BEST USE OF RESOURCES – CAPITAL

We are driving this measure because

The Capital investment programme to replace existing and invest in new additional assets is key to driving improved clinical and financial sustainability. Given the size of capital programme there is a significant risk that the Trust has insufficient funding to support maintenance requirements and urgent replacement schemes.

Workstream	Scheme	Revised 24/25 External plan £'000	Total YTD Expenditure as at Month 11 £'000	Movement Month 10-11 £'000	Variance Plan to YTD @ month 11 £000's
P&W	Additional P&W Schemes	2,597	938	(746)	1,659
P&W	Generators (East and West, No 1 & No 2)	60	54	1	6
P&W	Upgraded Fire Compartmentation	343	343	(254)	(0)
P&W	HV Works - DNO Substation and Site ISS)	832	570	(15)	262
P&W Total		**3,832**	**1,906**	**-1,013**	**1,926**
Digital	Xerox Scanners	54	56	-	(2)
Digital	Xerox - Kainos Upgrades	26	(5)	-	31
Digital	Additional Digital schemes	2,113	1,966	1,908	147
Digital	Phase 2 - Digital System Production Environment	314	343	29	(29)
Digital	Phase 2 - Telephony Systems Critical Upgrades	267	97	92	170
Digital	LIMS - Infrastructure	546	492	-	54
Digital Total		**3,320**	**2,950**	**2,029**	**370**
Equipment	Equipment Schemes	1,290	1,114	325	176
Equipment Total		**1,290**	**1,114**	**325**	**176**
Strategic	Urgent Emergency Care - Additional	570	381	(68)	189
Strategic	Aconbury 0	420	400	-	20
Strategic	Cath Lab/IR Feasibility	862	76	1	786
Strategic	Acute Service Review - Maternity	533	7	-	526
Strategic	Linac Replacement	75	4	2	71
Strategic	Prior Year Strategic Schemes	53	(101)	(126)	154
Strategic Total		**2,513**	**767**	**-191**	**1,746**
IFRIC 12 PFI	IFRIC 12 PFI Lifecycle replacement	3,600	2,978	(3)	622
P&W	Donated P&W Schemes	4	4	-	(0)
Equipment	Donated Equipment Schemes	353	351	48	2
Contingency	VATrecovery across schemes reallocated	(1,274)	(1,274)	-	-
Leases	Lease Additions and Remeasurements	1,221	784	112	437
Other Total		**3,904**	**2,843**	**157**	**1,061**
Workstream total	**Internal Funded**	**14,859**	**9,579**	**1,306**	**5,280**

Workstream	Scheme	Revised 24/25 External plan £'000	Total YTD Expenditure as at Month 11 £'000	Movement Month 10-11 £'000	Variance Plan to YTD @ month 11 £000's
Digital	Front Line Digitisation	1,000	1,000	18	0
Digital	Cybersecurity	60		-	60
Digital Total		**1,060**	**1,000**	**18**	**60**
Strategic	Additional Capacity - TIF	144	90	(54)	54
Strategic	RAAC Works at KTC	2,270	1,227	352	1,043
Strategic	AHR Fire External Funding	6,250	813	813	5,437
Strategic	Fire Safety External Funding	864	864	864	-
Strategic	Catering Replacement - PDC Funded	98		-	98
Strategic	Pharmacy Cold Room ALX - PDC Funded	50		-	50
Strategic	NEEF	1,626		-	1,626
Strategic Total		**11,302**	**2,993**	**1,974**	**8,309**
Workstream total	**External Funded**	**12,362**	**3,993**	**1,992**	**8,369**
	Total Capital Plan	**27,221**	**13,573**	**3,299**	**13,648**

Performance and Actions

The Capital YTD spend at M11 is £13.573m, split by internally and externally funded schemes. This is an overall increase of £3.3m in M11, which is £455k less than forecasted (£3.8m).

Schemes that have slipped include:

- Invoicing/Costs relating to the ASR, diagnostics and LINACs strategic Schemes (£104k)
- Completion of ALX substation scheme delayed until March (£205k)
- Fire compartmentation costs lower than expected at M11 (£154k)

In Month 11 additional sources of income have been included within the 24/25 plan, the plan is now £27.221m:

- £250k Fire Safety Funding,
- £60k cybersecurity funding and
- £49k of charitable funded equipment.

Risks

There remain some risks around the current capital programme in 2024/25 onwards:
Projected spend in month 12 is £13.6m. This is considered a significant risk given the amount of spend remaining to meet CRL in the final month of the year.
The teams are reviewing the following to ensure the M12 Expenditure remains as planned:

- The Full year Forecast is reviewed by the workstreams on a weekly basis to ensure accuracy and any slippage. Any slippage is reviewed, and amber schemes are being assessed and brought forward using the same prioritisation criteria.
- A review of all accruals is being carried out to ensure that these are all invoiced before the end of the financial year
- approved are being chased to ensure they are raised in a timely manner and sent to suppliers by working closely with procurement team.
- The Trust has approved schemes to over committee the Trust CRL as agreed with the ICS due to system slippage against the System CRL.

There also remains an additional risk around the UEC build as noted below.

- The completed UEC build has been complex and there is a risk that consequential losses relating to remedial flooring works to the UEC will not be covered by the contractor in full, this scheme is not yet completed.

What the charts tell us

Ongoing capital expenditure on internal schemes continue to impact and delay a significant proportion of spend on backlog maintenance and equipment replacement. The finance team will continue to work with the workstream leads to ensure all expected costs are identified at this stage.

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.

Performance and Actions

The Trust cash position at the end of month 11 was £18.729m. The Trust received deficit funding from the ICB of £3.154m, which is the balance of the original deficit phasing up to and including month 11 - £48.061m. The balance of £3.595m has been paid in March. The Trust also received £1.7745m in February towards the 2024/25 Pay Awards for all staff categories, a total of £15.943m to-date. The ICB have paid the balance of £1.7745m in March.

With the deficit funding from the ICB confirmed, the planned deficit is now £5.658m with the CPIP's of £45m assumed to be cash releasing savings phased over the full 12 months.
The Trust is expected to manage the cashflow with the deficit of £5.6m. The Trust received PDC support from NHSE of £17.75m prior to the deficit funding being allocated, this funding will offset the £5.6m deficit, non-cash balance sheet CPIP schemes and capital costs from the PFI adjustment therefore assuming that the I&E and Capex plan are delivered, the Trust should not have a cash shortfall at year end.

Cash 25/26
The current draft plan for 2025/26 assumes that the income will be received as per the phasing of the plan, the deficit funding of £47.3m will be paid in 12ths from April , £3.942m per month and the CPIP plans are cash releasing in line with the phasing of the plan.

Risks

The cashflow forecast in 25/26 assumes the deficit funding will be received from April and CPIP is delivered as cash releasing in line with the plan. If this is not agreed the Trust will monitor and if necessary reduce supplier payments to ensure that payroll commitments can be met. The timing of drawdown of deficit financing is pre-determined and could impact adversely on our BPPC performance should we not deliver the plan.

If the CPIP is not achieved and the Trust ends up failing to achieve the I&E plan, the Trust will need to apply for additional cash support, to enable it to meet its payroll commitments and BPPC target to ensure there is no disruption to the supply of goods and services due to none/late payment of invoices to creditors.

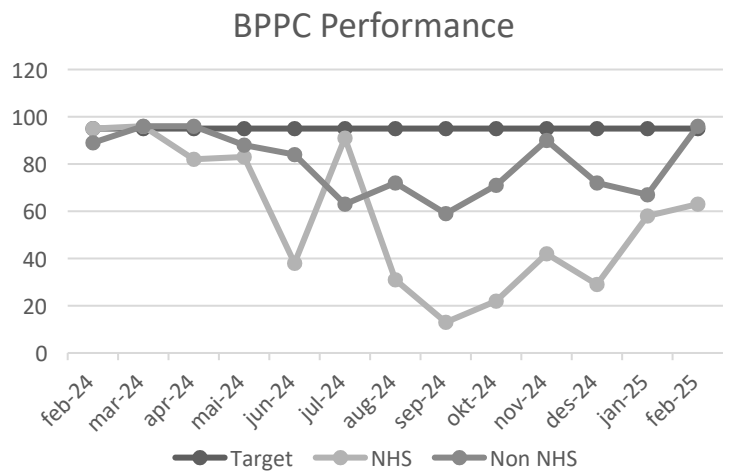
Assumptions made for the above cashflow

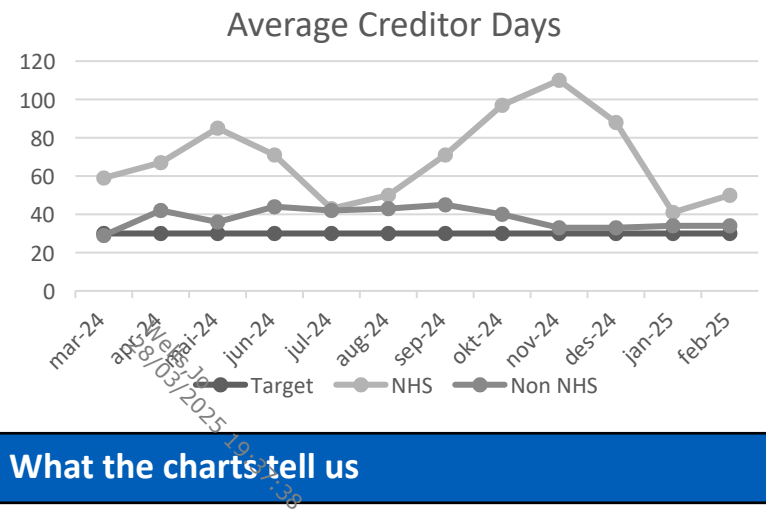
The final month of the year is per the I&E & Capital forecasts with no material variances. This should leave a very healthy cash surplus at year end given that a large amount of capital expenditure has been delayed until the final quarter of the year for which payments will be made in the 2025/26 financial year.

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.





Performance and Actions

The BPPC performance for the <u>month</u> of February is 95% (67% in January) based on volume of invoices paid and 95% (67% in January) based on value;

- 8,344 invoices paid out of 8,785 due.
- £25.732m worth of invoices out of £27.127m were paid on time this month.

As at month 11, the Trust has received £17.75m from NHSE for Provider Revenue Support and £48.061m from the ICB for deficit funding, which has been phased as per plan, totalling £51.656m. The balance of £3.595m has been received in March 2025.

The Trust will have a significant capital creditors within the cash balance at the end of March due to the timing of approval of schemes/requisitions – the balance will be part of the opening balance in 2025/26 and paid when due in April/May.

