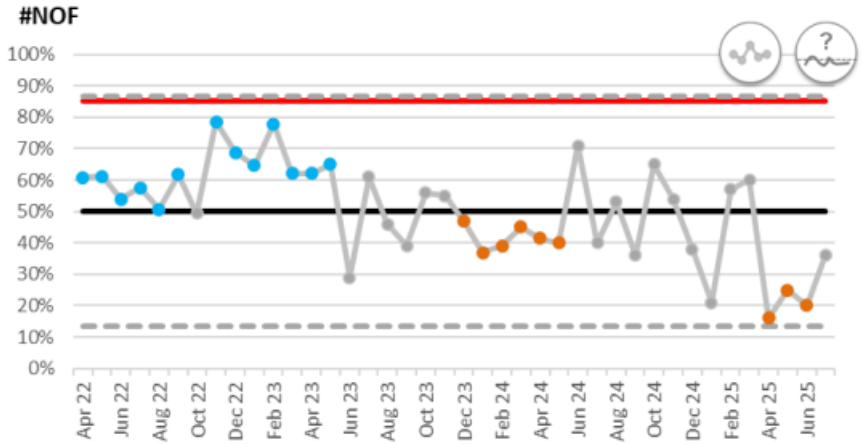
OUR QUALITY AND SAFETY – FRACTURED NECK OF FEMUR (#NOF)

We are driving this measure because

Prompt surgery and appropriate involvement of geriatric medicine has benefits in terms of improved patient outcomes, increased number of independent individuals and reduced mortality, shorter length of stay and more cost-effective care.



Understanding the performance

- #NOF compliance increased in Jul-25 to 35.61% for BPT patients, and 35.80% for All patients.
- However, the target (36 hours) has still not been achieved since Mar-20.
- There were 73 (BPT) and 81 (All) #NOF Admissions in Jul-25
- There were a total of 47 (BPT) and 52 (All) breaches in Jul-25
- The primary reasons for BPT breaches in Jul-25 were Theatre capacity (27), Bed Issues (12) and medically unfit patients (9).
- The average time to theatre was 58.9 hours (BPT) and 58.8 hours (All).
- The Trusts Crude Mortality Rate for the period Jun-24 to May-25 was 14.22% for the diagnostic group #NOF (in-hospital 5.50% & Out of hospital 8.72%)[1]
- This is the 17th lowest (of 21 Midland Acute Trusts), with the figures ranging from 7.88% to 18.79%.[1]
- The ALOS for #NOF patients in the period Jun-24 to May-25 was 14.27 days.
- This is the 3rd lowest ALOS amongst Midland Acute Trusts during this period, with figures ranging between 8.25 days and 19.95 days[1]

Actions (SMART)

- Trauma and Orthopaedics have had a partial restructure of some of their physical space to enable more efficiency for FNOF patients pre and post FNOF surgery.
- In collaboration with Specialised Clinical Services, we have enacted some flexibility in emergency and CEPOD theatre sessions to improve access for FNOF patients to more timely surgery.
- Improvements are being seen in August, ongoing monitoring will continue for the foreseeable future until performance is sustained.

Risks

- Theatre and bed capacity continue to be the biggest risks to the effective delivery of the #NOF pathway.

[1] *Source: HED, accessed 12/08/2025.*

OUR OPERATIONAL PERFORMANCE

Chris Douglas

Chief Operating Officer

Much in line with previous months, July has continued to see high demand in our Emergency Department with this our fifth month in a row having high numbers of attendances to both of our Emergency Departments. Prior to March 2025 our Worcester site had never had monthly atts above 8,000 however, we are now seeing 8,000 or more atts routinely, which is a 13% increase in Ambulance and 10% increase in Walk in presentations. Whilst the sites have experienced extreme pressures in terms of attendances and whilst EAS remains a challenge, our teams have achieved improvements with just over 80% for ambulance handovers under 45 minutes which has exceeds the NHSE baseline of 80%, this is a 5% improvement in performance month on month. Despite the high attendances, we have continued to see a sustained improvement in Triage times, with a 25% improvement in two months. These continued positive improvements have seen our organisation move from a Tier 1 organisation to Tier 2 nationally, which is a reflection of the teams focus on driving improved pathways for our patients.

The first iteration of a system wide Winter plan has now developed and building on this, internally, we are working hard across Divisions to launch our internal implementation plan. 2025 anticipates a challenging winter period and a number of improvement programmes and workstreams are in place to drive forward a supported approach to enabling flow, including, reducing the number of times we move a patient during their stay in hospital, ensuring patients are admitted to the right place that best meets their care needs and removing delays in discharge planning. Our UEC Operational Committee continues to focus on 30, 60 90 day cycles of improvement, working across all areas that impact on front door delivery. Despite the move to Tier 2, the support from Emergency Care Improvement Support Team (ECIST) will continue for frailty pathways and board round review processes. On 28th August, the ECIST team will be on site, working system wide with Acute, Social Care and Community colleagues to focus on how we improve processes to reduce the time it takes to transfer patients who require onward care into a community hospital for their ongoing treatment and rehabilitation.

Once again cancer care for our patients continues to be challenging and continued high levels of referral numbers particularly in skin and breast cancer pathways has continued. The recovery plans in place for our most challenged tumour sites are starting to show improvements particularly in breast services. Our teams have worked incredibly hard to bring improved systems online for our skin pathways and aim to launch our new Tele-derm service in September, this will help to reduce waiting times for patients awaiting a diagnosis which in turn will improve our time to treat patients. As our performance during quarter one this year was not where we had expected it to be, our organisation has been moved back in to tier 2 NHSE support, with a focus on our three most challenged services for cancer which are breast, skin and urology. We have recently submitted bids to West Midlands Cancer Alliance and NHSE which we have been successful in securing funds to support recovery schemes which will further support teams in treating our patients more quickly.

Our elective performance continues to see improvements particularly for the proportion of patients waiting for their first appointment within 18 weeks. Services are performing well with good use of patient-initiated follow-ups, advice and guidance and minimising waste with a variety of strategies including text reminder services to patients. Services such as ENT, general surgery and ophthalmology have reduced delays for some our longest waiting patients with a clear plan to stop any patient waiting longer than 65 weeks and are now making good progress in reducing patients waiting more than 52 weeks, whilst many of our other services are already achieving this and now focussing on returning to constitutional standards.

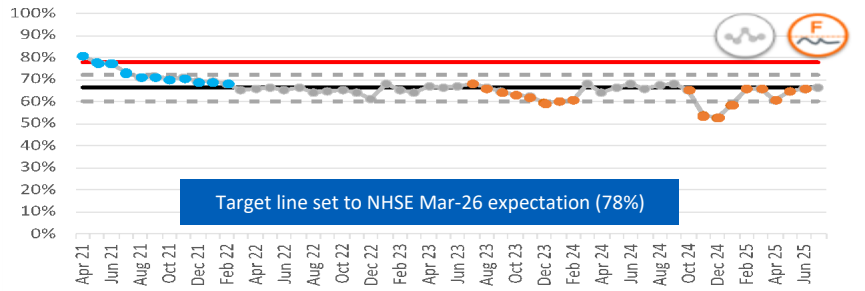
We have recently received confirmation that our teams were successful in securing accreditation status for the Alexandra Redditch Elective Hub, this is now our third elective hub, with Redditch joining the ongoing success at Kidderminster which is accredited for both adult and paediatric elective hubs. The success is the culmination of months of hard work and improvements to ensure our patients experience excellent quality care and are managed efficiently and effectively through our pre-operative, theatre and elective ward and day case services.

OUR OPERATIONAL PERFORMANCE – URGENT & EMERGENCY CARE

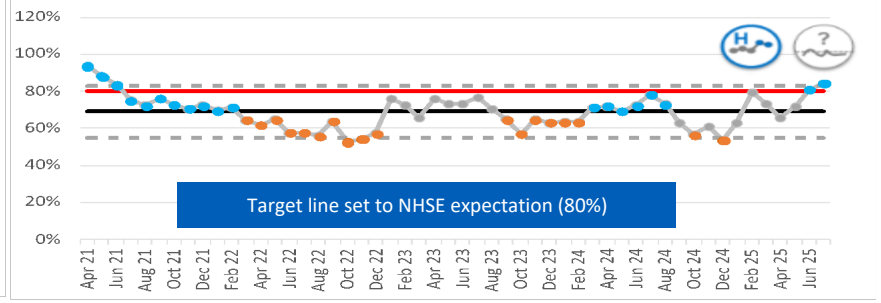
We are driving this measure because

The national Emergency Access Standard requires all patients to be seen, treated and either admitted or discharged within four hours of presentation at any Emergency Department. In addition, the effective and timely handover of patients arriving by ambulance enables patients waiting in the community to access care in a timelier manner and is an indicator of system flow.

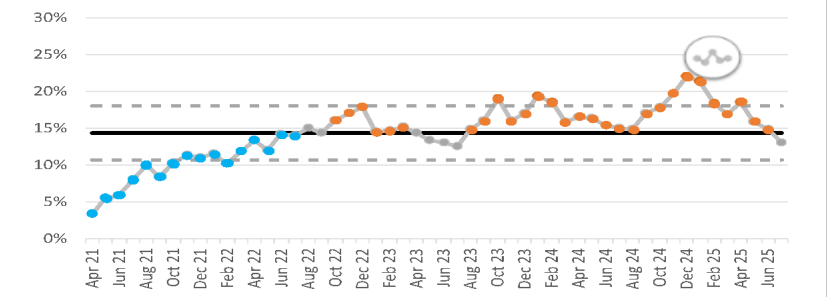
% within 4 hours (EAS All)



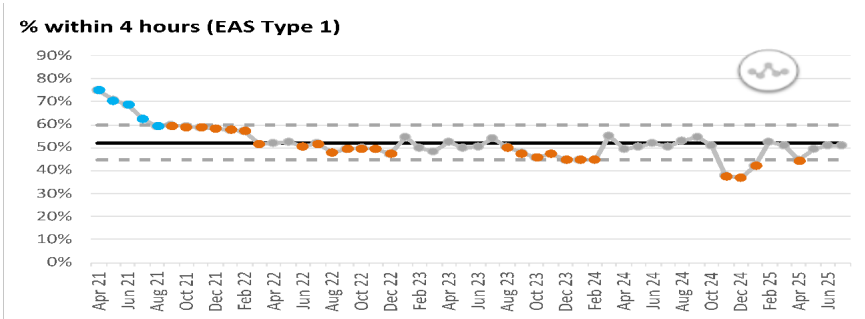
% Ambulance Handover < 45mins



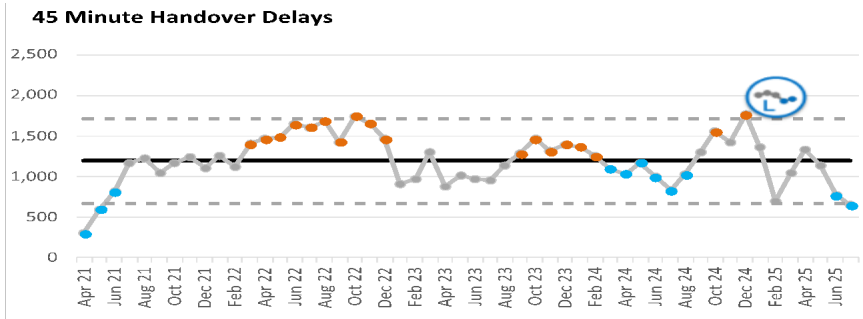
% patients spending 12+ hours in ED



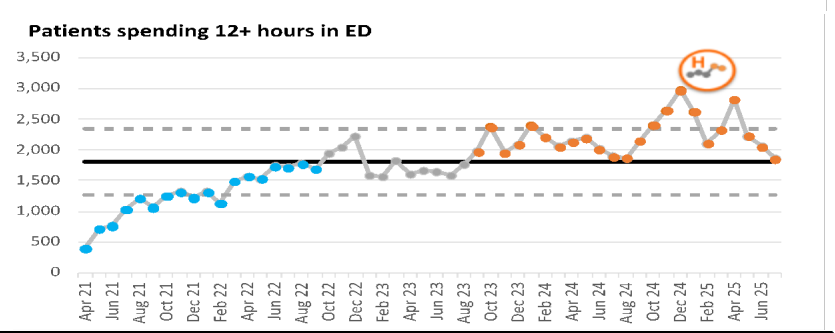
% within 4 hours (EAS Type 1)



45 Minute Handover Delays



Patients spending 12+ hours in ED



Understanding the performance

- There is change in statistical significance across the metrics in this report and those improvements are noteworthy in context of the following:
- 14,228 patients attended our type 1 sites in July at an average of 459 per day. That many attendances is a 7.5% increase compared to July 24 and was our new highest number of attendances on record.
- July was the fifth month in a row where WRH had more than 8,000 attendances and 5,822 attendances at ALX was a new high.
- The percentage of ambulance handover breaches under 45 minutes was 84%; 80% is the NHSE baseline expected performance for this measure.
- The percentage of patients spending more than 12 hours in our emergency departments is showing normal variation; this is the first time in over 2 years.
- Time to triage performance has been steadily improving..

Actions (SMART)

- Navigator PDSA continues, concludes 31st August 25, interim reporting presents helpful outputs
- ED are working to 12 hour total stay in ED and dashboards reflect this – departmental displays being reviewed to ensure visibility
- 3P workstreams identified and programme groups agreed, workstreams meet monthly
- Primary Care Service to relocate on 1st September 25. Tender reviewed and to be finalised by 10th Sept 25. to be presented to TMB in September 25.
- AOS bay stream reviewed and SOP shared (30 day action).
- Surgery, trauma beds reconfigured (30 day action)
- Plaster PDSA concluded, results being compiled.
- Workforce plan submitted along with implementation plan to COO for discussion.
- NANR performance daily review and reporting/scrutiny in place.
- ED rota's being reviewed to explore cover 8-10pm substantive Consultant cover.
- ED Rota reviewed to explore Consultant cover to focus on NANR solely
- 3 new ED Consultants recruited – start dates to be agreed
- Acute Medicine focus on Ward Round and Consultant cover until 7pm being explored. ECIST support in place.
- Streaming Working Action Group to focus on 3 core pathways for improvement.
- Reduction in number of face-to-face appointments in fracture clinic.
- Escalation action cards being reviewed in line with best practice.
- Following ECIST review GRAT process being reviewed to support GRAT nurse

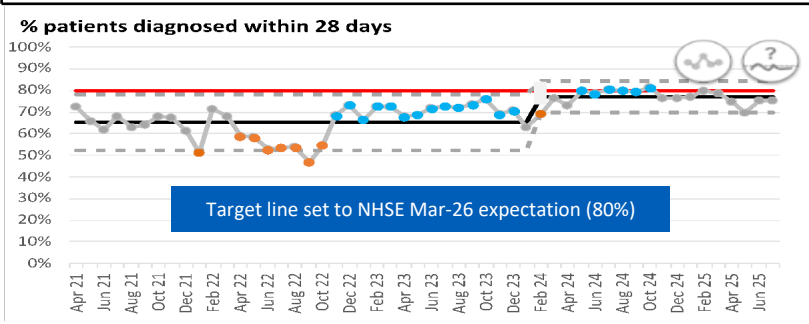
Risks

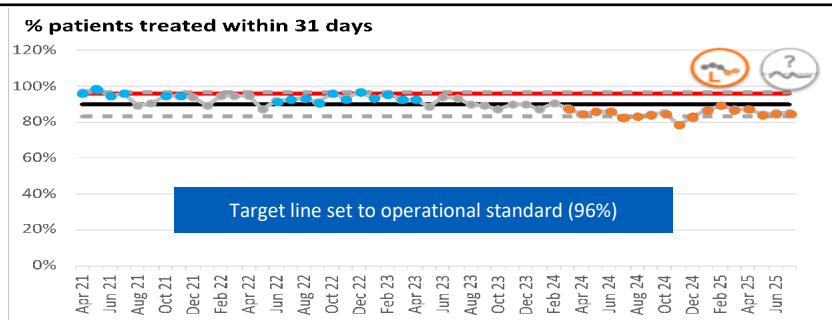
- Patient delays in waiting room and public behaviour (attending ED as opposed to accessing alternatives)
- ED flooring repairs impacting on flow
- Multiple deliverables and focus on improvement leading to additional support from PMO and increased need for resource to support – organisational wide prioritisation needed
- Inconsistency in offer of alternative pathways for ED/SPOA to access
- Temporary nature of pilots such as PITSTOP, some elements of supporting functions impacting on ED attendances, rota gaps impacting on service provision
- Hospital flow and late discharges – transport capacity
- Navigator streaming options external to organisation in development and consistency of use by WMAS
- Long delays for Ambulance Patients resulting in increased risk of harm and deteriorating patient (GRAT process in place for assessment)
- Acute Oncology capacity
- WMAS uptake of call before you convey and redirection before ED
- Mental Health suite staffing and long stay in ED for MH Patients
- Financial risk associated with managing safety in overcrowded department
- Additional capacity driving overspend and need to implement mitigating action to manage safety.
- Organisational challenges regarding increased reporting/assurance and resource
- Closure of beds during Sept, in particular PDU and impact on staff wellbeing

