 – April 25	Registered nurse recruitment trajecto

APPENDIX 1 – RN recruitment trajectory



NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**23/07/2024**
Title of Report:	Climate Change Adaption Plan (CCAP)
Status of report:	☒**Approval** ☐**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	Choose an item.
If Other, provide details:	Green Steering group, Trust Management Board
Lead Chief Officer/Director:	**Director of Strategy and Planning**
Author:	Jo Newton, Chief Strategy Officer Ben Agbasi, Sustainability (Energy) and Property manager
Documents covered by this report:	Climate Change Adaption Plan (CCAP)

1. Purpose of the report

To widen understanding and seek support for the Trust's first CCAP. This relates to one of the Big Moves identified in our Top 10 Priority plan and is consistent with the approach of our Foundation Group

2. Recommendation(s)

Board is asked to:

i) Support the recommendation to approve the policy
ii) Note the wide ranging implications of climate change on delivery of our services and patient care
iii) Note potential risks identified in the action plan may require resource investment to mitigate impact on patients and colleagues

3. Chief Officer/Executive Director Opinion[1]

Irrespective of the causes, our weather patterns are changing, consistent with changes in climate and weather events that were every 30 years, now becoming commonplace. Hotter summers and intense rainfall are already impacting our estate across our 3 sites, and more importantly standards of patient safety and care. Our Green Plan highlighted the need for a Climate Adaption Plan and this has been developed in conjunction with work in our other Foundation group trusts.

Last year, HM Government released The Third National Adaption Programme (NAP3) and the Fourth Strategy for Climate Adaption reporting document. The report sets out the expectation that guidance to build resilience in infrastructure and service delivery in health and social care will be issued in the next 12-18 months. This plan aims therefore to establish a foundation of awareness and commitment to act now to mitigate some of the worst effects of climate change.

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

Wells Jo
18/07/2024 09:34:32

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

☐ *Focus on Flow*	☒ *Think/Act as a Lead Provider*
☒ *Governance*	☒ *Improve Staff Experience*
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☐ *Elective Care: No Delays*	☒ *Strategic 'Big Moves'*

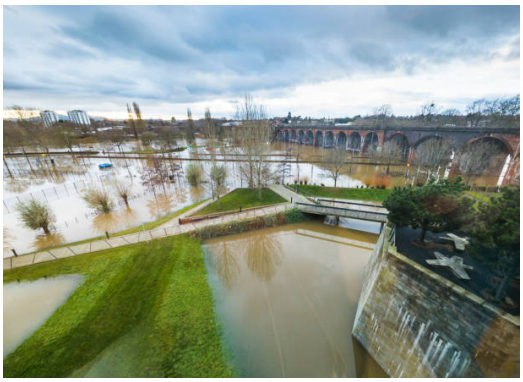
Worcestershire Acute Hospitals NHS Trust

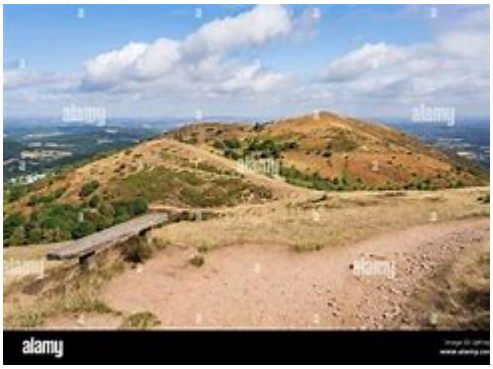
Climate Change

Adaptation Plan

2024-2028

Everybody's business





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