

Meeting of the Council of Governors
Wednesday 25 January 2017 at 1730
Lecture Theatre, Blair Bell Education Centre, Liverpool Women's Hospital,
Crown Street, Liverpool L8 7SS

Refreshments will be available in the Atrium, Blair Bell Education Centre at 1700.

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item	CQC Key Lines of Inquiry (KLOE)
2017/01	Apologies for absence	Receive apologies	Verbal	Chair	1730 (5 mins)	KLOE 17
2017/02	Meeting guidance notes	Receive and note	Written guidance	Chair		KLOE 17
2017/01	Declarations of interest – <i>do Governors have any interests to declare?</i>	Identify and avoid conflicts of interest	Verbal	Chair		KLOE 17
2017/03	Minutes of the previous meeting held 16 November 2016	Confirm as an accurate record the minutes of the previous meeting	Written minutes	Chair		KLOE 17
2017/04	Matters arising and action log	Provide an update in respect of any matters arising	written	Chair		KLOE 17
2017/05	Chair's announcements - <i>Governor Elections announcement</i>	Report recent and announce items of significance not elsewhere on the agenda	Verbal	Chair	1735 (10mins)	KLOE 17

MATTERS FOR RECEIPT / APPROVAL						
2017/06	Minutes of the Patient Experience and Membership Engagement Committee held 15 December 2016	Receive and review the minutes	Written minutes	Committee Chair	1745 (5mins)	KLOE 17
2017/07	Membership Strategy 2017-2020	To agree the Membership Strategy 2017-2020	Written	PE&ME Committee Chair	1750 (10mins)	KLOE 16 & 17
2017/08	<i>Proposal for the merging of the Governor Nominations Committee with the Remuneration Committee</i>	To agree the merging of the two Governor Committees	Written		1800 (5mins)	KLOE 17
2017/09	<i>Liverpool CCG Pre-Consultation Business Case for Women's and Neonatal services</i>	To receive an update	Verbal	Chief Executive	1805 (10mins)	ALL
2017/10	<i>CQC Key lines of Enquiry update</i>	To receive an update on the Mock inspections in December 2016	Verbal/presentation	Deputy Director of Nursing and Midwifery	1815 (10mins)	ALL
ITEMS FOR INFORMATION AND DISCUSSION						
2017/11	Non-Executive Director Role at LWH	To receive a verbal presentation from a non-executive Director on their role at LWH	Verbal	David Astley	1825 (10mins)	KLOE 5,17
2017/12	Board Assurance updates <ul style="list-style-type: none"> <i>Finance Report period 8</i> <i>Performance Report period 8</i> 	Receive and discuss	Written report	NEDs	1835 (5mins)	KLOE 17
2017/13	Review of risk impacts of items discussed – <i>have any new risks been identified during the course of the meeting?</i>	Identify any new risk impacts	Verbal	Chair	1840 (10mins)	KLOE 17

2017/14	Any other business – <i>is there any other business that needs to be considered today?</i> <ul style="list-style-type: none"> 2017/18 Council of Governors meeting 	Consider any urgent items of other business To receive the 2017/18 dates	Verbal or written	Chair Chair		KLOE 17
2017/15	Review of meeting – <i>did the meeting achieve its objectives; what went well and what could have gone better?</i>	Review the effectiveness of the meeting (achievement of objectives/desired outcomes and management of time)	Verbal	Chair / all		KLOE 17
2017/16	Date, time and place of next meeting: <i>Wednesday 19th April 2017 at 1730 in the Lecture Theatre, Blair Bell Education Centre, Liverpool Women's Hospital</i>	Confirm arrangements for next meeting	Verbal	Chair	1850 Meeting in Public ends	

Resolution to exclude the press and public on the grounds that the remaining business is commercial in confidence.

Council of Governors
Minutes of a Public meeting held on Wednesday 16th November 2016
at 17:30 pm in the Blair Bell, Lecture Theatre

PRESENT:

Mr Robert Clarke	Chair
Mrs Sheila Gwynn-Adams	Public Governor (South Liverpool)
Ms Carole McBride	Public Governor (Sefton)
Ms Pat Speed	Public Governor (Sefton)
Ms Elizabeth Williams	Public Governor (North Liverpool)
Mr Adrian O'Hara	Public Governor (North Liverpool)
Mrs Gail Mannion	Staff Governor (Scientists, AHPs & Technicians)
Mr Adel Soltan	Staff Governor (Doctors)
Mr John Foley	Staff Governor (Admin)
Mrs Mary McDonald	Appointed Governor (Community/voluntary/orgs)
Reverend Cynthia Dowdle	Appointed Governor (Community/voluntary groups)
Dr Ana Alfirevic	Appointed Governor (University of Liverpool)
Dr Raphaela Kane	Appointed Governor (Liverpool John Moore's University)
Mr Richard Roberts	Public Governor (South Liverpool)

IN ATTENDANCE:

Mrs Kathryn Thomson	Chief Executive
Mr Phil Huggon	Non-Executive Director
Mr Colin Reid	Trust Secretary
Mrs Dianne Brown	Director of Nursing and Midwifery
Mrs Vanessa Harris	Director of Finance
Mr Andrew Loughney (part)	Medical Director
Mrs Michelle Turner	Director of Human Resources & Marketing
Ms Sacha Keating	Executive Assistant (minutes)
Ms Katherine Wright	Head of Communications
Ms Cheryl Farmer	Equality & Diversity Manager
Ms Julie King	Deputy Director of Nursing & Midwifery

066

Apologies

Mr Mark Walker	Public Governor (rest of England & Wales)
Ms Terri Ann Green	Public Governor (Central Liverpool)
Mr Saad Al-Shukri	Public Governor (Central Liverpool)
Mrs Shelley Ralph	Public Governor (Central Liverpool)
Mrs Pauline Kennedy	Staff Governor (Midwives)
Ms Sarah Carroll	Public Governor (Central Liverpool)
Mrs Sheila Phillips	Public Governor (Knowsley)
Ms Sharon Owens	Staff Governor (Nurses)
Councillor Tim Beaumont	Appointed Governor (Liverpool City Council)
Mr Ian Haythornthwaite	Non-Executive Director (Chair of Audit Committee)
Mr David Astley	Non-Executive Director
Ms Jo Moore	Non-Executive Director
Ms Susan Milner	Non-Executive Director
Mr Jeff Johnston	Director of Operations

067

Meeting guidance notes

Meeting guidance notes were noted.

068

Declarations of Interest

There were no declarations of interest.

069

Minutes of the previous meeting held on 16th November 2016

The minutes of 16th November 2016 were approved as a true and accurate record of the meeting held.

070

Matters arising and Action log

The Council considered the action log from the previous meeting noting all actions were completed or in progress.

071

Chair's Announcements

The Chair made the following announcements:

All appointments uncontested as of October 2016 as follows:

- Richard Roberts – Public Seat South Liverpool
- Mark Walker – Public Seat Rest of England & Wales
- Adel Soltan – Staff Seat – Doctors
- Pauline Kennedy – Staff Seat Midwives

All appointments which have received farewell and thanks noted as:

- Geoffrey Tattersall – Public Seat Rest of England and Wales
- Gillian Walker – Staff Seat: Midwives

The Chair thanked Geoffrey Tattersall and Gill Walker for their help and support over the time of their appointment. He asked that his own personal thanks be recorded for the support he had received from Gill Walker both as a Governor but also as a staff member.

The Chair reported that the Trust had received notification from Cheryl Barber – Knowsley Public Constituency that due to other pressures she was unable to continue in office of public governor for Knowsley. The Chair proposed and it was agreed that the Trust should proceed with a by-election for the Knowsley constituency in the New Year. The Chair thank Chery Barber for her support whilst a public Governor and prior to that as a staff governor.

The Chair announced that Councillor Helen Castles, appointed governor for Liverpool City Council had been replaced by Councillor Tim Beaumont. The Chair advised that Cllr Tim Beaumont was unable to attend the meeting today due to a prior engagement but understood he had been in contact with the Trust Secretary. The Chair thanked Cllr Helen Castles for her hard work and support for the Trust and recognised her work on the Nominations Committee which he personally found supportive.

The Chair also gave thanks on behalf of the Governors to Gillian Walker for work done with the Honeysuckle Team and the Nominations Committee.

The Chair referred to the Annual Members Meeting held on 11 October 2016. He advised that the meeting had been planned with a prominent guest speaker who was to attend which would coincide international year of the girl child. Unfortunately the guest speaker had not been able to attend and consequently the meeting did not have the prominence the Trust had hoped. The Chair felt that for the 2017 Annual members Meeting he asked the Governors to consider changing the format to include an open day. This was supported by the Chief executive and Lead Governor. The Chief Executive advised that the Open Day tended to attract more attendees from the membership.

Action: Trust Secretary to review format of 2017 Annual Members Meeting with the Patient Experience and Membership Engagement Committee and the Communications Team.

The Chair detailed a recent meeting with student reps at the Liverpool Guild and felt that the Trust would benefit from working with students and introducing another category for appointed governors for students to join.

The Chair suggested inviting a cohort of local students from the two main universities in the city to the next Council of Governors meeting as part of a trial to see how it would work out with involving students in council meetings. The Council supported the proposal and felt that a younger cohort of members at the council meetings would be beneficial

Action: the Chair through the Trust Secretary invites two students from each of University of Liverpool and Liverpool John Moore's University.

072

Minutes of the Patient Experience and Membership Engagement Committee (PE&ME) held 21 June 2016

John Foley reported on the discussion and actions being taken to improve membership engagement in a number of key areas. He explained that some work was being carried out by the Communications Team to support Governor engagement.

With regards to the Governor Membership Engagement Plan 2017-2020, John Foley reported that the Committee had reviewed the first draft of the Plan which had also been shared with the Council. He asked that any comments on the draft should be passed to Andrew Duggan, Deputy Head of Communications as soon as possible. The final draft of the Plan would be presented to the PE&ME for final review in December and would come to the Council for approval at the January meeting. John Foley advised that among the priorities for 2017, the Governors would seek to maintain membership numbers and recruit to under-represented groups, namely students and young adults (17-29), ethnic minorities, and residents of Sefton.

