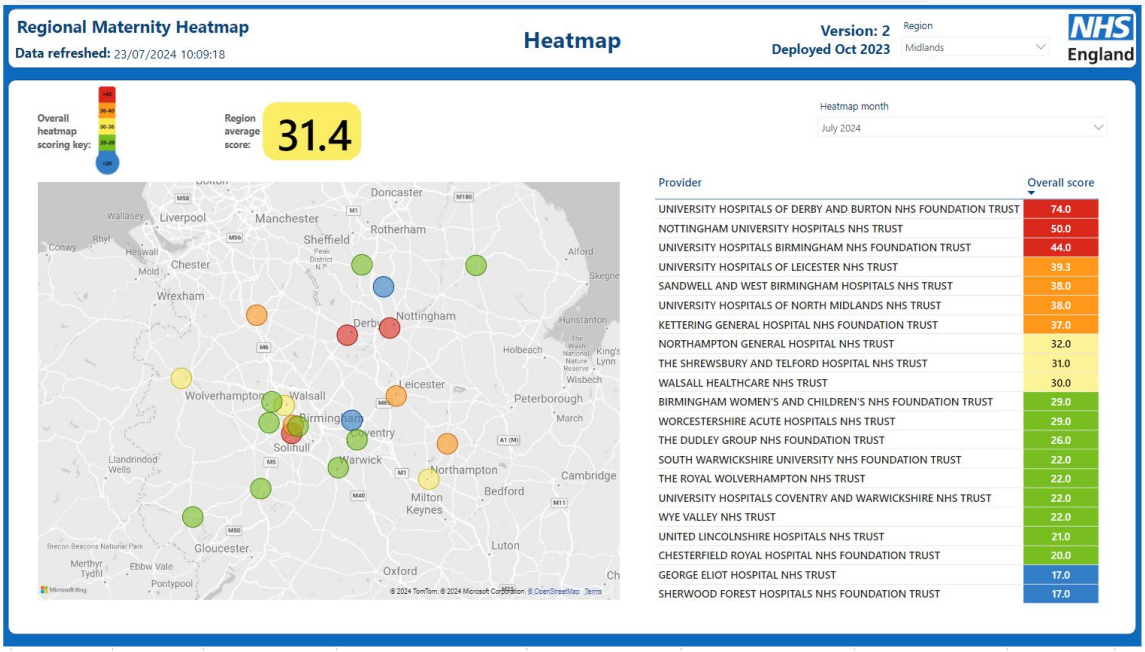
15. Regional Heatmap

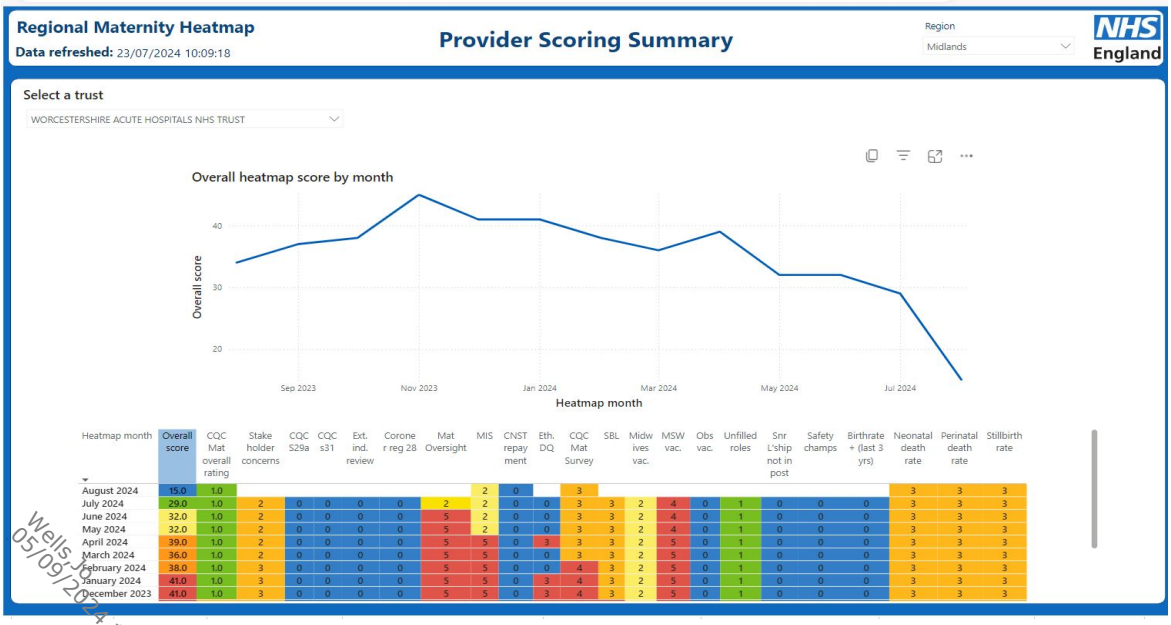
The Regional Perinatal Heatmap was introduced in October 2023 and tracks 22 quality and safety indicators. This will read the signs of trusts that require additional early intervention and support. It scores systems and providers to ensure the right level of support is in place to enable focussed quality improvement to address key challenges.

The heatmap score is used to determine which systems and trusts are encouraged to take up the offer of regional involvement in system-led insight visits to maternity services and additional regional improvement support. It aligns to the themes of the maternity and neonatal single delivery plan and perinatal quality surveillance model.

The regional position is shared below (updated July 2024):



The Trust position is as follows:



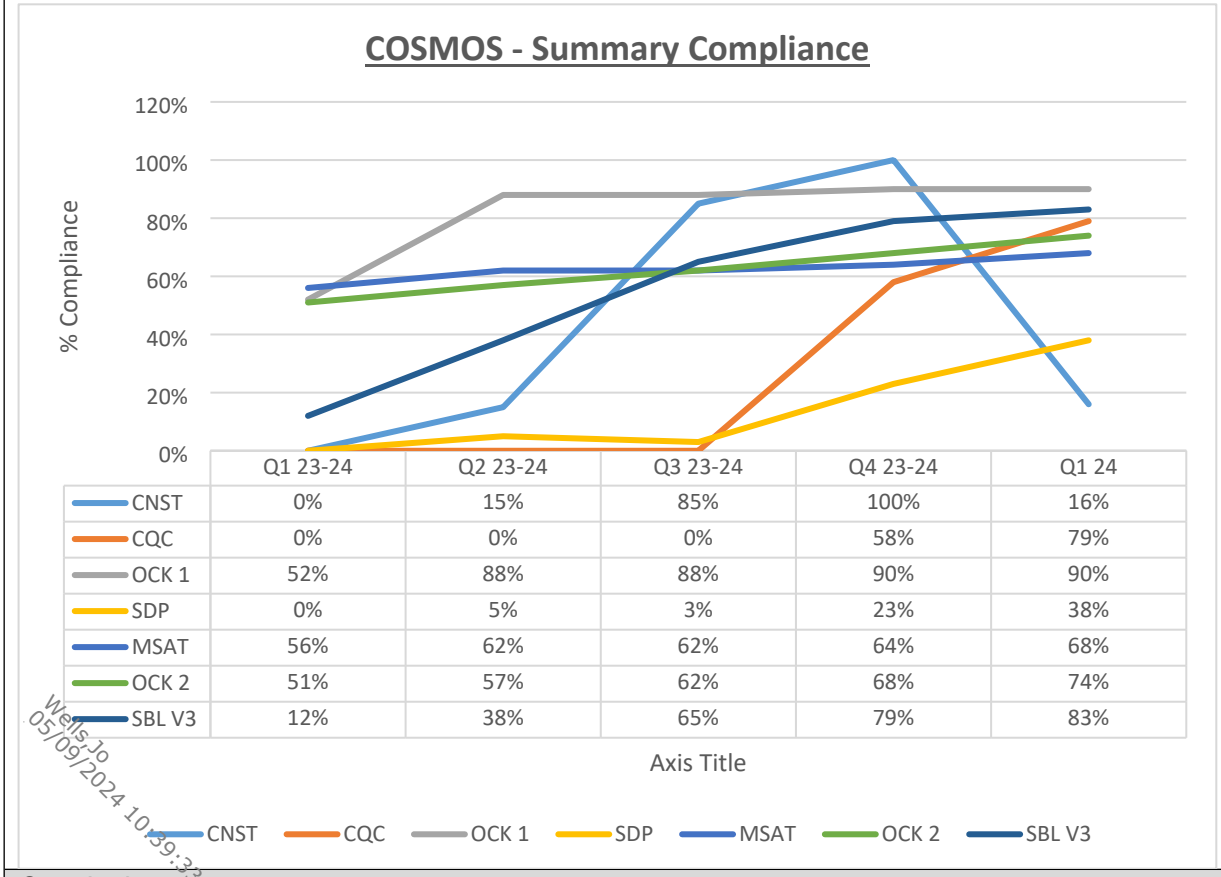
The score will reduce by 5 points across the next quarter as vacancies are filled. Further score reductions will be achieved if we can evidence compliance against the 10 CNST standards and the local perinatal death rate continues to reduce.

16. 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.