Month	Applied £m's	Received £m's	Shortfall £m's	Date Received
April	0.00	0.00	0.00	
May	8.50	4.25	-4.25	20-May-24
June	7.50	6.00	-1.50	17-Jun-24
July	7.50	7.50	0.00	01-Jul-24
August	4.75	10.00	5.25	01-Aug-23
September	7.50	7.50	0.00	23-Sep-24
October	15.22	15.22	0.00	1 & 15-Oct-24
November	2.64	2.64	0.00	01-Nov-24
December	5.40	5.40	0.00	02-Dec-24
January	4.15	4.15	0.00	02-Jan-25
February	3.15	3.15	0.00	03-Feb-25
Total to date	66.30	65.81	-0.50	
March	3.60	3.60	0.00	03-Mar-25

Risks

The BPPC performance fell in January due to the level of cash available, which has been phased to the end of the financial year to ensure that the Trust payroll and associated costs are factored into the cash flow, and the Trust balance at the end of the year is positive.

Supplier payments are being monitored and payments made to avoid any supply issues and financial risk to our suppliers.

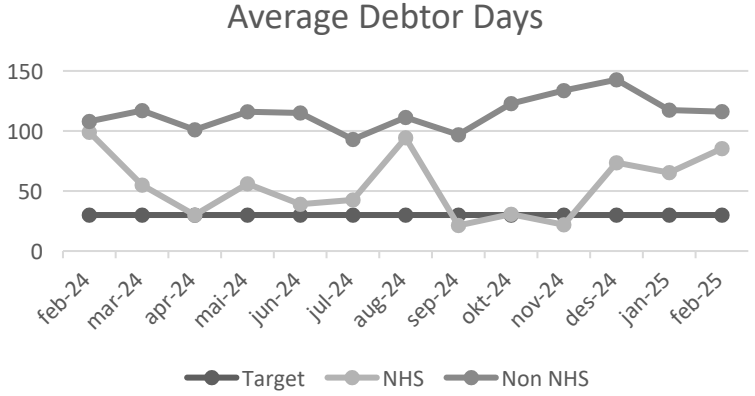
What the charts tell us

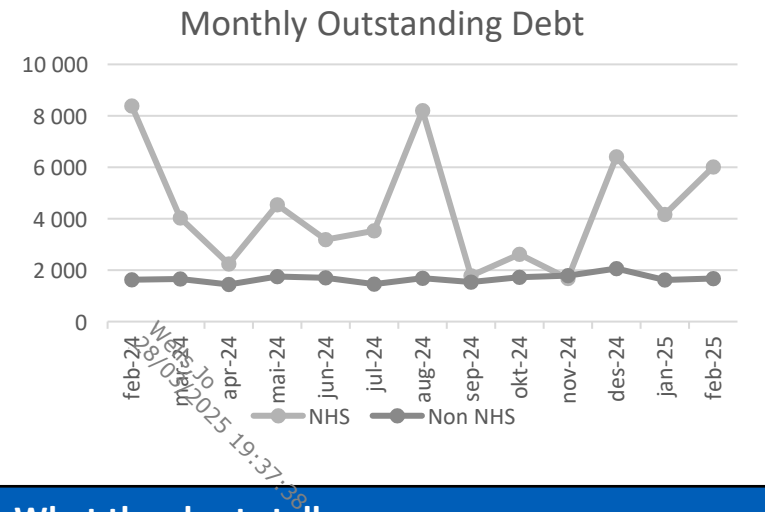
- Better Payment Practice Code (BPPC) overall performance for the <u>year</u> to month 11 is 67% (65% in January) based on volume of invoices paid and 75% (74% in January) based on value against a target of 95%.
- The BPPC chart above details invoices paid based on value for NHS and Non-NHS, which for month 11 is 63% (58% in January) and 96% (67% in January) respectively.
- The Average Creditors Days chart above shows the average invoice date to payment date of invoices, which for month 11 is 50 days for NHS (41 days in January) and 34 days for Non-NHS (34 days in January) – the target is 30 days.
- It is to be noted that the Trust is liaising with NHS Trusts that have outstanding debt with the Trust to resolve issues to enable the movement of cash between Trusts.

BEST USE OF RESOURCES – CASH

We are driving this measure because

To ensure that all income due to the Trust is invoiced in a timely manner, to enable the collection of the debt to improve the Trust cash flow.





Performance and Actions

The Trust terms of credit for invoiced income is 30 days from date of invoice. For month 11, the average days for invoices outstanding are 85 days for NHS (65 days in January) and 116 days for Non-NHS (117 days in January).

The Non-NHS debtor days is distorted by accounts that have been sent to EDR (external debt recovery) and accounts/customers that have a repayment plan – 225 invoices, which is 29% of the total. Debt that is over 90 days totals £1.551m (476 invoices, which includes the 225 invoices as above). In February 2025, an additional 10 invoices were referred to EDR.

Non-NHS oldest invoices are £100k for Breast Unit which is under query, but progress is being made to resolve. £298k at month 11, (£280k month 10) relates to invoices being chased under EDR, £37k (£34k at month 10) for Private Patients where collection is in progress or in dispute and DMC Health Care pathology balance of £51k has been reduced by £25k as a payment on account until the issues are resolved. (information has been provided again to enable it to be checked and verified and the Trust is in communication with the to resolve. A partial credit has been agreed as there is no SLA in place, the balance is still in discussion with DMC).

Risks

If income is not invoiced regularly or with adequate supporting information, the Trust/SBS will face challenges in collecting the debt and therefore a negative effect on cash flow.

The Trust has monthly meetings with the SBS Collections team, who have been implementing changes in the way the debt is collected and have assured us that there will be an improvement in the next quarter. It is also to be noted that Trust staff also contact customers trying to resolve queries etc. to ensure that the debt is collected.

We continue to work with SBS to ensure they are actively chasing and recovering outstanding debtors as per the SBS contract.

What the charts tell us

Average Debtor Days remains well over the target – 85 days for NHS (65 for month 10) and 116 days for Non-NHS (117 for month 10) – this is the time from when the invoice is raised to when it is paid by the customer. The Trust has been working hard with other NHS Trusts to resolve and collect cash.
Monthly Outstanding Debt – at month 11, the amount of outstanding debt is £7.689m (month 10 - £5.787m).

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**31/03/25**
Title of Report:	Perinatal Safety Report January 2025
Status of report:	☐**Approval** ☐**Position statement** ☒ **Assurance** ☒**Discussion**
Report Approval Route:	Quality Governance Ctte
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Nursing Officer**
Author:	Lara Greenway – Matron Neonatal Services Justine Jeffery – Director of Midwifery Amrat Mahal – Director of Nursing – Women & Children's Division Susie Smith – Maternity & Neonatal Governance Lead
Documents covered by this report:	• NHSE (2020) Perinatal Surveillance Model • NHSR Clinical Negligence Scheme for Trusts - Maternity Incentive Scheme

1. Purpose of the report

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

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

This month's report presents the final evidence against each of the safety actions within the Maternity Incentive Scheme (MIS).

2. Recommendation(s)

Trust Board is invited to:

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

3. Chief Officer/Executive Director Opinion[1]

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.

The CNO offers assurance that our maternity and neonatal service are meeting the national requirements outlined in the documents covered by this report.

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

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

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

CQC Maternity Ratings 2020	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:
Worcester Acute Hospitals NHS Trust	Requires improvement	Requires Improvement	Good	Good	Requires improvement	Good
Maternity Safety Support Programme	No					

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

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

1. Introduction/Background

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

Summary of Key Safety Indicators

Metrics	Target	Current position	Previous month
Booking completed by 12+6	90%	88.9%	89.9%
Term admissions	6%	2.84%	1.38%
PMR (MBRRACE 2022)	<5.04 per 1000 births (rolling)	3.21	3.39
Stillbirth rate (MBRRACE 2022)	<3.35 per 1000 births (rolling)	2.14	2.12
NND rate (MBRRACE 2022)	<1.69 per 1000 births (rolling)	1.07	1.27
Maternity and Neonatal Moderate or above incidents	-	2	2
Maternity PALS	-	13	8
Neonatal PALS	-	0	0
Maternity Complaints	-	5	5
Neonatal Complaints	-	0	1

Summary of Key Workforce Performance Indicators

Metrics	Target	Current position	Previous month
Sickness rate (MWs)	4%	8%	8%
Turnover rate (rolling) (MWs)	11.5%	7.5%	8%
Vacancy rate (MW)	7%	5%	7%
Sickness rate (MSWs)	5.5%	14.8%	15%
Turnover rate (rolling) (MSWs)	11.5%	21.4%	19.9%
Vacancy rate (MSW)	7%	13%*	13%
Sickness rate (RNs)	4%	9.58%	8.6%
Sickness rate (NNs)	4%	12.21%	4.5%
Turnover rate (rolling) (RNs)	11.5%	7.56%	7.49%
Turnover rate (rolling) (NNs)	11.5%	5.28%	5.26%
Vacancy rate (RN)	7%	0%	0%
Vacancy rate (NN)	7%	1.06%	0.16%
Shifts staffed to BAPM	100%	76.19%	91.94%
Supernumerary shift leader (NNU)	100%	100%	98.39%
QIS trained	70%	67.7%	67.7%

Summary of Key Training Performance Indicators

Metrics	Target	Current position	Previous month
PROMPT – Human Factors & Maternity Emergencies	90%	89%	89%
PROMPT – Neonatal Basic Life Support	90% (including Doctors and Neonatal Nurses)	95%	tbc
Fetal monitoring	90%	96%	96%
Maternity Trust Mandatory training (non-medical)	90%	84.8%	89%

Maternity Trust Mandatory training (Obstetricians)	90%	77%	76%
Maternity PDR rate	90%	78.5%	75%
Neonatal PDR rate	90%	93.94%	83.58%
Neonatal Trust Mandatory Training (non-medical)	90%	92.69%	93.93%
Neonatal Trust Mandatory Training (medical)	90%	87.01%	84.16%

2. KPI Booking by 12+6 weeks' gestation

The KPI for booking by 12+6 weeks' gestation has not been met this month. Work continues to move to the new target of 10 weeks.

3. Perinatal Mortality Rate (PMR)

The national average rates for stillbirth and neonatal rates are based on MBRRACE data from 2022. The link to the online report is https://timms.le.ac.uk/mbrrace-uk-perinatal-mortality/surveillance/.

The national extended perinatal mortality rate is 5.04 per 1000 births based on 2022 data. Rates are adjusted for a variety of characteristics such as socio-economic deprivation, maternal age, ethnicity etc, which the figures below are not; these are the crude figures. It is important to note that neonatal deaths (up to 28 days' post birth) are counted at place of birth, rather than place of death. This includes for those babies diagnosed with congenital anomalies and complex cases requiring surgery at tertiary centres.

3.1 Local Rates

The rates for the Trust for the last 12 months are below, and can be compared to the updated national and group rates (all per 1000 live births):

	National rate	Group rate (other Trusts with 4000+ births)	Trust 2022 MBRRACE rate	Crude Trust rolling rate (from 01.02.24 – 31.01.25)
Stillbirths	3.35	3.18	3.21	2.14
Neonatal deaths	1.69	1.08	1.12	1.07
Extended perinatal mortality	5.04	4.25	4.32	3.21

As can be seen from the table above the Trust is below the national rates for stillbirths across a similar group/Trusts; our current crude rolling rate is below the Trust 2022 rate though this may change once it is stabilised and adjusted by MBRRACE.