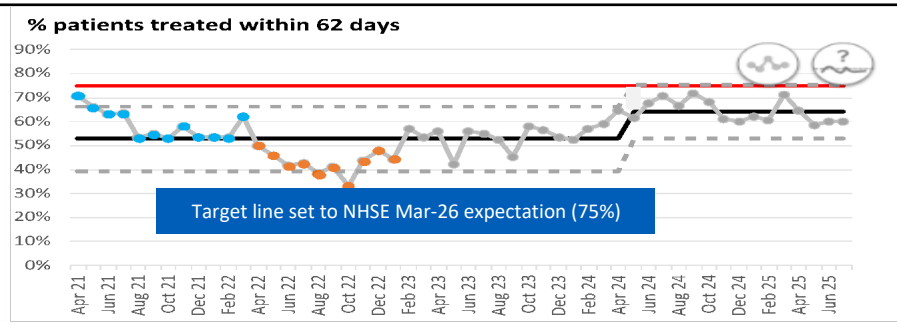
OUR OPERATIONAL PERFORMANCE - CANCER

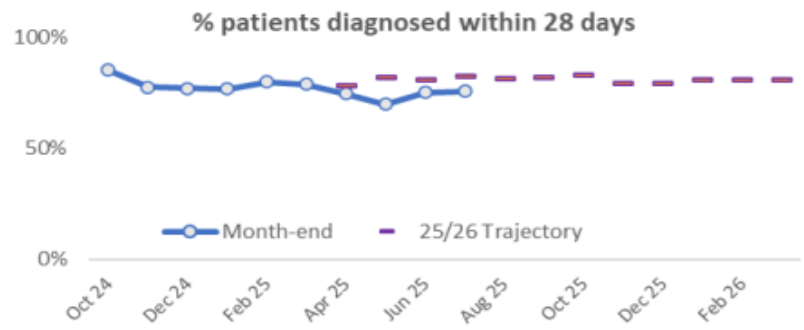
We are driving this measure because

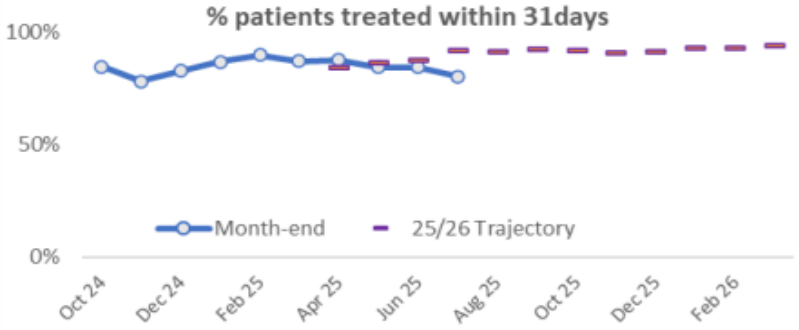
Cancer is one of the leading causes of mortality in the UK. Research suggest that someone in the UK is diagnosed with the disease every two minutes, and half of the population born since 1960 will be diagnosed with cancer in their lifetime.

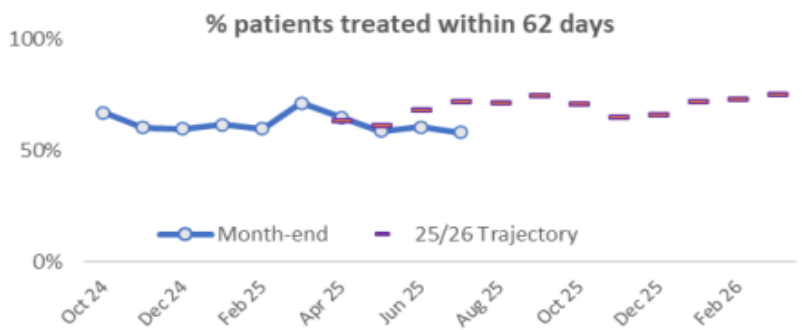












Understanding the performance (unvalidated)

- Cancer referrals have, for the third time this calendar year, gone above 3,000 in a month. Skin accounted for 27% of all referrals received.
- 28-day performance is at 76% and below our annual plan target. Breast saw another month of improved performance but was offset by other specialties e.g. skin.
- The 31-day performance (80%) is below our annual plan target. Only 1 specialty achieved the 96% operational standard
- The 62-day performance (58%) is below our annual plan target. Although the interim target of 75% isn't to be achieved until Mar-26, only 1 specialty achieved the standard in July.
- Breast, Skin, Upper GI and Urology are the specialties that are contributing the most breaches to our month end position.

Actions (SMART)

- Ongoing fortnightly oversight, monitoring and support from ICB and NHSE.
- Breast – action plan in place includes use of adhoc WLI clinics to target first seen delays, risk stratification of referrals to ensure high risk seen first, development of new low risk pathway to manage demand and progression of Radiologist insourcing to maximise one-stop clinic capacity. Bids for support monies from both WMCA and NHS England have been submitted and are currently being reviewed with decisions likely in August 2025.
- Gynaecology – short term plan to use WLI's for diagnostic stage of pathways with implementation of new PMB now in place which will support improvement of performance.
- Head & Neck – process mapping complete and awaiting results of clinic audit to help inform of any changes required to front end of BPTP pathways.
- Lung – Continued micro-management of the PTL amid ongoing workforce shortfall challenges, with bid for additional locum consultant submitted for consideration of cancer recovery funding via NHS England.
- Skin – Projects underway to implement both teledermatology which should aid demand management and re-introduction of one-stop / see and treat clinics to include Max Fax provision. Two locum consultants have been offered posts and progressing through recruitment process. Bids submitted to WMCA and NHS England for support monies to eradicate the current backlog of patients requiring Max Fax MOP's, decisions expected in August 2025.
- Urology – Recently appointed locum consultant (WMCA funded) has withdrawn. Service will be going out to advert for the third time to help resolve the current delay with post MDT OPA's. Continue to micro-manage access to MRI and MRI reporting, reporting of LATP's.
- Oncology. Further bids submitted to WMCA and NHS England to support cancer performance recovery initiatives.
- Development of a business case to extend operating capacity to support delivery of the 31 day and 62 cancer standards for both Urology and Colorectal.

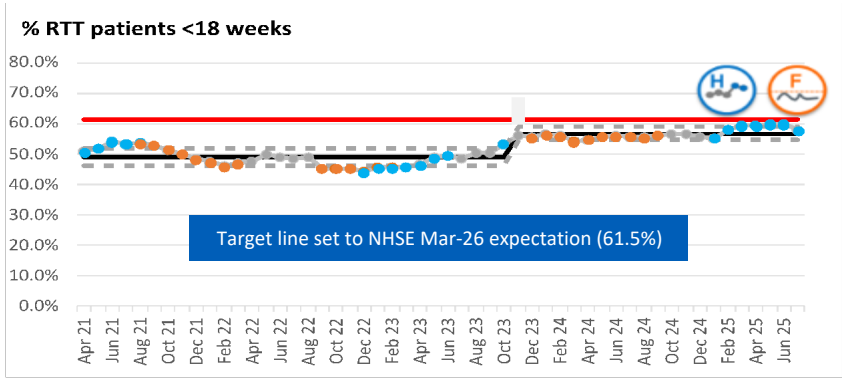
Risks

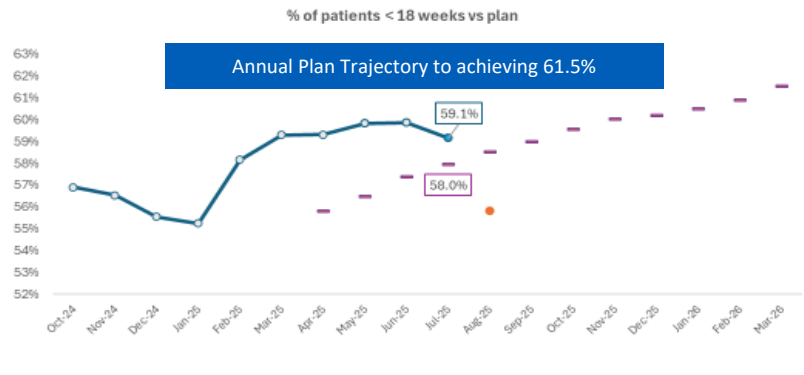
- Impact to achieving delivery of 31 and 62 days resulting from insufficient Oncology and radiotherapy capacity
- Ongoing financial impacts associated with the use of high-cost diagnostic outsourcing solutions in histology and radiology.
- Risk to delivery of FDS, 31- and 62-day targets due to service model fragility particularly for skin (which also relates to fragile max fax service) which does not have a permanent solution for service delivery.
- Delays in pathology turnaround times impacting on all tumour site pathways.
- Delays in imaging, particularly MRI, impacting on all tumour site pathways.
- Financial impact due to use of agency locum Consultants in Urology.

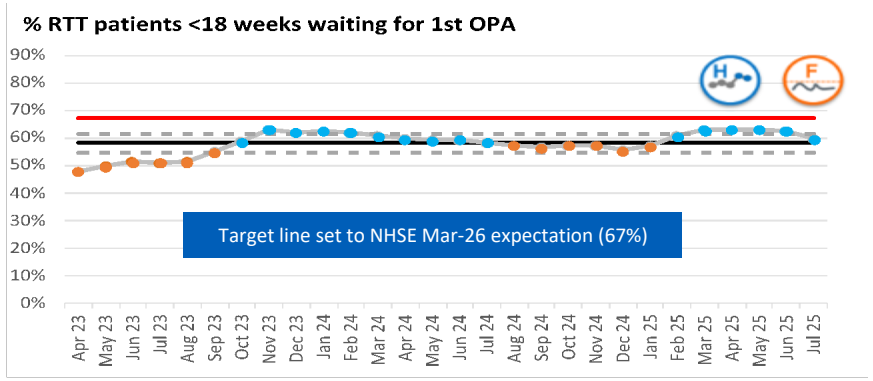
OUR OPERATIONAL PERFORMANCE – REFERRAL TO TREATMENT

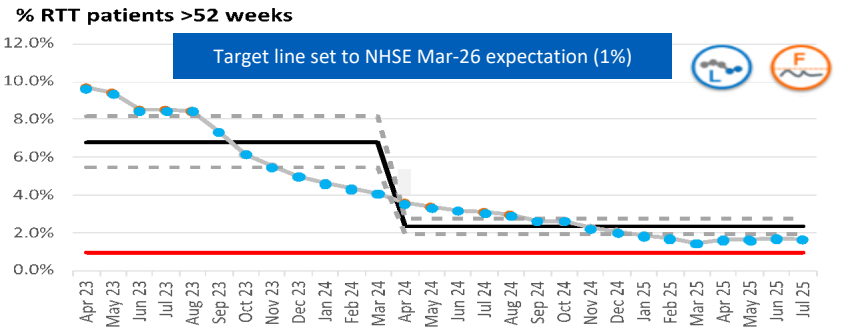
We are driving this measure because

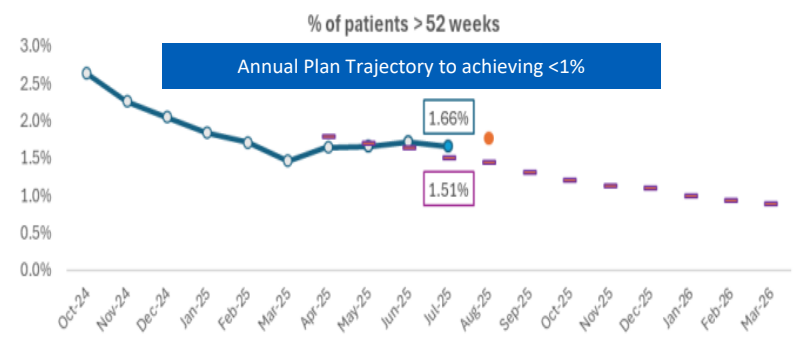
It is a key priority to ensure that patients can access the elective treatment they need in as timely a manner as possible and to continue to recover to the 18-week Referral to Treatment standard as set out in the NHS constitution.

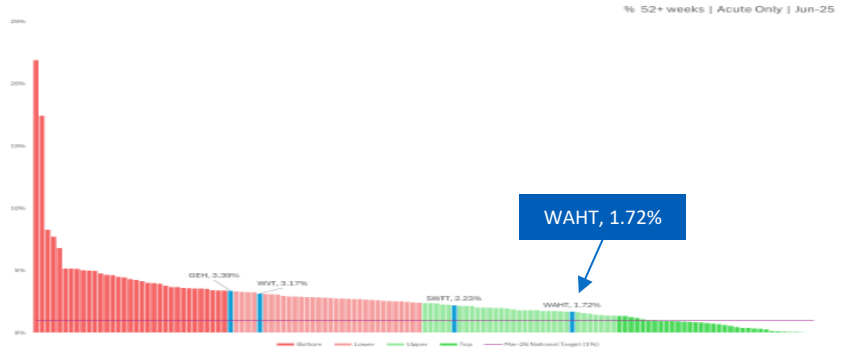












Understanding the performance (unvalidated)

- At the end of Jul-25, 59.1% of patients, of a waiting list of 55,701, were waiting less than 18 weeks for their first definitive treatment. This continues the recent trend of significant improvement, but the target is not yet achievable without further change.
- For those patients waiting for their first appointment, the proportion waiting less than 18 weeks continues to show significant improvement.
- The number of patients waiting over 52 weeks has decreased to 926 from 941 and is 1.66% of the total waiting list.
- 5 specialties (ENT, Oral Surgery, T&O, Gastroenterology and Ophthalmology) with 52-week waiters contribute 87% of patients to the Trust overall position.

Actions (SMART)

- Fortnightly oversight, monitoring and support from ICB and NHSE
- Weekly DCOO oversight and monitoring of our longest wait patients
- Pain service progress with bringing new outpatient forwards via WLIs, next phase to target WLIs at patients waiting for treatment
- Additional supplier of corneal transplant tissue sourced to help reduce long waits and increased capacity for ophthalmology neuro referrals
- Gastroenterology, ENT and OMFS developing a plans for recovery to eliminate 65 weeks by October and recovery 52 week position in line with annual plan.
- OMFS increase in capacity planned includes dermatology locums commencing Sept/Oct
- Divisional oversight and micro-management of patients on admitted pathways requiring surgical treatments which exceed 52 weeks
- Pressured services identified as ENT, OMFS and gastroenterology for

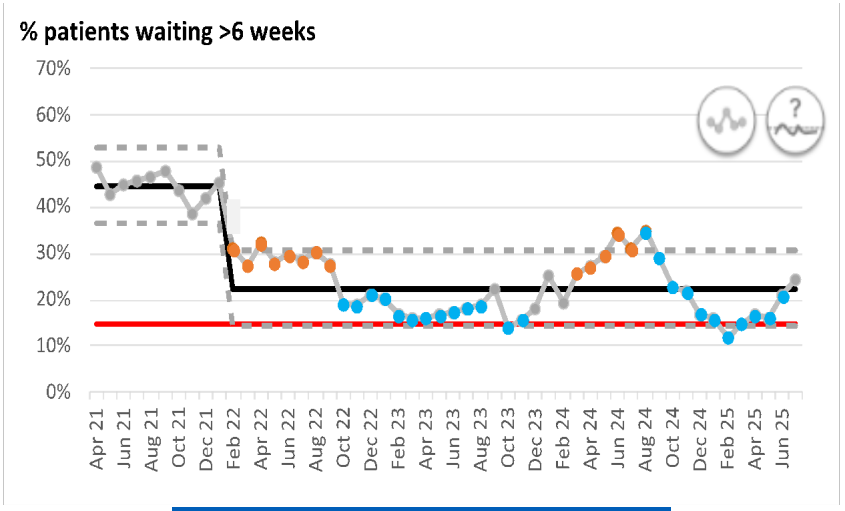
Risks

- Risk to elimination of 65+ week waiters due to late onward referral to external diagnostic services with limited capacity i.e. manometry, HIDA scans, impacts gastro and general surgery pathways
- Risk to delivery of eliminating all waits over 52 weeks by Mar 2026 particularly for ENT, T&O, OMFS and gastroenterology services, without in year process change/ services transformation
- Financial impacts of ongoing use of insourcing and outsourcing solutions particularly in dermatology
- Delivery of 52 weeks target for OMFS due to fragility of service resulting from medium to long term absence of Consultants.
- Impact from Resident Doctor Industrial Action

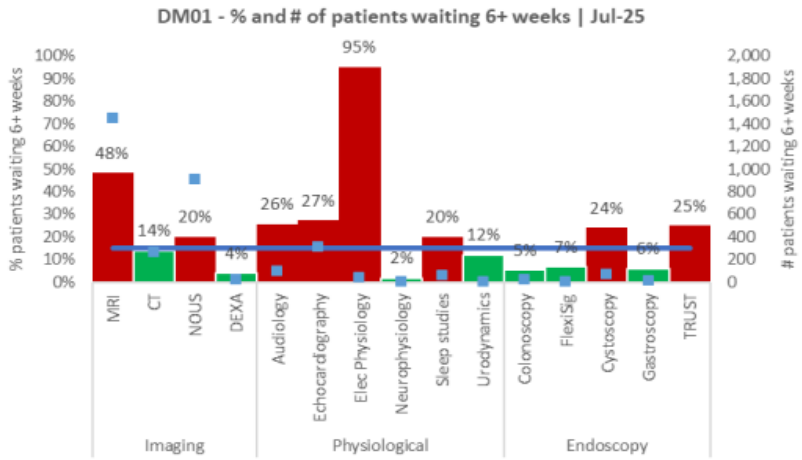
OUR OPERATIONAL PERFORMANCE – DIAGNOSTICS

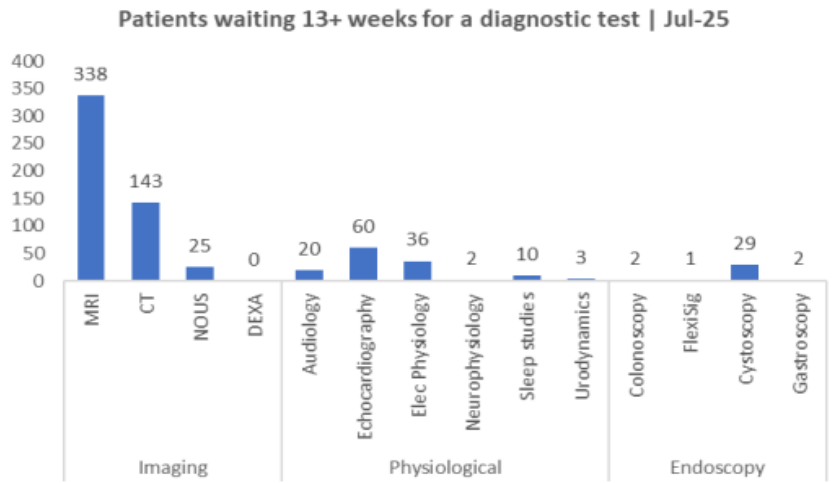
We are driving this measure because

Early diagnosis is important to patients and central to improving outcomes, for example early diagnosis of cancer improves survival rates. Bottlenecks in diagnostic services can significantly lengthen patient waiting times to start treatment.