11th July 2024		Compliant	In progress	Overdue	Not Started	Total	Compliance
C	CNST	7	24	0	0	31	23%↑
C	CQC	20	0	4	0	24	80%↑
O	OCK 1	45	2	2	1	49	90%↔
S	SDP	25	36	1	2	64	39%↑
M	MSAT	106	18	18	14	156	68%↔
O	OCK 2	75	22	4	1	102	74%↑
S	SBL V3	Q4 LMNS Validated					83%↑

The directorates quarterly progress is presented below:



	Q1 23-24	Q2 23-24	Q3 23-24	Q4 23-24	Q1 24
CNST	0%	15%	85%	100%	16%
CQC	0%	0%	0%	58%	79%
OCK 1	52%	88%	88%	90%	90%
SDP	0%	5%	3%	23%	38%
MSAT	56%	62%	62%	64%	68%
OCK 2	51%	57%	62%	68%	74%
SBL V3	12%	38%	65%	79%	83%

Wells Jo 05/09/2024 10:39:33

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

NHS
Worcestershire
Acute Hospitals
NHS Trust

1. 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 July 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

2. Content of report

Harms

In July 2024 there were 19 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 June 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>98%</td><td>99%</td></tr><tr><td>HCSW</td><td>100%</td><td>112%</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 112% 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 during July 2024.	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 July 2024 was **9.1 (increased slightly from 8.8 in June)**. The average national range for CHPPD is **9.1** with a variation of **6.33 to 15.48**, which the Trust falls within.

Aconbury 3 and Aconbury 4 fell below the lower range at 6.1 for both areas. 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. Acuity and Dependency reviews with all Divisions have now taken place and an acuity and dependency paper, triangulating acuity data, quality and safety measures and professional judgement for all areas is in the process of being approved.

5 clinical areas were above the maximum variation level seen nationally, these findings 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%)

June 2024 data

Current Trust Position **WTE** **June 2024 data**	**Previous month** **May 2024**	**Model Hospital data Dec 2023 Benchmarking**	**Current level of Assurance**
RN 6.90% (150.46 WTE) HCSW 9.64% (102.99WTE)	RN 7.36% (160.92 WTE) HCSW 9.57% (102.34 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 for 100 nurses 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.

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.

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.

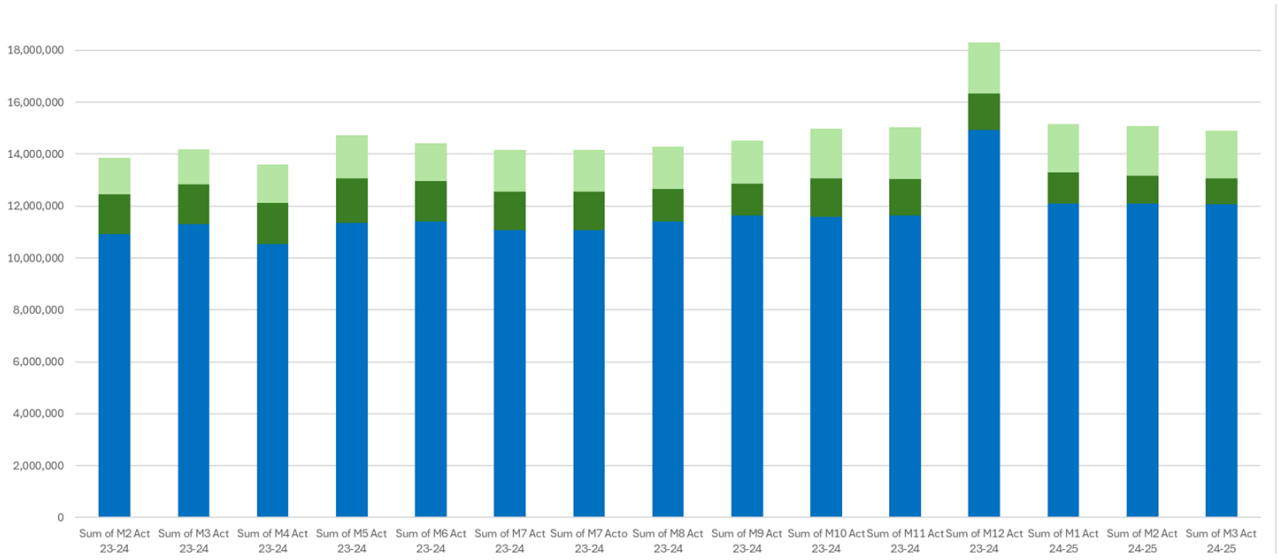
Bank and Agency Usage
June 2024 data

Bank and agency usage, total combined RN & HCSW of 600.8 WTE decreased in June (from 624.7 WTE in May):
Triangulated data for sickness / vacancy and maternity leave gives an overall absence of 360.06 WTE for registered (not including midwifery) and 213.69 WTE for unregistered nursing.

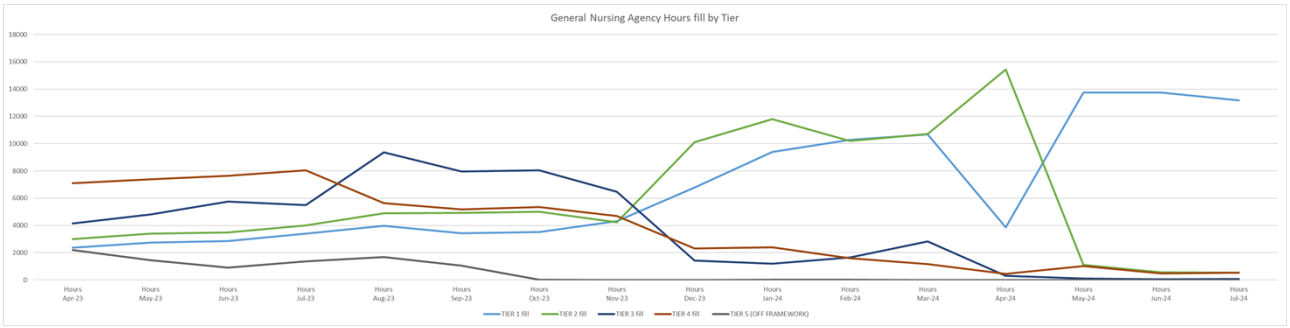
Model Health System (MHS) data shows wards fully established hence the difference from 4.6% (MHS) to 16-24% at WAHT.
Also noting, maternity and sickness are not within headroom cover substantively.

Current Trust Position WTE June 2024	Previous Month May 2024	**Model Health System Data Sep 2023 Benchmarking**	**Current level of assurance**
RN 15.5% (333.46 WTE) (165.92 Bank / 167.54 Agency) HCSW 26.8% (267.34 WTE) (240.74 Bank / 26.60 Agency)	RN 15.7 % (338.3 WTE) (163.48 Bank / 175.08 Agency) HCSW 28.6% (286.19 WTE) (255.36 Bank / 30.83 Agency)	RN 4.8% HCSW Not available	5

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
June 2024 data (% reflects updated headcount)

Current Trust Position June 24	**Previous Month May 24**	**Model Health System data Feb 2024 Benchmarking**	**Current Level of Assurance**
RN 5.49% (117.6 WTE)	RN 6.03% (129.2 WTE)	RN 5.4%	**5**

HCSW 7.39% (73.7 WTE)	HCSW 8.5% 84.77 (WTE)	HCA 7.5 %	

Absence (June 2024 data)

- 360.06 WTE RN total absence due to vacancy, sickness and maternity leave (from 380.19 in May & 405.98 WTE in April) versus bank and agency use of 333.46 (down from 339.28 in May & 380.19 WTE in April).
- 213.69 WTE HCSW total absence due to vacancy, sickness and maternity leave (decreased from 222.11 in May & 227.32 WTE in April) versus bank and agency usage of 267.34 WTE (decreased from 286.19 in May & 289.71 WTE in April).

The Trust currently has 92 RNs and 37 HCSWs on maternity leave (stable from May).

3. Summary/Conclusion

Safe staffing

- Staffing on Paediatrics and neonates has been maintained at safe levels throughout July 2024.
- Staffing on all adult areas in patient areas was also safe throughout July 2024.
- Fill rates were stable for July 2024
- CHPPD has increased in July 2024

Pay costs

- **Overall** nursing, midwifery and HCSW pay costs of £14,907,425 in June decreased from £15,096,275 in May, this is a decrease of £188,850 with this being largely attributable to reduction in substantive costs and a larger reduction in agency spend
    - **Substantive** nursing, midwifery and HCSW pay spend of £12,071,203 decreased slightly from £12,083,348 in May 2024.
    - **Bank** spend (registered and unregistered) of £1,838,324 decreased slightly from £1,856,253 in May.
    - **Agency** spend of £997,898 decreased from £1,078,264 in May; this is a further decrease of £80,366 in June.
    - **Overall bank and agency**
        - RN ↓15.5%, HCA ↓26.8%
- Throughout June 2024, the Trust has used 97.5 hrs of 'off framework' agency (Greys) across all registered nursing grades. This was utilised solely in Occupational Health.

Overall absence

RN ↓360.06 WTE, HCA↓ 213.69 WTE

This includes:

- **Vacancy**
- RN ↓6.90%, HCA ↑9.64%
- **Sickness**
- RN ↓5.49%, HCA ↓7.39%
- **Maternity Leave**
- RN 92 WTE, HCA 37 WTE

Current cover arrangements.

Currently budgets do not contain uplift for maternity leave cover and sickness. Whilst budgeted for, this sits within the bank / agency line so hence is reliant on temporary staffing solutions.

Use of surge capacity continues in the PDU 8 bed overflow area. Aconbury 0, Cardiac SDEC, Avon 4 and ward 15 the GRAT nurses and A&E corridor and waiting room, although substantively funded continue to be largely reliant on the use of temporary staffing solutions with recruitment pending.

