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.

Trust Capital Position at M7

Position v Budget

Workstream	Scheme	Annual Budget	YTD Actual	YTD Budget	YTD Variance
P&W	2025/26 P&W Scheme	0.00	142,982.43	0.00	142,982.43
Other	2526 LSE Fleet vehicles	345,000.00	0.00	345,000.00	-345,000.00
Other	2526 LSE WRH Car park	259,000.00	0.00	0.00	0.00
Strategic	Acute Service Review	4,001,855.00	19,977.91	65,396.09	-45,418.18
Digital	Additional Digitial Schemes	0.00	783,128.38	0.00	783,128.38
Digital	CAP2425 Cardiac PACS	300,000.00	139,664.02	300,000.00	-160,335.98
Other	CBRN Tent	0.00	-2,270.42	0.00	-2,270.42
Strategic	Children's Estate Development	0.00	8,983.12	0.00	8,983.12
Other	Contingency Scheme	0.00	45,660.00	0.00	45,660.00
Digital	Cyber Improvement PDC	39,000.00	0.00	0.00	0.00
Other	Donated Equipment Schemes	268,969.49	115,462.50	120,060.09	-4,597.59
Equipment	Equipment Contingency	748,696.00	0.00	0.00	0.00
Equipment	Equipment Schemes	381,655.94	269,781.03	367,351.94	-97,570.91
Equipment	Externally Fuded Constitutional Schemes	30,000.00	32,856.16	0.00	32,856.16
P&W	Externally Fuded Constitutional Schemes	0.00	628.88	0.00	628.88
Strategic	Externally Fuded Constitutional Schemes	799,000.00	1,257.75	62,000.00	-60,742.25
Digital	Frontline Digital	0.00	-22,923.99	0.00	-22,923.99
Other	IFRIC 12 and other contingency	3,138,501.33	2,242,160.85	1,717,071.72	525,089.13
Strategic	Internally funded Fire Scheme	2,600,000.00	2,599,999.56	2,600,000.00	-0.44
Other	Lease Modifications	0.00	1,380,458.99	0.00	1,380,458.99
Digital	LIMS Pathology	370,000.00	353,450.67	370,000.00	-16,549.33
Strategic	LINACS WRH Replacement	3,321,000.00	11,841.50	483,500.00	-471,658.50
Strategic	National Diagnostics - Cath lab	0.00	55,210.29	0.00	55,210.29
Strategic	National Funding Fire Scheme	3,000,000.00	664,096.00	2,460,969.79	-1,796,873.79
P&W	P&W Backlog Maintenance	738,371.14	238,638.95	738,371.14	-499,732.19
Other	P&W Scheme Funded by Charity	35,422.38	233.34	1,000.00	-766.66
Other	Physically Donated Equipment Schemes	0.00	79,767.53	0.00	79,767.53
Other	Procurement scheme	0.00	-3,970.90	0.00	-3,970.90
Total		**20,673,321.48**	**9,396,009.84**	**9,927,570.97**	**-531,561.13**

Understanding the performance

The Year-to-date capital spend at M7 is £9.4m, the majority of which is spend on the ALX Fire scheme (£3.3m) IFRIC 12/PFI lifecycle replacements (£2.2m) additional digital schemes including laptop purchased in year (£783k) and the CHEC Lease (£1.4m). Remeasurement (£1.38m)

At M7 capital spend is lower than budget by £532k.
It is still expected that the full programme spend will be achieved by the end of the financial year.

Actions (SMART)

Slippage on internal and previously overcommitted schemes for ASR, Cath Lab and MRI replacement have now been factored into the internal plan with the overcommitted schemes now have funding coverage. Internal funding has increased due to loss on the disposal of assets of £199k at M7.

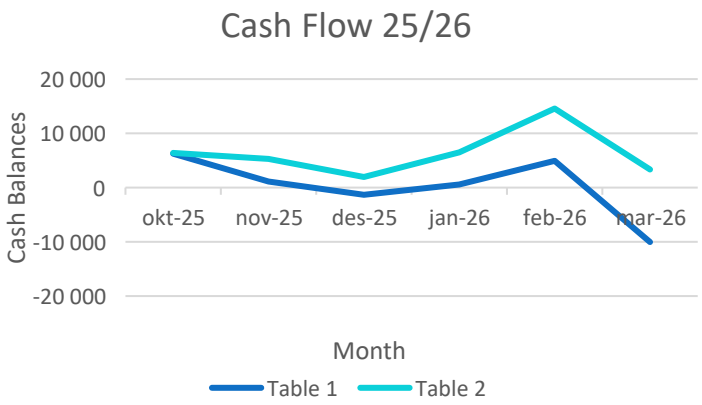
Risks

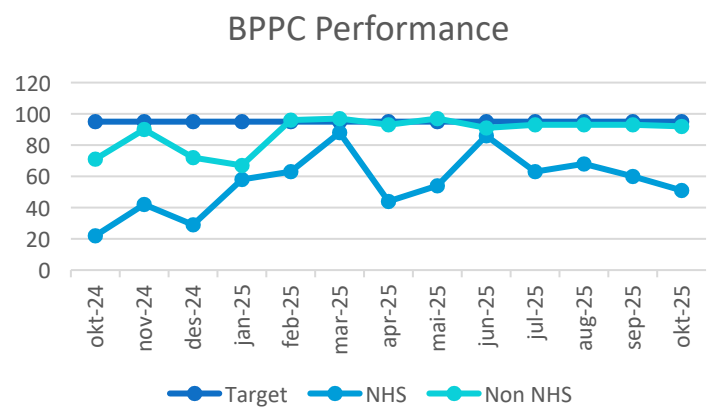
There is a significant risk that the Trust has insufficient funding to support backlog maintenance requirements, much needed replacement schemes and a contingency for any unforeseen events.

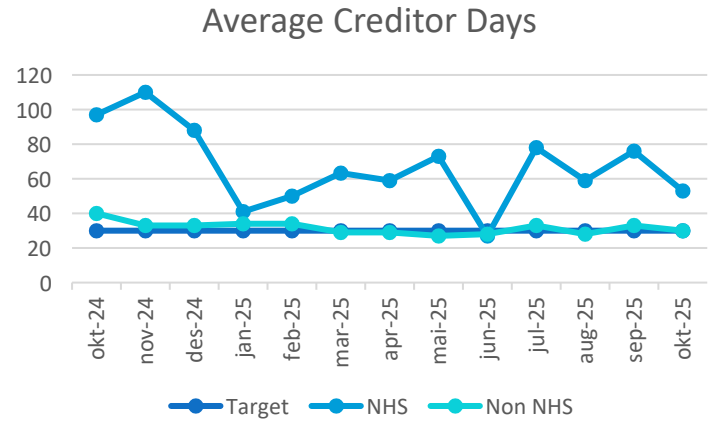
BEST USE OF RESOURCES – CASH

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 balance at the end of month 7, October 2025 was £6.39m (cash in bank). The Trust has received the notified deficit support funding (DSF) of £3.942m in October and received has £27.59m YTD. A total of £47.3m is expected for 2025/26 based on the submitted plan.