Target line set to NHSE expectation (no more than 15%)





Understanding the performance (unvalidated)

- 3,267 (25%) patients were waiting over 6 weeks at the end of Jul-25. This has resulted in the performance returning to normal variation and no longer represents significant improvement.
- The target is achievable, although not consistently.
- 7 modalities are above the 15% threshold. They account for 90% of all patients breaching 6 weeks at the end of July.
- MRI still has the most patients over 13 weeks followed by CT and Echocardiography. These three modalities account for 81% of patients breaching 13 weeks.

Actions (SMART)

- **MRI –** Insufficient capacity to meet demand. Service developed plan to increase capacity to include mobile and WLIs both of which are not funded. Next step to progress plans and secure funding
- **Audiology** action plan in place. Breaches relate to paediatric waiting list, specifically under 4 years of age. Plan in place to resolve paediatrics remains on track for end of August. Plan includes modifying the referral pathway and waiting list validation to reduce overall numbers in line with new pathway criteria.
- **Echocardiography –** New starter commencing end of June provided 40 scans per month. Conversion of facilities to create a dedicated echo room comes online July 25 resulting in 70 per month. Further recruitment to vacancies for physiologists.
- **Urodynamics** – plan in place to flex capacity to support this modality and reduce long waiters .
- **Cystoscopy** – Continued use of waiting list initiatives to reduce backlog supporting improvement in performance

Risks

- Risk to delivery of DM01 performance resulting from carve out of capacity to support cancer pathways e.g. urology prostate MRI
- Risk to permanent recruitment to audiology vacancies could impact on delivery.
- Impact from Resident Doctor Industrial Action

OUR WORKFORCE – M4 2025

Ali Koeltgen

Chief People Officer

Recruitment

Establishment increased at budget setting by 193.76 wte mainly in Medicine. Funded establishment has increased by a further 14.24 wte this month and is 321.31 wte higher than M4 last year due to agreed business cases. We have recruited 48 new staff and have 13 less starters than leavers which is aligned with the reductions required for our annual plan. There has been an increase of 3.16 wte staff in post in Corporate and Digital (non-clinical) which is against the direction of travel required in our annual plan. However, these were in clinical/patient facing roles including MDT Co-ordinator in Cancer Services, EPRR Manager, Clinical Psychologist and an Appointments Co-ordinator.

Vacancy Rate

Our vacancy rate has increased to 7.60% (580.07 wte vacancies). This is above the Trust revised target of 6.5% but compares favourably to a vacancy rate of 9.19% in M4 last year.

Our **Non Clinical vacancies** are low which will cause us some challenges with the requirement to reduce these posts as turnover is low in these groups. We have 91.57 wte Admin and Estates vacancies (7.60%), 11.88 wte Managers vacancies (3.93%), and 10.64 wte Other infrastructure support (4.06%).

Monthly Agency Spend

Agency spend remains our biggest challenge. There has been a 19.62 wte increase in agency worked in July but the % of gross spend reduced to 4.56%. Medicine continue to be outliers despite a reduction to 8.31% of gross spend. Surgery are also high with 6.78% of gross spend on agency. We are quartile 4 (worst) on Model Hospital (April 2025 rates).

Annual Staff Turnover

Our annual staff turnover has reduced again to 8.37%, which continues to comfortably meet our target of 11.5% and is improving compared to rates of 10.41% last year. We benchmark well against other Trusts at Quartile 1 (best) on Model Hospital (March 2025 rates). All Divisions meet the target although Estates and Facilities are outliers at 10.51%.

Sickness Absence

Monthly sickness absence has increased by 0.43% from last month to 5.16%. This is 0.37% better than the same month last year demonstrating efforts to work towards achieving the 4% Group target. The % of absence attributed to stress has reduced to 31.63% of total sickness. Digital and Corporate are outliers with 79% and 52% respectively. The highest sickness levels are in Estates and Facilities (long term sickness increased to 4.63%) which has groups that are historically higher nationally.

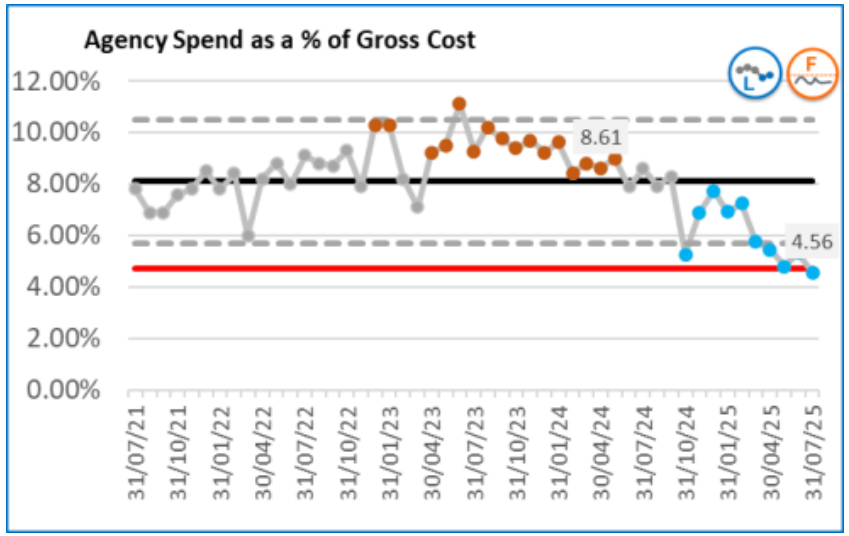
Job Planning

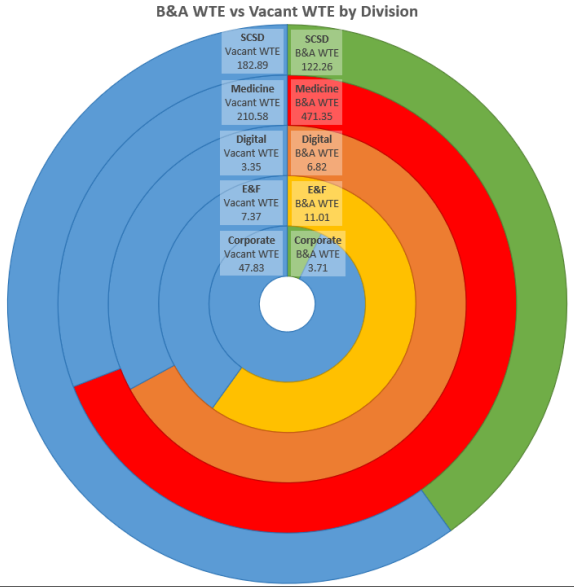
Consultant Job Planning has improved by 1% to 75% against target of 95%. Women and Children's meet target with 98%. Surgery are significant outliers despite a 12% increase to 56%.

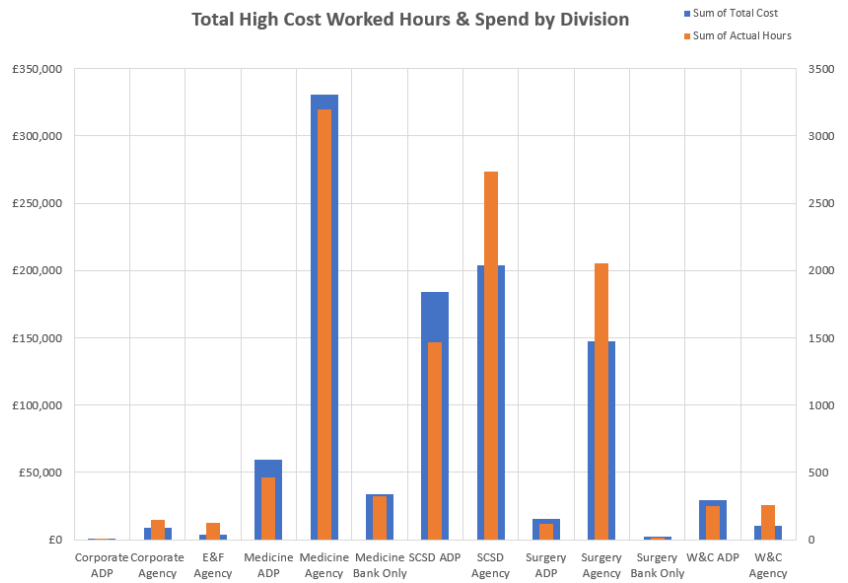
OUR WORKFORCE PERFORMANCE – REDUCTION OF AGENCY SPEND – M4 2025

We are driving this measure because

To improve staffing levels, allowing the reduction of temporary staffing and maintaining a high quality of care for our patients and improved morale for our staff.







Understanding the performance

The updated target % of agency spend for 2025-26 is 4.7%. There has been a decrease in % spend in July to 4.56% compared to 5.33% in June.

Demand has decreased by 9.8% versus last year, however, is +7% higher than June. This is primarily due to an increased demand for nursing and likely to be linked to seasonality.

Total fill hours are behind last year, however in line with demand and are 6k hours more than last month.

Agency hours have reduced by 30% versus last year indicating tighter controls in place and successful migrations to bank.

Actions

Medics & AHP/STT staff group price cap compliance support.

Tier 2 agency cascade being set up for agencies with poor behaviours – shorter lead time etc.

Band 2/3 re-banding and agency removal support work ongoing.

Paediatrics agency cascade changes to bring T1 to cap rates.

Chemo nursing to follow Paediatric nursing agency reduction work.

Continue in Identifying long standing agency workers to migrate to trust or NHSP to support trust cost reduction targets.

Changes in reporting to support Divisions in agency reductions.

Risks

Short notice requests remain an issue and have increased to 17% in July indicating increased short-term sickness or opportunities to improve rostering behaviours.

Retrospective agency bookings leading to inaccurate ADI reporting on agency usage and increased spend.

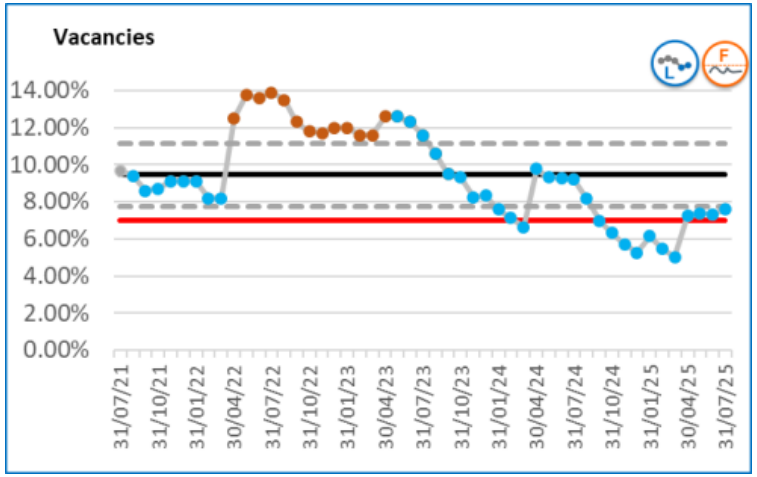
Potential reduction of agency worker pool due to continued pressure to reduce rates to price cap in line with NHSE Price Cap Compliance project.

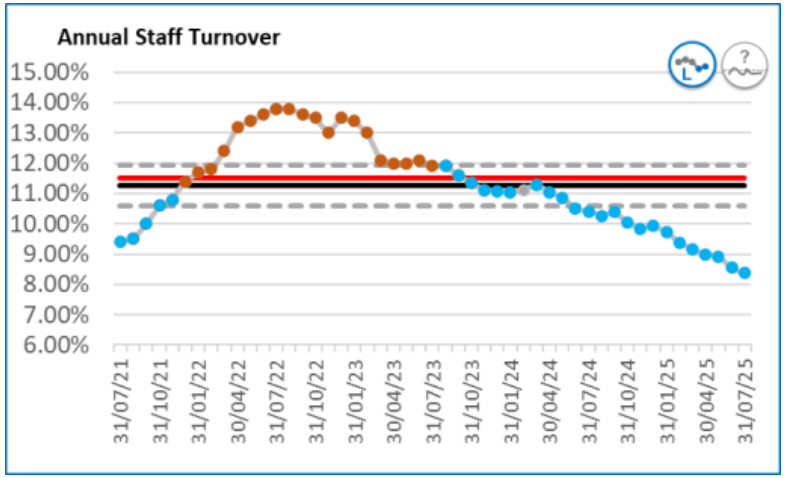
Government directive to reduce bank spend may impact work being undertaken to reduce agency spend or may lead to increases in agency spend.

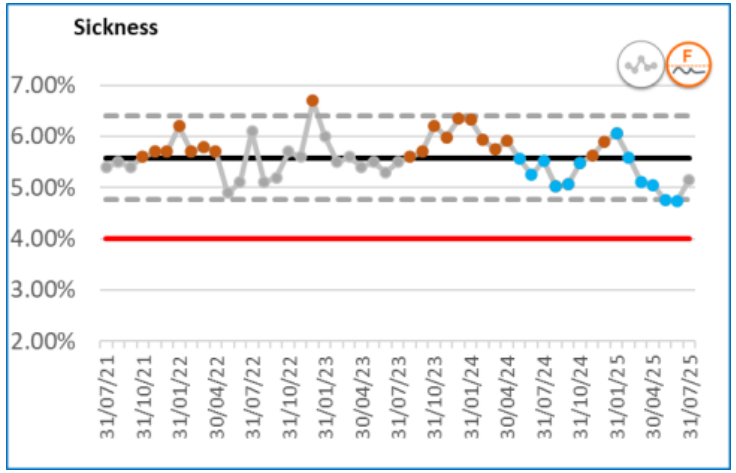
OUR WORKFORCE PERFORMANCE – VACANCIES, TURNOVER AND SICKNESS – M4 2025

We are driving this measure because

To improve staffing levels, allowing the reduction of temporary staffing and maintaining a high quality of care for our patients and improved morale for our staff.







Understanding the performance

- **Trust-wide Vacancies** Staff in Post has reduced by 7.89 wte this month. An increase in establishment at budget setting, and a further 14.24 increase this month, has impacted our vacancy rate which is currently 7.60% against a revised target of 6.5%. Medicine have the highest vacancy rate at 8.81% which is partly due to a 108.14 wte increase in funded establishment at budget setting. We have 92.53 wte less vacancies overall than last year due to successful recruitment campaigns and reduced turnover.
- **Starters and Leavers** - We have 13 less starters than leavers this month due to a slowing down of recruitment to align with our annual plan as our vacancies are low. We have processed 48 new starters in month (headcount) but leavers have increased to 61.
- **Annual Staff Turnover** continues to reduce and comfortably meets our 11.5% target at 8.37% which is 2.04% better than the same period last year and back to pre-pandemic levels.
- **Monthly sickness absence** has increased by 0.43% to 5.16% which is 0.37% better than last year. There has been increased sickness absence in all clinical divisions. Estates and Facilities are outliers with an increase

Actions (SMART)

- A **Sickness and Health and Wellbeing strategy** is in the process of being developed.
- **Continued Support** is being offered to staff through Occupational Health, Staff Support, Employee Assistance Programme (EAP) and Wellbeing interventions.
- **Targeted intervention meetings** implemented with managers in areas of highest sickness absence levels, with support from the HR Advisory team. Identifying hotspot areas and getting back to basics to ensure processes are in place to manage absence effectively within a timely manner as well as providing drop in sessions for managers.
- **Trigger reports** have been discussed at divisional meetings to drive compliance with policy and ensure sickness is appropriately addressed
- Work is being undertaken to identify non-clinical posts that can be reviewed as part of Annual Planning targets.