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**10/09/2024**
Title of Report:	**Midwifery Safe Staffing Report July 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)

The Board is asked to note how safe midwifery staffing is monitored, and actions taken to mitigate any shortfalls. Also to 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%	4.27%↓	7.12%↓
Turnover rate (rolling)	11.5%	8.92%↓	18.12%↑
Vacancy rate (MW)	7%	10%↑	14% ↑*
Maternity Leave	-	4.84%↓	2.78%↓
Midwife to birth ratio (in post)	1:24	1:20	
1:1 care in labour	100%	Achieved	
Shift leader SN	-	Achieved	

*Following change in establishment

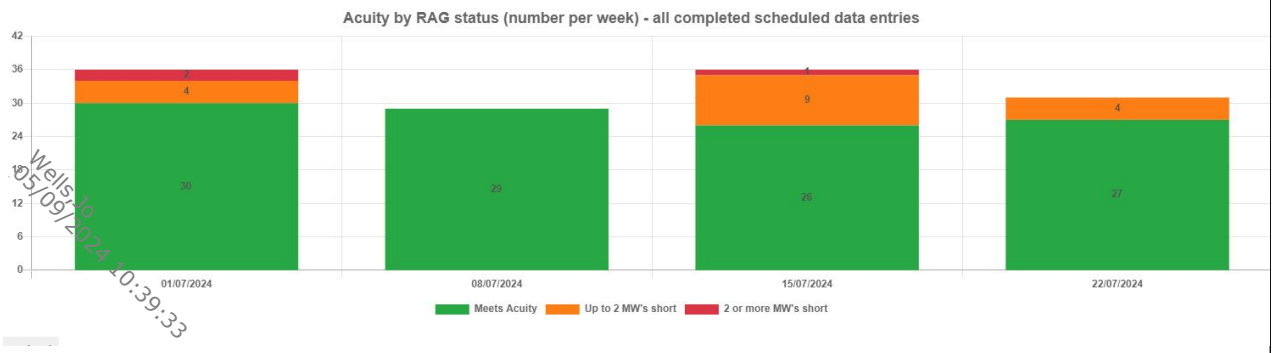
Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 79% of the expected intervals therefore the data presented is now reliable.

The diagram below demonstrates when staffing was met or did not meet the acuity. From the information available the acuity was met in 85% of the time and recorded at 15% 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 July following the mitigations taken that are detailed below.



The mitigations taken are presented in the diagram below and demonstrate the frequency (n=9 occasions) of when staff are reallocated from other areas of the inpatient service. In addition, there were five reported occasions when the continuity teams were deployed to supported the inpatient area – this is a decrease on the previous month. There was one report of staff not being able to take breaks and no reports of staff staying beyond their shift time. There was one reported concern escalated to the manager on call.

Number & % of Management Actions Taken

From 01/07/2024 to 31/07/2024

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

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

All of the NICE recommended red flags can be reported within the acuity app and are presented below. There was one red flag reported in July – the SL reported that they were not supernumerary during the shift, however they were rostered to be supernumerary at the onset of the shift. This was for a short period of time whilst escalation was initiated.

Number & % of Red Flags Recorded

From 01/07/2024 to 31/07/2024

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

Antenatal & Postnatal Wards

The ward acuity tool was relaunch in November. Training has now been completed and the tool was officially relaunched in February. The compliance for completion is poor and therefore the data cannot be reported as it is unreliable. Further work is ongoing with the teams.

Birthrate Plus 6 monthly desktop audit

The current recommended establishment is presented below:

Methodology Birthrate Plus (Ball & Washbrook)
Guidance RCM Staffing Standard 2009

Trust name				**Differentiated ratios**		%
				Tertiary		38 to 1
Service Type				DGH > 50% categiores IV & V		42 to 1
				DGH < 50% categiores IV & V		45 to 1
			Community excluding home and stand alone mlu births			98 to 1
			Home and stand alone mlu births			35 to 1
Leave allowance (%)						24.0%
Existing establishemt clinical midwives and clinical element managers/specialists						210.00
Exisiting establishment non clincial managers/specialist elements						33.89
Existing establishment band 3 and above *currently* included in 10% skill mix (those with appropriate qualifications, skills and competency used currentlyto replace midwifery times, includes nursery nurses, RGN's, MSW's)						-
Case Mix Ratio	No. Hospital Births	Home Births & Standa Alone MLU Births	Exports	Imports		
42:01:00	4800	300	200	500		
Hospital Midwives (no of hospital births / differntiated ratio (42))					A	114.29
Community Care (No of hopsital births - exports + imports /98)					B	52.04
Home Births & Stand Alone MLU births (No of births/35)					C	8.57
Total Clinical Midwives Required (A + B + C)					D	174.90
Assessed Ratio (Total births/ clinical midwives required)						29.16
Additional % required for non clinical element managers/specialists						20%
Additional number required for non clinical element managers/specialists						34.98
DAU/ANC/NIPE/USS						17.59
MCOC -Community element						26.00
Total Midwives required						253.47

Non - clinical Midwifery Roles

Within the tool a 10% increase in midwifery time is applied to support governance, specialist and leadership roles (20 WTE locally). This % increase has not been amended since the national changes were introduced as outlined in Ockenden and the NHSE Self-Assessment tool. There are 21 additional roles that have been funded by NHSE and the local council to support the Trust to deliver the national recommendations and ensure that national targets are met.

Funded establishment

The total requirement to deliver a safe maternity service is 253.47 WTE. The current funded midwifery establishment is 254 WTE therefore no additional funding is currently required.

Staffing incidents

There were two no harm staffing incidents:

1. Escalation of staff in inpatient area (2)

Medication Incidents

There were seven no harm medication incidents:

1. Prescription not signed (3)

2. Missing FP10 prescriptions
3. Medication given too soon (2)
4. CD not stored correctly

Monitoring the midwife to birth ratio

The ratio in May was 1:20 (in post) and 1:18 (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	79%	n/a	n/a	n/a
Antenatal Ward/Triage	97%	87%	90%	94%
Delivery Suite	84%	93%	49%	97%
Postnatal Ward	91%	90%	88%	93%
Meadow Birth Centre	64%	64%	81%	73%

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 22 unfilled clinical midwifery posts and 3 unfilled specialist roles – vacancy rate at 10%. Following a successful recruitment event 16 WTE midwives have received offers and are expected to be on boarded by the end of November 2024.

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

Sickness

Sickness absence rates for midwives were reported at 4.27% and 7.12% for non-registered staff – decrease noted in both groups.

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 8.92% for midwives and at 18.12% 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
- 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 14 occasions to maintain safety. The community and continuity of carer midwives were required to support the inpatient team on five 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 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 8.92% (MWs) and 18.12% (MSWs & MCA's). The vacancy rate is at 10% for MWs and 14% for MCA's. There are 16 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

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Worcestershire Acute Hospitals NHS Trust

Minutes for Quality Governance Committee

Thursday 25th July 2024 at 10.00 am
Via MS Teams

			Attendance Status
Chair	Julie Moore	Non-Executive Director (Chair)	**Y**
Required Attendees	Sarah Shingler	Chief Nursing Officer	**Y**
	Rachel Dunne	Deputy Chief Nursing Officer - ICB	
	Justine Jeffery	Director of Midwifery	**Y**
	Baylon Kamalarajan	Consultant Paediatrician and POSCU Lead	**Y**
	Helen Lancaster	Chief Operating Officer	**Y**
	Simon Murphy	Non-Executive Director	**Y**
	Vikki Lewis	Chief Digital officer	**Y**
	Michelle Lynch	Associate Non-Executive Director	**Y**
	Edwin Mitchell	Associate Divisional Director - SCSD	
	Nicholas Purser	Surgery Governance Lead	**Y**
	Stephen Collman	Managing Director	
	Alison Robinson	Deputy Chief Nursing Officer	
	Rosemary Smart	Public Patient Forum	**Y**
	Susan Smith	Deputy Chief Nursing Officer	
	Sue Sinclair	Associate Non-Executive Director	**Y**
	Jules Walton	Acting Chief Medical Officer	**Y**
	Julian Berlet	Acting Chief Medical Officer	**Apols**
	Simon Adams	Healthwatch	**Y**
	Erica Hermon	Company Secretary	
Attending			

Item	Title
QGC/24/1	**Welcome and Apologies for Absence**
	Dame Julie welcomed all present at the meeting.
QGC/24/2	**Declarations of Interest**
	There were no new declarations of interest raised.
QGC/24/3	**Minutes of the last meeting**

	The minutes of the meeting held on the 28th June 2024 were confirmed as a factual representation of the meeting and approved.
QGC/24/4	**Action Schedule**
	Progress on the outstanding actions were reviewed and updates received.
QGC/24/5	**Escalations from Chief Medical Officer and Nursing Officer for items outside of standard report / not on the agenda**
	Ms Shingler advised that there had been a peak in the number of patients with covid last month and a decision made to reintroduce the wearing of masks in clinical areas. Covid numbers have now reduced down to manageable levels at 50 down from 76 and numerous bed closures. Masks were now not being used. Mr Admas informed that there had been reference of wider IPC issues. Ms Shingler replied that there had been some kick back from staff. Mr Admas queried why no masks were available in outpatients. Ms Shingler replied that for a time, there were not enough masks in stock but had now been resolved. Mr Admas added that Healthwatch were supportive of the reintroduction of masks. A CPE outbreak on Avon 4 was reported with 17 infected patients over a 3 week period. A ward of 17 beds was closed and deep cleaned. There were concerns with ISS practices around that outbreak, nurse cleaning failures and poor IPC audits. Ms Shingler was now reassured that an improvement would be seen. Dame Julie stated that lessons should have had been learned and asked whether the issue would be raised at the PFI meeting. Ms Shingler replied that it would. There were also issues with bed pan washers that needed to be replaced and there are high numbers of nurse clean failures. Matron oversight had been increased to make improvements, but the Trust needed to work with ISS. Ms Walton updated that a visit from the Children's Network had taken place last week at the Alex and focused on paediatric pathways and the torsion pathway. Verbal positive feedback had been received but no written response had yet been received. Ms Walton added that concerns on that pathway were raised by ourselves. Dame Julie queried who the network report to. Ms Walton replied that the Quality Hub are now collecting that data and asking divisions to advise them of external visits. Ms Shingler stated that the Healthcare Standards Team are informed of different bodies for reviews, attend feedback sessions and report through the Regulatory Compliance Group. A report is presented to this Committee quarterly. Ms Shingler advised that any reviews taking place are approved by herself or Ms Walton. Ms Lancaster advised that a paper was presented in the Private Trust Board meeting on Tuesday regarding fire safety issues, particularly at the Alex. A meeting had taken place with the fire service. A number of Trusts have challenges with fire safety. Mitigations are in place including a refresh of the fire alarm system, a programme of work to replace all fire doors, enhanced fire training, additional audits and filling drill holes in the ceiling. Other Trusts that were built around the same have been approached regarding mitigation. Additional patrols out of hours from a fire safety point of view had been put in place along with the removal of toasters and a review of the electrical infrastructure. Evacuation process testing was being carried out. The fire service were working with the Trust, attended the site yesterday and were satisfied with the mitigations in place. The fire service had advised that the risk isn't such where they need to base an appliance on site. £500k had been allocated to expediate immediate pieces of work. Plans were being drafted for work over the next couple of years. The issue had been raised