Modelling the cash position from the I&E run rate forecast position of £27.9m, the Trust will require cash support in December 2025 as detailed in table one below. It is assumed that DSF would continue up to and including March 2026. The cash position in December and January could be managed through delaying some creditor payments as per our policy, but there would be a need for cash support in March 2026.

The proposed additional Financial Recovery Plans, assumed £13.3m to be cash releasing
These have been modelled against the I&E run rate forecast position of £27.9m. If the cash releasing schemes are achieved, the Trust would not need additional cash support.

Table 1 Deficit with no additional Financial recovery plans	Actual £000's	Forecast £000's	Forecast £000's	Forecast £000's	Forecast £000's	Forecast £000's
Period Beginning	01/10/2025	01/11/2025	01/12/2025	01/01/2026	01/02/2026	01/03/2026
Period Ending	31/10/2025	30/11/2025	31/12/2025	31/01/2026	28/02/2026	31/03/2026
Cash at Beginning of Period	6,161	6,250	1,117	-1,328	571	4,931
Cash at End of Period	6,250	1,117	-1,328	571	4,931	-10,039

Table 2 Includes new cash releasing Financial recovery plans	Actual £000's	Forecast £000's	Forecast £000's	Forecast £000's	Forecast £000's	Forecast £000's
Period Beginning	01/10/2025	01/11/2025	01/12/2025	01/01/2026	01/02/2026	01/03/2026
Period Ending	31/10/2025	30/11/2025	31/12/2025	31/01/2026	28/02/2026	31/03/2026
Cash at Beginning of Period	6,161	6,390	5,285	1,955	6,494	14,572
Cash at End of Period	6,390	5,285	1,955	6,494	14,572	3,335

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.

Risks

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

NHS
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NHS Trust

WORCESTER ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**09/12/2025**
Title of Report:	**Midwifery Safe Staffing Report October 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:

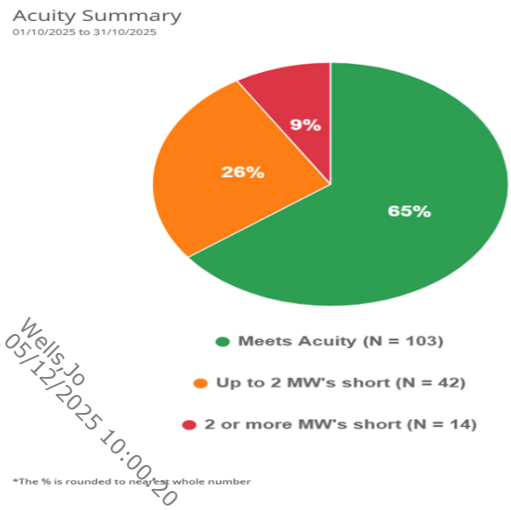
Metrics	Target	Current position (MW)	Current positon (MSW/MCAs)
Sickness rate	4%	6.69%	8.1%
Turnover rate (rolling)	11.5%	4.66%	14.8%
Vacancy rate (MW)	7%	1.2%	22%
Maternity Leave	-	4.1%	0%
Midwife to birth ratio (in post)	1:24	1:21	
1:1 care in labour	100%	Achieved	
Shift leader SN	100%	Achieved	

Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 85% of the expected intervals and therefore the data presented is reliable. The diagram below presents when staffing met or did not meet the acuity.



From the information available, the acuity was met in 65% of the time and recorded at 35% when the acuity was not met prior to any actions taken. This is lower than the previous month' performance. Safe staffing levels were maintained on all shifts in October following mitigation.

The mitigations taken are presented in the diagram below and demonstrate the frequency (n=11) of when staff are reallocated from other areas of the inpatient service. The community/continuity teams were deployed to support the inpatient area on three occasions. There were 4 reports of staff not being able to take a break and 1 report when a staff member stayed beyond the end of their shift.

Number of Management Actions
01/10/2025 to 31/10/2025

Actions	Breakdown of Actions	Times occurred	Percentage
MA1	Redeploy staff internally	11	46%
MA2	Redeploy staff from community	3	13%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	4	17%
MA5	Staff stayed beyond rostered hours	1	4%
MA6	Specialist midwife working clinically	0	0%
MA7	Manager/Matron working clinically	0	0%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call midwife	1	4%
MA10	Escalate to Manager on call	4	17%
MA11	Maternity Unit on Divert	0	0%
TOTAL		24	

*The % is rounded to nearest whole number

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

NICE recommended red flags are reported in the acuity app and are presented below. There were a number of delays in care reported and one report when the MW was not able to provide 1:1 care and there were 3 reports when the shift leader was not SN – this was escalated and a midwife was deployed from another area to facilitate 1:1 care and for the SL to return to her SN status.

Number of Red Flags recorded
01/10/2025 to 31/10/2025

Red Flags	Breakdown of Red Flags	Times occurred	Percentage
RF1	Delayed or cancelled time critical activity	3	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	2	22%
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	1	11%
RF10	Delivery Suite Co-ordinator is not supernumerary	3	33%
TOTAL		9	

*The % is rounded to nearest whole number

Birth Centre

In month, the completion rate for the acuity app for the birth centre was at 50%. The acuity was met 98% of the time. The birth rate remained similar to October.

Intrapartum & Non-Birthing Categories
01/10/2025 to 31/10/2025

Categories	Number in Categories	Percentage
Cat I	44	46%
Cat II	10	11%
Cat PN	41	43%
Cat X	0	0%
TOTAL	95	

*The % is rounded to nearest whole number

Staffing incidents

There were twenty - four staffing incidents reported via datix

1. Reduced Band 7 cover (n=18)
2. No MSW available to support scan list
3. Inpatient minimal safe staffing levels not met (n=3) mitigation taken and on-call staff in attendance to support.
4. Delays in processing scan results as whole team off sick. Mitigation taken as sonographer and clinic manager completed task.

Medication Incidents

There were eight no harm incidents

1. Unable to locate stock of insulin
2. Delay in administration of IVAB
3. Delay in Syntocinon infusion post-op
4. Antihypertensive administered 1 hour earlier then prescribed
5. Incomplete insulin prescription
6. Additional dose of IVAB given
7. Discharged without TTOs for antihypertensive therapy
8. Incorrect storage of vaccines – delivered to wrong location – stock wasted

Monitoring the midwife to birth ratio

The ratio in October was 1:21 (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 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 completed each fortnight; it is expected that the regional SitRep will be rolled out across England – this is planned to for implantation in Q3.

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	88%	100%	n/a	n/a
Antenatal Ward/Triage	91%	91%	86%	98%
Delivery Suite	95%	97%	65%	83%
Postnatal Ward	91%	87%	71%	94%
Meadow Birth Centre	87%	92%	61%	90%

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 October 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 3.5 unfilled midwifery roles (Fetal Medicine & Sonography Lead) and 2.0 WTE band 6 midwifery roles. There are 12 WTE MCA posts vacant with 4 WTE in the pipeline – further interviews are planned.