Risks

Performance to Plan Our 2025/26 workforce plan includes challenging bank, agency and infrastructure workforce reductions. At present the divisions are using Bank and Agency that is taking them over establishment with the exception of SCSD, Digital and Corporate.

Healthcare Support Workers Vacancy rate has increased from 12.34% (143.22 wte vacancies) to 12.50% (145.03 wte vacancies). This high rate is directly due to an increase in funded establishment in Medicine and SCSD at budget setting.

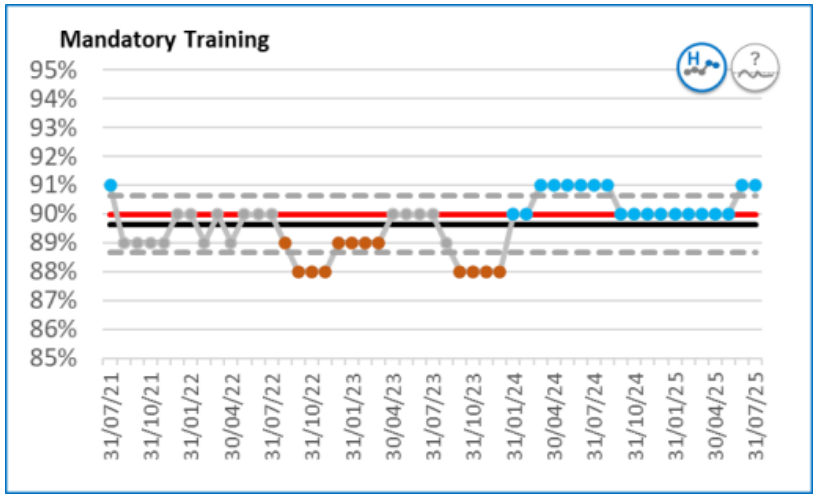
Sickness for Estates and Facilities continues to be high and has increased to 7.38%. This staff group has historically higher sickness across the NHS and we are in Quartile 3 on Model Hospital.

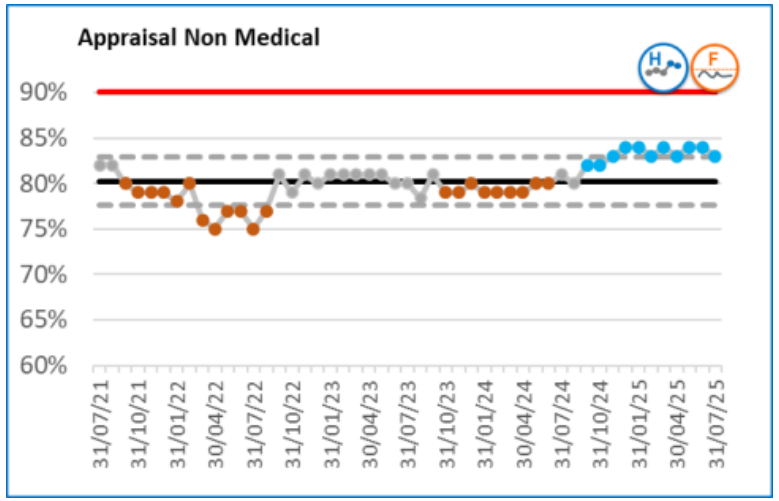
Absence due to stress remains higher than pre-pandemic levels. Digital and Corporate significant outliers with 79% and 52% of their sickness due to S10 (Stress and Anxiety).

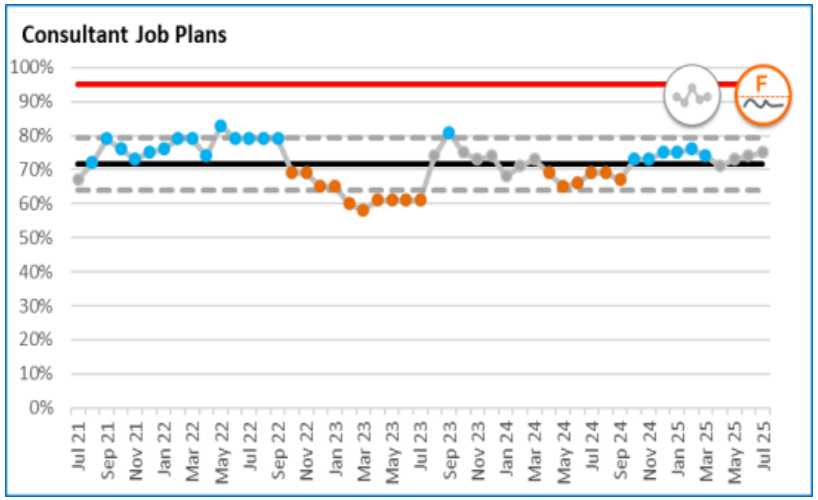
OUR WORKFORCE COMPLIANCE – MANDATORY TRAINING, APPRAISAL & JOB PLANNING – M4 2025

We are driving this measure because

To improve staffing levels, allowing the reduction of temporary staffing and maintaining a high quality of care for our patients and improved morale for our staff.







Understanding the performance

Overall Mandatory Training continues to meet target and is unchanged at 91% against a Model Hospital average of 90.9% (2023/24 rates). Women and Children's Division are outliers and unchanged at 88%. All other divisions meet the target of 90%.

Appraisal Rate has dropped to 83% against a target of 90%. Compliance is 3% higher than last year. Digital have dropped by a further 2% and are significant outliers at 61%. Medicine and Women and Childrens' Divisions have dropped by 2% and SCSD dropped by 1%. All other divisions have improved. SCSD are closest to target with 87%. Medical appraisal rates are good at 94% (unchanged).

Consultant Job Planning has improved by 1% to 75% against target of 95%. Women and Children's are the only division to meet target. Surgery are significant outliers despite a 12% improvement to 56%.

Actions (SMART)

Revised Appraisal Form and submission process have been rolled out. Working Group led by divisions has reviewed and made improvements to the system.

NHSE have implemented a national **job plan target of 95%** effective from February 2025 and require compliance to be reported via the Provider Workforce Return on a monthly basis.

A project to **fully roster** medics is being rolled out which will improve transparency and should improve clinic and theatre productivity.

Divisions to focus on Job Planning to improve productivity and transparency. A consistency panel is now in place to review 12+ PA job plans.

Risks

Medical and Dental are outliers for Mandatory Training at 82% (unchanged) All other Staff groups meet the 90% Trust target.

Poor Appraisal rates raises concerns that some staff are not meeting regularly with their manager which will impact on Staff Survey scores and morale.

Corporate and Digital remain **outliers** for Appraisal which is a concern.

Consultant Job Plans are low at 75% against new NHSE monitored target of 95%.

OUR FINANCIAL PERFORMANCE

Neil Cook

Chief Finance Officer

Financial Plan 2025/26
A balanced plan was submitted for 2025/26, this included Non-Recurrent System Deficit Support funding of £47.3m.

Income & Expenditure Performance – At the end of Month 4 we report a **year to date (YTD) £0.1m favourable position against plan.** Adverse variances are primarily driven by under-delivery against CPIP and additional resources supporting flow. This position has been supported by non recurrent benefits.

- **Income is £2.9m favourable YTD** – £1.7m of this variance is the estimate of the income required to offset the YTD impact of the pay award which will be paid in August and is assumed to be funded centrally. Of the remaining variances £1m favourable on pass through Drugs and Devices and £0.5m of additional income on elective activity overperformance to date. Favourable variances are being partially offset by £0.2m on the E&T contract.
- **Employee expenses are £4.1m adverse YTD** – adverse variances include £1.7m relating to the estimate of the YTD impact of the pay award which will be paid in August and is assumed to be offset by additional Income. The remaining adverse variances include additional resources supporting flow £1.5m, £0.5m costs of Industrial action, £0.4m of over-establishment and additional Bank and Agency usage in E&F driven by vacancies and sickness, CPIP under delivery of £0.1m, £0.3m of backdated job plans and £0.3m of WLI. This is partially offset by £0.4m of balance sheet releases and £0.4m of Dermatology vacancies (offsetting non-pay insourcing spend).
- **Operating expenses excluding Employee Expenses are £0.7m favourable YTD** – favourable variances include £1.9m of balance sheet releases, £0.9m of utilities underspend (further review required to assess seasonality impact ahead of further CPIP declaration), and £0.6m Depreciation. These are partially offset by adverse variances including £1.1m of pass-through Drugs and Devices, £1m CPIP under delivery, £0.4m Dermatology Insourcing costs.

Delivery of a balanced financial plan is critically dependent on achieving our CPIP target. The Trust embarked upon a CPIP sprint during the last two weeks of July to improve the overall maturity of schemes. This moved Fully Developed from £14.6m to £16.5m and Pre-pipeline reduced from £7.2m to £4.9m. There is clearly benefit in this approach which will be used again in September to further improve maturity.

Capital – The YTD capital spend at Month 4 is £5.585m, the majority of which is spend on the ALX Fire Scheme (£3.36m) and IFRIC 12/PFI Lifecycle replacements (£0.67m) leading to a variance YTD of £994k.

Cash – The Trust cash position at the end of Month 4 was £18.698m (cash in bank). The Trust has received the notified deficit support of £3.942m in July

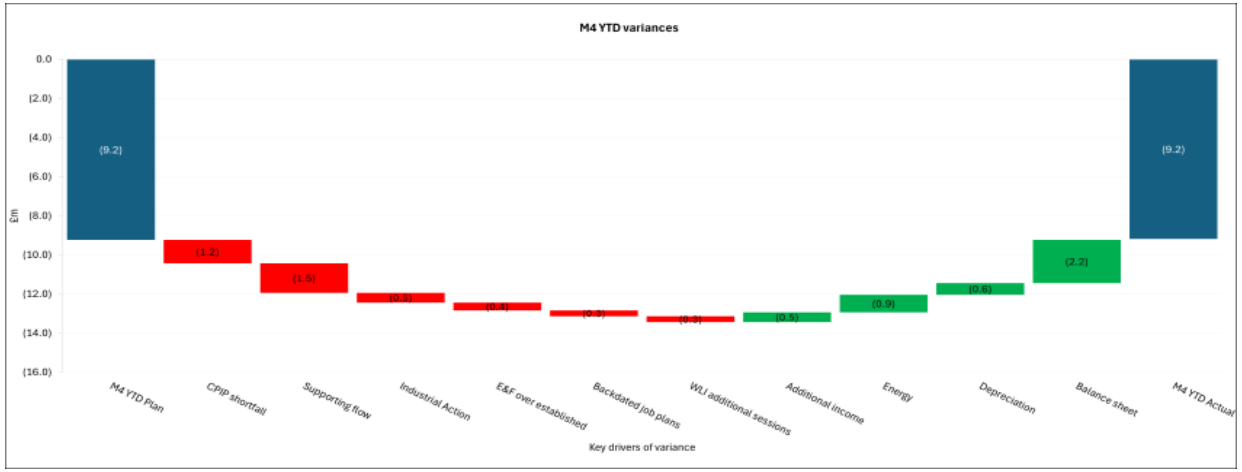
Clinical Coding – July coding is at 100% on the 10th working day. Total of FCE's for July was 15,991 compared to June of 14,916.

BEST USE OF RESOURCES – INCOME & EXPENDITURE

We are driving this measure because

The Income and Expenditure plan reflects the Trust's operational plan, and the resources available to the Trust to achieve its objectives. Variances from the plan should be understood, and wherever possible mitigations identified to manage the financial risk and ensure effective use of resources.

Statement of comprehensive income	Year to Date Plan £'000	Actual £'000	Variance £'000
INCOME & EXPENDITURE			
Operating income from patient care activities	246,530	249,776	3,246
Other operating income	12,022	11,664	(358)
Employee expenses	(164,239)	(168,367)	(4,128)
Operating expenses excluding employee expenses	(95,468)	(94,719)	749
OPERATING SURPLUS / (DEFICIT)	**(1,155)**	**(1,646)**	**(491)**
FINANCE COSTS			
Finance income	491	853	362
Finance expense	(3,551)	(3,468)	83
PDC dividends payable/refundable	(1,682)	(1,681)	1
NET FINANCE COSTS	**(4,742)**	**(4,296)**	**446**
Other gains/(losses) including disposal of assets	0	6	6
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(5,896)**	**(5,936)**	**(40)**
Remove capital donations/grants/peppercorn lease I&E impact	60	(30)	(90)
Remove PFI revenue costs on an IFRS 16 basis	12,452	13,534	1,082
Add back PFI revenue costs on a UK GAAP basis	(15,848)	(16,750)	(902)
Adjusted financial performance surplus/(deficit)	**(9,232)**	**(9,182)**	**50**



Understanding the performance

Income is £2.9m favourable YTD – £1.7m of this variance is the estimate of the income required to offset the YTD impact of the pay award which will be paid in August and is assumed to be funded centrally, £1m favourable on pass through Drugs and Devices and £0.5m of additional income on elective activity overperformance to date. Favourable variances partially offset by £0.2m on the E&T contract.

Employee expenses are £4.1m adverse YTD – adverse variances include £1.7m relating to the estimate of the YTD impact of the pay award to be paid in August and is assumed to be offset in Income. Remaining adverse variances include additional resources supporting flow £1.5m, £0.5m costs of Industrial action, £0.4m of over-establishment and additional Bank and Agency usage in E&F driven by vacancies and sickness, CPIP under delivery of £0.1m, £0.3m of backdated job plans and £0.3m of WLI and additional session spend delivering activity at weekends and responding to Cancer demand. This is partially offset by £0.4m of balance sheet releases and £0.4m of Dermatology vacancies (offsetting insourcing spend).

Operating expenses are £0.7m favourable YTD – favourable variances include £1.9m of balance sheet releases, £0.9m of utilities underspend (assessment of seasonality ahead of further CPIP declaration), and £0.6m Depreciation (income will reduce consequently). Offsetting adverse variances include £1.1m on pass through Drugs and Devices (offset by income), £1m CPIP under delivery, £0.4m Dermatology Insourcing (offset by vacancy).

Finance Costs are £0.4m favourable YTD – most of which is income received on higher cash balances.

Actions (SMART)

The Trust embarked upon a CPIP sprint during the last two weeks of July to improve the overall financial profile maturity. High level impacts moved Fully Developed from £14.6m to £16.5m and Pre-pipeline reduced from £7.2m to £4.9m.

Work is continuing to focus on delivery of the CPIP schemes for 25/26 through the Trust maturity levels. CPIP review meetings are taking place fortnightly for assisting with monitoring and measuring performance to improve development of existing plans as well as delivery against fully developed plans. These sessions also provide the opportunity to review benchmark productivity performance to identify areas for cost-out.

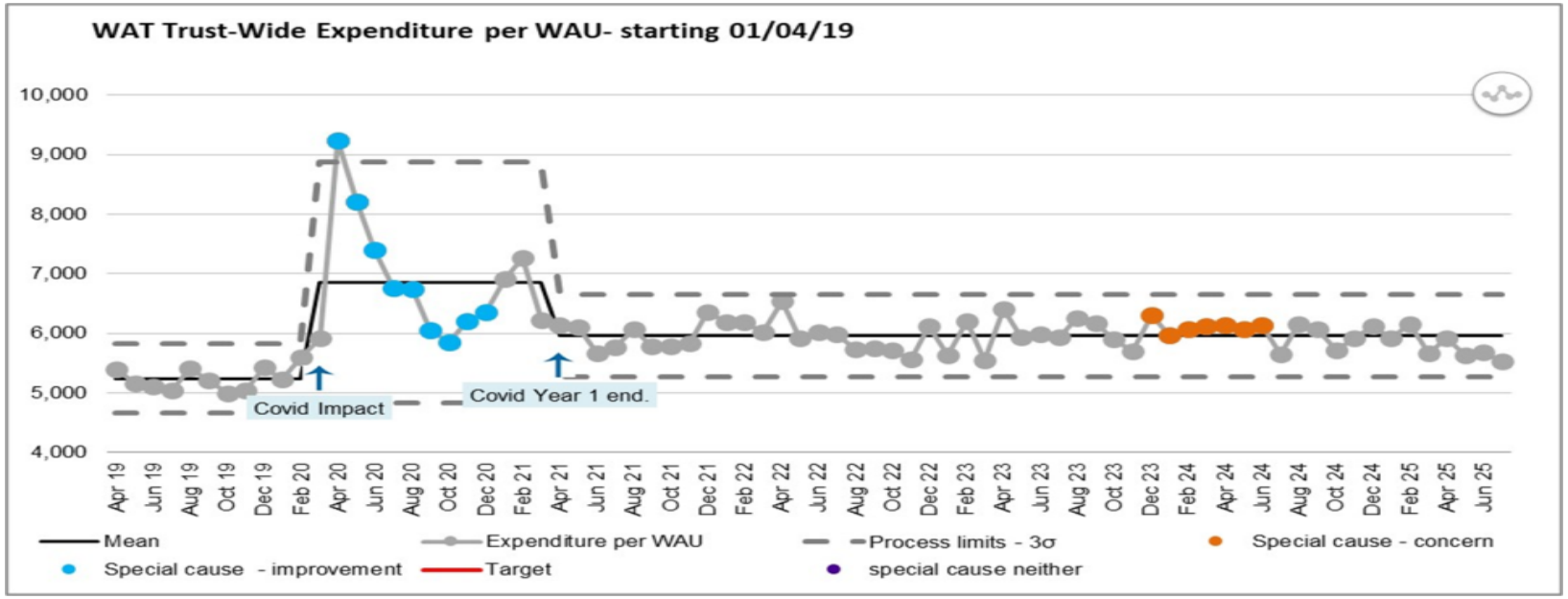
Risks

If CPIP plans do not progress through maturity to delivery in line with the plan the Trust will experience cash flow problems and be challenged by NHSE regarding release of deficit support funding.

