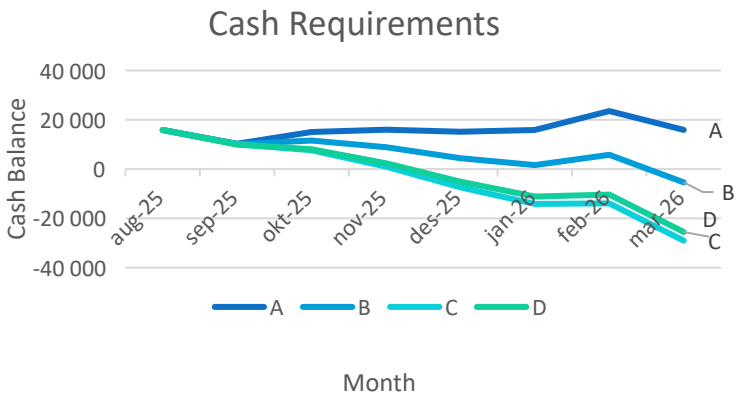
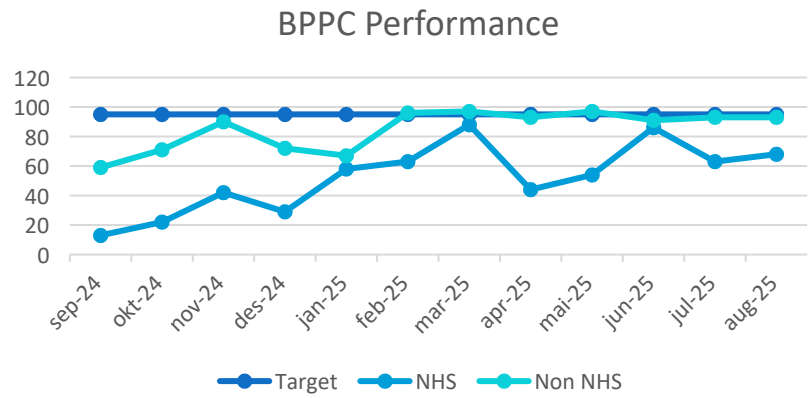
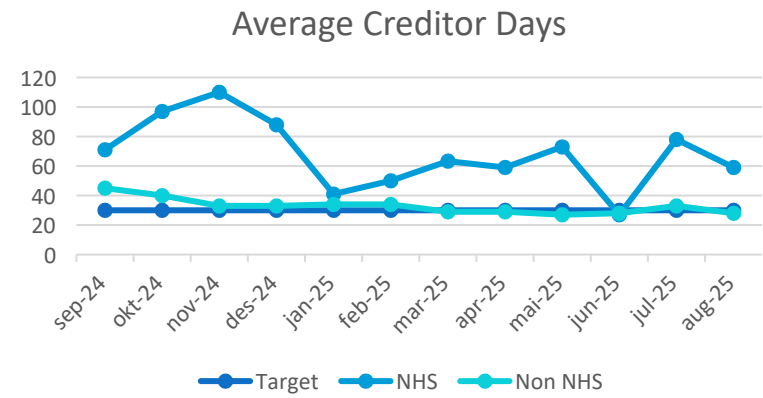
BEST USE OF RESOURCES – CASH

We are driving this measure because

Daily monitoring of the Trust cash position to ensure there are sufficient funds to cover employee costs and the payment of Trust suppliers as per the BPPC guidance.







Understanding the performance

The Trust cash position at the end of month 5 was £15.859m (in bank). The Trust has received the notified deficit support of £3.942m in August (£19.710m year to date, a total of £47.3m for 2025/26) from Herefordshire and Worcestershire ICB.

The left-hand graph above shows when and if the Trust will need to apply for Provider Revenue Support based on the risk adjusted scenarios below given slippage on CPIP delivery and maturity of schemes.

- Scenario A as per plan
- Scenario B CPIP currently classed as 'opportunities' do not deliver but deficit funding continues to be paid – would need to be in receipt of Provider support in March 2026
- Scenario C assumes CPIP 'opportunities' do not deliver, and formal deficit funding ceases October 2025 – would lead to the need for Provider support from November 2025
- Scenario D 50% of CPIP 'opportunities' covert to cash savings and deficit funding ceases October 2025 – would lead to the need for Provider support from December 2025

The BPPC performance for the <u>month</u> of August is 91% (90% in July) based on volume of invoices paid and 91% (91% in July) based on value.