Sickness

Sickness absence rates for midwives are reported at 5.69% and 8.1% for non-registered staff – this is an increase for all groups and likely due to seasonal variations.

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.

Turnover

The rolling turnover rate is at 4.66% for midwives and at 14.8% 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 safe staffing levels staff were deployed to areas with the highest acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 14 occasions to maintain safety. The community and continuity of carer midwives were required to support the inpatient team.

There were 4 reports of staff not being able to take a break and 1 report when a staff member stayed beyond the end of their shift; the supernumerary status of the shift leader at the onset of the shift and 1:1 care in labour were achieved following deployment of staff.

There was no harm caused from the reported staffing and medication incidents however due to the higher levels of sickness and vacancy in the band 7 team there were a number of occasions when only one Band 7 was available on shift. The recommended number is two.

Sickness absence rates for midwives remains above the Trust target and are likely to remain higher due to the expected seasonal variation; there is a high level of confidence that staff are being supported as per the Absence Policy.

The vacancy rate is 1.2% for MWs and 22% for MCA's. Further recruitment is planned.

Recommendations

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

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**9 December 2025**
Title of Report:	Safer Staffing report - Nursing
Lead Executive Director:	**Chief Nursing Officer**
Author:	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 October 2025 with numerical data presented for September 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 have been maintained at safe levels throughout October 2025. In paediatrics whilst BAPM level were not achieved on 100% of shifts, professional judgement indicates that areas and staffing were safe.

There were 22 insignificant or minor incidents reported, all were deemed insignificant and minor harms relating to nursing / midwifery staffing being largely reported as near misses due to staff absence, rather than patient harm.

The reduction in turnover continues for registered nursing (6.76%) whilst un-registered turnover is also slightly reduced at 12.18%.

Due to the continued increase in pressures through our hospital sites, additional capacity has continued to be utilised, with PDU being open throughout September 25. From this month the paper also includes the impact of the additional staffing required in A&E to mitigate the challenges around capacity and flow and maintain the safety of our patients in both ED's.

The impact of the additional ED's staffing and PDU being open is the requirement for an extra 83.78 WTE per month for both registered and unregistered staff which significantly contributes to the nursing temporary staffing costs.

[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.

In August, Nursing and Midwifery have been seen to achieve the internal CPIP target of agency spend of 2.6% of total staffing spend, with August sitting at 2.54%. Price Cap Compliance (PCC) has been increasing gradually and now sits at 96.8% compliance (from 96% in August) across all nursing and Midwifery groups with remaining non-compliant groups 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 October 2025 with financial figures for September 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 October 2025 there were 20 insignificant or minor incidents reported. The insignificant and minor harms reported relating to nursing / midwifery staffing and were largely reported as near misses, 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 midwives 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 September 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 (fourth consecutive month of slight reduction) across both grades and shifts) which is reflective of the work being undertaken to align templates to clinical acuity and need. However, both registered and non-registered national targets of 95% have been met with the last dip below 95% for RN October 2023.
RN	97%	98%	
HCSW	100%	107%	

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 September 2025 was stable at 8.9, which has been static for the past 7 months, following a gradual increase from 8.4 seen in January 2024.
The average national for CHPPD is 9.1 with a variation of **6.33 to 15.48**, of which the Trust sits comfortably within this range.

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 area was Aconbury 3 at 6.4. Narrative has been sought from the divisional governance leads who have highlighted that there have been no significant clinical incidents in month related to staffing levels.

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

Current Trust Position WTE September 2025 data	Previous month August 2025	Model Health system data June 2025 Benchmarking
RN 6.76%↓ HCSW 12.18 %↓	RN 6.78%↓ HCSW 12.33 %↑	RN 8.3 % HCSW 18 %

The turnover rate continues to follow the downward trend for registered nursing and is stable for unregistered, which has been consistent over the past 12 months. The figures above demonstrating improvements compared to last year's performance (8.22% RN and 14.98% HCSW September 24).

Vacancy (Trust target 6%)

September 2025 data

Current Trust Position WTE	Previous month August 2025	Model Health system data June 2025 Benchmarking

September 2025 data		
RN 3.72%↓ (84.5 WTE) HCSW 12.07%↓ (140.82 WTE)	RN 4.85%↓ (110.34 WTE) HCSW 12.13%↓ (140.87 WTE)	RN 6.1% HCSW 10.6%

The registered nurse pipeline shows an expected 47.97 registered nurses Band 5 experienced and newly qualified, joining the Trust in the next 5 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.

October saw a third cohort of care leavers interviewed through an NHSE initiative, with 3 offers made across all sites. Whilst the initial project has now come to an end, Nursing and Midwifery have voiced their commitment to ongoing involvement should any future opportunities arise.

To note, there is 14.22 WTE confirmed HCA starters in November, with a further 52.92 in the pipeline due to start December / January / February 26. 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 67 firm offers

have been made and work is ongoing to secure placements for the remaining candidates. Due to some candidates accepting positions in other trusts the remaining number to allocate in currently 7. A recruitment trajectory will be developed to the end of the financial year, to allow us to accurately predict vacancy and effectively recruit from the February 2026 qualifying co-hort from University of Worcester.

A generic HCA assessment centre took place on the 27th October with 9 offers made for Worcestershire Royal. A further event is booked for 29th November 2025 focused on recruitment for AGH.

Bank and Agency Usage
September 2025 data

Bank and agency usage, total combined RN & HCSW has dropped to 533.65 WTE in September, (from 591.8 in August).

With a positive recruitment pipeline for RNs for Autumn, work will be focused on switching agency off for registered nursing once areas are fully established, tighter controls on bank spend, and escalations once maternity leave cover is in place.