John Foley advised that the Committee had also received an update on the work of the Trust Experience Committee of which two Governors are members. The Committee had also noted the need to look at how the next Annual members Meeting could be better utilised for membership engagement and agreed with the earlier action. John Foley advised that the Committee was developing some standardised public engagement booklets which were now available from the Communications team and reported on the work being undertaken on the development of the new Trust website.

The Council noted minutes & acknowledged work to be done on membership going forward.

073

Workforce Race Equality Standard (WRES)

The Director of Workforce and Marketing introduced Cheryl Farmer, Diversity and Inclusion Manager the paper who provided a short background summary of Workforce Race Equality Standard and what actions the Trust had taken to comply. Cheryl Farmer reported that the WRES was not a tool that shows 'progression through a series of grades to show improvement' it was a metric that could be used to help identify areas of concern, and provide the Trust with the evidence needed to develop an effective action plan.

Cheryl Farmer referred the Council to Appendix 1 in the report that provided the WRES indicators and where the Trust saw itself in terms of its delivery against the indicator. The Lead Governor referring to the indications was concerned that the workforce profile did not seem to be representative of the

area the Trust was located, pointing to the percentage of staff identified as BME (7.7%) against local resident communities of 15%. In response Cheryl Farmer advised that the Trust has developed a robust action plan which included actions to encourage applications from BME individuals (and is part of a wider scheme to encourage applications from members of all under-represented groups in the Trust) and to promote the Trust as an inclusive 'employer of choice' for people from all protected groups in our local communities.

The Director of Workforce and Marketing reported that the WRES action plan was monitored by the putting People First Committee, chaired by Non-Executive Director Tony Okotie and was committed to not only encouraging applications for employment from BME applicants but from people from all under-represented groups in the Trust and is closely monitoring all aspects of the recruitment process (ie applications, shortlisting and appointments) to identify any areas where further action may be needed.

The Chair thanked Cheryl Farmer for attending the meeting to explain the WRES requirements and action plan. The Council noted Workforce Race Equality Standards and the process being taken to monitor the action plan.

074 CQC Key lines of Enquiry and proposed Mock Inspections

The Chair introduced Julie King, interim Deputy Director of Nursing and Midwifery who would be presenting on the CQC inspection process and what the Trust was doing to get ready for the next stage of the inspection.

Julie King noted that the presentation had already been distributed to the Council and referred to the slides. In particular she reported that there will be changes in methodology the CQC would be implementing as part of their inspection regime and that the Trust needed to be aware of these changes going forward. Julie King advised that the next phase of the CQC inspection would be unannounced and would most likely focus on the Key Lines of Inquiry (KLOE). With this in mind it was agreed at the Governance and Clinical Assurance Committee (GACA) that a series of mock inspections would take place to identify any short comings so that they could be addressed.

Julie King advised on the process of the Mock Inspections and explained what participants in the inspection would be asked to do, including Interviewing staff, patients and relatives, Observing culture and leadership at patient facing level, Information gathering and responding to feedback from patients.

Julie King advised that all Governors were welcome to participate. The Chair encouraged all governors to participate in the CQC mock inspection in December as it was also an opportunity to see the day to day working of the trust and give real time assurance of the care provided to patients.

The Director of Nursing & Midwifery advised that there was a joint training session with Board members on 2 December 2016 to explain further what would be required of participants undertaking the mock inspection and Julie King would also provide one to one training for those Governors not able to attend the joint session.

The Council noted the requirements for undertaking the mock inspection, the dates of the inspection (12, 13 and 14 December) and supported the need for Governors to participate if they are able to do so.

075 Non-Executive Role at LWH

The Chair explained that for future Council meetings a Non-Executive Director would be asked to provide a verbal presentation to the Council on their role and their own drivers in being a NED of the Trust. The Chair reminded the Council that one of its roles was to hold the NEDs to account the performance of the Board and it was therefore important that they hear from NEDs, not only in terms of their role on the Board and Board committees which will be reported under the next agenda item, but also from them on their own motivations.

Phil Huggon, Non-Executive Director briefed the Council on his personal background as a Non-Executive Director & the different committees he was involved in and the governance link into the Board meeting for reporting purposes. He further reported on his motivations of being a NED of a NHS Trust and in particular LWH.

Phil Huggon encouraged Council members to attend Board meetings where possible as main challenges ahead were delivery of CIP's and finance therefore overserving the Board meetings would help to understand some of the discussions later in the meeting.

Ian Knight, Non-Executive Director commented that the Chair had asked NEDs to adopt a service within the to fully understand from the front line perspective the needs of each service encouraged Governors to tour undertake the Mock inspection as this would help them to see what each service does and to look to arrange a tour. The Lead Governor supported the comment and felt that it was important that Governors were able to see the operation of each of the services and felt that this should be factored into governor inductions going forward. The Trust Secretary agreed to make arrangement for a tour of the services for governors as soon as practical and to incorporate a tour into future inductions programmes.

Action: The Trust Secretary agreed to make arrangement for a tour of the services for governors as soon as practical and to incorporate a tour into future inductions programmes.

076

Board Assurance Committee Updates

The Chair stated that all relevant paperwork relating to the Board Assurance Committees had been circulated as part of the Council papers and sought comments from the Council which would be responded to by one of the NEDs with support of the Executives attending the meeting.

John Foley queried whether maternity was back in budget and what the status of the Hewitt Centre finances. The Director of Finance stated that although maternity had seen an increase in tariff which would be effective next financial year it would still remained in deficit and major work is being conducted on Hewitt Centre finances.

The Council noted the updates received.

077

Re-Appointment of External Auditors

Ian Knight, Non-Executive Director referred to Council to the paper that set out the proposal to retain Price Waterhouse Coopers LLP (PwC) as the Trust Auditor and reported on the discussion the Audit Committee had regarding the proposal. He explained that the appointment or re-appointment of the external auditor was one of the duties of the Council of Governors and would be made following receipt of a recommendation from the Trust's Audit Committee. Ian Knight explained that PwC has been the Trust's statutory auditor since year ended 31 March 2012 and was awarded for a 5 year contract following an open tender exercise (3 year plus up to 2 years extension) which was approved by the Council on 19 November 2011.

Ian Knight advised that the Audit Committee in coming to a decision to recommend an extension had noted that the level of service received by PwC had been consistently good over the last 5 years and

that they had an excellent knowledge and understanding of the Trust and also understand the strategic issues its faces within the context of the annual report and accounts and Quality Report. He further referred to the paper that gave additional reasons for the extension.

John Foley asked whether the arrangement extended to non-audit work. The Director of Finance advised that it did not and any non-audit work undertaken by PwC would need to be pre-approved by the Audit Committee and would need to follow procurement rules.

The Council of Governors approve the recommendation of the Audit Committee that Price Waterhouse Coopers LLP be extended as external Auditors of the Trust for an further period of two years with an option to extend year on year up to a maximum of two additional years and to authorise the Director of Finance and Audit Committee Chair to conclude the re-appointment on behalf of the Trust.

078 Review of Risks Impacts of Items discussed

These were reviewed and Governors concluded that no amendments were required.

079 Any Other Business

Adel Soltan queried whether the increase in staff turnover could be attributed to the announcements around Future Generations. The Director of Workforce & Marketing responded that the Board had always reported that under future generations there would be no impact on front line services, the main impact would be on corporate services. She explained that where the Trust was seeing staff turnover plans were in place to make sure that clinical vacancies arising from staff turnover were filled, she went on to explain that in some areas there was a national shortage and where this was the case the Trust sought to mitigate as much as possible vacancies that arise. The Director of Workforce & Marketing did not feel that the Future Generations strategy could be correlated to staff turnover.

080 Review of meeting

The Chair welcomed any feedback or comments on any topics for discussion at future meetings. Chair acknowledged and thanked the Governors for their attendance.

081 Date and time of next meeting

The next meeting of Council of Governors will be held at 5.30 pm on 25th January 2017 in the Blair Bell Meeting Room.

**Council of Governors
Action Plan**

Meeting date	Minute Reference	Action	Responsibility	Target Dates	Status
16 Nov 2016	16/075	The Trust Secretary agreed to make arrangement for a tour of the services for governors as soon as practical and to incorporate a tour into future inductions programmes.	Trust Secretary	As soon as possible	Email sent to council members asking if they wished to attend a tour to garner interest. Received 5 responses. Arrangements being made for a tour to take place in January/February 2017.
16 Nov 2016	16/071	The Chair through the Trust Secretary invites two students from each of University of Liverpool and Liverpool John Moore's University.	Chair/Trust Secretary	January 2017	Invites have been sent.
16 Nov 2016	16/071	Trust Secretary to Review format of 2017 Annual Members Meeting with the Patient Experience and Membership Engagement Committee and the Communications Team.	Trust Secretary/PE&ME Committee	March 2017	Discussion to be undertaken at the February PE&ME committee meeting
20 July 2016	16/054	Annual report and Accounts – Quality Indicators: At the appropriate point in time Governors to see all potential topics for choice of Audit area next year.	Medical Director/ Director of Nursing and Midwifery	March 2017	A workshop to be arranged on 2 nd March 2017 in order to identify a quality indicator the governors would feel appropriate to audit as part of the audit of the Quality Report. Action discharged
20 July 2016	16/055	National Gynaecology Services Inpatient Survey: Director of Nursing and Midwifery agreed to address the question of whether the questionnaire should include alternative models of care through the Patient Experience Senate.	Director of Nursing and Midwifery		The Director of Nursing and Midwifery, who has responsibility and accountability for patient experience had advised that it would be inappropriate to provide alternative models of care in a questionnaire as this would create additional requirements and expectation of delivery which would be unobtainable in the current climate. Action discharged
20 July 2016	16/055	National Gynaecology Services Inpatient Survey: As a follow up for the next meeting it was agreed to establish how feedback from other sites attended by the Trust's Consultants and Surgeons was collated.	Director of Nursing and Midwifery		The Experience Senate receives formal feedback through the patient surveys and a newly revised patient strategy will include local data and patient feedback which will cover Aintree. Actions discharged

Council of Governors' Patient Experience & Membership Engagement Committee

**Minutes of meeting held on Tuesday, 15 December 2016
in the Boardroom, Liverpool Women's Hospital**

Present:

Sheila Phillips Chair (SP)
Cyntheia Dowdle, Appointed Governor (CD)
Adrian O'Hare, Public Governor (AO'H)

IN ATTENDANCE:

Andrew Duggan, Deputy Head of Communications, Marketing and Engagement (AD)
Helen Gavin, Communications and Membership Officer (HG)
Linda Martin, Patient Facilities Manager (LM)

53 **Apologies**

Apologies were received from:
Mary McDonald, Appointed Governor
Pat Speed, Public Governor Sefton
John Foley, Staff Governor, Admin, Clerical, Managers, Ancillary and other
Shelley Ralph Public Governor Central
Colin Reid, Trust Secretary
Katherine Wright, Head of Communications and Marketing and Engagement

54 **Meeting Guidance Notes**

Governors received and noted the meeting guidance notes.