BEST USE OF RESOURCES – ADJUSTED EXPENDITURE PRODUCTIVITY TREND

We are driving this measure because

This SPC measures expenditure against activity, allowing us to follow productivity changes. Tracking is currently available at Trust wide level only. Weighted Activity Unit (WAU) has been developed within the Foundation Group using Inpatient/Outpatient/ED/Critical Care activity, adjusted to be weighted equally. There is no adjustment for working day variations. Previous years Expenditure is adjusted up for inflation to make them comparable with the current year. As the WAU relies on coded activity, recent months can still move until coding is complete.



Monthly Movement

	Jun-Jul	Adjusted for Working Days
Exp per WAU	-2.4%	3.4%
Expenditure	1.3%	1.3%
WAU	3.9%	-2.0%

Costing Team Update

- Foundation Group agreed Cost visual inflates previous years expenditure to current year to make comparable. This changes the Cost per WAU to reports in previous years

Understanding the performance

In June, our Cost per WAU is **2.4% lower than June (3.4% higher when adjusted for working days for Elective)**. This means that we are spending less per unit of activity delivered.

WAU is **3.9% higher than June, 20% lower when elective is adjusted for working days.** This is driven by the extra days an additional elective activity, and an increase in Non Elective discharges being up 6%.

Expenditure adjusted for Inflation is **1.3% higher** than June.

Actions (SMART)

The Costing team continue to support Divisions in identifying opportunities to improve productivity.

Whilst Non Elective Short Stay discharges have stayed static the last 3 months, Non Elective discharges for Length of stay 2+ in July have increased by 10% on May and June volumes. This maybe a one time impact, so will need monitoring to see if a sustained change in volumes.

(Note uncoded activity can impact this position).

Risks

If the Trust cannot reduce expenditure whilst also increasing activity levels, then achievement of financial and performance targets are at risk.

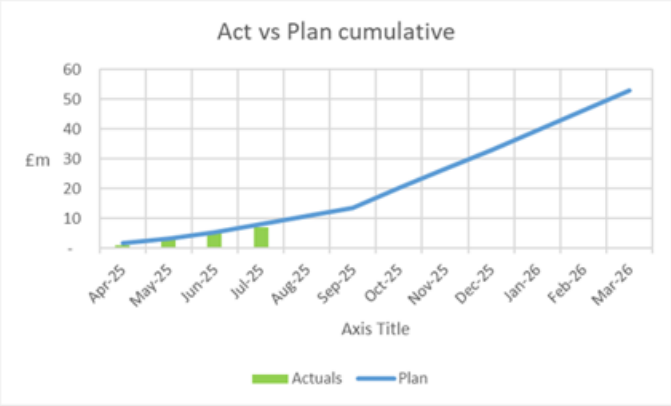
BEST USE OF RESOURCES – PRODUCTIVITY & EFFICIENCY

We are driving this measure because

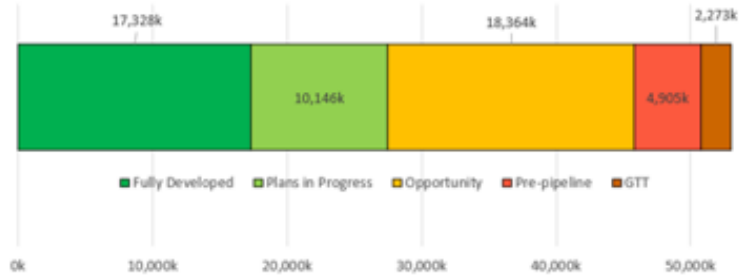
If the Trust fails to identify recurrent Cost and Productivity Improvement Plans (CPIP) and put in place sufficient resources and governance arrangements to drive delivery, then it will not achieve financial sustainability.

YTD CPIP achieved
vs plan target (£53.016m) month

YTD CPIP achieved
vs plan target (£53.016m) cumulative



Schemes identified (forecast) vs target (£53.016m)



Understanding the performance

The Trusts 25/26 target as submitted to NHSE is £53.016m. M4 Plan figure was £2.689m , M4 Actuals delivered £2.175m, an under delivery of £0.514m. M4 Actuals comprise £1.849m recurrent and £0.327m non-recurrent.

Please note additional maturity ratings have been introduced via NHSE for 25/26;
Opportunity comprises basic outline cost (not just a number from benchmarking tool)
Pre-pipeline comprises initial idea identified with potential indicative value

The Trust embarked upon a CPIP sprint during the last two weeks of July to improve the overall financial profile maturity. High level impacts moved Implemented from £14.6m to £19.7m. Pre-pipeline reduced from £7m to £4.9m.

Actions (SMART)

Work is continuing to focus on delivery of the CPIP schemes for 25/26 through the Trust maturity levels. CPIP review meetings are taking place weekly to challenge performance and improve scheme maturity. These sessions also provide a mechanism for reviewing benchmark productivity performance metrics to identify further opportunities to make savings.

Risks

The 25/26 target is c£10m higher than we delivered in 24/25 and will therefore prove challenging at the pace required to deliver the plan.

Failure as a system to demonstrate credible plans could lead to the withholding of deficit support funding.

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 backlog maintenance requirements and much needed equipment replacement.

Position v Budget

Workstream	Scheme	Annual Budget	YTD Budget	YTD Actual	YTD Variance
Digital	Additional Digitial Schemes	0.00	£0	-£8,801	-£8,801
Digital	CAP2425 Cardiac PACS	300,000.00	£171,429	£1,143	-£170,286
Digital	Frontline Digital	0.00	£0	£322,384	£322,384
Digital	LIMS Pathology	370,000.00	£370,000	£339,154	-£30,846
Digital	Phase 2 - Telephony Systems Critical Upgrades	0.00	£0	£17,255	£17,255
Equipment	Equipment Contingency	724,950.00	£0	£0	£0
Equipment	Equipment Schemes	367,351.94	£321,351	£16,757	-£304,596
Other	2526 3 x US Leases	0.00	£0	£0	£0
Other	2526 LSE Fleet vehicles	345,000.00	£0	£0	£0
Other	2526 LSE WRH Car park	259,000.00	£0	£0	£0
Other	CBRN Tent	0.00	£0	-£2,270	-£2,270
Other	Donated Equipment Schemes	92,944.09	£92,944	£92,944	£0
Other	IFRIC 12 and other contingency	2,939,571.72	£983,572	£671,961	-£311,611
Other	Procurement scheme	0.00	£0	-£3,971	-£3,971
P&W	2025/26 P&W Scheme	0.00	£0	£5,841	£5,841
P&W	A Block Lift	16,103.15	£16,103	-£7,196	-£23,299
P&W	CAP2425 C Block Roof	118,035.66	£118,036	£97,399	-£20,637
P&W	CAP2425 Generator upgrade	311,071.00	£311,071	£212,004	-£99,067
P&W	P&W Backlog Maintenance	293,161.33	£293,162	£125,474	-£167,689
Strategic	Acute Service Review	4,001,855.00	£43,614	£17,589	-£26,025
Strategic	Internally funded Fire Scheme	2,600,000.00	£2,600,000	£2,415,126	-£184,874
Strategic	LINACS WRH Replacement	3,321,000.00	£0	£3,291	£3,291
Strategic	National Diagnostics - Cath lab	0.00	£0	£29,172	£29,172
Strategic	National Funding Fire Scheme	3,000,000.00	£940,648	£940,648	£0
Strategic	Paediatric Reconfiguration	0.00	£0	£129	£129
Strategic	RAAC A Block Link KTC	296,850.20	£296,850	£299,313	£2,463
Total		**19,422,060.09**	**£6,579,778**	**£5,585,346**	**-£994,435**

Understanding the performance

At month 4, the variance compared to the YTD budget is £994k under plan. It is still expected that the full programme spend will be achieved by the end of the financial year.

Weeks Jo
09/09/2025 10:27:03

Actions (SMART)

The phasing in the annual external plan is phased in 12th , work continues to improve the internal phasing of the approved capital schemes.

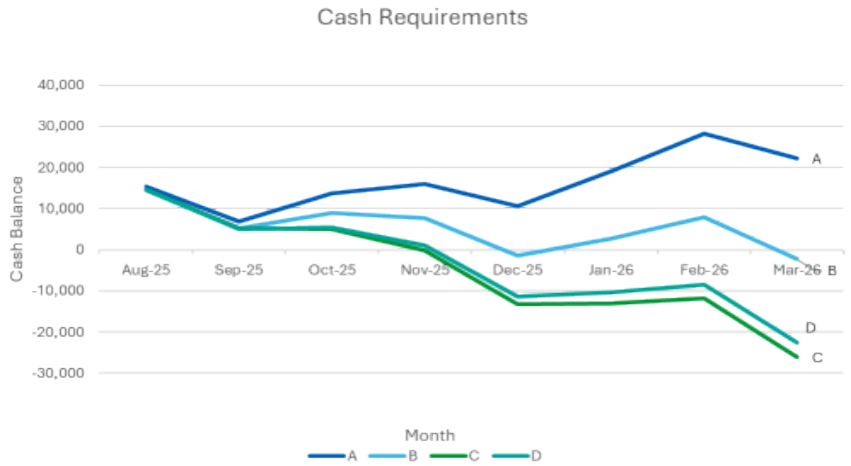
Risks

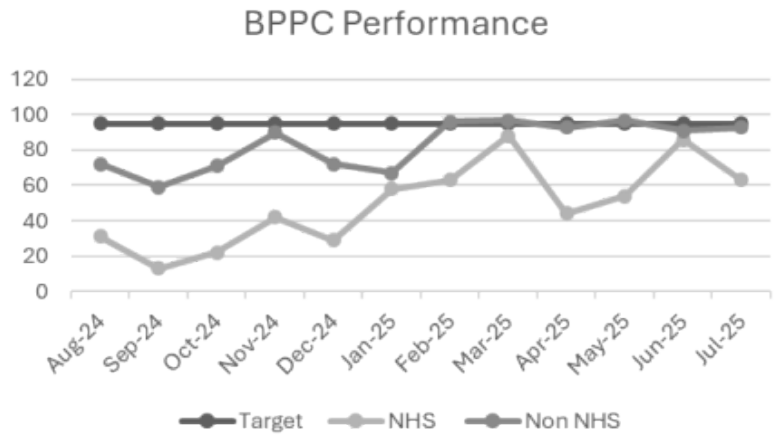
There is a significant risk that the Trust has insufficient funding to support backlog maintenance requirements, much needed replacement schemes and a contingency for any unforeseen events.

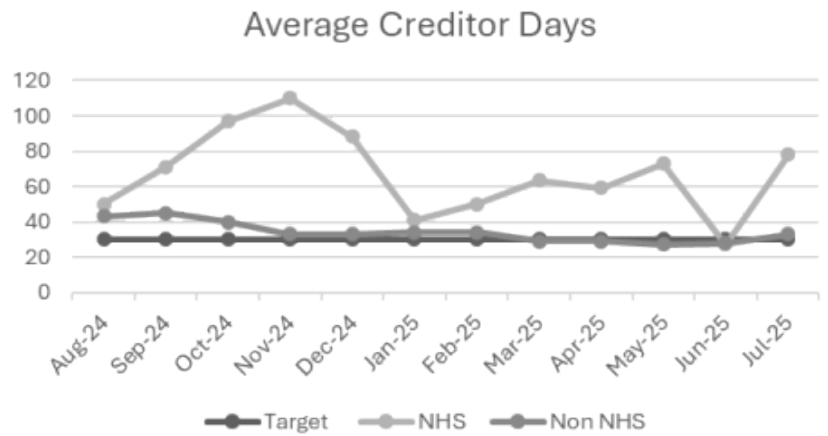
BEST USE OF RESOURCES – CASH

We are driving this measure because

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







Understanding the performance

The Trust cash position at the end of month 4 was £18.698m (in bank). The Trust has received the notified deficit support of £3.942m in July (£15.767m year to date, a total of £47.3m for 2025/26) from Herefordshire and Worcestershire ICB.

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

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

The BPPC performance for the <u>month</u> of July is 82% (94% in June) based on volume of invoices paid and 92% (91% in June) based on value.

Actions (SMART)

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

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

Risks

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

Worcestershire Acute Hospitals NHS Trust

Trust Key Performance Indicators (KPIs) - up to Jul-25 data

Performance Against Target (Status)
- Meeting Target
- Not Meeting Target

Activity Performance Only
- Over 5% above Target
- 5% above to 2% below Target
- More than 2% below Target to 5% below Target
- Over 5% below Target

Type	Item	Description
Pass/Fail	F	The system is expected to consistently Fail the target
Pass/Fail	P	The system is expected to consistently Pass the target
Pass/Fail	?	The system may achieve or fail the target subject to random variation
Trend Variation	H	Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation	L	Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation	-	Common cause variation
Trend Variation	H	Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation	L	Special cause variation - improvement (indicator where LOW is GOOD)

NHS Worcestershire Acute Hospitals NHS Trust

Example

Data Quality Assurance Questions		Overall KPI Rating Key
S - Sign Off and Validation	Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?	No Assurance
T - Timely & Complete	Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?	Limited Assurance
A - Audit & Accuracy	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?	Reasonable Assurance
R - Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?	Substantial Assurance