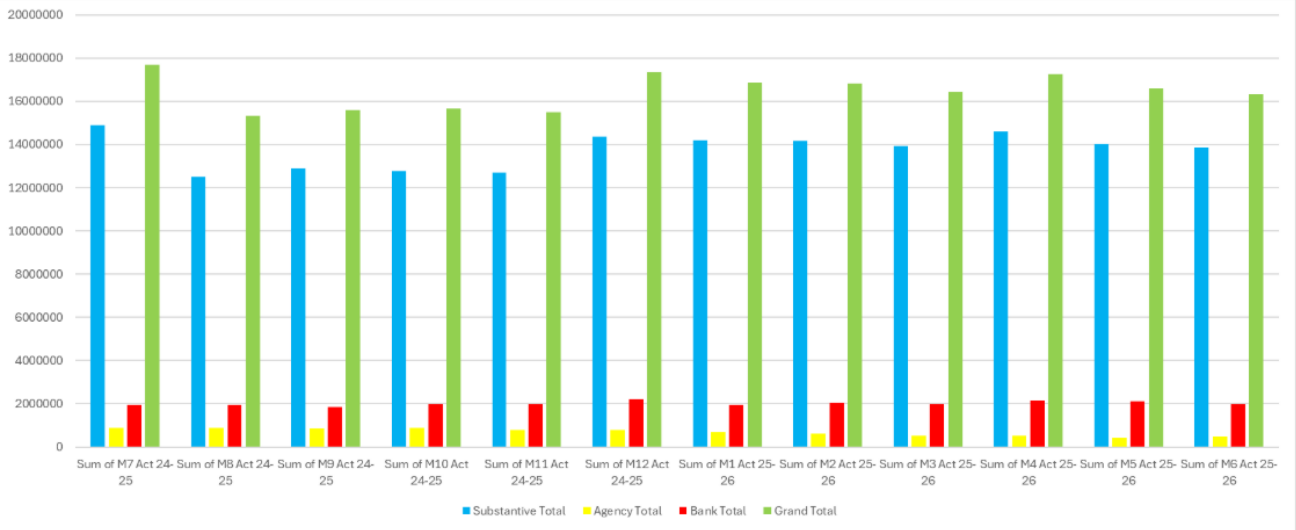
Triangulated data for sickness / vacancy and maternity leave gives a reduced overall absence of 292 WTE (from 313.74 WTE) for registered (not including midwifery) and 284.94 WTE (from 299.37 WTE) for un-registered nursing. These trends are reflective of the 1.13% reduction in the vacancy rate for registered nursing and a reduced sickness rate for Unregistered staff. Recruitment team are now providing an updated pipeline, which is being prepared weekly to expedite both recruitment and on boarding. This will now be expanded going forwards to giving details at ward level to allow a clear picture of new starters and support the safe switch off, of agency and bank.

Price cap compliance (PCC) for general nursing continues to be strong at 98% across all RN codes used Trust wide.
This is the 4th consecutive month, which has seen an improvement in compliance, with areas of current non-compliance focused in mental health, chemo and paediatrics and urgent care ENPs.

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 – Cascade changes in this group has contributed to the improved compliance from 1st of September, when all Tier 1 Paeds agencies came to price cap. Concurrently, tiers 2 & 3, were 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 the cascade.

Overall, nursing pay costs in month 6 are £16.8m, a decrease of £2.1m compared to August.
Substantive nursing pay spend of £14.3m in September is a decrease of £1.6m compared with last month, this is across all divisions and relates to the year to date pay award paid in the previous Month. This reduction in spend is partially offset by an increase in spend relating to additional resources supporting flow.
Bank spend of £2.0m in September is a decrease of £0.5m compared with last month, and relates to a decrease in bookings to cover vacancy/specialling/sickness/additional capacity.
Agency spend of £0.5m in September is consistent with spend in August.

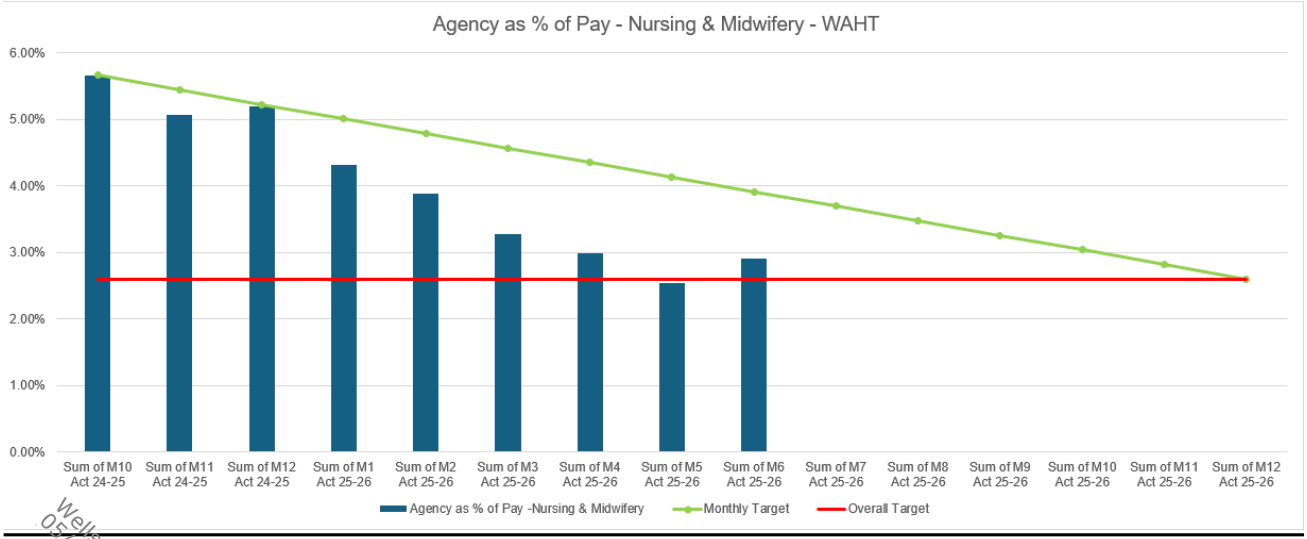
Graph showing trend of substantive / bank and agency spend



Reduction of temporary staffing remains a focus, with Nursing workforce and divisions actively engaging in plans to use positive recruitment pipeline to support the switch off of agency usage with escalated rates also under active review.

Agency reduction trajectory

Work towards the internal target of 2.6% of overall staffing spend is well underway in Nursing and Midwifery and this target has been attained in September 2025 with agency usage accounting for 2.91% of total nursing staffing spend. It should be noted, that this has increased from 2.54% last month but last months % was impacted by an increased substantive spend due to back pay.



Sickness

September 2025 data (% reflects updated headcount)

Current Trust Position September 25	**Previous Month Position** **August 25**	**Model Health System data Nov 2024 Benchmarking**
RN 5.7% ↑ (121.5 WTE) HCSW 8.65% ↓ (116.12 WTE)	RN 5.51% ↓ (116.4 WTE) HCSW 9.52 % ↑ (128.5 WTE)	RN 6.4% HCA 11.52 %

Absence (September 2025 data)

- In September, registered Nurse (RN) total absences due to vacancies, sickness, and maternity leave decreased slightly to 292 WTE, from 313.74 WTE in August. This reflects a slightly increased sickness rate and a 25.84 WTE reduction in vacancies.
  Meanwhile, bank and agency usage decreased to 260.48 WTE from 269.59 WTE in August.
- In the unregistered workforce, September saw a 284.94 WTE total absence compared to 299.37 WTE in August. This was against a bank and agency usage of 273.17 WTE down from 322.21WTE in August. This reduction is attributable to fewer bookings against sickness and specialing in month.

The Trust currently has 86 RNs and 28 HCSWs on maternity leave (showing a 2.0 WTE decrease in registered mat leave from August).

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 September 25.