55 **Declarations of Interest**

There were no declarations of interest, however it was noted the meeting was not quorate. Therefore the committee agreed to forward the Membership Strategy to the Council of Governors meeting in January for approval.

56 **Minutes of Previous Meeting Held on Tuesday 11th November 2016**

The minutes of the previous meeting were agreed as an accurate record.

57 **Matters arising and action points**

There were no matters arising.

58 **Membership Strategy**

AD fed back comments he had received from the Council of Governors in relation to the Membership Strategy. There was a general feeling that Governors should do more to engage with young people, who are an under represented group.

SP commented about the objectives across the years and if there will be a section to include and record deliverables? AD responded there will be reporting cycle and performance log that will be tracked on a regular basis and annually as a whole.

AO'H asked a question in relation to objective 4. Are there any options for Members to

contact Governors who specialise in certain areas? AD responded not at present, however there is the possibility of following a structure that the Communications Team use, whereby Governors with a vested interest in a certain area, for example Maternity could be the key contact for any members wanting to engage within that area. SP highlighted the recent Governor survey to see if information about Governors interests could be pulled from there? **Action HG**

59 **Update on Future Generations Communications and Engagement Strategy**

AD informed the committee the consultation timings had changed. It will now be May 2017 at the earliest, given the Mayoral elections which will place the Trust in Purdah.

It was noted the CCG are intending to circulate the pre-consultation business case which will generate media interest. It was also noted the Save Liverpool Women's campaign group have planned a carol concert outside the Trust on 21st December 2016 which may also generate media interest.

60 **PLACE Update**

LM informed the Committee of the various outcomes of the PLACE (Patient Led Assessment of the Care Environment) review. The plan is to roll out the feedback early in the New Year. LM said the next review is scheduled for March – June 2017. There will be approximately 5 weeks notice.

LM offered the committee the opportunity to look around the estate. The committee welcomed the idea. LM said the best time is early spring. LM would liaise with Colin Reid to facilitate. **Action CR/LM**

CD asked if it would be possible for Merseyside Council of Faith to have a tour of the hospital. CD was advised to email CR.

61 **Experience Senate**

There were no Governors in attendance to feedback.

62 **Any Other Business**

There was no other business.

65 **Review of meeting** – review the effectiveness of the meeting in achieving objectives/desired outcomes and management of time

64 **Date, time and place of next meeting:**

Thursday 16th February 2017 - Boardroom Liverpool Women's Hospital

Agenda item no:	2017/07
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Meeting:	Council of Governors
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Date:	25 January 2017
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Title:	<i>Proposal for the approval of the Membership Strategy 2017-2010</i>
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Report to be considered in public or private?	Public
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Where else has this report been considered and when?	Patient Experience and Membership Engagement Committee Distributed to the Council members for comments.
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Reference/s:	
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Resource impact:	-
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What is this report for?	Information	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>	Escalation	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Which Board Assurance Framework risk/s does this report relate to?	
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Which CQC Key Lines of Inquiry does this report relate to?	KLOE 17
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What action is required at this meeting?	<i>To approve the Membership Strategy</i>
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Presented by:	Sheila Phillips/ Katherine Wright / Andrew Duggan
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Prepared by:	Andrew Duggan
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This report covers (tick all that apply):

Strategic objectives:	
To develop a well led, capable motivated and entrepreneurial workforce	<input type="checkbox"/>
To be ambitious and efficient and make best use of available resources	<input checked="" type="checkbox"/>
To deliver safe services	<input type="checkbox"/>
To participate in high quality research in order to deliver the most effective outcomes	<input type="checkbox"/>
To deliver the best possible experience for patients and staff	<input type="checkbox"/>

Other:	
Monitor compliance	<input checked="" type="checkbox"/> Equality and diversity
Operational plan	<input checked="" type="checkbox"/> NHS constitution

Publication of this report (tick one):	
This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	✓
This report will not be published under the Trust's Publication Scheme due to exemptions under S21 of the Freedom of Information Act 2000, because the information contained is reasonably accessible by other means	
This report will not be published under the Trust's Publication Scheme due to exemptions under S22 of the Freedom of Information Act 2000, because the information contained is intended for future publication	
This report will not be published under the Trust's Publication Scheme due to exemptions under S41 of the Freedom of Information Act 2000, because such disclosure might constitute a breach of confidence	
This report will not be published under the Trust's Publication Scheme due to exemptions under S43(2) of the Freedom of Information Act 2000, because such disclosure would be likely to prejudice the commercial interests of the Trust	

Membership Strategy 2017-2020

EXECUTIVE SUMMARY

Membership is at the heart of being an NHS Foundation Trust. It facilitates local accountability ensuring that those for whom the service exists – patients and the public – have an opportunity to shape, influence, comment upon and constructively challenge it as well as to positively promote it and be a part of celebrating its successes. By seeking to recruit a representative membership, listening to and involving our members, the Trust seeks to continuously improve its services with the involvement of those whose needs it aims to meet.

The membership strategy provides a ‘roadmap’ for the Trust’s membership work. At its heart is the desire to make membership relevant, interesting and rewarding. Its key focus is on putting in place robust arrangements for ensuring that our members have a loud and clear voice within the organisation.

A key component of our membership work over the next three years will be to re-establish the objectives from the previous strategy that were not delivered, as well as developing new opportunities in response to recent engagement and insight, whilst simultaneously developing an approach that is aligned to the developments and changes to the local health economy and therefore making our approach to membership ‘fit for future generations’.

1.0 OUR MEMBERS

1.1 Who are our members?

The Trust has two constituencies of membership – public and staff. As at 19 May 2016 the Trust had 9789 members, with a target of 11500. A breakdown of groups that are currently under or over represented is shown below.

Table 1: Trust membership as at 19 May 2016

Membership	Members needed	Representation
Geography		
• Central Liverpool	97	OK
• North Liverpool	124	HIGH
• Sefton	2,246	V LOW
• Knowsley	715	OK
Ethnicity		
• White – English, Welsh, Scottish, NI, British	2,926	OK
• Mixed – Other mixed	188	V LOW
• White - Other	162	V LOW
• Asian or Asian British - Chinese	97	V LOW
Other areas to grow membership		
Student life	213	LOW
Regular revellers	160	OK
17 - 21	756	V LOW
22 – 29	539	LOW

We are committed to ensuring that our membership is representative of the populations we serve and the above are the individuals and groups who we will specifically aim to target to make our membership profile more representative of the population we serve.

2.0 OUR MEMBERSHIP ACHIEVEMENTS SO FAR

2.1 What have we achieved so far?

This membership strategy plan draws on our experience of recruiting and engaging members since the Trust was established as an FT in 2006. Our achievements and activities since becoming established include:

- Successfully recruiting over 11,000 public members;
- Engaging with our members at a wide range of Trust-based and community events such as 'Medicine for Members' meetings, health fairs and voluntary organisation meetings;
- Welcoming many hundreds of members and local people through the doors of Liverpool Women's Hospital each year as part of our annual members' meetings and open days;
- Keeping our members fully informed about 'what's going on' at the Trust via our Twitter account, our website and regular publication of our member newsletter 'Generations';
- Seeking our members' views on our plans.

3.0 STRATEGY AND PLAN PURPOSE

3.1 What is this strategy and plan for?

This document sets out the Trust's plans for:

- Achieving and maintaining a representative membership;
- Making membership relevant, interesting and rewarding;
- Increasing the quality and level of participation in the Trust's democratic structures to enable the organisation to achieve its aims and ensure good governance;
- Listening to our members and taking their views into account when we are planning developments and/or changes to our services;
- Encouraging our members to stand for election to the Council of Governors when vacancies arise;
- Providing an opportunity for our members to learn about the Trust, the services it provides and a range of healthcare issues that are directly relevant to women, babies and their families.

4.0 OUR OBJECTIVES

4.1 What do we want to achieve over the next three years?

Our objectives set out what we want to achieve between 2017 and 2020 in respect of membership. They are set out below. Each of the annual objectives will aim for a year end delivery but with quarterly updates on progress provided to the Patient Experience and Membership Committee to ensure they remain on track and on schedule.

4.2 Year One, 2017 – 2018

Year One, 2017 - 2018	
1	Maintain membership numbers and recruit to under-represented groups, namely students and young adults (17-29), ethnic minorities, and residents of Sefton. Use social media and appropriate public events and campaigns to support achievement of this.
2	Analyse the quality of contact information the Trust has (e.g. email addresses and mobile telephone numbers) and begin targeted regular communications, aligned to their areas of interest. Also use demographic analysis to target member communications in order to get a better response.
3	Introduce email or text broadcast from Governors to members in their constituency to achieve better visibility of Governors and better connections between members and Governors.
4	Introduce a dedicated and regular communication feature within the Trust's standard channels (website, In the Loop, Intranet, social media) that showcases membership and Governor news, and the benefits of getting involved in order to increase recruitment and improve the quality of communication.
5	Introduce regular (minimum 1 per year) engagement events in Governor supported public settings based in areas or environments appropriate to target under-represented groups, with an aim to recruit. This should begin with a focus on young people as the initial target audience and could be led by the Experience Senate for delivery.

7.3 Year Two, 2018 - 2019

Year Two, 2018 - 2019	
6	Put in place arrangements to involve members and patients in a number of identified committees/groups within the Trust that is concerned with quality (to include training and support and code of conduct and confidentiality issues).
7	Link with local schools, colleges and universities, possibly in collaboration with other local Trusts to serve as a 'Membership Open Space' where young people can pursue information about careers in the NHS whilst also learning the benefits of membership.

7.4 Year Three, 2019 – 2020

Year Three, 2019 - 2020	
8	Develop a core 'active members' database who can assist the Trust in a work experience/volunteering capacity around FT activities, such as AMM support and public/membership engagement.
9	Put in place arrangements to involve members and patients in the recruitment of new staff during the selection and interview process to promote wider membership involvement.