	with the regional team and there is national money for fire safety improvement. A bid had been submitted to accelerate the programme. Monthly updates would be provided to the Committee.
QGC/24/6	**Best Services for Local People**
QGC/24/6.1	**Perinatal Safety Report**
	Ms Jeffery presented the report and highlighted the following key points: • Booking by 12+6 KPI's had been met. • Perinatal mortality rate remains within the national rate. • No deaths reported in month. • A media campaign was underway, co-produced with partners across the system. • 1 moderate harm incident had been reported. • Workforce KPI's remain static but slight there had been a slight increase in sickness of midwives. • Training KPI's are on trajectory. • Complaints and PALS had been reducing. • Induction of labour delays decreased in June but is awaiting data validation. • CNST was projecting 9 out of 10.
	Resolved that: The report was noted for assurance.
	Perinatal Incident Report
QGC/24/6.2	Ms Jeffery advised that 1 moderate harm was reported in month and related to a delay in delivery that led to an avoidable admission to neonate. The patient went home well. A rapid review took place and an additional meeting was planned. 9 action plans were reported with open 62 actions. 34 had been completed. Ms Sinclair advised that a Midlands perinatal NED network was held yesterday, which focused on digital poverty in pregnant women. Ms Sinclair would share slides. Ms Shingler welcomed a review and discussion at the Maternity Patient Safety Champion meeting. Ms Lewis would have a discussion with the digital lead of the ICB. *Ms Lancaster left the meeting.*
	Resolved that: The report was noted for assurance.
QGC/24/6.3	**Midwifery Safe Staffing Report**
	Ms Jeffery updated that staffing remained safe during June. Supernumerary status was achieved. 9 no harm incidents were reported. 13wte were due to start in September. Maternity Care Assistants were about to be advertised. The MSSP formal exit letter was received last month. A sustainability plan has been agreed with the ICB. Dame Julie queried how many Trusts were still in special measures. Ms Jeffrey replied that she would include a heatmap in next month's report. 4 Trusts were flagging as red. The Trust remained as amber.
	Resolved that: The report was noted for assurance.
QGC/24/6.4	**Nurse Staffing Report**
	Ms Shingler informed that safe staffing on paediatrics, neonates and all adult areas was maintained. The vacancy rate for RN's is 7.3%, which has risen due to additional business cases approved. There were 161 RN nurse vacancies. A recruitment trajectory

	was included within the report. The Trust was working with Worcester university for nurses and increasing the number of student nurse intakes. HCA vacancies has reduced. Agency spend was reducing month on month. 72 hours of off framework agency had been used and were largely within Occupational Heath areas and not inpatient areas. 27 insignificant or minor incidents had been reported with safe staffing due to vacancies on the day. Dame Julie stated that there had been issues previously raised around placements of juniors and associates and asked if there was an update. Ms Walton replied that a report was in the process of being written. No formal issues had been raised.
	Resolved that: The report was noted for assurance.
QGC/24/6.5	**Patient and Staff Survey Leadership Walkarounds Proposal**
	Ms Shingler informed that the formalisation of visits by Executives and NEDs had been requested by the Chair. A process was being produced and managed by the Healthcare Standards Team with CNO oversight. Monthly structured visits would take place with a NED, Executive and a senior corporate rep. Divisions will be informed ahead of the visits and formal feedback would be given to divisions along with any actions which will be monitored through the HCST. A quarterly report will be presented to the Committee. The visits would not replace ward accreditation visits,unannounced visits or NED responsibility visits such as FTSU and Maternity Safety Champion.
	Resolved that: The Leadership Walkaround Proposal was approved.
QGC/24/6.6	**Never Event – WEB 215956 – Patient Safety Incident Report**
	Ms Walton informed that a never event occurred in February this year which involved a retained swab in a cardiac pacemaker pocket. The incident was identified the following day on an x-ray. There was no harm or ongoing harm to patient following another procedure. Actions have been put in place to prevent recurrence. Ms Sinclair advised that cardiologists were working differently and don't often swab count, which is an important safety outcome. Ms Walton replied that there is a degree of variation but all were practicing within the framework. Assurance had been sought that swabs are counted in and out. Ms Walton added that the quality of the reports has improved.
	Resolved that: The report was noted.
QGC/24/7	**Best Experience of care and best outcomes for patients**
	Experience
QGC/24/7.1	**Integrated Performance Report**
	The IPR was taken at the beginning of the meeting due to presenter availability. Ms Lancaster highlighted the following key points: Improvements had been seen with ambulance handover delays. EAS standards remain challenged as a result of pressure at the back door and discharge challenges. The number of patients over 12 hours is decreasing. Weekly meetings were taking place to pick up immediate actions to provide support. Cancer performance continues to see improvements, particularly in relation to faster standards and 62 days, despite the number of referrals.

	Internal targets were being achieved. Dame Julie queried whether ambulance capacity had increased. Ms Lancaster replied that there were more vehicles on but were spread across the whole West Midlands. Outpatients continued to see good progress. The DNA rate was holding steady. Patient initiated follow up is improving but there is more to do. The DMO 1 diagnostic standard was not being met as capacity has been concentrated towards cancer. Ms Smart referred to timing in ED after speaking to a patient and asked when the ambulance time finished and ED started. Ms Lancaster replied that patients were the Trust's responsibility even if they are still in an ambulance outside. Last week, the Trust had over 500 attendances between both sites and has been struggling to recover. Ms Shingler reported that there had been 2 recent falls with harm. This followed a period of 7 months of no such incidents. Meetings in this area had been stepped up for more scrutiny with DCNO oversight. Ms Walton highlighted the T&O performance, which is the best it had been for 12 months.
	Resolved that: The report was noted for assurance.
QGC/24/7.2	**Bed Cleaning Review-**
	Ms Shingler presented the 6 month review on bed and trolly cleaning. There is a clearly defined process and detailed within the Cleaning Policy. Beds and trolleys have a minimum of an annual deep clean. There was 96% compliance of deep cleans, which is reported and monitored through PEOG and jointly Chaired by the Deputy CNO and Estates. There were a number of failures and there is concern around the level of nurse cleaning. Actions being taken were included within the report. 2 improvement events have been held in the last 2 weeks. There was good engagement. Monthly audits are carried out along with national audits which look at failures and compliance. Increased observations by Matrons had been introduced. Dame Julie asked how the annual deep clean is undertaken. Ms Shingler replied that there is a thorough, robust clean with the necessary cleaning agents. Beds have been swabbed and no problems have been identified. Ms Lynch queried whether volunteers could be utilised. Ms Shingler stated that though volunteers could be trained, there is reluctance as it's the responsibility of the ward workforce. Work was underway to increase the numbers of volunteers and develop a proposal which includes ward volunteers. Dame Julie cautioned that it would be difficult to hold volunteers to account.
	Resolved that: The report was noted for assurance.
QGC/24/7.3	**Quarterly Regulatory Compliance Group**
	Ms Shingler updated that the Group had been established to ensure adherence to regulatory standards across the Trust. There was previously a gap with coroner reports and CQC must and should do actions. Focus was on ensuring the must and should do actions are closed and evidence to demonstrate is included.

	One area of concern is around outpatients. The last inspection was in 2019. There are 6 must do and should do actions but the division state that they are no longer applicable. A further review had been requested by Ms Shingler.
	Resolved that: The report was noted for assurance.
QGC/24/8	**Governance**
QGC/24/8.1	**Risks**
	Ms Shingler presented the risks allocated to the committee. 1 scored 25 and above regarding junior doctors industrial action was now closed. 1 risk to add is the mandolite issue at the Alex, which will likely be scored at 20 or 25. Dame Julie asked whether there was a pharmacy workforce plan in place. Ms Walton replied that there is and is being updated. There was uncertainty about the EPMA. Ms Lewis added that there was a case being written for 7 day working and work was underway in relation to a pharmacy robot. Ms Sinclair stated that there was a shortfall of technical support staff in the case, which was being reworked. Ms Walton would liaise with Mr Berlet and provide an update. **Action.** Dame Julie queried how the medical staff shortages were being addressed. Ms Walton replied that work was underway around the GIM model. Historically, it was staffed outside of establishment and a business case was being drafted. The medical staffing plan would be presented to Trust Management Board and the People & Culture Committee. *Ms Dunne joined the meeting.* Dame Julie asked for an update on fluid issue monitoring. Ms Walton replied that the issue had been flagged through some patient safety incidents and timings on EPR. Ms Shingler added that there had been issues reported in relation to nurses completing fluid balance charts. Progress was under review at the Fundamentals of Care Committee.
	Resolved that: The report was noted for assurance.
QGC/24/8.2	**E/QIA Policy**
	Ms Shingler informed that the Trust Quality Impact Assessment had been reviewed and included an equality impact assessment within the policy. Reporting arrangements had also been updated.
	Resolved that: The E/QIA Policy was approved.
QGC/24/9	**Committee Escalations**
	Trust Board
	Escalations: Mandolite fire issues.
QGC/24/9.1	**Other Committees**
	No further items for discussion.
QGC/24/10	**Any Other business**
	There was no other business. Thanks and congratulations were passed to Ms Lewis on her new role.
QGC/24/11	**Reflections on the meeting**

QGC/24/12	**Close**
	The meeting closed at 11.25.