With regard to neonatal deaths, the rates from 2022 are below the national rate, but above the group rate. The 2022 MBRRACE report acknowledges the impact that congenital anomalies have on perinatal mortality rate.

The graph below shows an increasing trajectory in our perinatal mortality rates currently. As always, it is important to note that these figures will change when they are reviewed and adjusted by MBRRACE. Small in month variations (including an increase or decrease in the number of live births) can have a significant impact on the overall numbers and rate/trajectory.

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

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

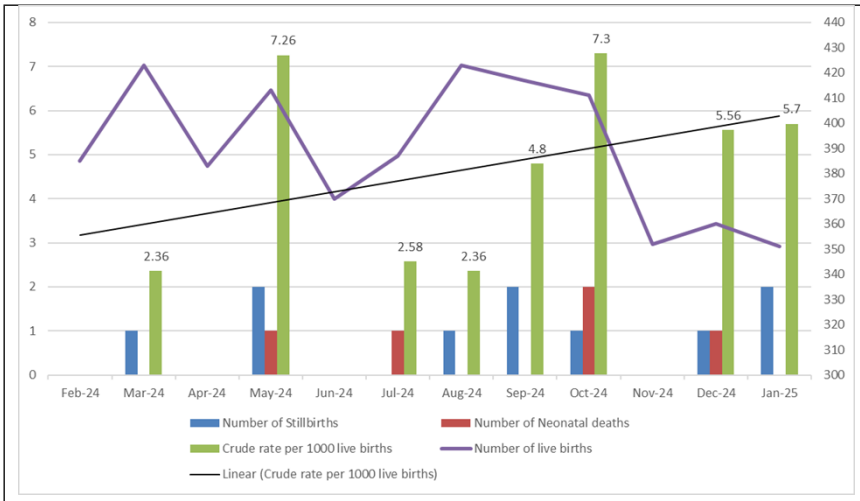


Figure 1. WAHT Perinatal Mortality Rates

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

The table below presents the annual local data for stillbirths, neonatal deaths, maternal deaths and babies transferred for therapeutic hypothermia from 2018 and demonstrates that the PMR is consistently within the national average for the last 4 years; 2023 and 2024 figures are crude data. This table also reports term babies transferred for therapeutic hypothermia; it must be noted that not all referrals result in a diagnosis of Hypoxic-Ischaemic Encephalopathy (HIE).

Year	Births	Stillbirths		Neonatal deaths		Maternal deaths	Validated data by ONS & MBRRACE	Comparator group average rate	Term babies-therapeutic hypothermia/ HIE
		Count	Rate per 1000 births	Count	Rate per 1000 births				
2018	5248	17	3.40	6	1.14	0	YES – stabilised and adjusted		Not available
2019	5200	20	3.05	9	1.29	2	YES – stabilised and adjusted		6
2020	4941	17	3.25	7	1.18	2	YES – stabilised and adjusted		4
2021	4996	16	3.26	6	1.09	1	YES – stabilised and adjusted		4
2022	4843	17	3.21	5	1.12	1	YES – stabilised and adjusted		4
2023	4781	10	2.09*	10	2.09*	1	NO		3 (1 also NND)
2024	4717	10	2.12**	6	1.27**	0	NO		2
2025	351	2	5.7*	0	0	0	NO		0

*crude rate ** year to date

Key:

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

3.3 Perinatal Mortality Summary for January 2025.

In January, there were sadly two stillbirths reported; further detail will be in the Perinatal Incident report presented to Private Trust Board.

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

4.1 Background

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

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

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

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

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

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

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

4.2 Current MNSI cases: None

MNSI reference	Date of case	*DOC completed	Stage of investigation

**DOC completed – The provides confirmation that the family have received the relevant information regarding the nature of the incident (Duty of Candour disclosure), the role of MNSI and the EN scheme from NHS Resolutions. An example letter template can be found in the CNST compliance table in item 14 – safety action 10*.

4.3 MNSI Quality Review Meetings

The Trust continue to meet regularly with MNSI when there are active cases; this has been paused as there are currently no active cases. A yearly review is planned for March.

5. Incidents reported moderate or above in Maternity and Neonates in January 2025.

There were two incidents initially graded as moderate in January 2025 in maternity; further details are presented in the Perinatal Incident report.

6. Maternity and Neonatal Training Compliance

Maternity specific training:

- Training continues to maintain compliance with PROMPT and SBL is maintained – current focus on medical staff
- We remain fully compliant with our midwifery mandatory training for midwives and support staff.

Neonatal training:

- Compliance with NLS training for medical and non-medical staff remains above the 90% recommended.

- Compliance with annual neonatal resuscitation update for medical and non-medical staff remains above the 90% recommended.
- Mandatory training for neonatal nurses remains above the Trust target and medical staff compliance has increased slightly in month although remains below Trust target. Rotation of doctors is also impacting on compliance.
- PDRs for non-medical staff are above the Trust target.

Course	Staff Group	Compliance January	Previous month December
Maternity Mandatory Training – (3 yearly)	Midwives	91%	91%
Maternity Mandatory Training – (3 yearly)	MSW/MCA	90%	90%
Annual Saving Babies Lives training	Midwives	95%	92%
Annual Saving Babies Lives training	MCA/MSW	91%	93%
Annual Saving Babies Lives training	Obstetricians	68%	68%
Annual fetal monitoring training	Midwives	95%	96%
Annual fetal monitoring training	Consultant Obstetricians	93%	100%
Annual fetal monitoring training	Obstetricians (all on rota)	98%	97%
PROMPT training (Human Factors/MDT Obstetric Emergency	Midwives	97%	98%
PROMPT training (Human Factors/MDT Obstetric Emergency	MSW's	86%	90%
PROMPT training (Human Factors/MDT Obstetric Emergency	Obstetricians (all on rota per/post 1.7.24)	86%	84%
PROMPT training (Human Factors/MDT Obstetric Emergency	Anaesthetists (all on rota per/post 1.7.24)	87%	84%
Neonatal Life Support	Midwives	97%	98%
Neonatal Life Support (NLS 4yearly)	Neonatal Nurses	100%	100%
Neonatal Life Support (NLS 4yearly)	Neonatal Drs	91%	94.4%
Neonatal Resuscitation Update (annual)	Neonatal Nurses	96%	95.65%
Neonatal Resuscitation Update (annual)	Neonatal Drs	93%	94.4%
Trust Mandatory Training	Obstetricians	77%	76%
Trust Mandatory Training	Midwifery Staff	84.8%	89%
Trust Mandatory Training	Neonatal Nurses	92.69%	93.93%
Trust Mandatory Training	Neonatal Drs	87.01%	84.16%

Figure 2. Training Compliance

7. Safe staffing

7.1 Midwifery

Safe midwifery staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus acuity tools
- Monitoring the midwife to birth ratio
- Unify data
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Daily staff safety huddle
- SitRep report & bed meetings
- COVID SitRep (re - introduced during COVID 19 wave 2)

- Sickness absence and turnover rates
- Recruitment/Vacancy Rate
- Monthly report to Board (Appendix 1)

There were 353 births in January. The escalation policy was enacted on 23 occasions to reallocate internal staff which is an increase on the previous month. The community and continuity teams were required to support the inpatient areas on one occasion.

The vacancy rate has reduced for midwives – there are 12WTE in the pipeline and plan to start in February/March. The rolling turnover rate for midwives remains below Trust target further however for non-registered staff remains high. Sickness absence rates for midwives and non-registered staff are also above the Trust target

The supernumerary status of the shift leader was not achieved (although NHSR compliant) and 1:1 care in labour was achieved in January.

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	78%	n/a	100%	n/a
Antenatal Ward/Triage	93%	93%	81%	85%
Delivery Suite	98%	100%	37%	89%
Postnatal Ward	95%	92%	72%	82%
Meadow Birth Centre	81%	839&	51%	74%

7.2 Obstetric Medical Staffing including Consultant attendance

Consultants

We have 23.5 WTE Consultants in post. The consultants at WRH previously worked either a 1:10 obstetric on call or a 1:20 on call depending on whether they are also on the gynaecology on call rota. There are 8 consultants purely on the obstetric on call rota and 6 who do both Obstetrics and Gynaecology.

The on call frequency has reduced slightly in 2025 and will reduce further if we appoint, in February, to the maternal medicine post.

There is an obstetrician off sick following elective surgery in November who is planning to return to work on the 3rd February.

Due to the return of the 2 Gynaecology Consultants we have not required locum Consultant cover during January.

Registrars

The registrars work a 1:9 on call rota. We currently have 23 WTE in post (funded for 19.6 WTE), with 14.6 WTE on the on-call rota.

Of these Registrars 11 WTE are Trainees. One Trainee is currently on a phased return to work following a prolonged episode of sickness and six are on Maternity Leave. We also have a Registrar who one has gone 'Out of Program' working with us one day a week.

We have 12 WTE CF/SAS Doctors of which 9 WTE are on the on-call rota.

Our on-call vacancies are being filled internally and with previous employers of the department.

We have 1 clinical fellow (planned to go up to the middle tier rota in January) currently working on the SHO rota and a Urogynaecology Clinical Fellow working in clinics and shadowing on calls who commenced on the SHO on-call rota in December.

We are out to advert for a Post CCT Clinical Fellow and a Clinical Fellow post and have 3 ATRs approved to backfill the vacancies.

Medical staffing at both Consultant and middle grade level is on our risk register due to the risk of 'burn out' and loss of capacity we have due to the vacancies.

Junior Grades

The junior tier works a 1:9 on call rota. We currently have 15.6 WTE with 14.6 on the on call rota, giving us a vacancy of 0.4 WTE.

We also have a CSRH trainee working with us 2.5 days per week.

Consultant Attendance

In January Consultant presence was achieved in 8 of the 8 cases (100%) mandated by the RCOG and Action 4 of CNST.

Compensatory Rest

There were no episodes in January where a consultant did not meet the required 11 hrs compensatory rest.