7.5 Across the years

Some activities will routinely happen across the three year life of this strategy and plan. They are:

Across the years	
A	Consult and involve members in all engagement opportunities with respect of the Trust's Fit For Future Generations programme.

B	Proactively encourage members to consider standing for election to the Council of Governors.
C	In line with the Communications, Marketing & Engagement Strategy which shows a desire to involve Governors more within Trust activities, the delivery of the above objectives will all be co-designed with Governor involvement at their core, with particular involvement of the Experience Senate to help lead engagement related actions.

8.0 Next steps

The contents of this strategy plan provides the broad basis on which the 2017-20 strategy would be built. We would now like to seek feedback, input, and direction from the Governors to develop it fully, with a target of full sign off by February 2017, prior to beginning implementation and launch from April 2017.

Agenda item no:	2017/08
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Meeting:	Council of Governors
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Date:	25 January 2017
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Title:	<i>Proposal for the merging of the Governor Nominations Committee with the Remuneration Committee</i>
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Report to be considered in public or private?	Public
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Where else has this report been considered and when?	Governor Remuneration Committee
--	---------------------------------

Reference/s:	
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Resource impact:	-
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What is this report for?	Information	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>	Escalation	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Which Board Assurance Framework risk/s does this report relate to?	
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Which CQC Key Lines of Inquiry does this report relate to?	KLOE 5&17
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What action is required at this meeting?	<i>To approve the merging of the Governor Nominations Committee with the Remuneration Committee to form the Council of Governors Nominations and Remuneration Committee; and To agree the process for the appointment of Governors to the Committee.</i>
--	--

Presented by:	Colin Reid Trust Secretary
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Prepared by:	Colin Reid Trust Secretary
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This report covers (tick all that apply):

Strategic objectives:	
To develop a well led, capable motivated and entrepreneurial workforce	
To be ambitious and efficient and make best use of available resources	<input checked="" type="checkbox"/>
To deliver safe services	
To participate in high quality research in order to deliver the most effective outcomes	
To deliver the best possible experience for patients and staff	

Other:

Monitor compliance	✓	Equality and diversity	
Operational plan	✓	NHS constitution	

Publication of this report (tick one):	
This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	✓
This report will not be published under the Trust's Publication Scheme due to exemptions under S21 of the Freedom of Information Act 2000, because the information contained is reasonably accessible by other means	
This report will not be published under the Trust's Publication Scheme due to exemptions under S22 of the Freedom of Information Act 2000, because the information contained is intended for future publication	
This report will not be published under the Trust's Publication Scheme due to exemptions under S41 of the Freedom of Information Act 2000, because such disclosure might constitute a breach of confidence	
This report will not be published under the Trust's Publication Scheme due to exemptions under S43(2) of the Freedom of Information Act 2000, because such disclosure would be likely to prejudice the commercial interests of the Trust	

At the Remuneration Committee meeting held on 21 December 2016 a proposal was made to combine the workings of the Council of Governors Nominations Committee with that of the remuneration Committee to form one committee the 'Nominations and remuneration Committee'.

The attached terms of reference clearly sets out the role of the combined committee and followings current best practice principles included in the NHSI Code of Governance and NHS Providers best practice template for Nomination and Remuneration Committees.

The Committee membership is set out in section 5 as follows:

- The chair of the trust
- three public governors
- one staff governor
- one appointed governor
- the lead governor

Subject to the approval of the Council of Governors it is proposed to seek appointment to the above by the process of a postal/email ballot in each of the constituency areas of public, staff and appointed and this will be undertaken immediately following the Council meeting on 25 January 2017.

The Council is asked to:

1. approve the merging of the Governor Nominations Committee with the Remuneration Committee to form the Council of Governors Nominations and Remuneration Committee; and
2. agree the process for the appointment of Governors to the Committee by way of an email ballot.

Council of Governors

Nomination and Remuneration Committee

Please note that all references in these terms of reference to non-executive directors are to be taken to include the chair, unless specifically indicated otherwise.

1. AUTHORITY

- 1.1 The council of governors' nomination and remuneration committee (the committee) is constituted as a standing committee of the council of governors. Its constitution and terms of reference shall be as set out below, subject to amendment at future meetings of the council of governors.
- 1.2 The committee is authorised by the council of governors to act within its terms of reference. All members of staff are requested to co-operate with any request made by the committee.
- 1.3 The committee is authorised by the council of governors, subject to funding approval by the board of directors, to request professional advice and request the attendance of individuals and authorities from outside the trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.
- 1.4 The committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.

2. CONFLICTS OF INTEREST

- 2.1 The chair of the trust, or any non-executive director present at committee meetings, will withdraw from discussions concerning their own re-appointment, remuneration or terms of service.

3. NOMINATION ROLE

The committee will:

- 3.1 Periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors and, having regard to the views of the board of directors and relevant guidance on board composition, make recommendations to the council of governors with regard to the outcome of the review.
- 3.2 Review the results of the board of directors' performance evaluation process that relate to the composition of the board of directors.
- 3.3 Review annually the time commitment requirement for non-executive directors.
- 3.4 Give consideration to succession planning for non-executive directors, taking into account the challenges and opportunities facing the trust and the skills and expertise needed on the board of directors in the future.
- 3.5 Make recommendations to the council of governors concerning plans for succession, particularly for the key role of chair.
- 3.6 Keep the leadership needs of the trust under review at non-executive level to ensure the continued ability of the trust to operate effectively in the health economy.
- 3.7 Keep up-to-date and fully informed about strategic issues and commercial changes affecting the trust and the environment in which it operates.
- 3.8 Agree with the council of governors a clear process for the nomination of a non-executive director.
- 3.9 Take into account the views of the board of directors on the qualifications, skills and experience required for each position.
- 3.10 For each appointment of a non-executive director, prepare a description of the role and capabilities and expected time commitment required.
- 3.11 Identify and nominate suitable candidates to fill vacant posts within the committee's remit, for

- appointment by the council of governors.
- 3.12 Ensure that a proposed non-executive director's other significant commitments are disclosed to the council of governors before appointment and that any changes to their commitments are reported to the council of governors as they arise.
 - 3.13 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
 - 3.14 Ensure that on appointment non-executive directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board of director meetings.
 - 3.15 Advise the council of governors in respect of the re-appointment of any non-executive director. Any term beyond six years must be subject to a particularly rigorous review.
 - 3.16 Advise the council of governors in regard to any matters relating to the removal of office of a non-executive director.
 - 3.17 Make recommendations to the council of governors on the membership of committees as appropriate, in consultation with the chairs of those committees.

4. REMUNERATION ROLE

The committee will:

- 4.1 Recommend to the council of governors a remuneration and terms of service policy for non-executive directors, taking into account the views of the chair (except in respect of his own remuneration and terms of service) and the chief executive and any external advisers.
- 4.2 In accordance with all relevant laws and regulations, recommend to the council of governors the remuneration and allowances, and the other terms and conditions of office, of the non-executive directors.
- 4.3 Receive and evaluate reports about the performance of individual non-executive directors and consider this evaluation output when reviewing remuneration levels.
- 4.4 In adhering to all relevant laws and regulations establish levels of remuneration which:
 - 4.4.1 are sufficient to attract, retain and motivate non-executive directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the trust;
 - 4.4.2 reflect the time commitment and responsibilities of the roles;
 - 4.4.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where trust or individual performance do not justify them; and
 - 4.4.4 are sensitive to pay and employment conditions elsewhere in the trust.
- 4.5 Oversee other related arrangements for non-executive directors.

5. MEMBERSHIP

- 5.1 The membership of the committee shall consist of:
 - 5.1.1 The chair of the trust and the following, appointed by the council of governors:
 - 5.1.2 three public governors
 - 5.1.3 one staff governor
 - 5.1.4 one appointed governor
 - 5.1.5 the lead governor
- 5.2 The committee will be chaired by the chair of the trust. Where the chair has a conflict of interest, for example when the committee is considering the chair's re-appointment, remuneration or performance, the committee will be chaired by the senior independent director (SID) or failing the SID the vice chair.
- 5.3 A quorum shall be three members, two of whom must be public governors.

6. SECRETARY

- 6.1 The trust secretary shall be secretary to the committee.

7. ATTENDANCE

- 7.1 Only members of the committee have the right to attend committee meetings.
- 7.2 At the invitation of the committee, meetings shall normally be attended by the chief executive and director of human resources.
- 7.3 Other persons may be invited by the committee to attend a meeting so as to assist in deliberations.

8. FREQUENCY OF MEETINGS

- 8.1 Meetings shall be held as required, but at least once in each financial year.

9. MINUTES AND REPORTING

- 9.1 Formal minutes shall be taken of all committee meetings and once approved by the committee, circulated to all members of the council of governors unless a conflict of interest or matter of confidentiality exists.
- 9.2 The committee will report to the council of governors after each meeting.

10. PERFORMANCE EVALUATION

- 10.1 The committee shall review annually its collective performance.

11. REVIEW

- 11.1 The terms of reference of the committee shall be reviewed by the council of governors at least annually.