Ward	Month	Registered		Unregistered	
		Hours	Cost	Hours	Cost
Medical SDEC WRH	September	184	£5,658	11.5	£312
Discharge Lounge AGH	August	0	0	0	0
Discharge lounge WRH	August	0	0	0	0
PDU	September	2801	£80,127	2699	£56,055
Totals		**2985**	**£85,785**	**2710.5**	**£56,367**

A&E Countywide additional roles / shifts due to capacity and flow

For some time, additional shifts have been utilised in A&E's on both sites, to support both departments because of challenges in capacity and flow. Below are the additional staffing currently in place in A&Es at WRH and AGH, over and above the standard roster template, which are therefore reliant on temporary staffing solutions.

Site	Grade	Number of staff	Role	Period cover required	RN Hours per week	HCSW Hrs per week
WRH	RN	2	GRAT	24/7	336	
AGH	RN	1	GRAT	24/7	168	
WRH	RN	1	Waiting room	24/7	168	
WRH	HCA	1	Waiting room	24/7		168
AGH	HCA	1	Waiting room	24/7		168
WRH	RN	2	Corridor care	24/7	336	
AGH	RN	1	Corridor care	24/7	168	
WRH	RN	1	Streamer	12/7	84	
Total hours					**1,260**	**336**
Equivalent WTE					**33.6 WTE**	**8.96 WTE**

To note:

- ED requirements above equates to circa 5,580 extra RN hours in a 31-day month (37.2 WTE) which is covered by temporary staffing.
- ED requirements above equates to circa 1,488 extra HCA hours in a 31-day month (9.92 WTE) which is covered by temporary staffing
- Total additional ED RN and HCA staffing (31-day month) equates to **47.12 WTE**

- PDU requirements above equates to 2801 RN hours per month (18.67 WTE)
- PDU requirements above equates to 2699 HCA hours per month (17.99 WTE)
- Total additional PDU staffing per month equates to **36.66 WTE**

Total additional WTE (RN and HCSW) for ED's and PDU = 83.78 WTE per month

Enhanced Therapeutic Observations and Care (ETOC) Programme – NHS England

Enhanced Therapeutic Observations and Care (ETOC), commonly referred to as "specialing," has been a key contributing factor to ward acuity, patient complexity, and staffing requirements for several years. Although this is considered as part of our bi-annual acuity and dependency reviews, ETOC continues to account for a significant proportion of additional shifts and temporary staffing usage across the organisation.

In August 2024, NHS England launched the **ETOC Programme**, designed to support Trusts in developing local, clinically led, and patient-centred approaches to enhance care delivery.

Worcestershire Acute Hospitals NHS Trust (WAHT) is pleased to have been selected as part of the third cohort of this national programme and attended the formal launch event in London in October 2025.

The programme is structured around four key pillars:

1. **Effective leadership and oversight** – encompassing governance, data management, local assurance processes, and clinical policy development.
2. **Effective person-centred and safe therapeutic care** – focusing on the identification, monitoring, and appropriate stepdown of ETOC requirements.
3. **Effective education and training** – ensuring staff are equipped to review, deliver, and oversee ETOC safely and consistently.
4. **Effective workforce planning and deployment** – embedding ETOC considerations within safe staffing establishment reviews and workforce planning processes.

The initial action will be to complete an **Organisational Readiness Assessment**, which is scheduled to take place in the coming weeks. Progress updates and subsequent actions will be reported within this paper.

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTER ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**09/12/2025**
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:	
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 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 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 been superseded by the Perinatal Quality Oversight Model, published by NHS England in August 2025 and this Quarter 2 report is aligned with recommended changes. Updates include an addition of a contents page, revised paragraph headings, expanded detail and additional sections to support alignment with the Single Delivery Plan (2023). These changes are highlighted on the contents page, with revised/new titles and added paragraphs shown in blue text.

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

Trust Board is invited to:

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

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 2023	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:
Worcester Acute Hospitals NHS Trust	Good	Requires Improvement	Good	Good	Good	Good
Maternity Safety Support Programme	No					

	October	November	December	January	February	March	April	May	June	July	August	September
1.Findings of review of all perinatal deaths using the real time data monitoring tool with actions	√	√	√	√	√	√	√	√	√	√	√	√
2. Findings of review of all cases eligible for referral to Maternity and Neonatal Safety Investigations (MNSI) programme with actions	√	√	√	√	√	√	√	√	√	√	√	√
Report on: 2a. themes and actions from patient safety incidents	√	√	√	√	√	√	√	√	√	√	√	√
2b. Training compliance for all staff groups in maternity and neonatal critical care 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	√	√	√	√	√	√	√	√	√	√	√	√
3.Service User Voice Feedback	√	√	√	√	√	√	√	√	√	√	√	√
4.Staff feedback from frontline champion and walk-abouts – themes	√	√	√	√	√	√	√	√	√	√	√	√
5.MNSI /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

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xi) Maternity RAIT Tool .....**Error! Bookmark not defined.**

1. Introduction

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 NHSE document *Perinatal Quality Oversight Model (August 2025).*

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:

1.1. Summary of Key Safety Indicators

Metrics	Target	Current position – end Q2	End of Q1
Booking completed by 10 weeks	85%	49%	42%
Term admissions	6%	3.45%	2.99%
PMR (MBRRACE 2023)	<4.84 per 1000 births (rolling)	3.55	4.10
Stillbirth rate (MBRRACE 2023)	<3.22 per 1000 births (rolling)	2.51	3.02
NND rate (MBRRACE 2023)	<1.63 per 1000 births (rolling)	1.04	1.08
Maternity and Neonatal Moderate or above incidents	-	5	8
Maternity PALS	-	20	30
Neonatal PALS	-	0	0
Maternity Complaints (formal and informal)	-	22	17
Neonatal Complaints	-	0	0

1.2. Summary of Key Workforce Performance Indicators

Metrics	Target	Current position – end Q2	End of Q1
Sickness rate (MWs)	4%	5.48%	4.97%
Turnover rate (rolling) (MWs)	11.5%	4.25%	3.84%
Vacancy rate (MW)	7%	2%	1%
Sickness rate (MSWs)	5.5%	5.83%	7.8%
Turnover rate (rolling) (MSWs)	11.5%	16.7%	19%
Vacancy rate (MSW)	7%	22%	14%
Sickness rate (RNs)	4%	7.5%	4.88%
Sickness rate (NNs)	4%	15.2%	2.88%
Turnover rate (rolling) (RNs)	11.5%	3.64%	8.10%
Turnover rate (rolling) (NNs)	11.5%	3.90%	9.86%
Vacancy rate (RN)	7%	tbc	3.32%
Vacancy rate (NN)	7%	tbc	4.75%
Shifts staffed to BAPM	100%	90%	96.67%
Supernumerary shift leader (NNU)	100%	100%	100%
QIS trained	70%	72.7%	72.7%

1.3. Summary of Key Training Performance Indicators

Metrics	Target	Current position – end Q2	End of Q1
PROMPT – Human Factors & Maternity Emergencies	90%	87%	88%
PROMPT – Neonatal Basic Life Support	90% (including Doctors and Neonatal Nurses)	90% (but Drs compliance is ↓)	93%
Fetal monitoring	90%	94%	94%
Maternity Trust Mandatory training (non-medical)	90%	82%	84%
Maternity Trust Mandatory training (Obstetricians)	90%	76%	74%
Maternity PDR rate	90%	73%	82%
Neonatal PDR rate	90%	95.71%	95.52%
Neonatal Trust Mandatory Training (non-medical)	90%	95.51%	95.32%
Neonatal Trust Mandatory Training (medical)	90%	79.56%	88.04%

2. KPI Booking by 9+6 weeks' gestation

The KPI for booking by 9+6 weeks' gestation has not been met this month, this is a new KPI and an improvement has been noted.