7.3 Neonatal Staffing

7.3.1 Neonatal Nursing

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

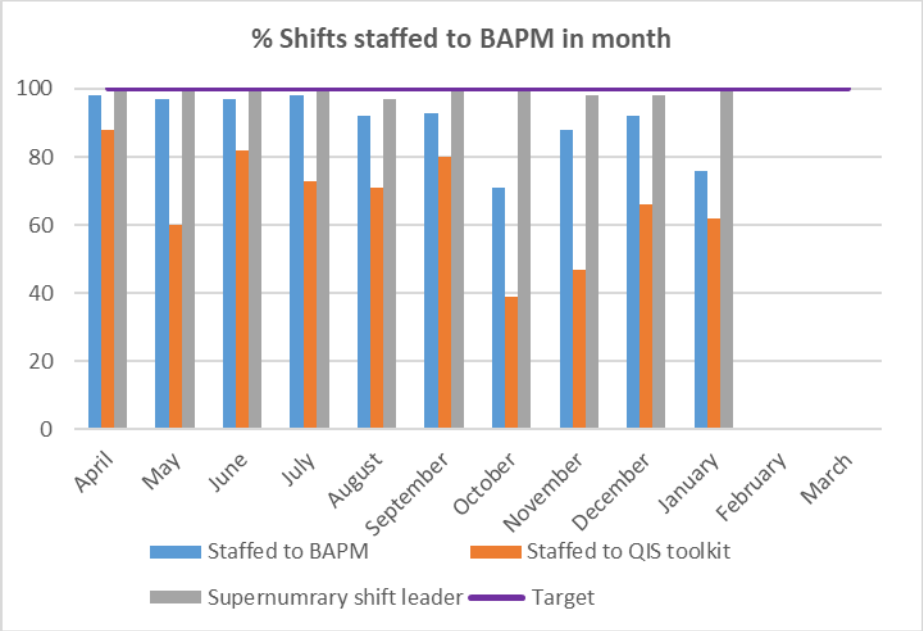
- Completion of safe staffing on Badgernet – three times day
- Monitoring nurse patient ratios as per BAPM
- Monitoring staffing red flags as recommended by NICE guidance
- Daily safety huddles
- SitRep report and bed meetings three times a day
- Monitoring sickness/absence and turnover rates
- Monitoring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

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

- 1:1 Intensive Care (IC)
- 1:2 High Dependency (HD)

- 1:4 Special Care (SC)
- Supernumerary shift leader

In January 76.19% of shifts were staffed to BAPM (shortfall of 9 shifts) due to sustained high acuity and overall activity which has been the highest for over 13 months. The supernumerary status of the shift leader was achieved, and all shifts remained safe. Escalation plans are in place and during the month there were no safe staffing red flags or staffing incidents reported.



% shifts to BAPM recommendation

It is important to note whilst the number of qualified in specialty (QIS) is below the BAPM recommended, with on-going nurse recruitment and training the percentage of compliance will fluctuate. The number of nurses qualified in specialty increased very slightly to 67.7% against the 70% recommended. Following completion of current/planned training 70% compliance should be achieved by the end of March 2025.

Sickness absence rates increased for registered and non –registered nurses and is above the Trust target. Staff continue to be directed to health and well-being support.

7.3.2 Neonatal medical staff

Consultants

The consultant attends all preterm deliveries <30 weeks of gestation and supports the neonatal team. We currently have 7wte consultants in post but require 8wte to cover the neonatal rota. We have advertised to recruit an additional NNU consultant.

Middle Grade

The middle grade clinicians currently work across paediatrics and neonates. We currently have 10.3wte in post (funded for 12 WTE) across both paediatrics and neonates. To achieve BAPM compliance and enable us to have a dedicated Tier 2 Rota we require a total of 8wte. We are looking at solutions to achieve this. Funding has been applied for using CNST.

Resident doctors

The junior tier works a 1:14 on call rota. We currently have 19.6 WTE (4 WTE are Clinical Fellows). We budgeted for 17.66 WTE. This is because of variable allocation of GPVTS doctors each four months and taking on additional FY1 as per the Trust request.

Compensatory Rest

We have identified that currently we are not collecting data for 11hrs compensatory rest. We currently do not have any mechanism in place to achieve this as often the on-call consultant is either working on the NNU or OPD following their on-call. We have started to collate this data and will be able to report on the outcome from this in Sep 2025.

7.3.3 Neonatal AHPs

The Neonatal allied health professionals are now operational via an SLA with the Worcestershire Health and Care Trust and are contributing a measured benefit to our patient's, physiotherapy, occupational therapy, Speech/Language, dietetic and psychology needs.

8. Service User Feedback

8.1 Maternity& Neonatal Voice Partnership

Work continues on the he birth preference card and BRAINS tool. A new work stream commenced in January to review the current 'debrief service'. A new service specification will be agreed in February.

8.2 Baby Friendly and BLISS Accreditation

The neonatal unit was awarded BFI stage 1 accreditation in 2024 and is now submitting action plans for a stage 2 assessment in July 2025. The maternity unit continues to work towards 'GOLD'.

The neonatal unit is also now working towards Gold BLISS accreditation, having achieved Silver accreditation in January 2025.

8.3 Complaints and PALS feedback – Maternity and Neonates

Complaints received on a weekly basis at the QRSM. PALS are handled by the clinical team and Matrons and themes noted and discussed as required. There are no themes/trends identified.

Neonatal: No complaints or PALS received.

Maternity: In January 2025, 5 formal complaints were received:

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
95175	02/01/2025	Maternity (formerly Obstetrics)	Patient Care	Cannula management
95537	13/01/2025	Maternity (formerly Obstetrics)	Values and Behaviours (Staff)	Attitude of Nursing Staff/midwives
96018	20/01/2025	Maternity (formerly Obstetrics)	Communications	Communication with patient
95271	03/01/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Mismanagement of labour
96286	24/01/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay or failure to diagnose (inc e.g. missed fracture)

In addition, there were 13 Maternity PALS query received as below.

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
96351	29/01/2025	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - TELEPHONE
95333	07/01/2025	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - IN PERSON
95433	09/01/2025	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - TELEPHONE
95266	06/01/2025	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - TELEPHONE
96517	31/01/2025	Maternity (formerly Obstetrics)	Clinical Treatment	PALS – Delay or Failure in Treatment/Procedure
96226	24/01/2025	Maternity (formerly Obstetrics)	Communications	PALS – Incorrect Entry on Medical Records
95997	23/01/2025	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - IN PERSON
96368	28/01/2025	Maternity (formerly Obstetrics)	Trust Admin Policies & Procedures (Incl. Patient Records Management)	Other (Trust administration)
96471	31/01/2025	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - EMAIL
96328	28/01/2025	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - IN PERSON
96345	28/01/2025	Maternity (formerly Obstetrics)	Values and Behaviours (Staff)	PALS – Attitude of Medical Staff
95252	06/01/2025	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - IN PERSON
96228	27/01/2025	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient - IN PERSON

9. Safety Champion escalations

The Safety Champions meetings took place on 16th January 2025. Meeting notes are presented in the CNST table safety action 9.

In summary, the Neonatal Unit and Meadow were visited by Safety Champions. The neonatal unit raised a concern regarding parents exiting the unit via tailgating and not using the buzzer provided, Poster has been created to cover the 'press to exit' sign. Alternative long-term options are for the buzzer to be relocated to behind the ward clerk's desk. In addition, a water leak was noted but solutions have been found and a specific nasal cannulas had been discontinued - an emergency meeting took place, mitigations were agreed and the issue was recorded on the risk register. No issues were raised on Meadow Birth Centre.

Review of previous actions this month noted that there is a plan to replace the windows on delivery suite to address the temperature control of the rooms.

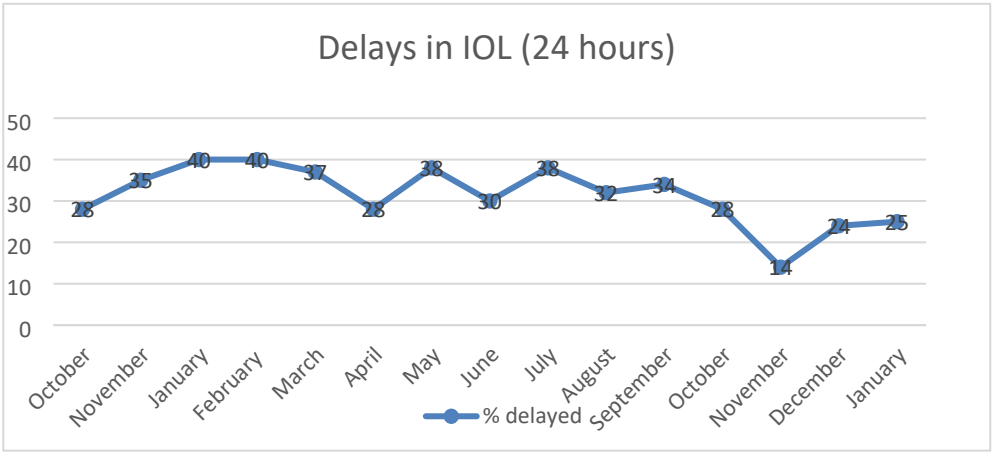
New actions to note: TOR for the group to be updated once new Perinatal Surveillance Model published and monitoring of the neonatal exit buzzer.

9.1 Delays in care

Induction of labour

Delay in induction of labour is recorded via the acuity tool but this is not reliable and does not reflect the

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



Induction of labour pathway remains a focus as delays in care is a significant red flag - a QI project continues to reduce delays in this pathway. The new electronic booking system has supported a significant improvement in the delays in the pathway coupled with the increase in midwifery staffing.

9.2 Claims scorecard review in conjunction with incidents and complaints

The Q3 maternity and neonatal claims and learning review will be included in the March 2025 report.

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

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

The most recent CQC maternity survey was received by the Trust in December and there is an overall improvement in performance. The survey results are presented in a separate report and the coproduced action plan (appendix 2) is now completed to reflect the recent findings.

10.1 CQC Rait Tool

Below is a summary of 'Must' and 'Should' Do's by Level of Assurance from the Regulatory Activity Tool (RAIT) produced from the published report 29.11.23. There have been no changes since the previous report.

The only outstanding 'must do' that has not yet been achieved is safeguarding training being above 90% - all others have been achieved with an assurance level of 7.

No of Must Do's by LOA		No of Should Do's by LOA		RAIT Tool Attachment
7	3	7	3	WAHT_RAIT Maternity 31.12.24.x
6		6		
5	1	5		
4		4		
3		3		
2		2		
1		1		

11. Coroner Regulation 28 made directly to Trust

No regulation 28 regarding maternity or neonatal care was made to the Trust in January 2025.

12. In-utero and ex–utero activity

The table below summaries the in-utero and ex-utero transfers as per network pathway:

Type of Transfer	January		Comments
	In	Out	
IUT Transfers for clinical reasons as per network pathway	1	2	1 in from Hereford as per LMNS pathway. 1 out to Heartlands & 1 out to Coventry as per <27 week pathway.
IUT Transfers for non-clinical reasons	0	2	1 out to Stoke & 1 out to New Cross due to acuity & capacity at WRH
IUT Transfers outside of the network	0	0	
Ex-utero Transfers for clinical reasons as per network pathway	0	1	1 out to BWH as per <27 week pathway
Ex-utero Transfers for non-clinical reasons	1	0	1 in from BWH – repatriation
Ex-Utero Transfers out of network	0	0	
Delays in transfer in/out	0	0	
IUT or Ex-utero Exceptions	1		<27 week born outside of a NICU

13. MSSP Report

Formal confirmation of our exit from the MSSP was received in June 2024. A sustainability plan

has been agreed and shared at Trust Board. Progress with the plan will be monitored by the ICB and a quarterly update will be provided via this report.

Focus continues on the following actions:

- PDR compliance rates – rates have improved as per trajectory.
- Increasing Consultant led theatre lists – recruitment of the maternal medicine consultant post will improve the consultant led lists
- Enact findings of administrative review – a formal management of change process is currently underway to enact the proposed changes
- Review GTT service efficiencies – this service is now being reviewed as part of a wider review of antenatal outpatient services.
- Exploration of service improvements at AGH – this will require capital funding to make improvements to the environment

There are no further updates for this month.