Enc A

EXTRAORDINARY AUDIT AND ASSURANCE COMMITTEE

Minutes of the Meeting held on Tuesday 25 June 2024 at 3.00pm
held via MS Teams

PRESENT:		
CHAIR:	Colin Horwath	Non-Executive Director
MEMBERS:	Simon Murphy	Non-Executive Director
	Tony Bramley	Non-Executive Director
	Karen Martin	Non-Executive Director
IN ATTENDANCE:		
	Erica Hermon	Company Secretary
	Neil Cook	Chief Finance Officer
	Lynne Walden	Associate Director of Finance (Financial Services & Coding)
	Andrew Smith	External Audit
APOLOGIES:	Emma Masters	Internal Audit
	Leanne Hawkes	Internal Audit
	Paul Westwood	Counter Fraud

001/24 **WELCOME AND APOLOGIES FOR ABSENCE** **ACTION**

Mr Horwath welcomed all to the meeting. There were no further items of business identified.

002/24 **DECLARATIONS OF INTEREST**

There were no new declarations of interest. Declarations are available on the Trust's website.

003/24 **Final version of Annual Report and Annual Governance Statement**

Ms Hermon presented the Annual Report and advised that the amendments had been incorporated as discussed and is awaiting signature from the Chief Executive.

Mr Horwath thanked the team for the final report.

External Audit

004/24 **External Audit – Audit Findings Report (Including VFM) 2023/24**

Mr Smith presented the final version of the report. There had been a number of changes which were not presented at the meeting last week.

A change to recommendations were noted. Additional evidence had been reviewed and additional recommendations made. One recommendation had been removed in relation to the Finance and Recovery Board.

Management responses and agreement have all now been received.

Mr Bramley queried missing recommendation 3 on page 18 of the report regarding the technical strategy.

Mr Horwath asked if there was anything in the context of the changes that should be highlighted. Mr Smith referred to page 5 which has been updated following a more up to date financial plan submission. There would likely be no substantial changes but it was clear that a caveat has been added for clarity from a reporting point of view. The majority are linked to factual accuracy.
The previous recommendation 6 has been removed.

Ms Hermon advised that page 19 refers to the Director of People and Culture and should be updated to Chief People Officer.

Mr Horwath referred to CPIPs and resources available internally in order to achieve and observed a comment that resource was lacking. Mr Smith replied that it related to project management resource, monitoring of delivery and support of implementations. It was felt that there should be a review of PMO resources to provide more support to the wider Trust and was detailed within recommendation 2.

Mr Horwath asked if there was any comparison with other Trusts. Mr Smith replied that there was no benchmarking. Recommendations were based on observations of interviews and a review of arrangements in terms of the PMO.

Mr Horwath summarised that the Trust was taking the report seriously and teams were discussing mechanisms to take the recommendations forward.

RESOLVED THAT: The Audit Findings Report was approved.

For Information

005/24 **Any Other Business**
There was no other business.

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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PEOPLE & CULTURE COMMITTEE

Minutes of the meeting
Monday 3rd June 2024 at 09:30
Virtual

Present		
Chair	Karen Martin	Non-Executive Director
Members	Alison Koeltgen	Chief People Officer
	Justine Jeffery	Director of Midwifery
	Colin Horwath	Non-Executive Director
Attendees	Stephen Collman	Managing Director
	Richard Haynes	Director of Communications & Engagement
	Bianca Edwards	Assistant Director of People
	Rich Luckman	Assistant Director of People & Culture
	Sue Sinclair	Associate Non-Executive Director
	Melanie Stinton	Freedom to Speak Up Guardian/Lead 4ward Advocate
	Sarah Shingler	Chief Nursing Officer
	Lynne Walden	Associate Director of Finance (Financial Services & Coding)
	Jules Walton	Interim Chief Medical Officer
	Sue Hayes	Hospital Engagement Officer for WAHT Charity
	Sophie Burt	Head of Fundraising and Community Development
	Liz Faulkner	Assistant Director HR Corporate Services
Apologies	Julie Moore	Non-Executive Director
	Erica Hermon	Company Secretary

Ref		Action
039/24	**Chairs Welcome and Apologies for Absence**	
	Ms Martin welcomed all to the meeting and the apologies received were acknowledged.	
040/24	**Quorum and Declarations of Interests**	
	There were no additional Declarations of Interest pertinent to the agenda. Declarations of Interest are available on the Trust's website. Ms Martin confirmed that: a) A Quorum of the P&C was present. b) There were no declarations of interest. c)	
041/24	**Minutes of the previous meeting**	
	The minutes of the last meeting held on the 2nd April 2024 were reviewed and agreed as a true and accurate record. **RESOLVED – that the minutes of the meeting held on the 2nd April 2024 approved.**	
042/24	**Matters Arising and Review of ongoing Action Log**	
	The ongoing action log was reviewed and updated accordingly.	

043/24	**Staff Story – Compassionate Leadership (DAWN Network)**	
	Ms Hayes explained to the group that her role as Hospital engagement Officer for the charity means that she focusses on the delivery of charity funded wellbeing projects. Ms Hayes stressed the importance of compassionate leadership in releasing staff to participate in wellbeing events and understanding that enhancing well-being enhances performance. Ms Hayes thanked her own compassionate leader, Ms Burt, and explained that the team feels valued and that their opinions and wellbeing matter. Ms Hayes shared details of her own life being a working carer and that this can be a challenge for many staff across the Trust, making compassionate leadership all the more important. Ms Burt supported Ms Hayes in working flexibly to enable her to support her family and takes the time for regular wellbeing checks. Ms Hayes shared that she also had ADHD and Autism and that Ms Burt supports her in managing her workload, taking into account her strengths and weaknesses. Ms Burt listens with empathy and because of this, inspires Ms Hayes to want to come into work and be the best version of herself that she can be. Ms Hayes shared messages from other members of Ms Burt's team, detailing her role as a compassionate leader, supporting her staff to do the best that they can. Ms Martin commended Ms Burt for her leadership and asked Mr Luckman about the level of engagement with the current Compassionate Leadership training that the Trust offers. Mr Luckman explained that the training is self-selected and that a large number of staff signed up when it was first launched but this is beginning to slow down now. Mr Luckman suggested it may be useful to include this in induction for new managers. Ms Koeltgen emphasised the difference that compassionate leadership has made in enabling Ms Hayes to stay engaged and in work. Ms Koeltgen added that the challenges Ms Hayes is managing could be seen as limitations, but with the right manager, this need not be the case. Mr Haynes echoed the praise for Ms Burt's leadership and agreed that the message should be shared across the organisation that high levels of performance can be maintained whilst also supporting a flexible and compassionate approach to management. Mr Collman added that effective leadership can be limited for a manager who has many direct reports, in comparison to one that has fewer, and that this needs to be explored.	
044/24	**Chief People Officer Report**	
	Ms Koeltgen presented the report containing key headlines for the committee to be aware of. The Consultant deal has been accepted so there is no further threat of industrial action from consultants. However, notice has been	

	received for industrial action by Junior Doctors at the end of June and beginning of July. Negotiations with SAS Doctors are making progress and an offer is being considered to address the imbalance in SAS Doctor contracts.	
045/24	**Integrated People & Culture Report (Future Priorities)**	
	Ms Koeltgen explained that the Integrated Performance Report has been included as an appendix, and that the report will focus on priorities for the next 12 months. The first meeting has taken place between Executives to discuss the new work on the Trust's vision and values, and this is now being officially launched to seek engagement and feedback from staff across the Trust. A series of workshops will be held across different sites for key staff groups to attend and share their thoughts. Suggestions will be shared in the Workshops in order to get the conversation going but Ms Koeltgen noted need to avoid censoring staff's thoughts and opinions. Once the vision and values for the organisation have been identified this will feed into other work such as review of the Leadership Development Training and recruitment process. Ms Koeltgen shared that a new Resolution Framework will be developed, and this will ensure that informal methods of resolution such as facilitation and mediation are being explored thoroughly before cases escalate to a formal grievance. Other key focusses for the next 12 months include maintaining control of headcount and temporary staffing mechanisms, agency reduction and the Healthcare Support Worker transition programme. An appreciation week for staff towards the end of summer is being discussed to build on the engagement following the vision and values work and keep the momentum moving into the next Staff Survey. Mr Horwath suggested that the document could be reviewed to more closely align with the 10-point plan, and that emphasis on productivity and effective working could be included within BP2 as this will be key for recruitment and retention. Ms Martin raised job planning and increased sickness absence as a concern. Ms Koeltgen explained that the S10 category for stress and anxiety related sickness absence continues to be of significant concern. The importance of following the correct process and conducting return to work meetings and trigger meetings was stressed to the Divisional teams at the recent Finance Performance Executive meetings. There is a need to be a compassionate leader whilst also ensuring boundaries and correct processes are followed. Ms Koeltgen also shared that there have been concerns regarding capacity of the Occupational health team and additional temporary resources have been secured in order to support. Ms Martin queried if all referrals to Occupational Health are necessary and Ms Edwards advised that monthly meetings have been arranged for the	