Agenda item no:									
Meeting:	Council of Governors								
Date:	25 January 2017								
Title:	Month 8 2016/17 Finance Report and Performance Report								
Report to be considered in public or private?	Public								
Where else has this report been considered and when?	n/a								
Reference/s:	Operational Plan and Budgets 2016/17								
Resource impact:	-								
What is this report for?	<table border="1"> <tr> <td>Information</td> <td>✓</td> <td>Decision</td> <td></td> <td>Escalation</td> <td></td> <td>Assurance</td> <td>✓</td> </tr> </table>	Information	✓	Decision		Escalation		Assurance	✓
Information	✓	Decision		Escalation		Assurance	✓		
Which Board Assurance Framework risk/s does this report relate to?	5a								
Which CQC fundamental standard/s does this report relate to?									
What action is required at this meeting?	To note the Month 8 financial position and performance								
Presented by:	Vanessa Harris - Director of Finance and Jeff Johnson, Director of Operations								
Prepared by:	Jenny Hannon - Deputy Director of Finance/Jeff Johnson								

This report covers (tick all that apply):

Strategic objectives:			
To develop a well led, capable motivated and entrepreneurial workforce			
To be ambitious and efficient and make best use of available resources			✓
To deliver safe services			
To participate in high quality research in order to deliver the most effective outcomes			
To deliver the best possible experience for patients and staff			
Other:			
Monitor compliance	✓	Equality and diversity	
Operational plan	✓	NHS constitution	

Publication of this report (tick one):	
This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	✓
This report will not be published under the Trust's Publication Scheme due to exemptions under S21 of the Freedom of Information Act 2000, because the information contained is reasonably accessible by other means	
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1. Executive Summary

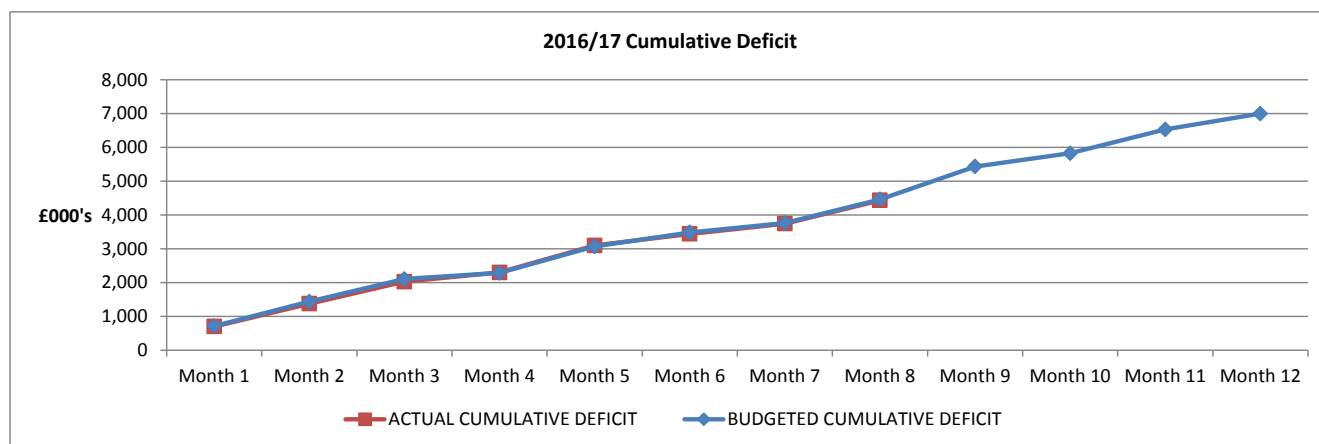
The 2016/17 budget was approved at Trust Board in April 2016. This set out a deficit of £7m for the year (as per the control total set out by NHS Improvement), an FSRR of 2 and a cash shortfall of £7.7m. This planned position assumes receipt in full of £2.8m Sustainability and Transformation Funding.

In Month 8 the Trust is reporting a monthly deficit of £0.690m against a deficit plan of £0.696 which is a positive variance of £0.006m for the month. Cumulatively the Trust is ahead of plan by £0.027m.

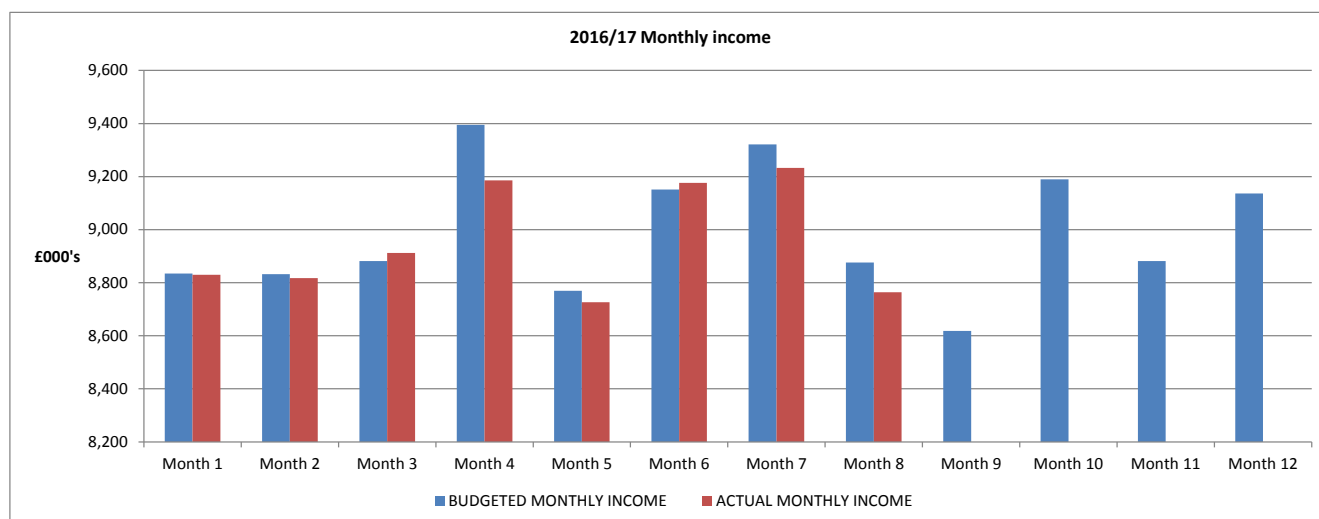
Following further detailed review in Month 8, the Trust is still forecasting to achieve the overall control total of £7m deficit for the full year. Key areas of over and under performance remain consistent with prior months and are being managed in year. The recurrent impact of this has been assessed and factored into planning for 2017/18.

2. Summary Financial Position

The Trust remains on target to meet the financial control total in 2016/17.



Total income in month was lower than plan, this is largely attributable to the Hewitt Fertility Centre which is reported in section 4.



Pay expenditure overall remains below budget, predominantly due to vacancies across a number of services including Hewitt Centre and Catherine Medical. The vacancies are reflective of controls over staffing in relation to lower than planned levels of activity in those services.

Non-pay expenditure is forecast to be above plan primarily due to the non-delivery of CIP in gynaecology/theatres (inpatient redesign) which is planned to deliver in 2017/18.

Following a mid-year review of the currently paused capital program and current level of cash borrowings, the Trust has been able to report a positive forecast in relation to technical items which is supporting the delivery of the position in year.

On 1 October 2016 the new Single Oversight Framework regime came into force. The Trust delivers a rating of 3 (with a 4 being the lowest rating) as per the table set out in Appendix 2. The Trust had planned an FSRR of 2 which ranks comparably under the new framework.

3. Financial Forecast

The Trust remains in a position to deliver the control total, mitigating the key areas of non-delivery (HFC, gynaecology/theatres CIP) through maternity over-performance, strong management of technical items and the use of previously uncommitted non-pay inflation.

The Trust takes a realistic but prudent view to forecasting to ensure that focus remains on delivering the financial plan. All known downsides are reflected within the outturn.

There are also a number of actions in place to ensure financial grip is in place across the Trust to minimise the risk of further deterioration.

As recovery plans begin to deliver in areas where additional focus has been placed, there is a possibility that the Trust may be able to outperform the financial control total, however this will not be recognised in the position until there is greater certainty.

4. Service Review

The service position is largely consistent with Month 7 with the exception of gynaecology which has shown improvement and a return to over-performance in month.

Key areas to note are:

Hewitt Fertility Centre (HFC)

The financial impact to date is a net £0.907m behind plan with a projected £1.2m full year shortfall.

As reported at Month 7 the HFC position remains impacted by

- a) Deterioration within forecast activity
- b) Slippage within the delivery of the recovery plans
- c) Non-delivery of the Kings Joint Venture contribution (CIP scheme) and subsequent losses

The service is currently reviewing areas where it may recover activity and is reviewing service delivery to mitigate against any recurrent loss of service.

HFC recovery is currently being scrutinised by Non-Executive Director chaired Hewitt Oversight Board, and additional turnaround support has been pointed towards this area.

2017/18 financial plans take into account the recurrent impact of the non-delivery and recognise the requirement to deliver additional savings as a result.

Gynaecology and Theatres

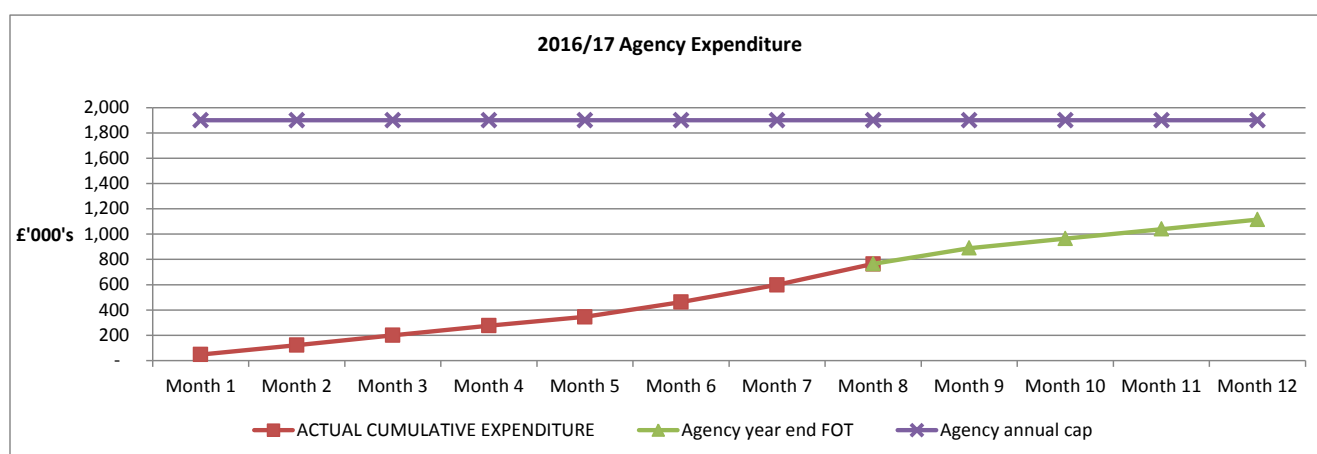
Activity performance across general gynaecology services was strong during the first half of the financial year however this out-performance had dipped in recent months. Month 8 performance demonstrates a return to the earlier high levels.

Neonatal

The service remains on target to achieve the plan for the year.

5. Agency Spend

The chart below illustrates the level of agency spend against budget and in terms of the agency cap set for the Trust.



The Trust remains as one of the strongest performers against the agency cap in the region.