Quality of care, access and outcomes		Responsible Director	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Latest Month Numerator	Latest Month Denominator	Year to Date (v Standard if available)	Latest Available Monthly Position: Latest month v benchmark	Latest Available Monthly Position: National or Regional		SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Cancer	% of patients told their cancer diagnosis outcome within 28 days (all routes) ***NHSE NOF***	Chief Operating Officer	80.4%	80.0%	82.5%	77.6%	77.3%	77.0%	79.9%	78.9%	74.6%	70.0%	75.4%	-	1,983	2,631	73.3%		76.8%	Jun-25	?	H	
	% of patients receiving their first or subsequent treatment for cancer within 31 days of decision to treat / earliest clinically appropriate date (all routes)	Chief Operating Officer	84.0%	84.3%	84.5%	78.0%	82.7%	86.6%	89.5%	86.7%	87.4%	84.7%	84.4%	-	459	544	85.5%		91.7%		F	-	
	% of patients receiving their first definitive treatment for cancer within 62 days of referral (all routes) ***NHSE NOF***	Chief Operating Officer	68.3%	72.0%	67.0%	60.3%	59.8%	61.6%	59.7%	71.1%	64.5%	57.4%	58.5%	-	199	340	60.3%		67.1%		F	-	
	% of suspected cancer referrals waiting >62 days	Chief Operating Officer	8.1%	8.6%	7.6%	6.7%	7.7%	7.2%	5.4%	6.3%	8.6%	10.3%	9.8%	9.8%							F	L	
Urgent and emergency care	% of ambulance handovers within 45 minutes	Chief Operating Officer	73.0%	63.0%	56.5%	60.9%	53.5%	63.3%	79.2%	73.1%	65.9%	71.7%	80.8%	84.2%	769	3,979	75.7%				F	-	
	% of patients seen within 4 hours (any type) ***NHSE NOF***	Chief Operating Officer	67.8%	68.5%	65.1%	54.4%	53.0%	58.7%	66.2%	66.0%	60.9%	65.1%	66.1%	66.5%	13,959	21,006	64.7%		76%	Jun-25	F	L	
	% of patients seen within 4 hours (type 1)	Chief Operating Officer	52.8%	54.6%	51.1%	37.9%	36.8%	42.2%	52.3%	51.2%	44.5%	49.3%	50.9%	50.8%	7,226	14,228	48.9%				F	L	
	% of patients spending more than 12 hours in A&E ***NHSE NOF***	Chief Operating Officer	14.8%	17.0%	17.8%	19.7%	22.0%	21.3%	18.3%	16.9%	18.6%	15.9%	14.8%	13.0%	1,849	14,228	15.6%		16%	Feb to Jan	F	H	
Elective care	Referral to Treatment - % of open pathways waiting < 18 weeks ***NHSE NOF***	Chief Operating Officer	55.6%	56.3%	56.9%	56.5%	55.5%	55.3%	58.2%	59.3%	59.3%	59.8%	59.9%	59.1%	32,942	55,701			61.5%	Jun-25	?	-	
	Referral to Treatment - % of non-admitted pathways waiting < 18 weeks for their first outpatient appointment	Chief Operating Officer	57.3%	56.6%	57.4%	57.5%	55.6%	57.1%	60.8%	63.0%	63.1%	63.1%	62.2%	60.7%	-	-					F	H	
	Referral to Treatment - % of open pathways waiting > 52 weeks ***NHSE NOF***	Chief Operating Officer	2.92%	2.64%	2.63%	2.26%	2.05%	1.84%	1.71%	1.46%	1.65%	1.66%	1.72%	1.66%	926	55,701			2.6%		?	L	
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	300	105	57	23	40	39	28	18	21	24	22	18					10,517				
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	93%	96%	100%	90%	105%	100%	102%	102%	104%	105%	104%	98%	22,275	22,654	103%						
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	99%	106%	107%	95%	106%	103%	103%	99%	107%	106%	104%	101%	66,038	65,313	105%						
	Total Elective Activity (volume v plan)	Chief Operating Officer	99%	110%	111%	99%	100%	100%	99%	97%	106%	108%	98%	98%	8,395	8,607	106%						
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	82%	84%	84%	83%	82%	83%	81%	84%	84%	84%	85%	-			85%		78%	Februai			
	Cancelled Operations on day of Surgery for non clinical reasons (hospital attributable)	Chief Operating Officer	42	40	59	59	38	45	32	33	40	37	54	-			131		21,053	Q4 23-24		L	
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	34.7%	29.2%	22.9%	22.6%	17.0%	16.0%	12.0%	14.4%	16.8%	16.2%	21.0%	24.9%	3,267	13,128			21.3%	Jun-25	F	H	
Maternity	% of women who have been booked to see a midwife by 9 weeks and 6 days of pregnancy	Chief Nursing Officer	27%	33%	31%	30%	28%	29%	34%	33%	37%	37%	42%	47%	229	486	33%				?	-	
	Maternity Activity (Deliveries)	Chief Nursing Officer	416	409	410	349	361	353	343	393	384	403	420	432			1,639						
Outpatient transformation	Missed outpatient appointments (DNAs) rate	Chief Operating Officer	5.2%	5.3%	5.1%	5.2%	5.3%	4.8%	4.6%	4.6%	4.5%	4.7%	5.0%	5.2%	3,542	68,355	5%		4.6%	May-25	F	H	
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	89%	89%	89%	89%	88%	89%	90%	90%	89%	90%	90%	89%	35427	39638	89%				F	L	
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	102%	112%	111%	98%	106%	105%	104%	97%	109%	108%	104%	103%	43,763	42,659	106%						
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	15%	16%	16%	17%	17%	17%	17%	17%	17%	18%	16%	17%	11,299	67,167	17%		18%	Feb to Jan	F	L	

Prevention long term conditions	Maternity - Women who were current smokers at 36 weeks (or last smoking status)	Chief Nursing Officer	3.5%	4.3%	5.6%	4.0%	4.8%	4.3%	3.0%	2.8%	5.0%	5.4%	1.6%	2.3%	7	432	3.6%						
Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	95%	95%	94%	94%	93%	96%	96%	94%	96%	96%	95%	94%	791	841	95%		94%	Jun-25			
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	48	60	65	56	55	50	48	55	55	62	46	60			117		4,559	Jun-25			
	ALoS – D2A Pathway 3										-	-	-	-			-						
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	7.2	7.7	8.1	8.2	8.2	8.3	8.5	7.6	7.3	7.4	7.3	7.0	23426	3338	7.4		4.4	Feb to Jan			
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	3.1	3.0	3.6	3.4	3.3	3.1	3.1	2.7	3.1	3.1	3.3	2.5	1213	491	3.07		3.1				
	Medically fit for discharge - Acute	Chief Operating Officer	12%	15%	15%	13%	9%	15%	15%	15%	12%	14%	16%	15%	121	814	14.0%		23.1%	Dec			
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	6.9%	5.1%	4.8%	4.5%	4.5%	4.3%	4.2%	4.63%	4.65%	4.87%	4.62%	4.73%	591	12485	4.6%		7.5%	Jan to Dec			
	Mortality SHMI - Rolling 12 months ***NHSE NOF***	Chief Medical Officer	103.70	103.76	104.39	105.00	106.00	108.00	110.00	110.00	-	-	-					As expected					
	MRSA Bacteraemia ***NHSE NOF***	Chief Nursing Officer	0	0	0	0	0	0	0	0	1	0	0	1			1						
	Number of external reportable >AD+1 clostridium difficile cases ***NHSE NOF***	Chief Nursing Officer	16	11	13	11	9	11	5	9	4	8	14	10			26						
	Number of falls with moderate harm and above	Chief Nursing Officer	10	2	6	3	7	6	4	2	5	4	4	4			13						
	VTE Risk Assessments	Chief Medical Officer	97.0%	96%	97%	96%	95%	95%	97%	91.66	91.07	90.52	90.54	91.37	11,387	12,462	94%						
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	59%	64%	47%	47%	56%	57%	65%	73%	48%	57%	57%	66%	43	65	57%	96					
	Complaints resolved within policy timeframe	Chief Nursing Officer	62%	70%	59%	54%	50%	71%	46%	54%	64%	69%	78%	54%	49	90	65%						
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	82%	79%	75%	71%	61%	80%	79%	82%	84%	81%	85%	84%	2450	2930	78%		80%	Jun-25			
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	96%	95%	94%	95%	94%	97%	97%	96%	96%	96%	96%	96%	4282	4449	95%		95%				
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	78%	85%	85%	85%	92%	96%	95%	97%	98%	93%	96%	97%	221	228	95%		93%				
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	24%	22%	21%	4%	0%	4%	12%	20%	13%	25%	16%	24%	2930	12429	18%						
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	44%	40%	36%	40%	35%	25%	36%	37%	32%	36%	35%	36%	4449	12207	37%						
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	10%	26%	19%	32%	28%	22%	22%	18%	26%	21%	11%	23%	228	985	17.0%						

People		Responsible Director	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Latest Month		Year to Date	Latest Available Monthly Position			SPCs		DQ Mark
															Numerator	Denominator		Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	7.9%	8.3%	5.3%	6.9%	7.7%	6.9%	7.3%	5.8%	6.6%	4.8%	5.3%	4.6%			5.3%						
	Appraisals - Non-medical	Chief People Officer	80.0%	82.0%	82.0%	83.0%	84.0%	84.0%	83.0%	84.0%	83.0%	84.0%	84.0%	83.0%	5,150	6,188	83.5%						
	Appraisals - Medical	Chief People Officer	94.0%	93.0%	94.0%	94.0%	95.0%	96.0%	94.0%	94.0%	96.0%	96.0%	94.0%	94.0%	549	582	95.0%						
	Mandatory Training	Chief People Officer	91.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	91.0%	91.0%	80,908	88,847	90.5%						
	Overall Sickness	Chief People Officer	5.0%	5.1%	5.5%	5.6%	5.9%	6.1%	5.6%	5.1%	5.1%	4.8%	4.7%	5.2%	11,285	218,901	4.9%						
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	10.3%	10.4%	10.1%	9.8%	9.9%	9.7%	9.4%	9.2%	9.0%	8.9%	8.6%	8.4%	524	6,265	8.7%						
	Vacancy Rate	Chief People Officer	8.2%	7.0%	6.3%	5.7%	5.3%	6.2%	5.5%	5.0%	7.2%	7.4%	7.3%	7.6%	580	7,057	7.4%						

Finance and Use of Resources		Responsible Director	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Latest Month		Year to Date	Latest Available Monthly Position			SPCs		DQ Mark
															Numerator	Denominator		Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	-£5,253	£24,901	£6	-£433	-£880	£1	-£9	-£557	-£3,631	-£3,063	-£2,149	-£339			-£8,843						
	I&E - Margin (%)	Chief Finance Officer	-9.0%	28.2%	18.7%	-4.9%	-7.5%	12.2%	-0.2%	-0.6%	-5.7%	-4.8%	-3.3%	-0.5%			-5.7%						
	I&E - Variance from plan (£k)	Chief Finance Officer	-£75	£190	£355	-£143	-£289	£457	£336	-£163	-£221	-£68	£141	£199			-£221						
	I&E - Variance from Plan (%)	Chief Finance Officer	1.0%	1.0%	-102.0%	50.0%	49.0%	-100.0%	-97.0%	41.0%	6.0%	2.0%	-6.0%	-38.0%			6.0%						
	CPIP - Variance from plan (£k)	Chief Finance Officer	£194	£368	£456	-£439	£94	-£403	-£226	£831	-£593	£147	-£152	-£563			-£598						
	Agency - expenditure (£k)	Chief Finance Officer	£2,961	£3,113	£2,375	£2,700	£3,143	£2,756	£2,875	£2,404	-£2,294	-£1,983	-£2,215	-£1,988			-£2,062						
	Agency - expenditure as % of total pay	Chief Finance Officer	8.0%	8.4%	4.8%	7.0%	7.8%	6.9%	7.3%	3.6%	5.5%	4.8%	5.3%	4.6%			52.0%						
	Capital - Variance to plan (£k)	Chief Finance Officer	-£118	-£1,592	£934	£564	£464	£2,580	£2,746	£12,471	£664	£328	-£378	£380			£614						
	Cash - Balance at end of month (£m)	Chief Finance Officer	£6.732m	£13.291m	£24.208m	£16.708m	£16.428m	£14.106m	£18.729m	£35.262m	£21.887m	£21.443m	£17.673m	£18.698m			-						
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	70%	55%	70%	76%	75%	74%	76%	77%	92%	94%	94%	92%			-						
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	54%	55%	56%	63%	64%	65%	67%	70%	91%	94%	91%	82%			-						

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTER ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**09/09/2025**
Title of Report:	**Midwifery Safe Staffing Report June 2025**
Lead Executive Director:	**Chief Nursing Officer**
Author:	**Justine Jeffery – Director of Midwifery**
Reporting Route:	**Quality Governance Committee**
Appendices included with this report:	**None**
Purpose of report:	**☒ Assurance ☐ Approval ☐ Information**
Brief Description of Report Purpose	
The purpose of this report is to provide assurance that midwifery staffing is monitored and to note actions taken to mitigate any shortfalls	
Recommended Actions required by Board or Committee	
The Board is asked to note how safe midwifery staffing is monitored, and actions taken to mitigate any shortfalls. Also to note any risks associated with achieving safe levels of midwifery staffing	
Executive Director Opinion[1]	
The report offers assurance to the Board that there are robust processes in place to monitor midwifery staffing levels and that appropriate actions are taken to mitigate the risk when staffing gaps occur.	

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

Introduction/Background

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

Safe staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus acuity tools
- Monitoring the midwife to birth ratio
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Unify data
- Daily staff safety huddle
- SitRep report & bed meetings
- Sickness absence, vacancy and turnover rates
- Recruitment & retention rates
- Monthly report to Board

In addition to the above actions a biannual report (published in July and January) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly 'desktop' audits.

The summary of the workforce KPIs are as follows:

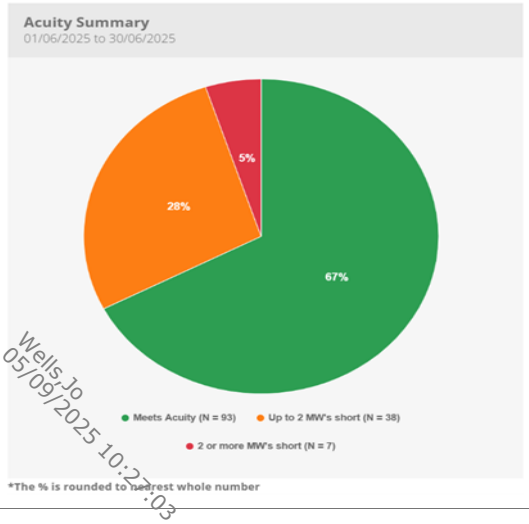
Metrics	Target	Current position (MW)	Current positon (MSW/MCAs)
Sickness rate	4%	4.97%	7.8%
Turnover rate (rolling)	11.5%	3.84%	19%
Vacancy rate (MW)	7%	1%	14%
Maternity Leave	-	3.06%	0%
Midwife to birth ratio (in post)	1:24	1:20	
1:1 care in labour	100%	Achieved	
Shift leader SN	100%	Achieved	

Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 77% of the expected intervals therefore the data presented is not reliable. The diagram above presents when staffing met or did not meet the acuity.



From the information available the acuity was met in 67% of the time and recorded at 33% when the acuity was not met prior to any actions taken. This is a significant decrease on the previous month' performance and is related to the increase in workload/births across the month. Safe staffing levels were maintained on all shifts in June following mitigation.

The mitigations taken are presented in the diagram below and demonstrate the frequency (n=23) of when staff are reallocated from other areas of the inpatient service. There was 1 reported occasion when the community/continuity teams were deployed to support the inpatient area. There were 6 reports of staff not being able to take a break and one member of staff who stayed beyond rostered hours.

Number of Management Actions
01/06/2025 to 30/06/2025

Actions	Breakdown of Actions	Times occurred	Percentage
MA1	Redeploy staff internally	23	70%
MA2	Redeploy staff from community	1	3%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	6	18%
MA5	Staff stayed beyond rostered hours	1	3%
MA6	Specialist midwife working clinically	0	0%
MA7	Manager/Matron working clinically	1	3%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call midwife	0	0%
MA10	Escalate to Manager on call	1	3%
MA11	Maternity Unit on Divert	0	0%
TOTAL		33	

*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 one reported delays in time critical activity and one report of the shift leader not supernumerary although rostered to be at the onset of the shift.

Number of Red Flags recorded
01/06/2025 to 30/06/2025

Red Flags	Breakdown of Red Flags	Times occurred	Percentage
RF1	Delayed or cancelled time critical activity	1	33%
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	1	33%
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	1	33%
TOTAL		3	

*The % is rounded to nearest whole number

Birth Centre

In month the completion rate for the acuity app for the birth centre was at 65%. The acuity was reported as being met 99% of the time. The number of women accessing the birth centre decreased in month however there was a reduction in women transferring from the birth centre to delivery suite during labour.

Intrapartum & Non-Birthing Categories
01/06/2025 to 30/06/2025

Categories	Number in Categories	Percentage
Cat I	51	57%
Cat II	7	8%
Cat PN	30	33%
Cat X	2	2%
TOTAL	90	

*The % is rounded to nearest whole number

Staffing incidents

There were two no harm staffing incidents:

1. Delay in transfer to delivery suite to to availability of staff – CoC escalated into unit.
2. Unable to open a 2nd theatre due to no theatre staff available as in CEPOD – delay in Cat 2 CS

Medication Incidents

There were eight medications no harm incidents

1. Aspirin not prescribed in the antenatal period – PMRT underway.
2. Controlled drug not entered into stock correctly
3. Incorrect antibiotic – penicillin allegy and prescribe vancomycin
4. Incorrect rate of IVAB infusion
5. Pt was unofficially self-administrating analgesia and unsure what she had taken.
6. Pt declining insulin infusion
7. RSV vaccine frozen due to incorrect storage
8. Incorrect dosage of Clexane prescribed.

Monitoring the midwife to birth ratio

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

Maternity SitRep

The maternity SitRep continues to be completed twice per day. The report is submitted to the capacity hub, directorate and divisional leads and is also shared with the Chief Nurse and deputies. The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing. The regional SitRep is submitted daily.

National Maternity SitRep

The national COVID SitRep was stood down in October 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.

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	83%	n/a	100%	n/a
Antenatal Ward/Triage	89%	96%	89%	100%
Delivery Suite	94%	96%	28%	93%
Postnatal Ward	92%	93%	74%	77%
Meadow Birth Centre	92%	92%	75%	93%

Daily staff safety huddle

Daily staffing huddles are completed each morning within the maternity department. This multi professional huddle includes the unit bleep holder, midwife in charge and the consultant on call for that day. If there are any staffing concerns the unit bleep holder will arrange additional huddles that are attended by the Deputy Director of Midwifery with an escalation to the Director of Midwifery as required. Additional huddles were held in June 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.

Vacancy

There are two unfilled midwifery roles (Fetal Medicine & Sonography Lead) and 4 WTE clinical midwifery posts– vacancy rate now at 1%. There are 9 WTE MCA posts vacant with 6 WTE in the pipeline – further recruitment planned. Sonography Lead role advertised and interviews planned for August.

Sickness

Sickness absence rates for midwives were reported at 4.9% and 7.8% for non-registered staff – this has significantly dropped in month for both registered and non-registered staff.