	Occupational Health team to discuss cases where referrals were not necessary, and this learning can be shared back to managers to advise them that a referral was not necessary. Ms Martin noted it would be beneficial to see how much of the agency spend is to cover sickness absence. Ms Shingler advised that the Nursing Staffing report includes the number of whole-time equivalents there have been in month due to sickness and maternity. Ms Faulkner noted that the accuracy of the reason for booking will have an impact on the data and shared that according to the current data, less than 1% of booking reasons for Medics are due to sickness. Ms Jeffery commented that Maternity do not use agency anymore, only NHSP bank and this usage is currently under the vacancy rate.	
	Best People	
046/24	**Actions to support "Staff Survey Response Rate" Improvement** Mr Luckman shared that discussions took place with Divisions in December and January to understand why some staff have not completed a staff survey. The feedback has been that some staff are experiencing survey fatigue, and some do not feel they have the time to complete the survey. It was also reported that staff did not have somewhere private they could go or a computer they could complete the survey on. Mr Luckman shared that this paper has been created to outline suggested actions that the Trust can take to increase the response rate. A stakeholder event will be held in the next few weeks to discuss what support can be given to Divisions and clinical areas. Mr Luckman added that the responsibility for improving response rates is shared by everyone and that Executives will be asked for increased visibility during Appreciation week in September. An Incentives Menu is also included within the report that details the costs of incentives, for example taking a teas and coffees to clinical areas and inviting staff to sit down and complete the survey with a drink. Mr Horwath supported the idea of incentivising individuals to show that the Trust wants to hear their voice but suggested that cash incentives for example might create some backlash and asked if these are used by the rest of the Foundation Group. Mr Luckman advised that cash incentives are not used by the rest of the Foundation Group but that the report has been created to cover all suggestions for consideration. Ms Martin commented that in her experience in other organisations, cash incentives have worked initially but then need to be removed the next year. Ms Shingler and Mr Haynes agreed that a small token of appreciation for the Executives to hand out when they visit staff such as a Kit Kat to encourage staff to take a break, would have more impact than a cash lump sum. Mr Collman recognised the need to be cautious with the timing of Appreciation Week in relation to the launch of the next Staff Survey and explained that the Trust needs to be critical of itself; identifying what is different in this organisation, compared to other organisations, that might be causing a negative impact. Mr Collman	

	noted that the key issue is that staff do not feel completing the survey adds any value, and that issues will not be addressed. Ms Jeffery shared that Maternity have recently completed a culture survey for NHS England and achieved a response rate of 60%. The only incentive that was used was clinical staff offering to relieve other staff, so that they could take time out to complete the survey. A Culture Coach from NHS England will be working with the team regarding the culture survey, and they will also include the Staff Survey. Ms Jeffery added that some staff can feel the action plans are provided for them, rather than being involved in its creation. Ms Martin suggested collating a list of the other surveys staff are asked to take part in, in order to understand which areas might be suffering from survey fatigue. Ms Sinclair agreed that a cash incentive would not be well-received and that staff would value time and effort more.	
	Best Use of Resources	
047/24	**Salary Overpayments** Ms Walden explained the purpose of the report is to highlight the mistakes made by the Trust which have resulted in overpayments. For 11 months in 23/24 the Trust had on average £62,000 a month on salary overpayments, which is £687k year to date. Ms Walden shared that the biggest causes are late submission of leaver forms and staff changing their hours when a change form has not been processed. Ms Walden shared that the goal is to improve the process so that it is a better experience for staff and also prevents additional workload for HR and Finance teams. Ms Walden shared an example of a member of staff being overpaid and it costing the organisation roughly £300 to solve the issue. Ms Walden advised that training will be arranged regarding submission of forms in a timely manner and who to contact if staff think they have been overpaid. Overpayments are actively recovered by the Trust and staff who have been overpaid will receive a letter from SBS offering them terms to repay. Ms Sinclair commended Ms Walden for sharing the paper and questioned what actions the Trust will be taking to reduce the number of overpayments. Ms Walden responded that most overpayments are due to late submission of leaver forms and this will be highlighted in the training for managers. Ms Martin added that it would be beneficial to see more robustness in terms of actions against managers that repeatedly submit forms late, as this is a performance and leadership issue. Ms Koeltgen echoed Ms Martin's concerns but added that the Trust must remain compassionate when reclaiming overpayments in the current financial climate. Ms Koeltgen shared that Oxford University Hospitals have recently launched a digital solution with a HR module and the business case is centred on reducing or eliminating overpayments. There were discussions regarding the process of unactioned leaver or change forms and it was agreed to discuss this further offline. Mr	

	Horwath offered assurance that Audit & Assurance Committee will be monitoring this issue closely. Dr Walton noted that the majority of the overpayments are amongst Medics and that this can be related to the lack of assurance regarding sickness reporting and the line management process for Medics. Dr Walton raised a lack of clarity in the Medical structure and recognised this could be due to rotations and the management lying with the Deanery, not the Trust, meaning Administration staff may not have the information needed in order to submit the forms in a timely manner. Ms Martin asked Ms Walden to explore the suggestions raised and report back to Audit committee.	
048/24	**Consultant Job Planning** Dr Walton presented the paper and noted it has been reviewed at Audit Committee too. The report offers reassurance regarding the concerns that have previously been raised about medical job planning. Ms Sinclair commented that she feels more reassured about the issue now with this report.	
049/24	**Medical Agency Reduction** Ms Faulkner presented the report and explained that the data does not show that sickness is the root cause for bank and agency usage for Medics. The Trust benchmarks slightly below the national and regional averages. Ms Faulkner clarified that there is no headroom applied for Annual Leave or sickness cover for Medics, whereas there is headroom for this in Nursing. There are clear actions in terms of job planning now that the new Job Planning Policy has been agreed, and a consistency panel is now in place. Ms Faulkner highlighted that the vast majority of bookings are due to vacancies so there needs to be a focus on recruitment. Following the recruitment business case last year and the efforts of the forward improvement programme there has been significant progress in recruitment; 13 AACs are planned until September. The Medical Agency Reduction Programme will commence from today and will be replacing the Doctors and Workforce Associates Group. The Divisions will be asked to present updates on their recruitment plans and job planning. Mr Horwath suggested including additional KPIs in the report such as how the Trust is monitoring that actions are having the effect that is desired, and whether they are in fact being achieved. Ms Faulkner responded that one of the programmes being explored is regarding non-direct engagement; there is a 20% saving per booking for Medics who are directly engaged by the Trust, as there is no VAT. The Urgent Care division in particular uses a considerable amount of non-direct engagement doctors, so this has been identified as a quick win.	

	Ms Faulkner added that she is working with Procurement in terms of cost avoidance from agency bookings; the West Midlands cluster has agreed recently that penalties will start to be applied to agencies if they are not working within the agency cap. The committee agreed that regular updates in the form of this report would be beneficial.	
	Governance	
050/24	**People & Culture Risk Register** Ms Koeltgen explained that she has worked closely with her senior team to review the Risk Register and to clearly identify which are risks, issues, and which are concerns that need to be raised at Committees. Risks scoring over 12 have been highlighted. This has reduced the register from 35 risks to a more manageable size. Ms Koeltgen shared that some descriptions have been slightly amended, such as regarding Recruitment; this is an issue across the whole NHS, but the risk to the Trust specifically is identifying which posts are most difficult to fill and having appropriate actions in place to mitigate this. Mr Horwath suggested that the description for risk 3 (accessing development for leadership teams) could be expanded to include the importance of supporting staff to take on leadership roles. It was also suggested that additional controls could be included for risk 11. **ACTION: Risk 3 (Leadership capability) description to be expanded to include the importance of supporting staff to take on leadership roles.** **ACTION: Additional controls to be added to Risk 11 (Future Proof).** Ms Martin asked if the date that risks were first introduced could be included and agreed that some risks will always be on the register and could be identified as “tolerated risks”. Ms Martin raised the risk regarding the Occupational Health clinic room at the Alex. The room is not fit for purpose, clinical incidents are occurring, and the action is now with the Space Utilisation Group to find an alternative space. Ms Martin shared her concern that clinical incidents are happening and that an Occupational Health room may not be given priority for space. It was suggested that the risk and the corresponding action are reviewed to ensure that there is an appropriate, tangible action in place against the risk of clinical incidents that has been identified. **ACTION: Risk PC36 regarding the Occupational Health Clinic room at the Alex to be reviewed and ensure that there is an appropriate action.**	
051/24	**Policy Governance Framework** Ms Edwards presented the paper and explained that it covers all HR policies that have been approved within the last 12 months, as well as those that have expired or are due to expire imminently. Policies	

	that are out of date are being drafted and then will be sent to the relevant groups for approval. Policies that will have a potential cost impact will also be submitted to Trust Management Board for approval. Ms Martin queried whether specific policies required approval by Trust Board. Ms Edwards advised that she was not aware of this and Ms Martin suggested that formal delegation of policy approval by Trust Board should be noted on the flowchart. Ms Koeltgen added that the JNCC Terms of Reference would be an appropriate document to record the delegation.	
	Any Other Business (AOB)	
052/24	Ms Martin asked the group to ensure correct titles when submitting documents. Mr Collman suggested a report following the Executive's visit to Leeds to observe and learn about the VMI approach would be useful for the next Committee meeting. Ms Martin agreed that this would be beneficial. **ACTION: Feedback report following Executive's visit to Leeds to come to the October meeting.**	
	Date of Next Meeting	
	The date of the next meeting is Tuesday 6th August, Co-Lab Kidderminster Treatment Centre.	

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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**10/09/2024**
Title of Report:	Board Assurance Framework (BAF)
Status of report:	☐**Approval** ☐**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	Executive Risk Management, Trust Board
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Nursing Officer**
Author:	Erica Hermon, Company Secretary
Documents covered by this report:	BAF as at 3 September 2024

1. Purpose of the report

To present the Board Assurance Framework (BAF), which identifies the risks to delivery of WAHT's strategic objectives for 2024/25.

2. Recommendation(s)

The WAHT Trust Board is invited to note:

- The risks to delivery of WAHT's strategic objectives 2024/25.
- That the risk register is expected to be presented to the October Trust Board

3. Chief Officer/Executive Director Opinion[1]

The attached Board Assurance Framework (BAF) is a live document hosted on the Trust's Incident and Risk Management system (Datix). This document is continually updated to identify and capture those risks that impact on the delivery of the Trust's 2024/25 objectives. The BAF also reflects the direction of travel of each risk since last reporting to the Board in June 2024..