6. CIP Delivery

The Trust has an annual CIP target in 2016/17 of £2m, which represents c2% of the Trust's income. This is made up of ten schemes and has been transacted through the ledger as part of budget setting.

Under-delivery of the ten identified CIP schemes remains as £1m for the full year. This arises from two schemes each valued at £0.5m - Hewitt Fertility Centre Growth and Theatre/inpatient redesign. This is reflected in the performance reported above.

Recurrent delivery of these schemes is included within the 2017/18 financial plans.

7. Cash and borrowings

During 2015/16 the Trust was in receipt of £5.6m Interim Revenue Support from the Department of Health (DH). This is in addition to £5.5m of ITFF capital funds previously drawn down which is now in the process of being repaid at a principle sum of £0.6m per annum.

The £5.6m Interim Revenue Support is due for repayment, in full, in March 2018. This will need to be replaced by longer term, planned support. For financial planning purposes NHSI have indicated that the Trust should assume that the loan is extended.

The Trust's financial plan for 2016/17 indicated a further requirement for cash of £7.7m. At the start of the financial year the Trust was advised by NHSI to extend an existing working capital facility on a month by month basis. This facility was originally set up at £2.5m in 2015/16 at an interest rate of 3.5%. As at Month 8 the Trust has drawn down £2m of the facility, with a further £1m drawn in December 2016 and £0.6m planned in January 2017.

The Trust's cash flow requirements are produced on a daily basis. The latest cash flow, which has undergone sensitivity analysis, indicates that the Trust will be within the £7.7m planned figure for the full year.

The cash balance as at the end of Month 8 was £3.7m.

8. Conclusion & Recommendation

The Council are asked to note the Month 8 financial position.

Appendix 1: Board Finance Pack

Appendix 2 : Single Oversight Framework - Use of Resources Rating

USE OF RESOURCES RISK RATING	YEAR TO DATE		YEAR	
	Budget	Actual	Budget	FOT
CAPITAL SERVICING CAPACITY (CSC)				
(a) EBITDA + Interest Receivable	(59)	(290)	(400)	(973)
(b) PDC + Interest Payable + Loans Repaid	1,706	1,560	2,712	2,401
CSC Ratio = (a) / (b)	(0.03)	(0.19)	(0.15)	(0.41)
NHSI CSC SCORE	4	4	4	4
Ratio Score 1 = > 2.5 2 = 1.75 - 2.5 3 = 1.25 - 1.75 4 = < 1.25				
LIQUIDITY				
(a) Cash for Liquidity Purposes	(4,398)	(4,439)	(8,924)	(8,924)
(b) Expenditure	72,127	71,945	108,297	108,014
(c) Daily Expenditure	301	300	301	300
Liquidity Ratio = (a) / (c)	(14.6)	(14.8)	(29.7)	(29.7)
NHSI LIQUIDITY SCORE	4	4	4	4
Ratio Score 1 = > 0 2 = (7) - 0 3 = (14) - (7) 4 = < (14)				
I&E MARGIN				
Deficit (Adjusted for donations and asset disposals)	4,457	4,430	6,992	6,992
Total Income	(71,728)	(71,963)	(107,387)	(107,349)
I&E Margin	-6.21%	-6.16%	-6.51%	-6.51%
NHSI I&E MARGIN SCORE	4	4	4	4
Ratio Score 1 = > 1% 2 = 1 - 0% 3 = 0 - (-1%) 4 = < (-1%)				
I&E MARGIN VARIANCE FROM PLAN				
I&E Margin (Actual)		-6.16%		-6.51%
I&E Margin (Plan)		-6.21%		-6.51%
I&E Variance Margin	0.00%	0.06%	0.00%	-0.002%
NHSI I&E MARGIN VARIANCE SCORE	1	1	1	2
Ratio Score 1 = > 0% 2 = (1) - 0% 3 = (2) - (1)% 4 = < (2)%				
Note: NHSI assume the score of the I&E Margin variance from Plan is a 1 for the whole year and year to date budget. This is because NHSI recognise the fact that an organisation would not "plan" to have a variance from plan and have not applied a calculated ratio to the budgeted columns of this metric.				
AGENCY SPEND				
YTD Providers Cap	1,283	1,283	1,924	1,924
YTD Agency Expenditure	472	759	708	1,114
	-63.20%	-40.83%	-63.20%	-42.10%
NHSI AGENCY SPEND SCORE	1	1	1	1
Ratio Score 1 = < 0% 2 = 0% - 25% 3 = 25% - 50% 4 = > 50%				
Overall Use of Resources Risk Rating	3	3	3	3

Note: scoring a 4 on any of the metrics will lead to a financial override score of 3.

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

FINANCE REPORT: M8

YEAR ENDED 31 MARCH 2017

Contents

- 1** NHS Improvement Ratios
- 2** Income & Expenditure
- 3** Expenditure
- 4** Service Performance
- 5** Balance Sheet

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
NHS IMPROVEMENT RATIOS: M8
YEAR ENDED 31 MARCH 2017
1

USE OF RESOURCES RISK RATING	YEAR TO DATE		YEAR	
	Budget	Actual	Budget	FOT
CAPITAL SERVICING CAPACITY (CSC)				
(a) EBITDA + Interest Receivable	(59)	(290)	(400)	(973)
(b) PDC + Interest Payable + Loans Repaid	1,706	1,560	2,712	2,401
CSC Ratio = (a) / (b)	(0.03)	(0.19)	(0.15)	(0.41)
NHSI CSC SCORE	4	4	4	4
Ratio Score 1 = > 2.5 2 = 1.75 - 2.5 3 = 1.25 - 1.75 4 = < 1.25				
LIQUIDITY				
(a) Cash for Liquidity Purposes	(4,398)	(4,439)	(8,924)	(8,924)
(b) Expenditure	72,127	71,945	108,297	108,014
(c) Daily Expenditure	301	300	301	300
Liquidity Ratio = (a) / (c)	(14.6)	(14.8)	(29.7)	(29.7)
NHSI LIQUIDITY SCORE	4	4	4	4
Ratio Score 1 = > 0 2 = (7) - 0 3 = (14) - (7) 4 = < (14)				
I&E MARGIN				
Deficit (Adjusted for donations and asset disposals)	4,457	4,430	6,992	6,992
Total Income	(71,728)	(71,963)	(107,387)	(107,349)
I&E Margin	-6.21%	-6.16%	-6.51%	-6.51%
NHSI I&E MARGIN SCORE	4	4	4	4
Ratio Score 1 = > 1% 2 = 1 - 0% 3 = 0 - (-1%) 4 = < (-1%)				
I&E MARGIN VARIANCE FROM PLAN				
I&E Margin (Actual)		-6.16%		-6.51%
I&E Margin (Plan)		-6.21%		-6.51%
I&E Variance Margin	0.00%	0.06%	0.00%	-0.002%
NHSI I&E MARGIN VARIANCE SCORE	1	1	1	2
Ratio Score 1 = > 0% 2 = (1) - 0% 3 = (2) - (1)% 4 = < (2)%				
Note: NHSI assume the score of the I&E Margin variance from Plan is a 1 for the whole year and year to date budget. This is because NHSI recognise the fact that an organisation would not "plan" to have a variance from plan and have not applied a calculated ratio to the budgeted columns of this metric.				
AGENCY SPEND				
YTD Providers Cap	1,283	1,283	1,924	1,924
YTD Agency Expenditure	472	759	708	1,114
	-63.20%	-40.83%	-63.20%	-42.10%
NHSI AGENCY SPEND SCORE	1	1	1	1
Ratio Score 1 = < 0% 2 = 0% - 25% 3 = 25% - 50% 4 = > 50%				
Overall Use of Resources Risk Rating	3	3	3	3

Note: scoring a 4 on any of the metrics will lead to a financial override score of 3.

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
INCOME & EXPENDITURE: M8
YEAR ENDED 31 MARCH 2017

2

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Income									
Clinical Income	(8,293)	(8,552)	259	(67,391)	(67,522)	132	(100,881)	(100,318)	(563)
Non-Clinical Income	(584)	(212)	(372)	(4,671)	(4,121)	(549)	(7,006)	(6,711)	(295)
Total Income	(8,876)	(8,764)	(113)	(72,061)	(71,644)	(417)	(107,887)	(107,029)	(858)
Expenditure									
Pay Costs	5,613	5,598	14	44,900	44,304	596	67,352	66,630	722
Non-Pay Costs	2,219	2,179	40	17,689	18,103	(414)	26,638	27,076	(438)
CNST	1,192	1,192	0	9,538	9,538	0	14,307	14,308	(1)
Total Expenditure	9,024	8,969	55	72,127	71,945	182	108,297	108,014	283
EBITDA	147	205	(58)	65	301	(235)	410	985	(575)
Technical Items									
Depreciation	375	340	35	3,000	2,889	111	4,500	4,238	263
Interest Payable	35	16	19	280	206	74	420	246	174
Interest Receivable	(1)	(1)	0	(7)	(11)	4	(10)	(11)	1
PDC Dividend	140	131	9	1,120	1,048	72	1,680	1,543	137
Profit / Loss on Disposal	0	0	0	0	0	0	0	0	0
Total Technical Items	549	485	64	4,394	4,132	262	6,590	6,015	575
(Surplus) / Deficit	696	690	6	4,459	4,432	27	7,000	7,000	0

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
EXPENDITURE: M8
YEAR ENDED 31 MARCH 2017

3

EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Pay Costs									
Board, Execs & Senior Managers	337	346	(9)	2,698	2,697	1	4,047	4,054	(7)
Medical	1,271	1,244	26	10,165	9,964	201	15,248	14,922	326
Nursing & Midwifery	2,504	2,436	68	20,031	19,455	576	30,047	29,269	779
Healthcare Assistants	391	391	0	3,127	3,147	(20)	4,691	4,738	(47)
Other Clinical	543	479	64	6,410	6,122	288	6,513	6,083	431
Admin Support	159	162	(3)	1,271	1,338	(67)	1,906	2,003	(96)
Corporate Services	358	376	(17)	797	817	(19)	4,299	4,448	(150)
Agency & Locum	50	165	(115)	400	764	(364)	600	1,114	(514)
Total Pay Costs	5,613	5,598	14	44,900	44,304	596	67,352	66,630	722
Non Pay Costs									
Clinical Supplies	746	743	3	5,902	5,964	(61)	8,858	8,916	(58)
Non-Clinical Supplies	591	558	33	4,735	5,130	(395)	7,203	7,701	(498)
CNST	1,192	1,192	0	9,538	9,538	0	14,307	14,308	(1)
Premises & IT Costs	415	410	5	3,322	3,311	11	4,983	4,967	16
Service Contracts	466	467	(1)	3,729	3,698	31	5,594	5,492	102
Total Non-Pay Costs	3,411	3,371	40	27,227	27,640	(414)	40,945	41,384	(439)
Total Expenditure	9,024	8,969	55	72,127	71,945	182	108,297	108,014	283