14. Evidence of NHSR CNST 10 – Maternity Incentive Scheme

All of the evidence has now been submitted to Board and the ICB for the year 6 MIS; it has been agreed that the Trust will declare 9/10 this year and will submit additional information for safety action 1. It is hoped that following review of the additional evidence the Trust will be awarded full compliance. The declaration form has been prepared for sign off by the Trust CEO and the Accountable Officer (AO) of the Integrated Care Board. Once completed it will be sent to nhsr.mis@nhs.net by midday on 3rd March

2025. Whilst we await the publication of the Year 7 scheme the following table will continue to be presented monthly to ensure that we sustain our current compliance.

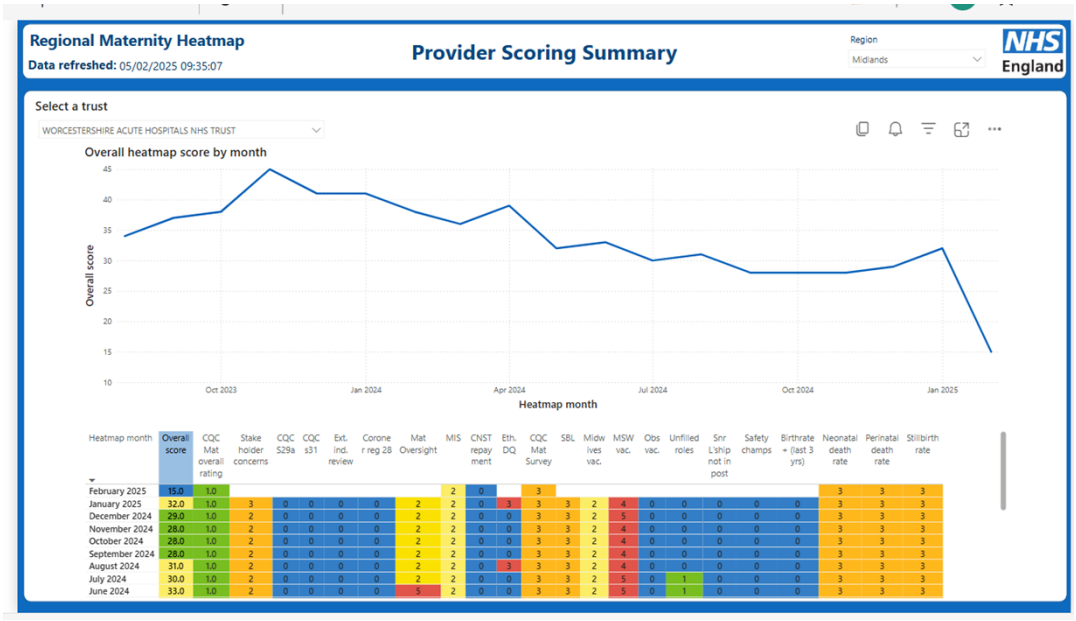
Safety Action & Current status		Actions	Evidence for Trust board prescribed in CNST year 6	Document to follow in 24-25
1	PMRT	• Quarterly reporting in place • Evidence collation discussed with NHSR and MBRACE compliance is subject to external validation	*All documents submitted to Trust board and LMNS for CNST year 6*	Q3 24-25 in March 2025 report
2	MSDS	• Submission and criteria met July 24	*All documents submitted to Trust board and LMNS for CNST year 6*	
3	ATAIN/ TCU	• Quarterly reporting in place • QI project completed (thermoregulation) to be presented in full to LMNS and Perinatal Governance in Q4 24-25	*All documents submitted to Trust board and LMNS for CNST year 6* ATAIN Report Q3 24-25.docx	Q4 24-25
4	Clinical Workforce	• Medical and Midwife Safe Staffing reports in place • NCCR implementation plan embedded 4.11.24 • Audits for Obstetric Medical staff complete • Consultant attendance item 7.2 within report • Clinical Supervision of Locum and Temporary Medical staff in place • Compensatory rest monitoring	*All documents submitted to Trust board and LMNS for CNST year 6*	
5	Midwifery Workforce	• Monthly Safe staffing report in place. • Item 7 within report • BR+ tabletop due Jan and July • BR+ Audit May 22 • BR+ Audit currently underway	*All documents submitted to Trust board and LMNS for CNST year 6*	
6	Saving Babies Lives	• Quarterly reports in place • NHS Futures Implementation Toolkit continues • Validation with LMNS quarterly next due 19.3.25 • Current level of Compliance 94% Validated by LMNS 11.12.24 (evidence embedded)	*All documents submitted to Trust board and LMNS for CNST year 6*	Q3, 4 24-25
7	MNVP	• Additional funding from LMNS agreed • Strategic lead for MNVP (appointed) • CQC action plan (Picker survey) agreed at Safety champions and trust board received plan in Septembers PSR. • MNVP highlights reports embedded (Oct PSR) • MNVP included in Terms of reference as members for, Guidelines, Perinatal Governance, Labour Ward Forum and Patient experience meetings	*All documents submitted to Trust board and LMNS for CNST year 6*	
8	MDT Training	• CNST compliance across all training met. • Item 6 within this report • Action plan submitted in Octobers PSR now complete. One rotational Obs doctor did not meet 90% training for EFM – Doctor attended Training in January.	*All documents submitted to Trust board and LMNS for CNST year 6*	
9	Safety Champions/ Perinatal Safety	• Reporting process in place. • Roles embedded and SC meetings working well. • Perinatal Surveillance guideline updated in line with yr 6 – awaiting new Perinatal Model • Claims scorecard Quarterly reporting next due Feb 25 • DMT present at every Safety Champions meeting embedded • Regular Safety champions meeting with Quad quarterly (next Feb 25) • Summary of Perinatal Culture SCORE survey results	Notes- 16.01.2025 MNSChampions (1).c Notes from Meeting 16.1.25 *All documents submitted to Trust board and LMNS for CNST year 6*	Q3 24-25 in March 2025 report
10	NHSR EN Scheme	• Reporting process in place – externally validated. • See monthly table in item 4.2	*All documents submitted to Trust board and LMNS for CNST year 6*	

15. Regional Heatmap

The Regional Perinatal Heat map 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 heat map 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 Trust position for January is as follows:



Heatmap month	Overall score	CQC Mat overall rating	Stake holder concerns	CQC S29a	CQC s31	Ext. ind. review	Corone r reg 28	Mat Oversight	MIS	CNST repay ment	Eth. DQ	CQC Mat Survey	SBL	Midw ives vac.	MSW vac.	Obs vac.	Unfilled roles	Snr L'ship not in post	Safety champs	Birthrate + (last 3 yrs)	Neonatal death rate	Perinatal death rate	Stillbirth rate
February 2025	15.0	1.0							2	0		3									3	3	3
January 2025	32.0	1.0	3	0	0	0	0	2	2	0	3	3	3	2	4	0	0	0	0	0	3	3	3
December 2024	29.0	1.0	2	0	0	0	0	2	2	0	0	3	3	2	5	0	0	0	0	0	3	3	3
November 2024	28.0	1.0	2	0	0	0	0	2	2	0	0	3	3	2	4	0	0	0	0	0	3	3	3
October 2024	28.0	1.0	2	0	0	0	0	2	2	0	0	3	3	2	4	0	0	0	0	0	3	3	3
September 2024	28.0	1.0	2	0	0	0	0	2	2	0	0	3	3	2	4	0	0	0	0	0	3	3	3
August 2024	31.0	1.0	2	0	0	0	0	2	2	0	3	3	3	2	4	0	0	0	0	0	3	3	3
July 2024	30.0	1.0	2	0	0	0	0	2	2	0	0	3	3	2	5	0	1	0	0	0	3	3	3
June 2024	33.0	1.0	2	0	0	0	0	5	2	0	0	3	3	2	5	0	1	0	0	0	3	3	3

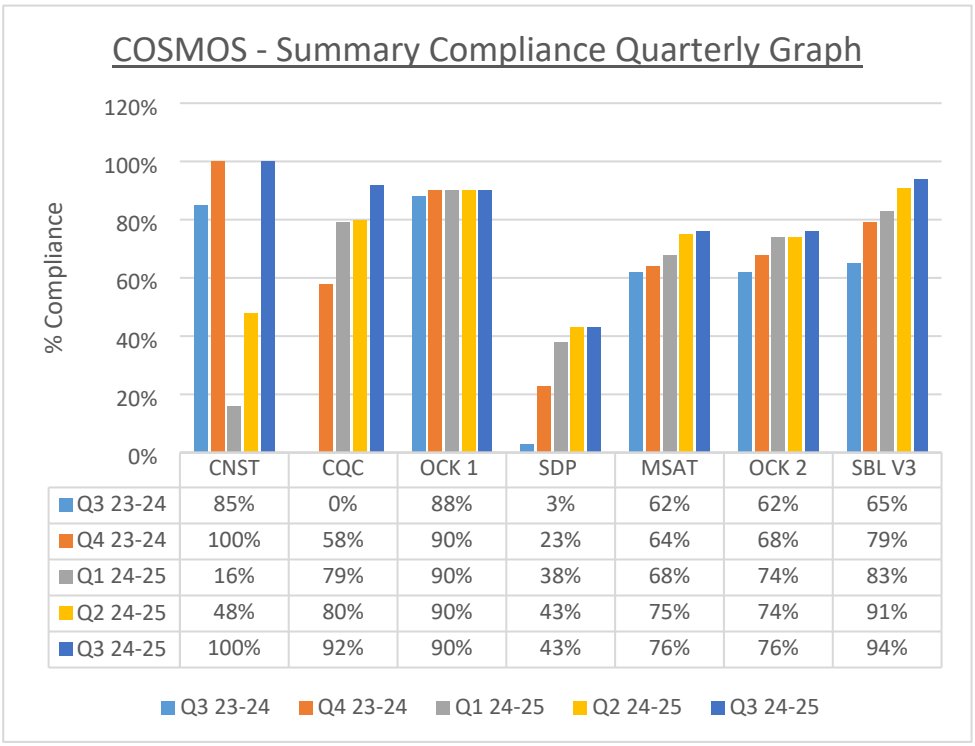
The score has increased in month due to not achieving 90% for the submission of the ethnicity data – this will improve again next month. There is an outstanding query with the regional team as there is also an increase in the number of stakeholder concerns – this has not been shared with the Trust and is likely a data entry error.

The score will reduce by a further 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.