In response to an internal audit in 2023/24, the Trust's new Risk Management Strategy was approved by the Trust Board in March 2024 to ensure that risks are identified, assessed, controlled, monitored and when necessary, escalated. In so doing, the Trust has continued to adopt the NHS standardised approach for calculating the level of risk by multiplying the Likelihood (probability or frequency) and Impact (severity) using a 5 x 5 risk matrix. Whilst significant improvements have been made to the Trust's risk registers since, work continues to ensure a consistent and proportionate application of the policy. It is envisaged that this work will have been completed in order that, at October's meeting, the Trust Board is sighted on those very high risks being faced by the Trust, providing assurance that effective mitigations are in place and/or that actions are in place to reduce the risks further.

In the meantime, these risks are reviewed routinely by the Executive Risk Committee (established in March 2024).

[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.

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'*

ID	Opened	Title	Description	Consequence (current)	Likelihood (current)	Rating (current)	Risk level (current)	Hospital Director or Executive Lead	Controls	Assurance	Gaps in controls	Gaps in assurance	Review date	Rating (initial)	Risk level (initial)	Rating (Target)	Risk level (Target)	Direction of Travel
5483	23.02.2024	BAF 2024 - Leading the NHS on Carbon Reduction	There is a risk that, as an anchor institution, the capital investment, resource and approval required to achieve the NHS Greener Plan and the 'Big Move' carbon reduction is not available, leading to an inability to meet compliance with the 10 point plan and national targets.	Minor	Almost certain	10	High	Chief Strategy Officer	Green Steering Group Foundation Group Support Sustainability grants	Capital planning	Not being awarded sustainability grants when available Lack of capacity to prepare or respond to grant requests in a timely way Lack of capital funding Lack of resource to provide programme support	Over commitment and/or reduction in SALIX funding Over commitment of capital funding schemes prioritsed to operational or remedial work	30.09.2024	10	High	6	Moderate	➡
5474	19.02.2024	BAF 2024 - Culture	There is a risk that, if we fail to sustain a positive change in organisational culture and communicate the 4ward improvement system, the trust will fail to have the best people and be unable to deliver safe and effective high-quality compassionate treatment and care.	Moderate	Likely	12	High	Chief People Officer	People and Culture 3-year plan Behaviour Charter 4ward Improvement FTSU Guardian and Champions Staff Inclusion Networks 4ward Advocates	JNCC Freedom to Speak Up Culture Steering Group NHS Staff Survey	Enduring and stable leadership Staff engagement and confidence in FTSU and other processes Effective leadership at all levels Clear and universally understood vision for organisational culture	Variability in ward to board implementation Poor response to the NHS Staff Survey	30.09.2024	15	Extreme	6	Moderate	➡
5475	19.02.2024	BAF 2024 - Health and Wellbeing	There is a risk of significant negative impact on staffs' health and wellbeing (including sickness absence, low morale), their experience and retention due to operational pressures, industrial action and workloads.	Moderate	Likely	12	High	Chief People Officer	Staff Health and Wellbeing Service (which includes free counselling) National NHS well-being support apps Clinical psychologist support Health and Wellbeing Brochure/Bulletin Effective interventions in response to well-being issues Menopause support group Health@work service available to meet requirements of the Trust. Wellbeing Plan	JNCC feedback Finance and Performance Executive Board Integrated Performance Report ICS 'great place to work' project group Best People Steering Group	Speed and delivery of ICS-wide review of occupational health services Inability to plan rotas around ongoing industrial action and other staff absences	Expediency of future Occupational Health and Wellbeing Services structure and their ability to meet the Trust's requirements and wider across the ICS	30.09.2024	15	Extreme	9	High	➡
5480	22.02.2024	BAF 2024 - Digital Strategies to Support 'Big Moves'	There is a risk of a delay to the delivery of benefits and the future capital funding of digital infrastructure to support 'Big Moves' due to the scale, number and complexity of individual projects and the change/transition requirements of the workforce.	Major	Possible	12	High	Chief Digital Officer	Digital Governance Framework to address: training; workforce; oversight Risk management Project management (including scope of delivery) Annual business planning cycle	Digital strategy group	Change management and training of staff Staff engagement Work pressures and availability of staff to be released to attend training Lack of resilience in resource plans Impact of the introduction of digital strategies across all stakeholders Uncertainly of national priorities and funding for delivery of digital strategies Competing digital priorities internally/system-wide Oversubscription of digital initiatives against base resources		30.09.2024	16	Extreme	12	High	➡
5484	23.02.2024	BAF 2024 - Maturity of PLACE	There is a risk that, due to the immaturity of PLACE, PLACE is unable to achieve their objectives or provide sufficient system assurance to reduce inequalities and improve sufficiently the 'home first mindset', to provide support to more people at home, which would enable WAHT to deliver on its objectives.	Moderate	Likely	12	High	Chief Strategy Officer	Frailty strategy Revised governance and repurposed integrated PLACE delivery groups Primary and secondary interface group Being well strategy Fuller action plan Worcestershire PLACE communications cell	New PLACE Board (from April 2024) chaired by CEO New Integrated Delivery Board (from April 2024) chaired by HWHCT CEO Health Inequalities Programme Board with HI champions	Lack of co-designed PLACE plan PLACE development director vacancy Emergency pathway approach eg frailty, LTC Lack of coherent demand and capacity plan/use of single bed base PLACE strategy	BI resource to support PLACE-level management oversight Clarity on roles and responsibilities (emergent)	30.09.2024	15	Extreme	6	Moderate	➡
5486	23.02.2024	BAF 2024 - Partnership with large specialist providers	There is a risk that tertiary partnerships will be unable to deliver and improve upon existing local, regional and system-wide services (including fragile services) resulting in a failure to deliver appropriate tertiary care and improve patient outcomes.	Major	Possible	12	High	Chief Strategy Officer	Clinical services strategy WM Diagnostic network SM Pathology network WM Cancer Alliance Fragile Services CMO/COO forum at ICS and Foundation Group level Regional Trauma Network	Elective, Cancer & Diagnostic Delivery Group ICS Programme Board SM Partnership Board ICS CMO/COO forum TRID System - Trauma Incidents	Identifying areas of opportunity for future tertiary partnerships Tertiary partnership work programme Delivery of partner performance targets Impact of delegation of specialist commissioning to ICB	Refreshed CSS 2024 to clarify strategy and review strategic partnerships to support strong MDT working Lack of clear commissioning oversight by ICB	30.09.2024	12	High	6	Moderate	➡

5492	27.02.2024	BAF 2024 - Capital Investment to support delivery of the 10 Point Plan	There is a risk that capital funds are not sufficient to meet the collective requirements of the Trust, not limited to the delivery and investment in key estates and digital infrastructure plus Trust medical equipment due to a restriction on the capital resources available to the Trust which could lead to a worsening of the condition of the Trust's estate and/or an inability to procure essential ICT systems and medical equipment resulting in adverse impacts on healthcare delivery.	Moderate	Almost certain	15	Extreme	Chief Financial Officer	Capital planning and prioritisation of key schemes and equipment Holding contingency funds for adhoc emergency requirements Seeking further capital funding from available outlets Operational planning process Capital risks and opportunities analysis	Project teams and programme board structure in place for major schemes Estates and Facilities Delivery Board Capital Planning and Delivery Group Business case approval process in line with Standing Financial Instructions Financial reports to Board Strategic Programme Board in place	Ability to determine emergency capital spend requirements Approval of capital fund applications Capital funding provided is not sufficient to meet whole requirement Uncertainty regarding level of future funding resource Time to develop proper business cases ahead of submission for 'tight turnaround' requests from NHSE	Time to gain full assurance on 'tight turnaround' outline business cases submitted to NHSE for funding. Risk of overspend and mitigation of consequences not identified on 'tight turnaround' business cases at outset. Risk of project slippage (and associated costs) on critical projects not considered within original business case.	30.09.2024	15	Extreme	9	High	↑
5473	19.02.2024	BAF 2024 - Workforce	There is a risk to achieving the Trust's 10 Point Plan due to: staff shortages; being unable to recruit to clinical, nursing and support staff vacancies; and, failure to achieve staffs' full operating capabilities - resulting in the use of locum staff (and an inability to comply with agency caps), increasing costs, a lack of capacity to deliver national standards, local plans and to address service fragility.	Major	Likely	16	Extreme	Chief People Officer	Workforce Plan Recruitment Plan Retention Plan Staff Offer Agency Reduction Plan e-rostering Use of NHS Professionals International Recruitment	Best People Steering Group Board Integrated Performance Report Finance and Performance Executive Integrated People and Culture Report	Governance process to allow Advance Practitioners to fulfill their maximum operating capabilities Agenda for change does not support competitive salaries required for some roles (eg digital and informatics posts) National shortages of clinical staff, both medics and registered nurses Operational pressures impacting on the ability of managers to complete timely recruitment and retention processes Uncertainly of the impact of industrial action Clear workforce plan that addresses opportunities within the ICS	National compliance with directive on nil off-framework agency usage Expediency of ICS-wide initiatives National long-term plan	30.09.2024	20	Extreme	12	High	→
5479	21.02.2024	BAF 2024 - Ability of System to Manage Flow Across the Urgent and Emergency Care Pathway	There is a risk that the system is unable to enact the measures required to avoid the need for hospital care, the management of discharge pathways and the unblocking of barriers which, in turn, places unrelenting pressure on the Trust's urgent and emergency care pathway increasing the risk and scale of patient safety incidents, poor patient experience and quality of care.	Major	Almost certain	20	Extreme	Chief Operating Officer	System-wide Silver Meetings Winter Plan Single Point of Access Same-day Emergency Care Urgent Care Response/Call Before You Convey Discharge Planning	Hospital Flow Delivery Group	Additional financial burden as a result of inability to mitigate additional activity at the 'front door' Winter plan/pathway initatives untested Ability to prevent 4 and 12 hour ED breaches and improve system flow	System oversight of discharge delays and capacity Availability of Quality Impact Assessments to support surge and escalation activity Plan to address mission creep to 'business as usual'. Normalised bed capacity greater than 100%	30.09.2024	20	Extreme	8	High	→
5481	22.02.2024	BAF 2024 - Cyber Security	There is a risk to the achievement of the Trust's 'focus on flow' and 'Big Moves' objectives plus overall service delivery due to potential system failure due to cyber security attacks.	Catastrophic	Likely	20	Extreme	Chief Digital Officer	Cybersecurity action plan Trust and Digital division risk management process Perimeter level cyber security mechanisms Risk-based approach to cyber and infrastructure funding Monitoring mechanisms and resource to monitor cyber events Exercises eg phishing, desktop business continuity Business continuity plans Capital planning programme	National Digital Maturity Score Data Security Protection Toolkit Contract monitoring reported to Digital Strategy Group EPRR Core Standards	Oversubscription to digital/systems against baseline support levels and resources Uncertainty of funding Effective asset management process and controls Staff training to enhance skills and awareness of cyber risks	Cyber risk results from the continually changing landscape of actors and methods, which all organisations struggle to keen pace with. Dashboard in place but requires embedding and assurances around completeness Frequency of reports (nationally)	30.09.2024	20	Extreme	10	High	→
5485	23.02.2024	BAF 2024 - Operational Capacity Plans and Delivery	There is a risk that the Trust will be unable to achieve its productivity and activity plans as a result of factors not limited to: staff shortages; pace of improvement; industrial action; access to outsourced and insourced capacity; and, sub-optimal urgent pathways. These factors, either individually or collectively, will severely impact on productivity and operational capacity plans that deliver safe elective, cancer, emergency and critical care.	Catastrophic	Likely	20	Extreme	Chief Operating Officer	Increased use of the Kidderminster Treatment Centre Additional staffing in place Escalation plans Group and system-wide mutual aid Ring-fenced elective pathways Increased use of the Alex site to support elective surgery Increased diagnostic capacity provided	Daily reporting and escalation Finance and Performance Executive reports Trust Board Integrated Performance Report RTT and cancer PTL reviews	Additional duty payment (NROC) negotiation Ongoing impact of industrial action Increase in non-elective activity leading to capacity constraints	Expediency of estates/site improvements Staff engagement Clearly documented VFM assessment of additional capacity that may be requiired.	30.09.2024	25	Extreme	10	High	→