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
BUDGET ANALYSIS: M8
YEAR ENDED 31 MARCH 2017

4

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Maternity									
Income	(3,381)	(3,304)	(77)	(27,131)	(27,702)	571	(40,771)	(41,549)	778
Expenditure	1,698	1,751	(53)	13,585	13,826	(241)	20,378	20,822	(444)
Total Maternity	(1,683)	(1,553)	(131)	(13,547)	(13,876)	329	(20,393)	(20,727)	334
Gynaecology									
Income	(1,973)	(2,247)	274	(16,138)	(16,774)	637	(23,965)	(24,648)	683
Expenditure	879	948	(68)	7,035	7,431	(396)	10,554	11,120	(567)
Total Gynaecology	(1,094)	(1,300)	206	(9,103)	(9,343)	240	(13,411)	(13,528)	116
Theatres									
Income	(42)	(39)	(3)	(336)	(332)	(4)	(504)	(499)	(5)
Expenditure	608	642	(34)	4,865	5,175	(311)	7,298	7,702	(404)
Total Theatres	566	603	(37)	4,529	4,843	(314)	6,794	7,203	(410)
Neonatal									
Income	(1,409)	(1,440)	30	(11,272)	(10,996)	(276)	(16,908)	(16,538)	(369)
Expenditure	997	996	1	7,977	7,784	194	11,967	11,592	375
Total Neonatal	(412)	(444)	31	(3,295)	(3,212)	(83)	(4,941)	(4,946)	5
Hewitt Centre									
Income	(915)	(547)	(369)	(7,939)	(6,628)	(1,311)	(11,874)	(10,005)	(1,869)
Expenditure	742	722	20	5,868	5,463	405	8,805	8,181	625
Total Hewitt Centre	(173)	176	(349)	(2,072)	(1,165)	(907)	(3,069)	(1,824)	(1,245)
Genetics									
Income	(595)	(594)	(1)	(4,762)	(4,556)	(206)	(7,143)	(6,783)	(360)
Expenditure	446	413	34	3,572	3,404	167	5,358	5,102	256
Total Genetics	(149)	(181)	32	(1,190)	(1,151)	(39)	(1,785)	(1,681)	(104)
Catharine Medical Centre									
Income	(101)	5	(106)	(645)	(129)	(516)	(817)	(129)	(688)
Expenditure	80	5	75	472	201	271	557	206	350
Total Catharine Medical Centre	(22)	10	(32)	(174)	71	(245)	(260)	77	(337)
Clinical Support & CNST									
Income	(24)	(22)	(2)	(196)	(212)	16	(291)	(303)	12
Expenditure	733	706	27	5,862	5,767	95	8,793	8,629	164
Total Clinical Support & CNST	709	684	25	5,666	5,555	111	8,502	8,325	177
Corporate									
Income	(755)	(576)	(179)	(3,963)	(4,316)	353	(6,165)	(6,575)	410
Expenditure	3,709	3,271	438	27,606	27,026	580	41,728	40,675	1,053
Total Corporate	2,954	2,696	259	23,643	22,710	933	35,563	34,100	1,463
(Surplus) / Deficit	696	690	6	4,459	4,432	27	7,000	7,000	0

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

5

BALANCE SHEET: M8

YEAR ENDED 31 MARCH 2017

BALANCE SHEET £'000	YEAR TO DATE		
	Opening	M08 Actual	Movement
Non Current Assets	70,529	69,151	(1,378)
Current Assets			
Cash	3,225	3,706	481
Debtors	4,302	7,182	2,880
Inventories	326	330	4
Total Current Assets	7,853	11,218	3,365
Liabilities			
Creditors due < 1 year	(8,056)	(13,035)	(4,979)
Creditors due > 1 year	(1,748)	(1,759)	(11)
Commercial loan	(10,794)	(12,489)	(1,695)
Provisions	(2,392)	(2,127)	265
Total Liabilities	(22,990)	(29,410)	(6,420)
TOTAL ASSETS EMPLOYED	55,392	50,959	(4,433)
Taxpayers Equity			
PDC	36,610	36,610	0
Revaluation Reserve	10,019	10,019	0
Retained Earnings	8,763	4,330	(4,433)
TOTAL TAXPAYERS EQUITY	55,392	50,959	(4,433)

Agenda Item No:	17/010						
Meeting:	Trust Board						
Date:	January 2017						
Title:	Performance Dashboard - Month 8 - November 2016						
Report to be considered in Public or Private?	Public						
Where else has this report been considered and when?	Performance Group, Trust Management Group, Finance, Operations Board, Finance, Performance and Business Development Board						
Reference/s	Quality Strategy, Quality Schedule, CQUINS, Corporate Performance Indicators, Monitor Assurance Framework						
Resource impact:							
What is this report for?	Information		Decision		Escalation		Assurance
Which Board Assurance Framework risk(s) does this report relate to?	1. Deliver safe services 3. Deliver the best possible experience for patients and staff 4. To develop a well led, capable and motivated workforce 5 to be ambitious and efficient and make best use of available resources						
Which CQC fundamental standard(s) does this report relate to?	Good Governance Staffing Safety Complaints						
What action is required at this meeting?	To Note						
Presented by:	Jeff Johnson						
Prepared by:	David Walliker						

This report covers (tick all that apply):

Strategic objectives:

To develop a well led, capable, motivated and entrepreneurial workforce	✓
To be ambitious and efficient and make best use of available resources	✓
To deliver safe services	✓
To participate in high quality research in order to deliver the most effective outcomes	✓
to deliver the best possible experience for patients and staff	✓

Other:

Monitor Compliance	✓	Equality and diversity
NHS Constitution		Integrated business plan

Publication of this report (tick one):

This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting.		
This report will not be published under the Trust's Publication Scheme due to exemptions under S21 of the Freedom of Information Act 2000, because the information contained is reasonably accessible by other means.		
This report will not be published under the Trust's Publication Scheme due to exemptions under S22 of the Freedom of Information Act 2000, because the information contained is intended for future publication.		
This report will not be published under the Trust's Publication Scheme due to exemptions under S41 of the Freedom of Information Act 2000, because such disclosure might constitute a breach of confidence.		
This report will not be published under the Trust's Publication Scheme due to exemptions under S43(2) of the Freedom of Information Act 2000, because such disclosure would be likely to prejudice the commercial interests of the Trust.		

1. Introduction and summary

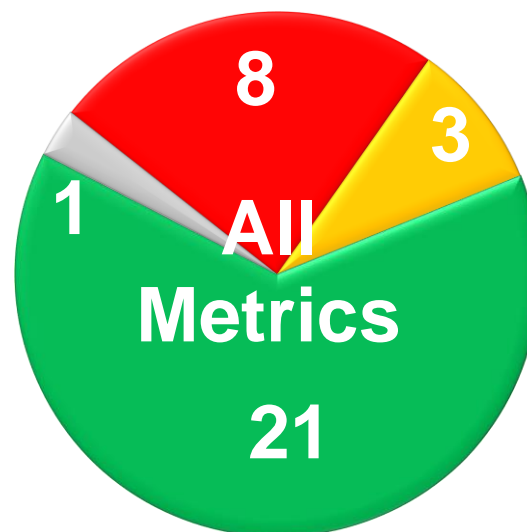
2. Issues for consideration

3. Conclusion

4. Recommendation/s

Performance Report - Trust Board

Month 8 - November 2016



Performance Summary - Trust Board -

Month 8 - November 2016

Overview

Of the **33** KPI's RAG rated in the Trust Board Dashboard for November 2016, **21** are rated Green, **8** are rated Red and **3** are rated as Amber. The figure for Choose and Book is not yet available nationally, however, figures recently released for August 2016 shows a high rate of slots not available.

The KPI's rated as Red for November 2016 are:

- 3 x Finance KPI's reported separately via the Finance Report
- Sickness & Absence Rates at 5.88% against a target of $\leq 4.5\%$
- Cancer 42 Day Referral on to Treating Trust at 0% against a target of 100% (concerns 1 patient)
- Maternity Triage within 30 minutes at 90% against a target of $\geq 95\%$
- Non provision of Epidurals for non-clinical reasons at 7.5% against a target of $\leq 5\%$
- 6 Week Wait for Diagnostics at 98.3% against a target of $\geq 99\%$

The KPIs rated as Amber for November 2016 are:

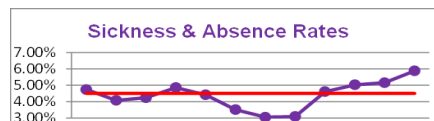
- HR: Appraisal & PDR Rate at 89% against a target of $\geq 90\%$
- HR: Mandatory Training Rate at 93% against a target of $\geq 95\%$
- HR: Staff Turnover Rate at 13% against a target of $\leq 10\%$

To view the Full TMG/FPBD version of the Performance Dashboard double click the PDF icon to the right.

Performance Summary - Trust Board -

Month 8 - November 2016

To develop a well led, Capable, Motivated and Entrepreneurial WORKFORCE



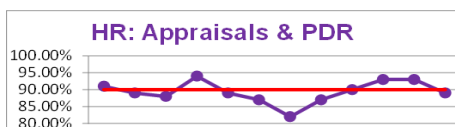
Sickness and Absence Rate 5.88% against a target of $\leq 4.5\%$ (breach of 2 targets)

Eleven services are now rated as red. The shift towards greater proportion of short term sickness absence continued with the split in month eight being 42% short term and 58% long term.

In terms of the most prevalent diagnoses across the Trust, 'gastrointestinal problems' remained the top diagnosis. 'Anxiety/stress/depression' was ranked second (ranked third last month) and 'Other Musculoskeletal problems' was third.