3. Perinatal Mortality Rate (PMR) and Perinatal Incident Report

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 is included in the appendix.

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.

A full and comprehensive Perinatal Incident report is created quarterly and aims to provide a detailed overview of perinatal incidents, identified actions, progress against actions and evidence of shared learning. This is presented in private board to ensure anonymity is maintained but a summary of incidents is presented below. In addition, a quarterly PMRT report is also produced and is shared at Maternity Governance, with the Safety Champions and the quarterly Trust wide DREAMS (Learning from Deaths) meeting.

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 01.10.24 – 30.09.25)
Stillbirths	3.22	3.03	2.98	2.51
Neonatal deaths	1.63	1.02	1.34	1.04
Extended perinatal mortality	4.84	4.05	4.34	3.55

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 decreasing 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*.

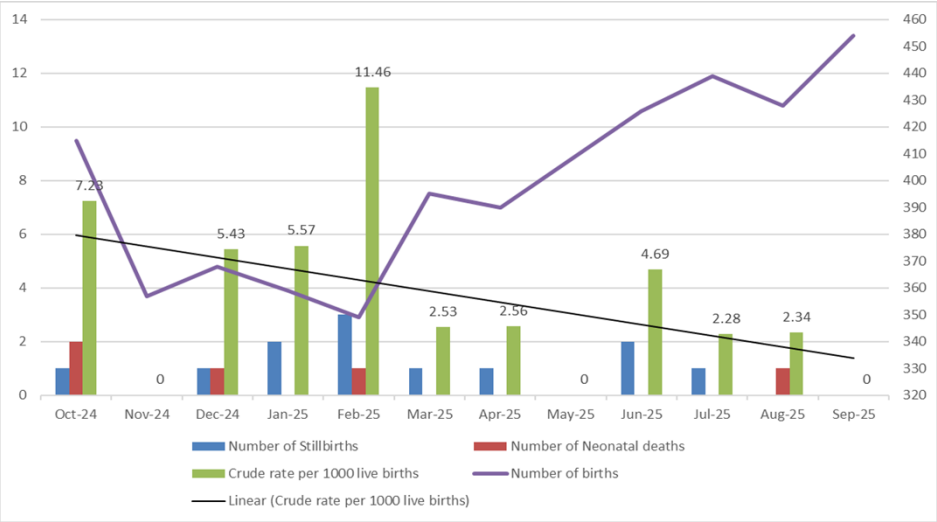


Figure 1. WAHT Perinatal Mortality Rates

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	3648	10	2.74**	2	0.56**	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 Quarterly Report

There has been one stillbirth and one neonatal death reported in Q2; further detail will be in the quarterly Perinatal Incident report presented to Private Trust Board.

See Appendix i – PMRT Quarterly report – Q2

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

4.1. Background and Perinatal Incident Report

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.

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*

A full and comprehensive Perinatal Incident report is created monthly/ quarterly and aims to provide a detailed overview of perinatal incidents, identified actions, progress against actions and evidence of shared learning. This is presented in private board to ensure anonymity is maintained. A summary of incidents is presented below.

4.2. Summary of current MNSI cases and actions

MNSI reference	Date of case	*DOC completed	Stage of investigation
MI-040822	Mar 25	Yes	Investigation completed – final report received – see recommendations and actions below
MI-043307/ MI-041974 (rejected)	May 25	Yes	MNSI initially could not gain consent from parents therefore initial referral rejected but subsequently re-referred as consent gained; draft report received in October 2025.

**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.*

MNSI reference	Date of case	Report received	Recommendations and Safety Prompts
MI-040822	Mar 25	End August 2025	**Recommendations:** 1. It is recommended that the Trust implement measures to ensure the cardiotocograph tracing is viewed to confirm that continuous fetal heart rate monitoring is maintained. This is to support recognition of the need for the use of a fetal scalp electrode when the quality of CTG monitoring does not allow for a clear and systematic assessment or reassurance of fetal wellbeing. 2. It is recommended that the Trust implement measures to confirm that monitoring of uterine contractions is maintained when required through both the cardiotocograph transducer and abdominal palpation, to support assessment of a mother in labour. 3. It is recommended that the Trust work with staff to explore barriers that do not support a baby reaching target temperature within 6 hours of birth, when therapeutic cooling is occurring. This will enable a baby to reach the target temperature in the recommended 6 hours from birth. 4. It is recommended that the Trust put processes in place to support the completion of accurate, contemporaneous records. This will help provide high-quality information to guide clinical decisions, enable effective review of incidents, and give staff and families a clear understanding of what occurred. **Safety Prompts:** 1. The investigation found that following admission of a baby to the local neonatal unit, a family felt communication was minimal and were not able to visit whilst umbilical lines were being inserted. • Are leaflets available on therapeutic cooling to support communication with families? • Are there any barriers to parents visiting whilst baby care is being provided?

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, however the most recent meeting was on 15th October 2025. The slide deck for this report is in the appendix.

See Appendix ii – MNSI QRM 2025/2026 slides

4.4. MNSI Learning themes

The themes for 2025/2026 (while acknowledging this is not a full financial year) are:

- clinical assessment
- fetal monitoring
- documentation

The actions from the report recently received (details above) will be monitored through Maternity Governance and ongoing monitoring of incidents.

5. Incidents reported moderate or above in Maternity and Neonates - Quarterly position.

There were five incidents reported as moderate or above harm in Q2 in maternity and neonates. Details are in the Perinatal Incident report.

Within the Trust's current Patient Safety Incident Response Plan, Maternity and Neonatal incidents do not specifically feature under the priorities for the Trust though we were consulted at the time of writing the report. The main reported incident in 2023/2024 (as the plan was being drafted) was postpartum haemorrhage and we have been part of the ObsUK trial since mid 2024 and report our progress with this, and other incident themes as part of the claims, incidents and complaints triangulation reports.
The maternity and neonatal teams are fully involved however in the PSIRF framework however and this is reflected in more detail including in activity and reports completed in the Perinatal Incident report.