5491	27.02.2024	BAF 2024 - Delivery of Financial Plan	There is a risk that the financial plan will not be achieved in year or an improvement made in the medium term due to the: scale of efficiencies (CPIP) and productivity required; impact of inflationary pressures; and, risks to achieving the full income target and the 10 point plan. This could lead to a worse than planned in-year and underlying deficit resulting in regulatory action and a shortfall in cash to meet obligations.	Catastrophic	Likely	20	Extreme	Chief Financial Officer	Financial strategy aligned to a sustainable clinical/organisational strategy Recovery plan CPIP target agreed by and devolved to divisions as part of divisional budget Established process for identification and monitoring of CPIP delivery Activity plan implementation Enhanced financial controls Financial plan approved by Board with risks highlighted Vacancy control panel in place	Reports to Medical Agency Reduction and Nurse Agency Reduction Groups to oversee workforce controls Oversight by Finance Recovery Board Monthly Finance and Performance Executive review of financial performance and CPIP delivery Integrated performance report to Trust Board ICS Finance Forum - NED-led to oversee system financial performance System Investment and Expenditure Ctte - Management-led oversees adherence to the enhanced financial controls	Clinical and organisational strategy not yet developed and signed off Financial strategy needs aligning to ICS financial strategy Job planning controls need strengthening to u/s £ global impact. Fully signed off activity/productivity plan for each specialty. Inflationary pressures and impact of Industrial Action Weekly income tracker still in the process of development Trust policies and processes require strengthening to ensure regular monitoring and reporting	Absence of work on a sustainable clinical strategy Trust medical and nurse agency reduction action plans and compliance with controls still outstanding Trust policies and processes require strengthening to ensure regular monitoring and reporting CPIP plans not fully identified to meet targets and lack of recurrent efficiencies within the programme Impact of newly-formed Improvement Board	30.09.2024	25	Extreme	10	High	➡

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Acronym	
AAU	Acute Admissions Unit
AEDB	Accident & Emergency Delivery Board
AHP	Allied Health Professional
AKI	Acute Kidney Injury
AMU	Ambulatory Medical Unit
A&E	Accident & Emergency Department
ATAIN	Avoidable Term Admissions into Neonatal Units
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BAPM	British Association of Perinatal Medicine
BCF	Better Care Funding
CAMHS	Child and Adolescent Mental Health Services
CAS	Central Alert System
CAU	Clinical Assessment Unit
CCU	Coronary Care Unit
C. Diff	Clostridium Difficile
CCG	Clinical Commissioning Group
CPIP	Cost Productivity Improvement Plan
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Pulmonary Disease
COSHH	Control Of Substances Harmful to Health
CCOSMOS	CNST, CQC, Ockenden 1, Single Delivery Plan (SDP), Maternity Self-Assessment Tool, Ockenden 2 and Saving Babies Lives
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
CNST	Clinical Negligence Scheme for Trusts
DOLS	Deprivation of Liberty Safeguards
DCU	Day Case Unit
DNA	Did Not Attend
DTI	Deep Tissue Injury
DTOC	Delayed Transfer Of Care
ECIST	Emergency Care Intensive Support Team
ED	Emergency Department
EDD	Expected Date of Discharge
EDS	Electronic Discharge Summary
EPMA	Electronic Prescribing & Medication Administration
EPR	Electronic Patient Record
ESR	Electronic Staff Record
FAU	Frailty Assessment Unit
FBC	Full Business Case
FOI	Freedom of Information
F&F	Friends & Family
FRP	Financial Recovery Plan
FTE	Full Time Equivalent
GAU	Gilwern Assessment Unit
GE	George Eliot Hospital
GIRFT	Getting It Right First Time
GMC	General Medical Council

HASU	Hyper Acute Stroke Unit
HCA	Healthcare Assistant
HCSW	Healthcare Support Worker
HDU	High Dependency Unit
HIE	Hypoxic-Ischaemic Encephalopathy
HSE	Health & Safety Executive
HFMA	Healthcare Financial Management Association
HAFD	Hospital Acquired Functional Decline
HSMR	Hospital Standardised Mortality Ratio
HV	Health Visitor
ICS	Integrated Care System
IG	Information Governance
IV	Intravenous
JAG	Joint Advisory Group
KPIs	Key Performance Indicators
LAC	Looked After Children
LAT	Looked After Team
LMNS	Local Maternity and Neonatal System
LOCSIPPS	Local Safety Standards for Invasive Procedures
LOS	Length Of Stay
MASD	Moisture Associated Skin Damage
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MEWS	Maternal Early Warning Scores
MCA	Mental Capacity Act
MCA	Maternity Care Assistant
MES	Managed Equipment Services
MHPS	Maintaining High Professional Standards
MIS	Maternity Incentive Scheme
MIU	Minor Injury Unit
MLU	Midwifery Led Unit
MNSI	Maternity & Newborn Safety Investigations
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MSW	Maternity Support Worker
NEWS	National Early Warning Scores
NEWTT	Newborn Early Warning Trigger and Track
NHSCFA	NHS Counter Fraud Authority
NHSLA	NHS Litigation Authority
NHSR	NHS Resolution
NICE	National Institute for Health & Clinical Excellence
NIV	Non-invasive ventilation
OBC	Outlined Business Case
OOC	Out Of County
OOH	Out Of Hours
PALS	Patient Advice & Liaison Service
PAS	Patient Administration System
PCIP	Patient Care Improvement Plan
PIFU	Patient Initiated Follow Up
PPE	Personal Protective Equipment
PFI	Private Finance Initiative
PID	Project Initiation Document

PIFU	Patient Initiated Follow Up
PLACE	Patient Led Assessment of the Care Environment
PHE	Public Health England
PMR	Perinatal Mortality Rate
PROMs	Patient Reported Outcome Measures
PROMPT	PRactical Obstetric Multi-Professional Training
PSIRF	Patient Safety Incident Response Framework
PTL	Patient Tracking List
QIA	Quality Impact Assessment
QIP	Quality Improvement Programme
RAG	Red, Amber, Green rating
RCA	Root Cause Analysis
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RGN	Registered General Nurse
RRR	Rapid Responsive Review
RTT	Referral to Treatment
SAA	Surgical Assessment Area
SCBU	Special Care Baby Unit
SDEC	Same Day Emergency Care
SDP	Single Delivery Plan (maternity)
SOP	Standard Operating Procedures
SOC	Strategic Outline Case
SSNAP	Sentinel Stroke National Audit Programme
SHMI	Summary Hospital Level Mortality Indicator
SI	Serious Incident
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SOP	Standard Operating Procedure
STF	Sustainability and Transformation Funding
STP	Sustainability and Transformation Plan
SWFT	South Warwickshire NHS Foundation Trust
TMB	Trust Management Board
TIA	Transient Ischemic Attack
TOR	Terms of Reference
TTO	To Take Out
TVN	Tissue Viability Nurse
UTI	Urinary Tract Infection
WAH	Worcestershire Acute Hospitals
WTE	Whole Time Equivalent
WHO	World Health Organisation
WVT	Wye Valley NHS Trust
WW	Week Wait
YTD	Year To Date
#NOF	Fractured Neck of Femur