Actions (SMART)

If there is a requirement to apply for cash support, this will involve Trust Board sign-off, including papers/minutes and approval, CEO and Chair letter supporting the application and numerous other detailed documentation. Applications for quarter 3 (Oct-Dec) would need to be submitted in September (date TBC).

The Trust suppliers are c£25m per month, payroll costs c£37m per month, which would need to be closely monitored.

Further work will be completed on the cash flow once the full impact of the pay increase in known in month 6, September 2025

Risks

If cash is not received in line with the plan then there is a risk that creditors payments will need to be held back to ensure that the Trust can meet monthly payroll costs.

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTER ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**14/10/2025**
Title of Report:	**Midwifery Safe Staffing Report August 2025**
Lead Executive Director:	**Chief Nursing Officer**
Author:	**Justine Jeffery – Director of Midwifery**
Reporting Route:	**Quality Governance Committee**
Appendices included with this report:	**None**
Purpose of report:	**☒ Assurance ☐ Approval ☐ Information**
Brief Description of Report Purpose	
The purpose of this report is to provide assurance that midwifery staffing is monitored and to note actions taken to mitigate any shortfalls	
Recommended Actions required by Board or Committee	
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	
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.	

[1] Executive director opinion must be included and approved by the director concerned prior to issue, except when the director 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 rates
- 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:

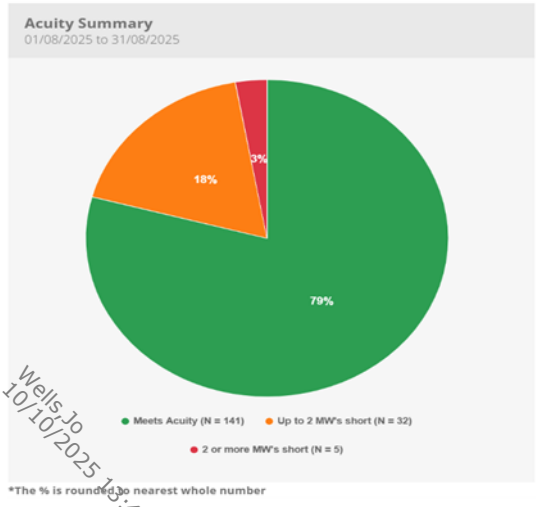
Metrics	Target	Current position (MW)	Current positon (MSW/MCAs)
Sickness rate	4%	5.83%	3.63%
Turnover rate (rolling)	11.5%	3.51%	14.83%
Vacancy rate (MW)	7%	0.5%	23%
Maternity Leave	-	4.09%	0%
Midwife to birth ratio (in post)	1:24	1:20	
1:1 care in labour	100%	Achieved	
Shift leader SN	100%	Achieved	

Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 96% of the expected intervals and therefore the data presented is reliable. The diagram below presents when staffing met or did not meet the acuity.



From the information available, the acuity was met in 79% of the time and recorded at 21%

when the acuity was not met prior to any actions taken. This is an improvement on the previous month' performance. Safe staffing levels were maintained on all shifts in August following mitigation.

The mitigations taken are presented in the diagram below and demonstrate the frequency (n=12) of when staff are reallocated from other areas of the inpatient service. The community/continuity teams were not deployed to support the inpatient area. There was 1 report of staff not being able to take a break; this is under reported and is currently audited on a daily basis.

Number of Management Actions
01/08/2025 to 31/08/2025

Actions	Breakdown of Actions	Times occurred	Percentage
MA1	Redeploy staff internally	12	86%
MA2	Redeploy staff from community	0	0%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	1	7%
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	0	0%
MA9	Utilise on call midwife	0	0%
MA10	Escalate to Manager on call	1	7%
MA11	Maternity Unit on Divert	0	0%
TOTAL		14	

*The % is rounded to nearest whole number

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

NICE recommended red flags are reported in the acuity app and are presented below. There were no reported delays.

Number of Red Flags recorded
01/08/2025 to 31/08/2025

Red Flags	Breakdown of Red Flags	Times occurred	Percentage
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	

*The % is rounded to nearest whole number

Birth Centre

In month, the completion rate for the acuity app for the birth centre was at 60%. The acuity was met 100% of the time. The birth rate remained similar to the previous month with fewer women transferring to delivery suite during labour.