6. Training

Maternity and Neonatal Training Compliance Course	Staff Group	Current position – end Q2	End of Q1
Maternity Mandatory Training – (3 yearly)	Midwives	96%	95%
Maternity Mandatory Training – (3 yearly)	MSW/MCA	96%	96%
Annual Saving Babies Lives training	Midwives	95%	90%
Annual Saving Babies Lives training	MCA/MSW	79%	80%
Annual Saving Babies Lives training	Obstetricians	79%	84%
Annual fetal monitoring training	Midwives	97%	95%
Annual fetal monitoring training	Consultant Obstetricians	100%	87%
Annual fetal monitoring training	Obstetricians (all on rota)	96%	96%
PROMPT training (Human Factors/MDT Obstetric Emergency	Midwives	97%	97%
PROMPT training (Human Factors/MDT Obstetric Emergency	MSW's	91%	94%
PROMPT training (Human Factors/MDT Obstetric Emergency	Obstetricians (all on rota per/post 1.7.24)	79%	83%
PROMPT training (Human Factors/MDT Obstetric Emergency	Anaesthetists (all on rota per/post 1.7.24)	80%	79%
Neonatal Life Support	Midwives	97%	97%
Neonatal Life Support (NLS 4yearly)	Neonatal Nurses	94.44%	97%
Neonatal Life Support (NLS 4yearly)	Neonatal Drs	92.3%	92.5%
Neonatal Resuscitation Update (annual)	Neonatal Nurses	100%	92.75%
Neonatal Resuscitation Update (annual)	Neonatal Drs	75.7%	90%
Trust Mandatory Training	Obstetricians	76%	75%
Trust Mandatory Training	Midwifery Staff	82%	85%
Trust Mandatory Training	Neonatal Nurses	95.51%	95.32%
Trust Mandatory Training	Neonatal Drs	79.56%	88.04%

6.1. Maternity specific training

For midwives and support staff for PROMPT we remain are on target in Q2, but still below target for obstetricians and anaesthetists. The issue with the anaesthetist lists not being accurate has been resolved with some focussed work with the obstetric anaesthetic lead, and multiple bookings for both the obstetric and anaesthetic teams are in place. An action plan has been drafted to mitigate against the staff that have just rotated to obstetrics as this creates some challenges in meeting the target.

6.2. Enhanced Maternity Care Training and Implementation

The Enhanced Maternal Care (EMC) project is led by the Practice Development Midwife. An EMC competency document has been developed and she is currently planning the local educational framework and supporting the Directorate with implementation.

This workstream is informed by the Care of the Critically ill Obstetric Patient (RCOA 2018). In the 2023 CQC inspection the Trust were asked to review the provision of EMC as there were some concerns about staff competency and the clarity around the roles and responsibilities of anaesthetists, midwives and outreach practitioners.

The current position is that a three-day training programme has been drafted and a competency document is in the final stages of agreement. The development of faculty members (AHP's, Anaesthetist lead, ICU specialists), staffing backfill, timing of course and rostering logistics remain in progress. A launch date will be set once the training programme has commenced.

Enhanced Care Action Plan will be available in Q3.

6.3. Neonatal specific training

- Training compliance for NLS is maintained for both nurses and neonatal doctors. The annual update for the doctors has dropped to 75.7% due to new resident doctors starting during August and September. This should show an improvement during Q3.
- Mandatory training compliance for registered and non-registered nurses remains above Trust target.

7. Baby Friendly and BLISS Accreditation

The neonatal unit achieved BFI Stage 2 accreditation in July 2025. Action plans are in place in preparation for applying for assessment for Stage 3 before July 2026. Meanwhile, the maternity unit remains focused on progressing towards 'GOLD' accreditation; a Task and Finish group is in place.

In January 2025, the neonatal unit also received 'SILVER' accreditation from BLISS and is now actively working towards achieving 'GOLD' status, with the target set for the end of Q3 2025/26.

8. Safe staffing

8.1. Midwifery

A monthly Midwifery Safe Staffing Report reviews staffing levels, actions taken to address shortfalls and integrates Provider Trust workforce data (Appendix iii – Safe Staffing Report). NICE Safe Staffing flags are also used to monitor safety.

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

There were 454 births in September. The escalation policy was enacted on 30 occasions to reallocate internal staff which is an increase on the previous month. The community and continuity teams were required to support the inpatient areas on three occasions.

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.

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

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

	Day RM %	Night RM %	Day MCA/MSW %	Night MCA/MSW %
Continuity of Carer	100%	100%	n/a	n/a
Community Midwifery	88%	n/a	100%	n/a
Antenatal Ward/Triage	91%	91%	86%	98%
Delivery Suite	95%	97%	65%	83%
Postnatal Ward	91%	87%	71%	94%
Meadow Birth Centre	87%	92%	61%	90%

8.1.2. BirthRate+

A BirthRate+ Audit was conducted in 2022 and the perinatal service has increased the clinical, leadership and specialist workforce to meet the recommendations of the audit. The audit is in progress and the report is expected in October 2025.

8.2. Obstetric Medical Staffing including Consultant attendance

8.2.1. 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 and 1 Obstetrician who is currently not working on calls and caesarean section lists due to musculoskeletal issues. Due to not being able to work the on calls she is covering some of the Twin clinics which were previously job planned for the SAS

doctor who retired at the beginning of July. To backfill his other clinical sessions a 12-month fixed term Locum commenced in post on the 11th August. In the longer term we will be looking to appoint a further Substantive Consultant.

8.2.2. Registrars

The registrars work a 1:9 on call rota. We currently have 22.1 WTE in post (funded for 19.6 WTE), with 17.3 WTE on the on-call rota.

Of these Registrars 11.3 WTE are Trainees. 4 trainees are on Maternity Leave (3 WTE) and one is not currently working on calls giving a total of 7.5 WTE on the on-call rota.

We have 10.8 WTE CF/SAS/SD Doctors of which 9.8 WTE are working on call. We have 1 Clinical Fellow that started in post on the 9th June who is currently working on the SHO rota. We are hopeful she will move up to the middle grade rota in October/November.

We successfully interviewed and appointed a Subspeciality Urogynaeclogy Trainee in July who is starting with us in February 2026.

Any on-call vacancies are being filled internally and with previous employers of the department. We have not needed to employ any Locum Registrars during the last Quarter.

In August the on-call rota was changed to a 1:9 which enabled us to staff Maternity Triage with a Registrar 8-5 Monday to Friday. This is funded until March 2026 by CNST monies and we are in the process of writing 'I have an idea' to be able to extend this long term.
We are also going to explore transferring some of our budget from the SHO into the middle grade tier.

8.2.3. Junior Grades

The junior tier works a 1:9 on call rota. We currently have 17.2 WTE with 16.6 on the on-call rota due to Maternity leave.

We also have a CSRH trainee working with us 2.5 days per week and a Physicians Associate working 16 hours per week.

8.2.4. Consultant Attendance for cases mandated by RCOG

Month	Cases	Percentage
July	5 out 6	83%
Aug	9 out 10	90%
Sept	8 out 8	100%

In this quarter there were 2 cases where a consultant didn't attend, and these were as follows:

- A caesarean section with a BMI of 54. The surgery was performed at 01.30 by a senior Clinical Fellow with a second Registrar assisting. The procedure was uneventful with a blood loss of 987mls.