The following actions remain in place:

- Monthly oversight of sickness management by the Divisional team with HR support
- Quarterly confirm and challenge meeting held by DoM
- 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 3.8% for midwives and at 19% for non-registered staff – this a sustained position.

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.

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

Conclusion

To maintain safety staff were deployed to areas with the highest acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 14 occasions to maintain safety. The community and continuity of carer midwives were not required 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 were achieved. Of the 9 datix reports for staffing and medication incidents submitted there was one harm incident.

Sickness absence rates for midwives and non-registered staff remains above the Trust target but significant decrease in both groups is now noted.

The vacancy rate is 1% for MWs and 14% for MCA's. Further recruitment is planned for the MCAs.

Recommendations

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

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**09/09/2025**
Title of Report:	Safer Staffing report - Nursing
Lead Executive Director:	**Chief Nursing Officer**
Authors:	Sue Smith, Deputy Chief Nursing Officer & Clare Alexander, Workforce Lead Nurse
Reporting Route:	NWAG
Appendices included with this report:	
Purpose of report:	☒ **Assurance** ☐ **Approval** ☒ **Information**

Brief Description of Report Purpose

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during July 2025 with numerical data presented for June 2025.

Recommended Actions required by Board or Committee

Board members are invited to:
Note the content of the report and receive **Assurance** that our safe staffing levels remain in line with National Quality Board (NQB) and NICE guidance

Executive Director Opinion[1]

Staffing on Neonatal and all Adult in patient areas has been maintained at safe levels throughout July 2025. In paediatrics whilst BAPM level were not achieved on 100% of shifts, professional judgement indicates that areas and staffing were safe.

There were 18 insignificant or minor incidents reported, these were all insignificant and minor harms relating to nursing / midwifery staffing and were largely reported as near misses due to staff absence, rather than patient harm.

The reduction in turnover continues for both registered and un-registered nursing (7.55% and 12.43%) respectively.

Due to the continued increase in pressures, additional capacity has continued to be utilised, with PDU being open throughout July 25 and Avon 1 winter pressure ward remaining open with substantive recruitment, noting that is now substantively funded on ADI. A gradual reduction in the spend associated with additional capacity is being seen however, due to the reduced use of discharge lounges and MSDEC overnight.

Nursing is currently on trajectory to achieve the internal CPIP target of agency spend of 2.6% of total staffing spend, with June sitting at 3.12%. Price Cap Compliance (PCC) has been increasing gradually

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

and now sits at 96% compliance (from 94% in May) across all nursing and midwifery groups with remaining non-compliant group being subject to ongoing work and scrutiny.

1. Introduction/Background

Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for July 2025 with financial figures for June 2025.

This assessment is in line with Health and Social Care regulations:

- Regulation 12: Safe Care and treatment
- Regulation 17: Good Governance
- Regulation 18: Safe Staffing

2. Content of report

Harms

In July 2025 there were 18 insignificant or minor incidents reported. One of these related to an agency worker (unregistered) not being able to produce valid ID at the beginning of a shift and being sent home as a result, the incident was graded as insignificant, with no associated patient harm, but adherence to the induction checks will remain a focus. The insignificant and minor harms reported relating to nursing / midwifery staffing and were largely reported as near misses due to staff absence, rather than patient harm. All incidents were included in NWAG Divisional reports and assurance of mitigation where appropriate has been given.

Safe Staffing

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

"*This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwifes in hospitals which are filled'.*
National rates are aimed at achieving 95% across day and night RN and HCA fill.
Mitigation in staff absences was supported with the use of temporary staffing and redeployment of staff where able to do so.

Current Trust Position June 2025 data			What needs to happen to get us there
	Day % fill	Night % fill	This month has seen fill rates fall slightly (1-2 % from last months across both grades and shifts) However, both registered and non-registered national targets of 95% have been met with the last dip below 95% for RN October 2023.
RN	98%	99%	
HCSW	102%	111%	

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's average CHPPD for June 2025 was stable at 8.9 which it has been for the past 6 months, after gradually increasing from 8.4 in January 2024.
The average national for CHPPD is 9.1 with a variation of **6.33 to 15.48**, which the Trust sits comfortably within.

5 clinical areas were above the maximum variation level seen nationally; this will generally be consistent month on 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.

No area fell below the lower limit of 6.3 and the lowest individual ward was Ward 6 at 6.5.

Nurse to bed ratio

All adult in-patient wards and departments are staffed in line with guidance from NICE / RCN and where appropriate, specialist advisory bodies.

Turnover

The turnover rate continues to follow the downward trend for registered and unregistered nursing, observed over the past 12 months. With the figures above demonstrating improvements compared to last year's performance (8.49% RN and 15.18% HCSW June 2024).

Vacancy (Trust target 6%)

Current Trust WTE Position (June 25)	Previous month May 2025	Model Health system data Mar 2025 Benchmarking
RN 4.52% (102.19 WTE) HCSW 12.34 % (143.22 WTE)	RN 4.66% (105.66 WTE) HCSW 12.81 % (148.54 WTE)	RN 6.% HCSW 11.2%

The vacancy position has improved further this month, as the recruitment pipeline takes affect following the uplifts in month 1.
The registered nurse pipeline shows an expected 105 registered nurses (all bands) joining the Trust in the next 6 months in addition to other recruitment activity that is ongoing. HCA pipeline remains strong with established recruitment approaches alongside apprenticeships and collaborative working with the ICS.

To note, there are 11 WTE confirmed HCA starters in July, with a further 64 in the pipeline due to start August / September / October 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.

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.

Overall, the Trust is in a strong position with registered nursing and support to nursing both ranking in the first quartile for model health system.

International nurse (IN) recruitment pipeline

Given the current workforce recruitment profile, focused bespoke international recruitment to areas requiring specialist skills, such as theatres may prove to be the most beneficial to the Trust, and this is the approach being taken. To confirm there have been no international Nurse arrivals in this financial year.

Domestic and international nursing recruitment

A recruitment event took place on the 5th and 6th of April, for the September 2025 qualifying cohort and interest in this event was strong. 148 students booked interviews with a high turnout rate and 102 being deemed appointable on the day (32 for urgent care, 34 for surgery and 38 for specialist medicine). This was the first joint venture with the Health & Care Trust and feedback was positive. Currently 43 firm offers have been made and work is ongoing to secure placements for the remaining candidates.

There are plans in place to recruit the remaining appointable students in September.

A generic HCA assessment centre took place on the 11th of July 2025 with 18 offers being made. A further assessment centre is booked for Friday19th September 2025.

Bank and Agency Usage
June 2025 data

Bank and agency usage, total combined RN & HCSW decreased slightly to 529.96 in June (from 559.66 WTE in May 2025).

This reduction is reflected in the monthly temporary staffing spend, which has reduced by £169,449 in month. Agency share of total staffing spend in month 3 is therefore 3.12% from 3.72% in May.

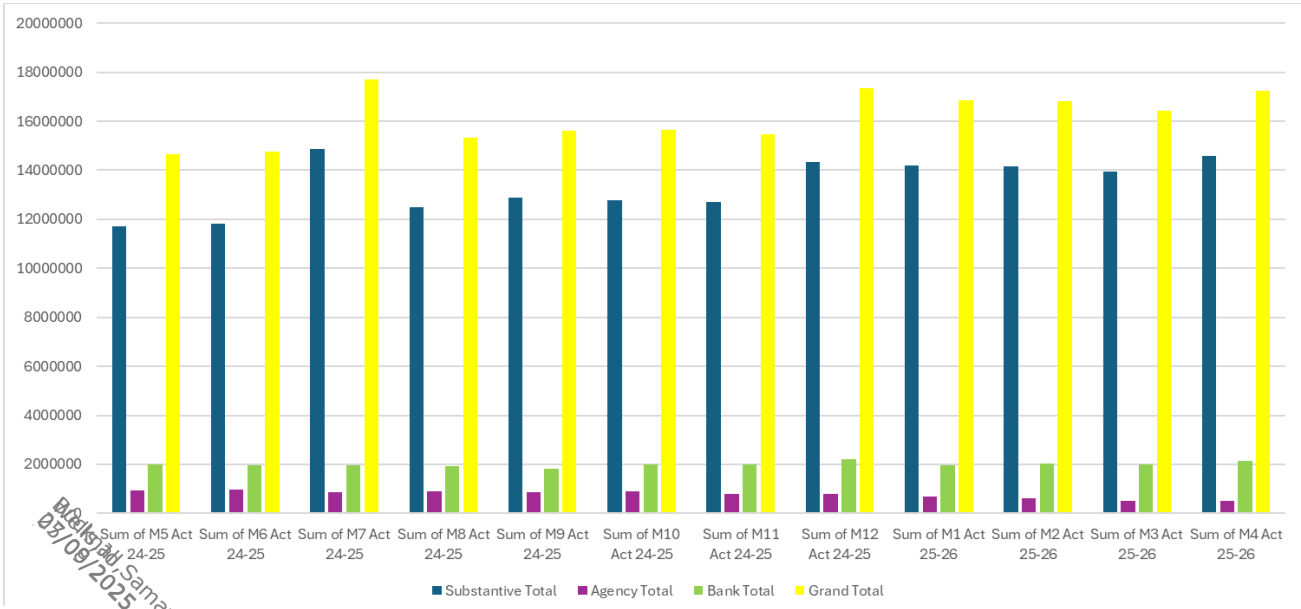
Triangulated data for sickness / vacancy and maternity leave gives a slightly reduced overall absence of 299.64 WTE (from 293.22 WTE) for registered (not including midwifery) and 268.96 (from 271.54 WTE) for un-registered nursing. These trends are reflective of the relatively static vacancy number.

Price cap compliance (PCC) for general nursing continues to be strong at 96% across all RN codings used Trust wide.
This is the 3rd consecutive month which has seen a 1% improvement in compliance, with areas of current non-compliance focused in mental health, chemo and paediatrics.

Chemotherapy - current Trust chemo rates are at regional price cap levels set as part of the improvement project but above national levels hence the ongoing breach declared.
Paediatrics – An improvement in compliance in this group should be seen for 1st of September when all Tier one Paeds agencies will come to price cap. Concurrently, tiers 2 & 3 will be merged and come in at 10% over price cap for a period of 3 months. After this, notification has been given that they will be required to supply at price cap in order to remain on framework.

Overall nursing pay costs in month 3 are £16.1m - of which £0.1m is costs associated with unfunded capacity.
Substantive nursing pay spend of £13.6m in June is a reduction of £0.2m compared with last month mainly due to bank holidays.
Bank spend of £1.9m in June is a reduction of £0.1m compared with last month, following an increase in bookings to cover sickness in Medicine in May.
Agency spend of £0.5m is a decrease of £0.1m compared with last month, mainly in Medicine due to less bookings being booked to cover vacancies and unfunded capacity.

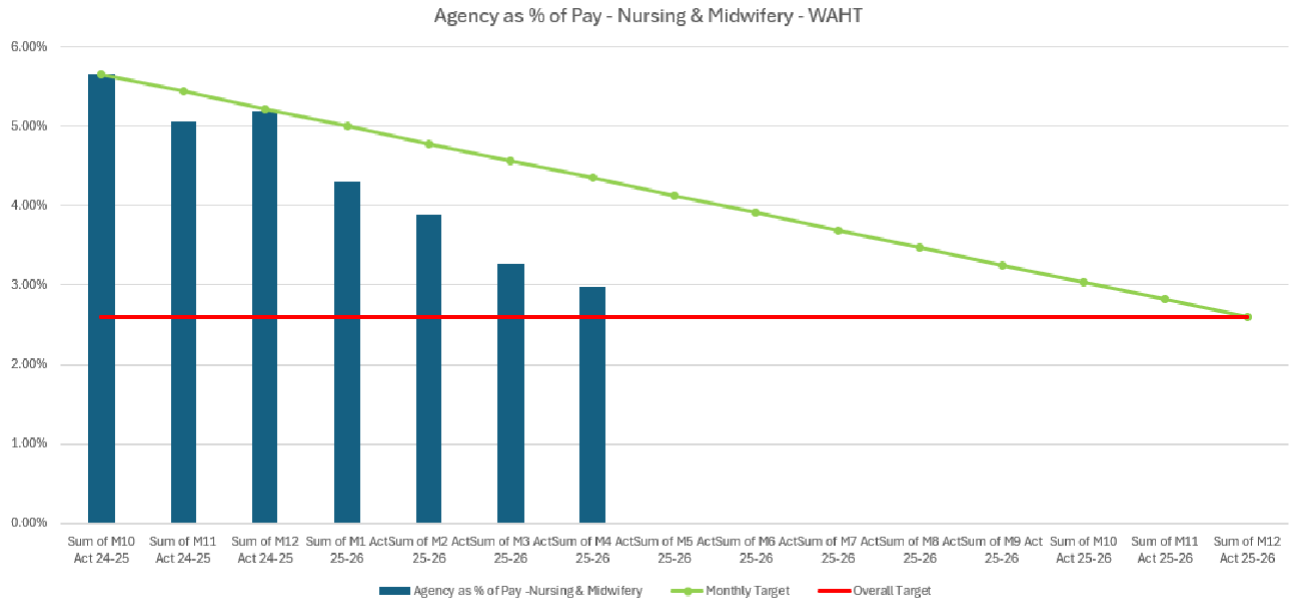
Graph showing trend of substantive / bank and agency spend



Reduction of agency spend & average hourly rate, remains a focus. The removal of tiers 2 and above for RN00, RN04 and RN08 continues with the last 2 agencies in tier 2 now having clarified their positon with 1 coming to price cap and one being removed from the cascade on June 23rd 2025.

Agency reduction trajectory

Work towards the internal target of 2.6% of overall staffing spend is well underway in Nursing and Midwifery with June seeing a 3.12% spend. Monthly costs and overall annual trajectory can be seen in the slide below.



Sickness

June 2025 data (% reflects updated headcount)

Current Trust Position June 25	**Previous Month Position** **May 25**	**Model Health System data Nov 2024 Benchmarking**
RN 5.34% ↑ (112.45 WTE) HCSW 7.03 % ↓ (95.74 WTE)	RN 5.16% (108.56 WTE) HCSW 7.23 % (98 WTE)	RN 6.4% HCA 11.52 %

Absence (June 2025 data)

- 299.64 WTE RN total absence due to vacancy, sickness and maternity leave (increased from 293.22 in May), reflects the slight increase in registered sickness, versus bank and agency use of 257.03 WTE (decreased marginally from 269.18 WTE in May). The reduction in temp staff spending has been seen mainly in medicine due to less bookings being made to cover vacancy and unfunded capacity.
- 268.96 WTE HCSW total absence due to vacancy, sickness and maternity leave (decreased from 271.54 in May) versus bank and agency usage of 272.93 WTE (decreased from 279.23 in May.)

The Trust currently has 85 RNs and 30 HCSWs on maternity leave (slightly increased from May 25). The options paper focusing on recruiting into maternity leave for theatres as a pilot has been drafted, the CNO has requested that further financial analysis is completed prior to presentation. Confirmation has been given by finance that this is being prioritised in July.

Additional Capacity Usage / Costing

Other focuses of additional capacity are MSDEC overnight / Discharge lounges extended hours and the reopened PDU. Details for financial implications are below for the month of June 25.

Ward	Month	Registered		Unregistered		Total	
		Hours	Cost	Hours	Cost	Hours	Cost
Medical SDEC WRH	June	23	£683,52	29.5	£692.77	52.5	**£1,376**
Discharge Lounge AGH	June	na	na	na	na	na	**na**
Discharge lounge WRH	June	na	na	10.5	£270	10.5	**£270**
PDU	June	2801	£80,127	2699	£56,055	5.500	**£136,182**
Grand Total	June	2824	£80,810.52	2739	£57,017.77	5,563	**£137,828**

Compared to May, we have seen a reduction in spend with Month 3 costs down by of £9,162.

This can be attributed to the combined reduction in both MSDEC and Discharge Lounge usage during the month of June.