The directorates quarterly progress is presented below:



	CNST	CQC	OCK 1	SDP	MSAT	OCK 2	SBL V3
Q3 23-24	85%	0%	88%	3%	62%	62%	65%
Q4 23-24	100%	58%	90%	23%	64%	68%	79%
Q1 24-25	16%	79%	90%	38%	68%	74%	83%
Q2 24-25	48%	80%	90%	43%	75%	74%	91%
Q3 24-25	100%	92%	90%	43%	76%	76%	94%

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**31/03/2025**
Title of Report:	**Midwifery Safe Staffing Report January 2025**
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 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%	8%	14.8%
Turnover rate (rolling)	11.5%	7.5%	21.4%
Vacancy rate (MW)	7%	5%	13%*
Maternity Leave	-	3.13%	1.44%
Midwife to birth ratio (in post)	1:24	1:18	
1:1 care in labour	100%	Achieved	
Shift leader SN	-	Achieved	

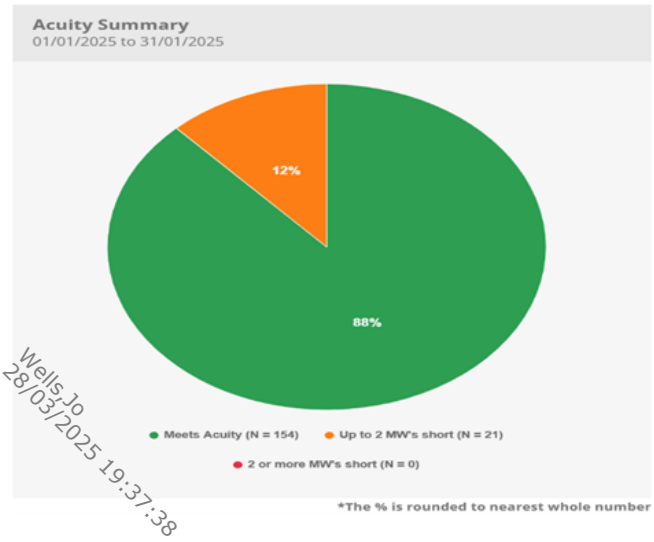
*Following change in establishment

Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 81% of the expected intervals therefore the data presented is reliable. The diagram above presents when staffing met or did not meet the acuity.



From the information available the acuity was met in 88% of the time and recorded at 12% when the acuity was not met prior to any actions taken. This has increased in month and again no red shifts were reported. This indicator is recorded prior to any action taken. Safe staffing levels were maintained on all shifts in January following mitigation.

The mitigations taken are presented in the diagram below and demonstrate the frequency of (n= 23) when staff are reallocated from other areas of the inpatient service. There was one reported occasion when the community/continuity teams were deployed to supported the inpatient area. There were two reports of staff not being able to take breaks and no reports of staff staying late.

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

Actions	Breakdown of Actions	Times occurred	Percentage
MA1	Redeploy staff internally	23	88%
MA2	Redeploy staff from community	1	4%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	2	8%
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	0	0%
MA11	Maternity Unit on Divert	0	0%
TOTAL		26	

*The % is rounded to nearest whole number

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

All of the NICE recommended red flags can be reported within the acuity app and are presented below. There were two reported delays in time critical activity, no other red flags were reported.

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

Red Flags	Breakdown of Red Flags	Times occurred	Percentage
RF1	Delayed or cancelled time critical activity	2	100%
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		2	

*The % is rounded to nearest whole number

Birth Centre

In January the completion rate for the acuity app for the birth centre was at 81%. The acuity was reported as being met 100% of the time. The number of women accessing the birth centre continues to steadily rise.

Intrapartum & Non-Birthing Categories
01/01/2025 to 31/01/2025

Categories	Number in Categories	Percentage
Cat I	32	64%
Cat II	2	4%
Cat PN	15	30%
Cat X	1	2%
TOTAL	50	

*The % is rounded to nearest whole number

Staffing incidents

There were two no harm staffing incidents:

1. Medical rota error- no second doctor for ANC
2. No support staff available to chaperone USS List

Medication Incidents

There were seven no harm medication incidents:

1. Patient self-administered paracetamol 4 hourly prior to admission – exceeded daily dose
2. FP10 missing
3. Incorrect prescription (3)
4. Incorrect dose of oral medication
5. Incorrect frequency of TTO prescription noted on follow up appointment

Monitoring the midwife to birth ratio

The ratio in January was 1:18 (in post) and 1:17 (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. No additional huddles were held in January 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.

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.

Unify Data

The fill rates (actual) presented in the table below reflect the position of all areas of the maternity service.

	Day RM %	Night RM %	Day MCA/MSW %	Night MCA/MSW %
Continuity of Carer	100%	100%	n/a	n/a
Community Midwifery	78%	n/a	100%	n/a
Antenatal Ward/Triage	93%	93%	81%	85%
Delivery Suite	98%	100%	37%	89%
Postnatal Ward	95%	92%	72%	82%
Meadow Birth Centre	81%	839&	51%	74%

National Maternity SitRep

The national COVID SitRep was stood down in October 2023. 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 remains 12WTE unfilled clinical midwifery posts and no unfilled specialist roles – vacancy rate now at 6%. The remaining 12 WTE posts have been offered and they are expected to start in February/March 2025. There are 7 WTE MCA posts vacant with plans to recruit.

Sickness

Sickness absence rates for midwives were reported at 8% and 14.8% for non-registered staff – this has decreased in month for non-registered staff.

The following actions remain in place:

- Monthly oversight of sickness management by the Divisional team with HR support
- Focus review of sickness management in areas with high levels of absence
- Matron of the day to carry the bleep that staff use to report sickness to ensure staff receive the appropriate support and guidance.
- Signposting staff to Trust wellbeing offer and commencement of wellbeing conversations.
- Regular walk rounds by members/member of the DMT.
- Close working with the HR team to manage sickness promptly.

In addition to the above actions the Director of Midwifery will be meeting with all maternity matrons and the HR business partner each quarter to review all sickness plans across the service.

Turnover

The rolling turnover rate is at 7.5% for midwives and at 21.4 % for non-registered staff – this is a slight increase 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 24 occasions to maintain safety. The community and continuity of carer midwives were required on one occasion to support the inpatient team.

No red flags were reported via the acuity app; the supernumerary status of the shift leader at the onset of the shift 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 for midwives and non-registered staff remains high in month. Additional divisional support is planned for Q4.

The vacancy rate is at 5% for MWs and 13% for MCA's. There are 12WTE midwives in the pipeline and further recruitment is planned for the MCAs.

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

Recommendations

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

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COMMITTEE REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**31/03/2025**
Title of Report:	Nurse safer staffing report
Status of report:	☐**Approval** ☐**Position statement** ☒**Assurance** ☐**Discussion**
Report Approval Route:	Quality Governance Ctte
If Other, provide details:	Nursing Workforce Advisory Group (NWAG)
Lead Chief Officer/Director:	**Chief Nursing Officer**
Author:	Sue Smith, Deputy Chief Nursing Officer
Documents covered by this report:	

1. Purpose of the report.

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during January 2024 with numerical data presented for December 2024.

2. Recommendation(s)

Board members are invited to:

1. **NOTE** the content of the report and the assurance levels which are in line with National Quality Board (NQB) and NICE guidance
2. **NOTE** the key points in the executive summary

3. Chief Officer/Executive Director Opinion[1]

Staffing on Paediatrics, Neonates and all Adult in patient areas has been maintained at safe levels throughout January 2024 despite high turnover of patients and fluctuating acuity levels on Riverbank and in paediatric A&E.

Caring for patients who are not always in designated bed spaces continues on wards on the WRH site and both Emergency departments on daily basis.

Due to increased pressures additional capacity continued to be utilised with PDU being open throughout January. Avon 1 winter pressure ward remains open with substantive recruitment continuing in order to offset temporary staffing usage. Temporary Escalation Spaces were in full use during January 2024.

The space in Medical Same Day Emergency Care (MSDEC) was risk assessed to be used for next day discharges overnight and was staffed accordingly. This was in use from end of December 2024 and continued throughout January

The associated increased costs (bank and agency) for these areas / departments can be seen in the attached staffing paper.

[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.

In January the 'PIT STOP' pilot commenced with ACP usage from both agency (off frameowrk) and bank suppliers. Financial implications of this will be included in the February staffing paper.

4. Executive Summary

This report outlines the current position for Nursing, Midwifery and Health Care Support Worker staffing and intends to provide positive assurance regarding:

- The safe staffing position across these staff groups
- The reduction in overall pay costs and bank and agency spend, with a stable agency spend.
- The maintenance of safe fill rates for registered and unregistered nursing which has been achieved whilst maintaining a downward trajectory in bank and agency spend.

5. 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. 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 January 2025 with financial figures for December 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 January 2025 there were 25 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 December 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>102%</td></tr><tr><td>HCSW</td><td>100%</td><td>114%</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 114% is reduced slightly as a result of some template changes and this is a trajectory we anticipate continuing as further template amendments following the A&D reviews come into place.	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 December 2024 was **9.1 (increased from 9.0 in November).** There has been a slow but incremental rise on CHPPD over the last quarter. This is reflective of the work completed by all divisions in both staffing escalation meetings and through Acuity and Dependency reviews led by the CNO. The average national range for CHPPD is 9.1 with a variation of **6.33 to 15.48**, which the Trust sits comfortably within.

In December no area's fell below the minimum of 6.30.

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 appropriate specialist advisory bodies.

Vacancy (Trust target 6%)

December 2024 data

Current Trust Position **WTE** **December 2024 data**	**Previous month** **November 2024**	**Model Hospital data Sep 2024 Benchmarking**	**Current level of Assurance**
RN 1.09% (23.65 WTE) HCSW 7.19% (75.77 WTE)	RN 2.6% (56.63 WTE) HCSW 9.04% (96.74 WTE)	RN 8.1% HCSW 10.4%	6

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

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

To note, there are 16.6 confirmed HCA starters in January, with a further 73 in the pipeline due to start Feb / March / April 25. The monthly generic assessment centres for HCA's led by Workforce are now established with good involvement from ward managers and are proving an effective approach to the scale of recruitment required.

International nurse (IN) recruitment pipeline

The initial target for the year 25/26 was initially 50-60 nurses supported by an internal business case, in the absence of assured external funding from NHSE. This number is under ongoing review however, and our current predicted requirement for 25/26 is 24-30 RN's given positive local recruitment. Data regarding the international pipeline has been circulated to all divisions to allow for the development of CPIP's.

Domestic and international nursing recruitment

The current 12-month trajectory looks positive, the initial prediction of the month 12 position in terms of vacancy rate was 31 WTE RN, given current trajectory it is likely this will be exceeded. This will put us in a positive position in terms of any additional business cases / expansions in the new financial year. 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.

The Trust held a face-to-face recruitment event on the 21st of September at CHEC, with exceptionally good attendance, predominantly from the cohort qualifying in Feb 2025 at University of Worcester, with 37 offers of employment being made on the day. 31 have been made formal offers and are either in post or due to commence in Feb / March and the remaining 6 are awaiting offers of placement. A further event aimed at the September 25 qualifying cohort is booked for the 5th and 6th of April 2025 and interest in this event is strong.

A recruitment event for HCA's was held on the 17th of January at KTC with 7 offers being made at Worcester, (these are included in the pipeline previously mentioned). Further face-to-face recruitment events are planned through to April 2025.