- The second case was also a caesarean section with a BMI 54. The caesarean was a Cat 3 which was done at 11.14. The consultant was on the unit. The surgery was uneventful with a blood loss of 678mls.

8.2.5. Compensatory Rest

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

8.3. Neonatal Staffing

8.3.1. Neonatal Nursing

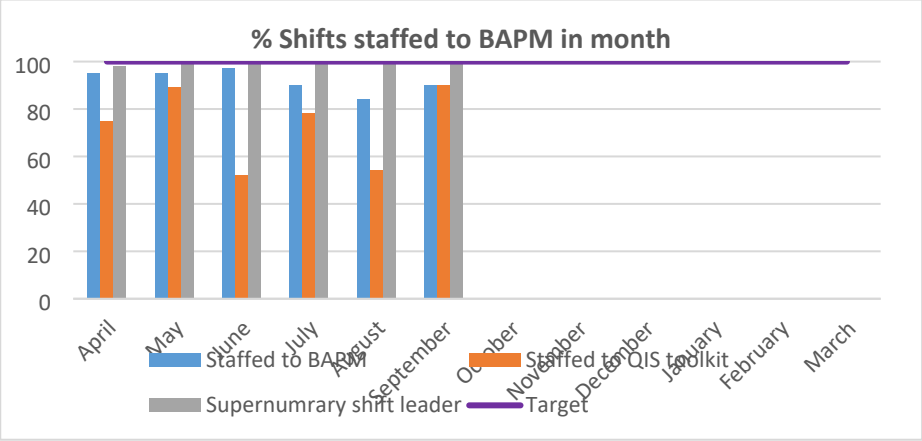
Safe neonatal nurse staffing is monitored by taking the following actions:

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

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

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

In Q2 of 2025-26, 90% of shifts were successfully staffed in line with BAPM guidelines, apart from August when it fell to 83.87%. Shortfalls were attributed to high acuity levels and short notice sickness within the nursing team that was not filled by Bank or Agency staff. The supernumerary status for the shift leader was achieved 100% of the time. Although staffing compliance with the QIS toolkit dropped to 54.45% in August due to acuity challenges, all shifts remained safe. Escalation protocols were effectively implemented, and no red flags or staffing incidents were reported during the quarter.



% shifts to BAPM recommendation

The number of nurses qualified in specialty remained above the 70% recommended by the end of Q2. The turnover rate for both registered and non-registered staff remains below the Trust target. Registered nurses and non-registered nurses have seen a significant increase in sickness absence this quarter, which is above the Trust target. There have been no themes identified and staff continue to be directed for health and well-being support.

8.3.2. Neonatal medical staff

Tier One

BAPM recommends units designated as LNUs should have immediately available at least one resident Tier 1 practitioner dedicated to providing emergency care for the neonatal service 24/7.

WAHT has one resident tier 1 practitioner 24/7.

Tier Two

BAPM recommends:

- *LNUs undertaking either >1000 RCDs or >400 IC days annually should strongly consider providing a 24/7 resident Tier 2 dedicated to the neonatal unit and entirely separate from paediatrics.*

- *LNUs should provide an immediately available resident Tier 2 practitioner dedicated solely to the neonatal service at least during the periods which are usually the busiest in a co-located Paediatric Unit, seven days a week.*

Weekdays – there is a resident tier 2 practitioner 09.00-17.00 5 days a week. Thereafter there is a resident tier 2 practitioner across both neonates and paediatrics.

Weekends – 09.00 - 14.00 there is 1 tier 2 practitioner covering neonates and paediatrics. A separate tier 2 practitioner is available between 14.00 - 22.00 for neonates.

The directorate are reviewing the requirements for tier 2 against BAPM to meet recommended workforce and are in the process of appointing Advanced Neonatal Nursing Practitioners to bolster this rota.

Tier Three

BAPM recommends LNUs should provide a separate Tier 3 Consultant rota for the neonatal unit.

WAHT provide a separate consultant rota for NNU. We now have 8wte consultants in post; one is currently on long-term sick leave and cover is being provided internally.

8.3.3. Neonatal AHPs

In 2022, WAHT received funding for 80% WTE to meet the required standards for the provision of Allied Health Professionals (AHPs). AHP services are now operational through a Service Level Agreement (SLA) with Worcestershire Health and Care Trust, delivering measurable benefits across physiotherapy, occupational therapy, speech and language therapy, dietetics, and psychology for our patients. Based on the latest Perinatal Workforce calculator there remains a shortfall in pharmacy, speech & language and psychology AHP provision in meeting the recommended AHP workforce levels.

In October 2024, neonatal services underwent a peer review by the West Midlands Perinatal Network, which identified the need for improvement in the AHP workforce. It was highlighted that the current staffing does not meet recommended levels, and there is an opportunity to assess workforce requirements to better support outreach, follow-up care, and inpatient services. A workshop took place during Q2 between the Acute and the Health & Care Trust to explore alternative care models and determine care needs. Addressing the workforce shortfall will require additional funding in the future.

9. Receiving Feedback from Women, Birthing People and Families

9.1. Maternity & Neonatal Voice Partnership (MNVP)

The audits on feedback for the birth preference cards has been completed and presented in the Patient Experience meeting with the MNVP and Maternity Governance. The findings and recommendations are:

- 28-week hand out was received well and midwives and women found it valuable.
- 34 weeks is the preferred option for birth preference discussion. Education will be circulated as to how birth preferences should be adaptable if risk factors or recommendation changes.
- A need for further information and more options has been identified. Adapting this into an A4 booklet may enhance the knowledge around the options. This could be in the form of an editable PDF document (held on the website), though this does not overcome the language barriers.
- The space within a booklet would also allow for a trauma informed birth plan template to be adapted and included.
- A postnatal version has been requested; this could include: partners staying, contraception, infant feeding
- Suggestion this could form part of the BRAINS work with the wider Foundation Group.

The senior midwifery team are currently reviewing referrals for debriefs as per new service specification to ensure that women/families are seen by the most appropriate clinician. This will ensure that appropriate onward referrals are made promptly for example, obstetric discussion, Beacon Maternal Mental Health or Talking Therapies. A dedicated lead midwife will be advertised shortly and will offer face to face or virtual appointments across the county.

See Appendix iv – MNVP Highlights Report

9.2. Complaints and PALS feedback – Maternity and Neonates

Complaints are reviewed on a weekly basis at QRSM. PALS are managed by the clinical/operational team and themes noted and discussed as required. There are no specific themes/trends identified in terms of clinical care, but attitude and behaviours of staff continues as a theme.

Maternity: In Q2 there were 20 Maternity PALS query received – they have been categorised as below. This is a reduction of 10 from Q1. As can be seen from the chart, the main theme is again around communication though different elements within that very broad category.