Escalation and Assurance Report

Report from:	Nursing workforce / NWAG
Date of meeting:	August 2025
Report to:	QGC

144689427 14:0017:00

Alert: Including assurance items rated red and matters requiring escalation	
Item/Topic	**Maternity leave**
Rating rationale	**Overall maternity leave remains stable – however, this continues to pose quality, safety and financial risks, as unable to formally substantively recruit (at risk) into maternity leave posts. Paper is being drafted for the substantive recruitment to maternity leave posts and is with finance for input. Reassurance has been given by finance that this is being prioritised as part of a push to move CPIPs towards delivery.**
Outcome	**Ongoing**
Item/Topic	**Additional capacity usage & costings**
Rating rationale	**Overall spend on additional unfunded capacity (surge areas and PDU) is reducing month on month, as positively impacted by the reduced use of MSDEC overnight. June saw a further £9,162 reduction in spend in these areas, however, at £137k in month this continues to pose a financial risk to divisions and CPIP targets.**
Outcome	**To continue to be monitored**

Advise: Including assurance items rated amber, under monitoring and in development	
Item/Topic	**Vacancy**
Rating rationale	**A slight improvement in both registered and unregistered vacancy in Month 4, following the increase seen in month 1 related to substantive funding and business cases. Recruitment pipelines for both groups remain strong with cohesive work being seen across all division to address the gap.**
Outcome	**Good level of assurance re pipeline and current recruitment strategies**
Item/Topic	**Bank & Agency usage**
Rating rationale	**Further month on month reduction noted in agency spend (0.1M) in month 3 is supported by reductions in both substantive and bank spending from May. The focus remains to continue this reduction and maintain compliance with the regional agency price cap with plans for substantive recruitment including recruit to maternity leave giving scope to gain additional traction going forwards.**
Outcome	**Ongoing monitoring including impact of unfunded additional capacity and Waiting list initiatives**
Item/Topic	**Sickness**
Rating rationale	**Although sickness levels for RN and HCSW remain above the Trust target, registered nursing has seen a further month on month reduction in month 2. Focus remains on staff sickness management and support, with health and well-being support being offered across all staff groups.**
Outcome	**Continued active management**

Assure: Including assurance items rated green	
Item/Topic	**Harms**
Rating rationale	**18 staffing related incidents have been reported, none resulting in patient harm. This is patent seen since the re-introduction of the 401 Senior Sister beep at WRH which supports with out of hours staffing and safety escalations.**
Outcome	**Good assurance noted**
Item/Topic	**Safer staffing fill rates & Care Hours Per Patient Day (CHPPD)**
Rating rationale	**Nurse staffing fill rates have met the national target across both day and night shifts for RN and HCSW shifts during the month and CHPPD remains stable and within the national variance limits**
Outcome	**Good assurance noted**
Item/Topic	**Turnover**
Rating rationale	**Turnover for RN remains below the Trust target and continues to reduce for registered and un-registered nursing Month 4.**
Outcome	**Positive reduction in turnover noted**

Advise: Items received for information or approval

Assurance Rating Key	
Red	There are significant gaps in assurance and the Committee is not assured of the adequacy of action plans.
Amber	There are gaps in assurance but the Committee is assured that appropriate plans are in place.
Green	The Committee was assured that there are no gaps in assurance.

Escalation and Assurance Report

Report from: Nursing workforce / NWAG
Date of meeting: August 2025
Report to: QGC

Item/Topic	None
Summary	**N/A**
Outcome	

Assurance Rating Key	
Red	There are significant gaps in assurance and the Committee is not assured of the adequacy of action plans.
Amber	There are gaps in assurance but the Committee is assured that appropriate plans are in place.
Green	The Committee was assured that there are no gaps in assurance.

WORCESTER ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**09/09/2025**
Title of Report:	Perinatal Safety Report
Lead Executive Director:	**Chief Nursing Officer**
Author:	Justine Jeffery – Director of Midwifery Amrat Mahal – Director of Nursing – Women & Children's Division Lara Greenway – Matron Neonatal Services Susie Smith – Maternity & Neonatal Governance Lead Laura Veal – Clinical Director for Obstetrics Wasi Shinwari – Clinical Director for Paediatrics and Neonates Jane Wardlaw – Lead Assurance and Compliance Midwife
Reporting Route:	Quality Governance Committee
Appendices included with this report:	Maternity Safe Staffing Reports Q4 24-25 Claims Scorecard Q1 PMRT case report
Purpose of report:	☒ **Assurance** ☐ **Approval** ☐ **Information**

Brief Description of Report Purpose

The purpose of the paper is to provide a quarterly 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 requirement to ensure the Trust Board and LMNS Board are kept informed of present or emerging safety concerns and activities being undertaken to ensure safety and two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity services team was initially outlined in the 2020 NHSEI document 'Implementing a revised perinatal quality surveillance model'.

This has recently been superseded by the Perinatal Quality Oversight Model, published by NHS England in June 2025. At present this is a draft document until the 10 Year Plan is published.

This quarters report presents the current evidence against each of the safety actions within the Maternity Incentive Scheme (MIS), along with any concerns with compliance and actions implemented.

Recommended Actions required by Board or Committee

The 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.

Executive Director Opinion[1]

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

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

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					

	May	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	Q1 2025
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 has recently been superseded by the Perinatal Quality Oversight Model, published by NHS England in June 2025. At present this is a draft document until the 10 Year Plan is published.

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 – end Q1	End of Q4
Booking completed by 12+6	90%	87.7%	85.5%
Term admissions	6%	2.99%	4.11%
PMR (MBRRACE 2023)	<4.84 per 1000 births (rolling)	4.10	4.14
Stillbirth rate (MBRRACE 2023)	<3.22 per 1000 births (rolling)	3.02	2.83
NND rate (MBRRACE 2023)	<1.63 per 1000 births (rolling)	1.08	1.31
Maternity and Neonatal Moderate or above incidents	-	8	4
Maternity PALS	-	30	26
Neonatal PALS	-	0	0
Maternity Complaints	-	17	13
Neonatal Complaints	-	0	0

Summary of Key Workforce Performance Indicators

Metrics	Target	Current position – end Q1	End of Q4
Sickness rate (MWs)	4%	4.97%	7.8%
Turnover rate (rolling) (MWs)	11.5%	3.84%	7.3%
Vacancy rate (MW)	7%	1%	1%
Sickness rate (MSWs)	5.5%	7.73%	9.35%
Turnover rate (rolling) (MSWs)	11.5%	16.77%	19%
Vacancy rate (MSW)	7%	14%	14%
Sickness rate (RNs)	4%	4.88%	2.1%
Sickness rate (NNs)	4%	2.88%	8.82%
Turnover rate (rolling) (RNs)	11.5%	8.10%	7.61%
Turnover rate (rolling) (NNs)	11.5%	9.86%	9.24%
Vacancy rate (RN)	7%	3.32%	3.32%
Vacancy rate (NN)	7%	4.75%	4.75%
Shifts staffed to BAPM	100%	96.67%	87.1%
Supernumerary shift leader (NNU)	100%	100%	98.39%
QIS trained	70%	72.7%	64.1%

Summary of Key Training Performance Indicators

Metrics	Target	Current position – end Q1	End of Q4
PROMPT – Human Factors & Maternity Emergencies	90%	88%	90.5%
PROMPT – Neonatal Basic Life Support	90% (including Doctors and Neonatal Nurses)	93%	95%
Fetal monitoring	90%	94%	96%
Maternity Trust Mandatory training (non-medical)	90%	84%	85%
Maternity Trust Mandatory training (Obstetricians)	90%	75%	80%
Maternity PDR rate	90%	82%	80%
Neonatal PDR rate	90%	95.52%	95.24%
Neonatal Trust Mandatory Training (non-medical)	90%	95.32%	94.59%
Neonatal Trust Mandatory Training (medical)	90%	88.04%	83.67%

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 2023. The link to the online report is https://timms.le.ac.uk/mbrrace-uk-perinatal-mortality/surveillance/. The national report for 2023 was published in May 2025 which will provided an updated national perinatal mortality rate, which along with the group rates, have been updated with the 2023 data in the table below.

The Trust have received the 2023 site specific report, and a paper summarising all of the cases will be submitted in the next safety report as part of Q2. The delay is due to some of the final reports not yet being published by the lead reporting Trusts. These have been requested.

The national extended perinatal mortality rate is now 4.84 per 1000 births based on 2023 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 (2023)	Group 2023 rate (other Trusts with 4000+ births)	Trust 2023 MBRRACE rate	Crude Trust rolling rate (from 01.07.24 – 30.06.25)
Stillbirths	3.22	3.03	2.98	3.02
Neonatal deaths	1.63	1.02	1.34	1.08
Extended perinatal mortality	4.84	4.05	4.34	4.10

The local perinatal mortality rate in 2023, once adjusted is 5% higher than other services within our comparator group but remains below the national rate. Whilst it is recognised that the still birth rate had decreased in 2023 the rate has also improved in the comparator group and as the local neonatal death rate has increased in 2023 from the previous year this has resulted in an overall higher perinatal mortality

rate than the comparator group. The 2023 MBRRACE report acknowledges the impact that congenital anomalies have the local perinatal mortality rate.

The graph below shows a stable 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*.

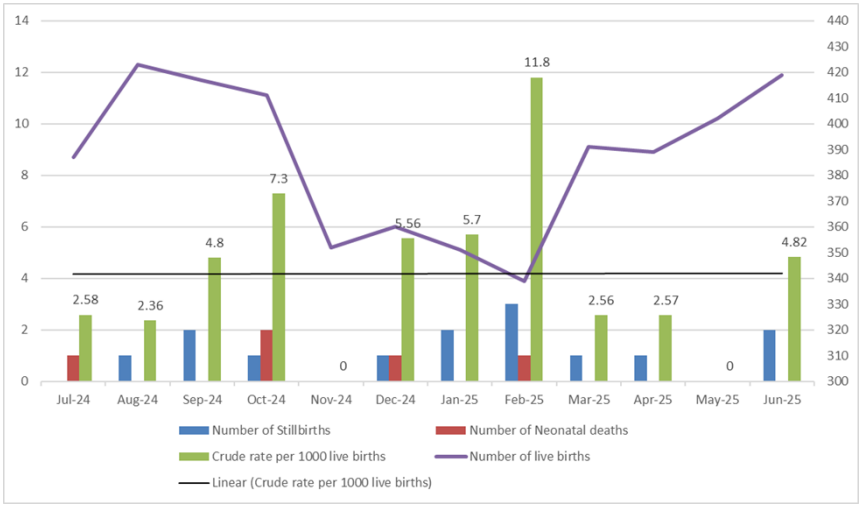


Figure 1. WAHT Perinatal Mortality Rates

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; 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	2.98	10	1.34	1	YES – stabilised and adjusted		3 (1 also NND)
2024	4717	10	2.12*	6	1.27*	0	NO		2
2025	2291	7	3.06**	1	0.44**	0	NO		2

*crude rate ** year to date

Key:

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

3.3 Perinatal Mortality Summary for Q1 2025-2026.

In Q1there were three stillbirths and no neonatal deaths reported; further detail will be in the Perinatal Incident report and discussed at Private Trust Board. Due to the date of publication of the new Perinatal Quality Oversight Tool which recommended quarterly reporting, the information regarding the cases for Q1 are reported across two reports.

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:

MNSI reference	Date of case	*DOC completed	Stage of investigation
MI-040822	March 2025	Yes	Investigation underway with MNSI – awaiting draft report.
MI-043307/ MI-041974 (rejected)	May 2025	Yes	MNSI initially could not gain consent from parents therefore initial referral rejected but subsequently re-referred as consent gained and investigation in early stages.

**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.*

4.3 MNSI Quality Review Meetings

The Trust continue to meet regularly with MNSI when there are active cases; this had been paused as there had been no active cases but we are anticipating will resume now we have two ongoing investigations.

5. Incidents reported moderate or above in Maternity and Neonates in Q1 2025/2026.

There were eleven incidents reported as moderate or above harm in Q1 across perinatal services.

6. Maternity and Neonatal Training Compliance

Areas of concern:

- PROMPT, SBL, Fetal Surveillance training & MMT – challenging position for obstetricians due to sickness and cancellations – CD currently in discussion to ensure outstanding attendees will be complaint by December.

Course	Staff Group	Current position – end Q1	End of Q4
Maternity Mandatory Training – (3 yearly)	Midwives	95%	92%
Maternity Mandatory Training – (3 yearly)	MSW/MCA	96%	90%
Annual Saving Babies Lives training	Midwives	90%	95%
Annual Saving Babies Lives training	MCA/MSW	80%	87%
Annual Saving Babies Lives training	Obstetricians	84%	75%
Annual fetal monitoring training	Midwives	95%	97%
Annual fetal monitoring training	Consultant Obstetricians	87%	92%
Annual fetal monitoring training	Obstetricians (all on rota)	96%	100%
PROMPT training (Human Factors/MDT Obstetric Emergency	Midwives	97%	95%
PROMPT training (Human Factors/MDT Obstetric Emergency	MSW's	94%	93%
PROMPT training (Human Factors/MDT Obstetric Emergency	Obstetricians (all on rota per/post 1.7.24)	83%	88%
PROMPT training (Human Factors/MDT Obstetric Emergency	Anaesthetists (all on rota per/post 1.7.24)	79%	86%
Neonatal Life Support	Midwives	97%	95%
Neonatal Life Support (NLS 4yearly)	Neonatal Nurses	97%	100%
Neonatal Life Support (NLS 4yearly)	Neonatal Drs	92.5%	90.7%
Neonatal Resuscitation Update (annual)	Neonatal Nurses	92.75%	97%
Neonatal Resuscitation Update (annual)	Neonatal Drs	90%	93%
Trust Mandatory Training	Obstetricians	75%	80%
Trust Mandatory Training	Midwifery Staff	84%	85%
Trust Mandatory Training	Neonatal Nurses	95.32%	94.59%
Trust Mandatory Training	Neonatal Drs	88.04%	83.67%

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 1207 babies born in Q1. The escalation policy was enacted on 56 occasions to reallocate internal staff with the highest incident (n=24) in June. The community and continuity teams were required to support the inpatient areas on one occasion.

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 but improving. There are a small number of midwifery vacancies with planned recruitment in July & August.

The supernumerary status of the shift leader was not achieved on one occasion in June (although NHSR compliant as rostered to be SN at the beginning of the shift) and 1:1 care in labour was achieved in Q1.

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

	Day RM %	Night RM %	Day MCA/MSW %	Night MCA/MSW %
Continuity of Carer	100%	100%	n/a	n/a
Community Midwifery	83%	n/a	100%	n/a
Antenatal Ward/Triage	89%	96%	89%	100%
Delivery Suite	94%	96%	28%	93%
Postnatal Ward	92%	93%	74%	77%
Meadow Birth Centre	92%	92%	75%	93%

7.2 Obstetric Medical Staffing including Consultant attendance

Consultants

We have 24.5 WTE Consultants in post. The consultants at WRH work either a 1:12 Obstetric on call or a 1:24 on call depending on whether they are also on the Gynaecology on call rota. The Gynaecologists work a 1:11 or a 1:22 depending on whether they also work on the Obstetrics on call rota.

There are 9 consultants purely on the Obstetric on call rota, 6 who do both Obstetrics and Gynaecology and 8 who just do Gynaecology on call. There are 2 Gynaecologists who are not on the on-call rota.

A new Maternal Medicine Consultant started in post on 1st April and is working purely on the Obstetric on call rota.

Due to the retirement of an SAS doctor, who works as a Consultant (minus on calls), at the beginning of July we advertised for a 12-month Fixed term Locum Consultant post on 26th June. We are planning to interview for this on 23rd July and it is hoped that they will cover his ANC, Caesarean section lists and Obs on calls to release the fetal medicine team to backfill his twin clinic.

Registrars

The registrars work a 1:8 on call rota. We currently have 21.7 WTE in post (funded for 19.6 WTE), with 15.4 WTE on the on-call rota. Of these Registrars 9.7 WTE are trainees. Four trainees are on Maternity Leave (3 WTE), one is on a prolonged period of phased return hoping to return to out of hours work from 7th July and another has returned from Maternity leave and will be re-commencing on calls Mid July.

We also have a Registrar working with us one day a week (0.2 WTE) who has gone 'out of programme'.

We have 12 WTE CF/SAS/SD Doctors of which 10 WTE are on the on-call rota.
One clinical fellow is currently paired during his on calls but we are hoping he will be working independently from August and a new Clinical Fellow started in post on 9th June and is currently working on the SHO rota.

Our SAS doctor is retiring on 9th July and will be backfilled by a Locum Consultant.

We have also submitted a job advert for a Subspeciality Urogynaecology Trainee that we are interviewing for at the beginning of July with a view to them starting in February.

Our on-call vacancies are being filled internally and with previous employers of the department.
We have also employed 1 Locum Registrar during the last Quarter who we needed to 'let go' due to communication and behavioural issues.

Medical staffing at 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.

A new Clinical Fellow is due to start in August and it is projected that we will then be fully established. We are changing the on call rota to a 1:9 which will enable us to staff Maternity Triage with a Registrar 8-5 Monday to Friday. This will initially be funded by CNST monies whilst we business case.
In the longer term we wish to transfer some of our budget from the SHO into the middle grade tier.

Junior Grades

The junior tier works a 1:9 on call rota. We currently have 17 WTE with 15.4 on the on-call rota due to Maternity leaves. We also have a CSRH trainee working with us 2.5 days per week and a Physicians Associate working 16 hours per week.

Consultant Attendance for cases mandated by RCOG

Month	Cases	Percentage
April	12 out 12	100
May	4 out 4	100
June	11 out 13	85

In June there were two cases where a Consultant didn't attend and these were as follows:

- A woman sustained a fourth degree tear who had been waiting >12 hours to go to theatre, having been transferred to theatre once but removed due to a more urgent case. It was originally diagnosed as a third degree tear but once in theatre upgraded to a fourth degree. Due to the significant delay that had already taken place the decision was made to proceed and the Consultant was informed after.

- A fourth degree buttonhole tear. This was repaired by a senior Registrar who is currently applying for Consultant posts. The repair was uneventful with a blood loss of 400mls.

Compensatory Rest