Bank and Agency Usage
December 2024 data

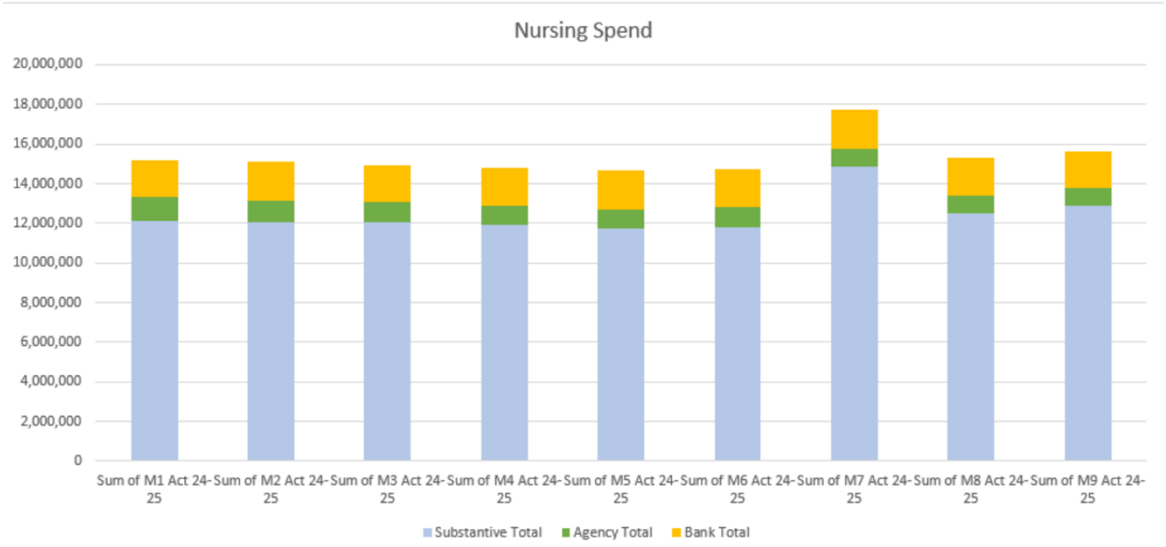
Bank and agency usage, total combined RN & HCSW was 562.4 WTE.

Triangulated data for sickness / vacancy and maternity leave gives an overall absence of 250.65 WTE for registered (not including midwifery) and 178.41 for un-registered nursing.

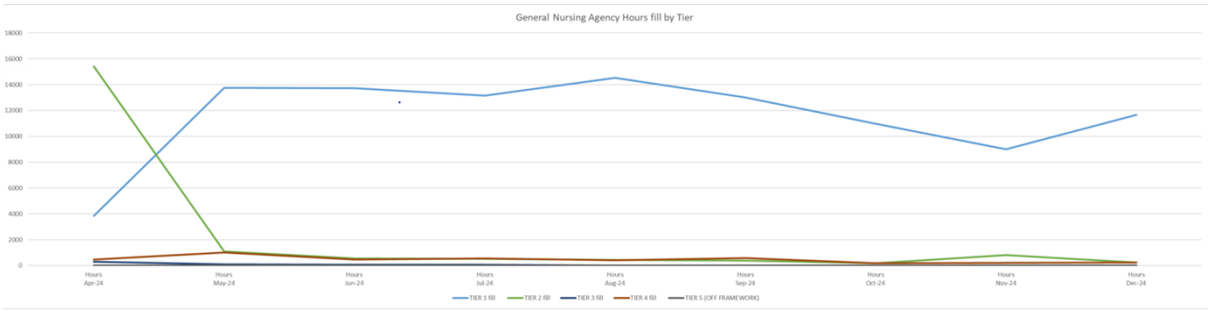
Overall nursing pay costs in month 9 are £15.6m – of which £0.3m is costs associated with Winter
Substantive nursing pay spend of £12.9m in December 24 is an increase of £0.4m compared with spend in November. The adverse movement is largely due to the Bank Holidays in December and an increase in Winter costs in month.
Bank spend of £1.8m in December is a decrease of £0.1m compared with last month. This is mainly with Speciality Medicine and relates to the temporary closure of PDU.
Agency spend of £0.9m in December is consistent with spend in November.

Tier 1 agency for general and critical nursing continues to be strong at 96% for RN00 (up from 90%) and 83 % for RN04 (down slightly from 87% last month). We would anticipate that the RN04 agency usage will decrease overall in coming months as bank to agency bumping was turned on in both A&Es with Divisional support in January with early changes looking positive for increased bank fill in these areas.

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. Whilst usage remains relatively consistent the increase on both bank and Tier 1 fill provide assurance that ongoing actions are achieving the aim of off setting more expensive providers whilst not impacting fill rates.



Sickness

December 2024 data (% reflects updated headcount)

Current Trust Position December 24	**Previous Month Position** **November 24**	**Model Health System data Feb 2024 Benchmarking**	**Current Level of Assurance**
RN 6.49% (138.75 WTE) HCSW 7.53 % (73.64 WTE)	RN 6.36% (135.15 WTE) HCSW 7.46 % (72.65 WTE)	RN 5.4% HCA 7.5 %	**5**

Absence (December 2024 data)

- 250.65 WTE RN total absence due to vacancy, sickness and maternity leave (down from 285.78 in November,) versus bank and agency use of 296.26 WTE (down from 311.4 WTE in November).
- 178.41 WTE HCSW total absence due to vacancy, sickness and maternity leave (decreased from 201.4 in November) versus bank and agency usage of 266.14 WTE (decreased from 275.65 in November),

The Trust currently has 89 RNs and 29 HCSWs on maternity leave (slightly reduced from November 24). The options paper continues to be developed, the CNO has requested that this is completed by end of February.

Additional Capacity Usage / Costing

Avon 1 remains open as winter funded additional capacity with a mixture of substantive and temporary staffing – acknowledgement of the impact of winter funded capacity on overall spend has already been noted.

Other focuses of additional capacity are MSDEC / Discharge lounges and the reopened PDU. Details for financial implications are below for the month of December:

Ward	Month	Registered		Unregistered		Total	
		Hours	Cost	Hours	Cost	Hours	Cost
Medical SDEC WRH	Dec	564	£18,988.35	35	£880.72	599	£19.869.07
Discharge Lounge AGH	Dec	130	£3.836.34	96	226	226	£6,263.94
Discharge lounge WRH	Dec	138	£4,348.05	108	£2,611.42	246	£6,959.47
PDU	Dec	999	£30,535	541	£12,172	999	£42,707
Grand Total	Dec						£75,799.48

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.

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**31/03/2025**
Title of Report:	Staff Survey Results 2024
Status of report:	☐**Approval** ☐**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	People & Culture
If Other, provide details:	
Lead Chief Officer/Director:	**Chief People Officer**
Author:	Mark Stanley, Organisational Development Practitioner. Rich Luckman Assistant Director, People & Culture (Organisational Development).
Documents covered by this report:	• WAHT NHS Staff Survey Benchmark Report 2024 – Survey Coordination Centre • WAHT NHS Staff Survey Breakdown Report 2024 – Survey Coordination Centre

1. Purpose of the report

To provide an overview of the Trust's NHS Staff Survey results for 2024 against the national picture and to consider how we will use the results.

Summary

The annual NHS Staff Survey results for 2024 have recently been published.

The survey ran from September to November 2024 following a period of significant change and challenge, both locally and nationally.

The survey is aligned with the seven People Promise themes and also provides scores for engagement and morale. This report provides an overview of the Trust's findings and considers the next steps, responses and responsibilities.

The results of the survey show a response rate for our Trust of 46%, an increase of 15% from last year which equates to over 50% more responses. This is our highest-ever number of responses. We are still just behind the national response rate of 49%.

Overall scores for the People Promise showed improvement across all seven themes, with significant improvement in all except 'We are recognised and rewarded'. 'We are always learning' and 'We work flexibly' improved the most.

Engagement and Morale both improved, with 'Morale' now scoring above the national average.

These improved results are even more significant when considering the national picture which has remained broadly unchanged when compared to 2023.

The Trust also had this year one of the highest, most improved overall positive scores within its benchmark group.

Background

The annual NHS Staff Survey provides a detailed insight into what our employees think about the work they do and the organisation they work for. It covers all aspects of the employee experience, grouped by themes and also against the NHS People Promise.

The results help to inform, influence and shape the approach of the Trust when looking to improve the experience of employees, ultimately contributing to improving employee engagement and morale.

The Trust is committed to giving employees a voice and, since January 2022, has provided frequent opportunities for our people to feedback about their experience. There is the NHS National Quarterly Pulse Surveys (NQPS), providing regular insight into our progress as an employer, and the annual NHS Staff Survey, providing a more detailed overview.

Response Rates

A key objective for the 2024 staff survey was to increase the response rate. 2023 saw one of our lowest response rates, 31%. This was 15% below the national average.

By working closely with stakeholders and developing a pre-planned and successfully implemented survey campaign, involving a variety of promotional activities, we saw high levels of engagement and increased response rates for the 2024 survey for the Trust and across all divisions.

Division	2023	2024	% change
Estates & Facilities	20.6%	**43.9%**	+23.3%
Urgent Care	25.3%	**46.3%**	+21%
Surgery	24.8%	**41.1%**	+16.3%
Speciality Medicine	29.8%	**45.3%**	+15.5%
Women & Children	28%	**42%**	+14%
SCSD	31.8%	**44%**	+12.2%
Corporate	52.9%	**60.1%**	+7.2%
Digital	75.5%	**78.7%**	+3.2%
Overall Trust	31%	**46%**	**+15%**

People Promise Scores

All seven scores for the People Promise improved when compared to 2023, as well as the scores for ‘engagement’ and ‘morale’. All scores, apart from ‘We are recognised and rewarded’ were significantly higher.

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.07	2208	7.24	3473	Significantly higher
We are recognised and rewarded	5.80	2207	5.90	3477	Not significant
We each have a voice that counts	6.50	2194	6.67	3444	Significantly higher
We are safe and healthy	5.95	2044	6.09	3455	Significantly higher
We are always learning	5.35	2091	5.61	3275	Significantly higher
We work flexibly	6.13	2200	6.43	3453	Significantly higher
We are a team	6.53	2206	6.71	3472	Significantly higher
Themes					
Staff Engagement	6.64	2213	6.82	3478	Significantly higher
Morale	5.70	2211	5.96	3478	Significantly higher

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.
Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

This is a significant achievement for the Trust against the national picture where scores have remained largely static.

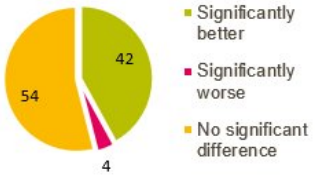
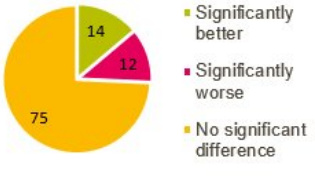
Scores for individual Divisions show that there are differences between areas, and this will need to be explored further by the leadership teams in each area in order to identify specific reasons and agree focussed actions.

Division	We Are Compassionate & Inclusive		We Are Recognised & Rewarded		We Each Have a Voice		We Are Safe & Healthy		We Are Always Learning		We Work Flexibly		We Are a Team		Engagement		Morale	
	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024
Trust	7.1	7.3	5.8	5.9	6.5	6.7	5.9	6.1	5.3	5.6	6.2	6.4	6.5	6.7	6.6	6.8	5.7	6.0
Corporate	7.2	7.2	6.2	6.2	6.8	6.7	6.3	6.5	5.6	5.4	7.0	7.2	6.9	6.8	6.9	6.8	5.9	6.0
Digital	7.9	8.1	7.2	7.4	7.1	7.3	7.0	7.2	6.2	6.9	8.3	8.3	7.6	7.9	7.4	7.5	6.6	6.9
Estates & Facilities	7.2	6.9	5.9	5.5	6.4	6.2	6.6	6.4	4.7	4.5	6.3	6.3	6.5	6.1	6.7	6.4	6.1	5.9
SCSD	6.9	7.0	5.5	5.6	6.3	6.5	5.8	6.1	5.2	5.6	5.8	6.0	6.3	6.4	6.4	6.6	5.6	5.9
Speciality Medicine	7.1	7.4	5.7	6.1	6.4	6.9	5.7	6.1	5.5	6.1	6.0	6.4	6.5	7.0	6.6	7.1	5.6	6.1
Surgery	6.7	7.2	5.5	5.8	6.2	6.6	5.7	5.9	4.9	5.4	5.9	6.5	6.2	6.8	6.3	6.8	5.5	5.9
Urgent Care	7.0	7.3	5.7	5.9	6.6	6.8	5.4	5.6	5.5	5.7	6.0	6.5	6.4	6.9	6.7	7.0	5.7	5.8
Women & Children	7.5	7.6	6.2	6.1	6.8	7.0	5.9	6.1	5.4	5.6	6.1	6.3	6.8	7.0	7.0	7.1	5.8	6.0

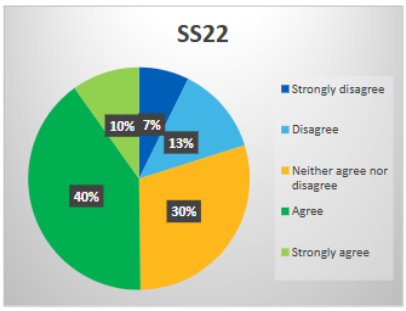
Survey Results

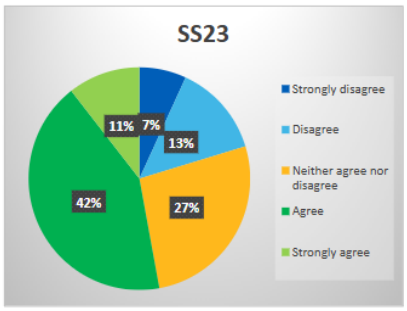
The Trust's overall results show significant improvement, with 42 questions providing significantly better responses compared to just 14 questions in the benchmark group.

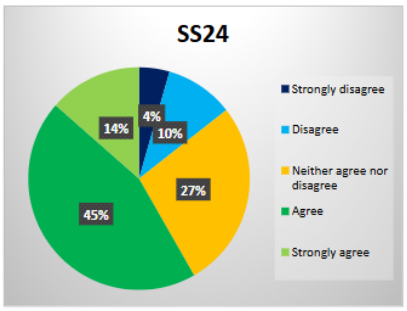
7669	7612	46%	48%	31%
Invited to complete the survey	Eligible at the end of survey	Completed the survey (3485)	Average response rate for similar organisations	Your previous response rate

		Comparison to 2023**	Comparison with average**
58%	q25c. Would recommend organisation as place to work		
58%	q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation		
71%	q25a. Care of patients/service users is organisation's top priority		

Recommending the Trust as a place to work improved by 5% continuing an upward trend seen in the last three surveys.







This is also the case for being happy with the Trust as a place to be cared for, although both scores still lag behind the national average.

Work undertaken to improve the appraisal process and develop the wellbeing support we provide to our employees has also seen results in these areas improve year on year.

Nationally, concerns remain about the level of violence, bullying and harassment experienced by staff from members of the public, and this is reflected in the Trust's results. Experiencing harassment or bullying from managers dropped more than the national average suggesting that work around acceptable behaviours and ways to report issues is having a positive impact.

The availability of nutritious, affordable food whilst working and feeling valued by the organisation both scored below the national average and are areas that need to be focussed on to improve.

A full breakdown of the Trust's survey results with national comparisons is included in Appendix 1.

Top five most improved in England 2023-2024

Across general acute and acute/community trusts nationally, the proportion of staff agreeing or strongly agreeing that they "would recommend their organisation as a place to work" fell slightly from 60.2 per cent in 2023, to 59.9 in 2024.

The table below shows the five most improved in England, on the share of staff who agreed or strongly agreed with this statement - "**would recommend their organisation as a place to work**". We are 3rd most improved.

Most improved five in England – 2023 to 2024

Organisation	2020	2021	2022	2023	2024	Change 2023-24	Response rate 2024
Salisbury	70%	56%	50%	60%	67%	6.6	59%
United Lincolnshire Hospitals	46%	38%	44%	46%	52%	5.4	36%
Worcestershire Acute Hospitals	63%	55%	50%	53%	58%	5.1	46%
East and North Hertfordshire	62%	57%	53%	57%	61%	4.8	50%
Cambridge University Hospitals	74%	67%	62%	65%	69%	4.8	54%

We are ranked 14th out of the 21 acute and acute/community trusts in our region.

All Midlands – ranked in order of staff "agreeing" or "strongly agreeing" they would recommend it as a place to work

Organisation	2020	2021	2022	2023	2024	Change 2023-24	Response rate 2024
South Warwickshire University	79%	70%	70%	74%	77%	2.6	52%
Sherwood Forest Hospitals	81%	75%	72%	75%	71%	-3.9	63%
George Eliot Hospital	63%	61%	56%	65%	67%	2.2	55%
University Hospitals of Leicester	66%	56%	55%	64%	65%	1.8	66%
Chesterfield Royal Hospital	75%	70%	68%	72%	65%	-6.7	67%
Birmingham Women's and Children's	70%	58%	57%	61%	64%	3.7	47%
Wye Valley	70%	61%	59%	61%	62%	1.5	34%
University Hospitals of Derby and Burton	71%	64%	61%	60%	61%	1.2	54%
University Hospitals of North Midlands	64%	54%	51%	58%	61%	2.7	45%
The Royal Wolverhampton	76%	68%	65%	66%	60%	-6.0	34%
Sandwell and West Birmingham Hospitals	60%	54%	52%	55%	59%	4.6	34%
University Hospitals Coventry and Warwicl	65%	61%	60%	59%	59%	0.2	62%
Northampton General Hospital	67%	55%	52%	58%	58%	0.7	57%
Worcestershire Acute Hospitals	63%	55%	50%	53%	58%	5.1	46%
The Dudley Group	59%	55%	56%	59%	57%	-1.1	49%
Walsall Healthcare	52%	48%	52%	56%	56%	-0.6	54%
Nottingham University Hospitals	68%	54%	53%	58%	56%	-2.4	40%
University Hospitals Birmingham	61%	50%	48%	50%	53%	3.6	38%
United Lincolnshire Hospitals	46%	38%	44%	46%	52%	5.4	36%
The Shrewsbury and Telford Hospital	48%	40%	41%	49%	49%	-0.5	51%
Kettering General Hospital	67%	51%	46%	51%	48%	-2.6	52%

Workforce Race Equality Standard & Workforce Disability Equality Standard

Nationally inequalities in staff experience measured by the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) largely did not move.

Workforce Race Equality Standard WRES indicators from the Staff Survey tell us that.

- An increase of 5.1% in the number of staff from minority groups participating in the survey compared to last year.

- Remained the same in:
  - % of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months from 24.7% in 2023 to 24.7%

- Improvement in the:
  - % of BME staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months from 14.9% in 2023 to 14.1% in 2024

- Deterioration in the:
    - % of BME staff believing that the organisation provides equal opportunities for career progression or promotion from 50.5% in 2023 to 49.7% to 2024.
    - % of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months from 20.8 in 2023 to 24.0%.

Workforce Disability Equality Standard WDES indicators from the Staff Survey tell us that.

- There has been a slight decrease of 0.9% of staff with a Long-lasting health condition or illness participating in the survey from last year from 24.85% in 2023 to 23.93% in 2024.

- Improvement in the:
    - % of Disabled staff experiencing harassment, bullying or abuse from Managers in the last 12 months from 14.4% in 2023 to 13.4% in 2024.
    - % of Disabled staff said that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it – from 47.7% in 2023 to 59.5% in 2024. An increase of 12.2% (this was 7.6% above the national average).
    - % of Disabled staff believing that the organisation provides equal opportunities for career progression or promotion from 52.9% in 2023 to 56.4% in 2024 (this was 5% above the national average).
    - % of Disabled staff saying their employer has made reasonable adjustments to enable them to carry out their work. From 70% in 2023 to 76.1% in 2024 (this was 2% above the national average).

- Deterioration in the:
    - % of Disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months from 28.9 in 2023 to 30.6% in 2024.
    - % of Disabled staff experiencing harassment, bullying or abuse from Other colleagues in the last 12 months from 23.4% in 2023 to 26.6% in 2024.
    - % of Disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties from 31.1% in 2023 to 29.8% in 2024.

- Remained the same:
    - % of Disabled staff satisfied with the extent to which their organisation values their work was 29.9% in 2023 and 2024.

Future focus

Whilst carrying out this year's survey and floorwalking to encourage uptake, feedback received suggested that the results needed to be communicated more effectively and that subsequent action planning and delivery as a result of the findings needed to improve.

As a result, this year a dedicated intranet page has been developed detailing the Trust, Divisional and Service area findings. There has been a more structured approach to sharing the results through HR Business Partners, divisional leadership teams and staff briefings.

The intranet page also includes a number of resources aimed at making sharing the results with teams easier and supporting action planning activity. This includes videos, presentations, tips and prompts.

Work will also be undertaken to try and maintain the improved response rates seen this year and to compare favourably with national averages.

A further report will be presented to the TMB and People & Culture committee with the full WRES and WDES results in the summer.
2. Recommendation(s)
1. Note the findings of the 2024 NHS Staff Survey and consider the national context. 2. Senior leadership teams to share results and agree on actions with their teams. 3. Senior leadership to arrange regular reviews and monitor progress against agreed actions.
1) Chief Officer/Executive Director Opinion[1]
This year the results show our response rate increased by 15% and we have been ranked among the five most improved in England, on the share of staff who agreed or strongly agreed with this statement - "would recommend their organisation as a place to work". Our WRES and WDES indicators have shown some improvement and deterioration in others. There's still lots of work to do, to make sure all our staff feel they belong here and are not having a negative staff experience. In the coming weeks, will be launching our new Trust Values: Being open and honest, Ensuring people feel cared for and Showing respect for everyone, as well a new Anti-Racism Charter later in the year. Our people priorities in our new strategy are informed by the feedback from the staff survey.
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'***

Appendix One:

NHS Staff Survey Breakdown Report 2024 – Survey Coordination Centre

Appendix two:

NHS Staff Survey Benchmark Report 2024 – Survey Coordination Centre

[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.