Managers continue to work closely with their HR teams to ensure that individual cases are managed appropriately, that staff are managed on the appropriate stages and that staff are supported in returning to work as soon as is appropriate.

Support for managers is also provided by Occupational Health, particularly in terms of advice for supporting staff off long term in returning to work. It is anticipated that sickness levels should reach the Trust's target of 4.5% in quarter four.

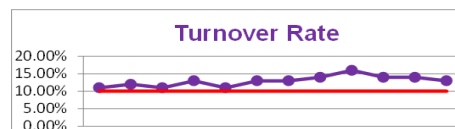


Rate of Appraisals & PDR's completed at 89% against a target of $\geq 90\%$

Nine departments are rated as green. One remains rated as red (Transport), whilst 7 are amber. Genetics, Gynaecology, Imaging, Integrated Governance, Medical, Pharmacy and Trust Offices.

The L&D and HR teams continue to provide detailed information to managers with regards to PDR compliance in their areas of responsibility. Ongoing workshops are scheduled for managers and reviewees.

Managers are required to have plans in place to ensure that compliance targets are met and maintained, and these are regularly reviewed and updated. It is expected that compliance will be achieved again by the end of Quarter 3.

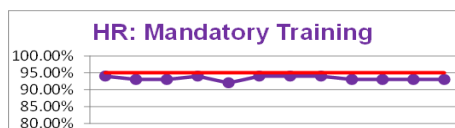


Rate of Staff Turnover at 13% against a target of $\leq 10\%$

14 people left the Trust in November 2016 compared to 11 in October 2016. Of the 17 departments, in the Trust, 13 are rated as red.

Work is being undertaken with Theatres to formulate a specific recruitment and retention strategy to address the continuing concerns with their level of turnover. Managers are provided with detailed information on turnover by the Human Resources Department so that they can identify any concerns. The potential impact of Future Generations will continue to be monitored.

The turnover figure for the Trust has been consistently above target since September 2015. It is likely that this trend will continue for the foreseeable future although the aim is to bring the figure under target by the end of quarter four.



Rate of Mandatory Training completed at 93% against a target of $\geq 95\%$

Overall, eight areas are currently rated as green, nine as amber, and no areas are currently rated as red.

All ward and department managers are required to have appropriate plans in place to ensure that compliance rates are reached and maintained, and these are reviewed and updated each month.

Efforts are ongoing to reach the overall mandatory training target of 95%, and it is anticipated the target will be reached by the end of quarter three.

Performance Summary - Trust Board -

Month 8 - November 2016

To be EFFICIENT and make best use of available resources

Financial Report will be provided separately (3 x Red KPIs)

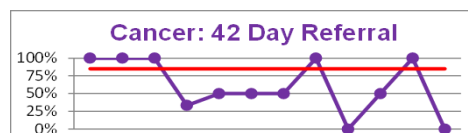
To deliver SAFER services

There are no Red or Amber rated KPIs in this section

Performance Summary - Trust Board -

Month 8 - November 2016

To deliver the most EFFECTIVE outcomes



Cancer 42 Day Referral onto treating Trust at 0% against a target of 100%

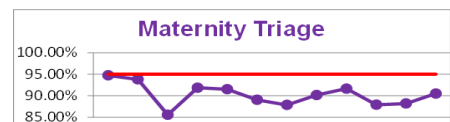
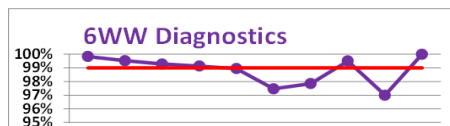
There was one patient that required referral on to another Trust for treatment. Patient attended RAC (day 12) sent for in-pt Hysteroscopy, attended pre-op (day 20), cleared and offered TCI (day 24), TCI (day28), Results reported (day 46) 18 days delay, MDT (day 54) assess in clinic, MRI & CT, Outpatients (day 56), MRI (day67), CT (day 70), MDT (day 75) final treatment plan if for systemic chemotherapy, then radiotherapy, Palliative only. Sent to CCC (day75).

Key delays, initial pre-op (but patient did have complications noted in RAC apt), results taking 18 days and 12 days for MRI. Had both been below 7-day max expectations we would have saved 24 days.

Performance Summary - Trust Board -

Month 8 - November 2016

To deliver the best possible EXPERIENCE for patients and staff



6 Weeks Diagnostic Waits at 98.3% against a target of $\geq 99\%$

11 patients from a total of 633 waited longer than 6 weeks for their Diagnostic Test. All 11 were waiting for a Cystometry. Review of cystometry patients is ongoing to ensure that they are booked in order of wait times.

Maternity Triage within 30 minutes at 90.5% against a target of $\geq 95\%$

Although the Target rate has not been achieved, this is the 3rd consecutive month where performance has improved.

On average the MAU reviews nearly 1000 per month. The organisations aim is to see all women attending the MAU within 30 minutes of arrival; at times this is not always achieved.

Women are categorised in either a red, amber or green, based on clinical presenting history from the initial phone call to the department, so therefore if several women do arrive together the order women are seen is based on clinical need and not only on the time of arrival alone. If a woman is classified as red, she needs to be seen and assessed as a priority, which may delay other women falling outside the set target.

Although members of the medical team are assigned to the MAU, due to other activity across the maternity unit they are required to support other activity, this results in women not being assessment in a timely manner, blocking MAU, delaying movement. At times Junior medical staff will see women but are not able to make decisions and need to seek additional senior opinion. Delays in the flow of women through the rest of the service, can also impact upon MAU.

At times women are also delayed due to lack of available bed on the Maternity base, again this impacts on the ability to effectively move women through the service. Out of hours the Maternity Day Unit women are seen by MAU, the numbers are variable but put additional pressure on the MAU. Also some women who require scan review or a CTG are also asked to attend the MAU adding to pressures.

Epidural not given for non-clinical reasons at 7.6% against a target of $\leq 5\%$

Of 132 patients that requested an epidural, 10 did not receive one due to non clinical reasons. 5 due to Acuity, 4 due to anaesthetist not being available and 1 where a Midwife was not available. Ward managers monitor epidural requests. Shiftleaders communicate between the 2 areas to ensure women if requested can get the pain relief of their choice without compromising safety.

The ward managers are currently reviewing transfer delays from the Intrapartum areas to the postnatal wards. Breach analysis forms have now been introduced into the Intrapartum areas that will provide exact details of why an epidural could not be provided. This in turn will enable the ward managers to identify any area of concern.

Daily operational huddles have also been introduced to monitor and reduce these issues. Postnatal area are reviewing the discharge process to ensure any obstacles that potentially delay women going home in a timely manner are being addressed.

Expected Date of Discharge is being clearly identified next to all women on the handover board on the postnatal wards to ensure all staff have clear guidance around the expectations for discharging women to the care of the community midwifery team.

Performance Summary - Trust Board -

Month 8 - November 2016

Emerging Concerns

Of emerging concern in November 2016 is 18 Week RTT for Genetics as they are at 81% and due to both capacity and demand will struggle to achieve the 92% target rate in the coming months. Only the Aggregate level is reported to NHS Improvement (Monitor). For the past 4 months the aggregate rate has been between 92.2% and 92.9%. There is a risk that if Genetics performance deteriorates and/or that other areas such as Gynaecology begin to experience problems with capacity, that the Trust could fail to attain the 92% in the coming months.

Conclusion

Overall, for November 2016 performance has dipped in comparison to October 2016. However, most of the KPI's where the targets have not been attained have been prevalent throughout the year. These include the HR KPIs along with Maternity Triage, Epidural Provision, Diagnostic Waits, Unplanned Re-attendances to A&E, and Malnutrition Care Plans. It is anticipated that overall performance will improve when reporting December's position although some of the KPI's that the Trust has failed to achieve through the year will continue to be of concern come the new year.

Recommendations

It is recommended that the Trust Board receives and reviews the content of the report in relation to the assurance it provides of Trust performance and request any further actions considered necessary.

LWH - The Board Report			2016/17		Key: TBA = To Be Agreed, TBC = To Be Confirmed, TBD = To Be Determined, ID = In Development									
To develop a well led, Capable, Motivated and Entrepreneurial WORKFORCE														
Indicator Name	Ref	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Staff Friends & Family Test (PULSE)		Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant				
HR: Sickness & Absence Rates (Commissioner)		<= 4.5%	4.42%	3.51%	3.05%	3.09%	4.61%	5.03%	5.16%	5.88%				
HR: Annual Appraisal and PDR		>= 90%	89.00%	87.00%	82.00%	87.00%	90.00%	92.00%	90.00%	89.00%				
HR: Completion of Mandatory Training		>= 95%	92.00%	94.00%	94.00%	94.00%	93.00%	93.00%	93.00%	93.00%				
HR: Turnover Rate		<= 10%	11.00%	13.00%	13.00%	14.00%	16.00%	14.00%	14.00%	13.00%				
To be EFFICIENT and make best use of available resources														
Indicator Name	Ref	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Planned Surplus/ Deficit (YTD) £'000		Planned Cumulative	£710	£1,434	£2,104	£2,282	£3,069	£3,480	£3,763	£4,460	£5,431	£5,823	£6,529	£7,000
Actual Surplus / Deficit (YTD) £'000		<= Planned	£696	£1,375	£2,027	£2,297	£3,098	£3,440	£3,741	£4,429				
Planned CIP (YTD) £'000		Planned Cumulative	£167	£333	£500	£667	£833	£1,000	£1,167	£1,333	£1,500	£1,667	£1,833	£2,000
Actual CIP (YTD) £'000		>= Planned	£46	£114	£170	£226	£283	£511	£793	£1,075				
Planned Cash Balance (YTD) £'000		Planned Cumulative	£1,189	£1,000	£2,242	£1,001	£1,001	£2,816	£1,001	£1,001	£1,152	£1,000	£1,853	£1,001
Actual Cash Balance (YTD) £'000		>= Planned	£4,913	£4,898	£5,395	£4,517	£4,318	£3,764	£3,568	£3,706				
Planned Capital (YTD) £'000		Planned Cumulative	£119	£436	£1,113	£1,330	£1,597	£3,049	£3,156	£3,474	£3,722	£3,990	£4,098	£4,314
Actual Capital (YTD) £'000		>= Planned	£89	£220	£311	£602	£914	£1,221	£1,380	£1,549				
Monitor: Financial Sustainability Risk Rating: Capital Cover		1	1	1	1	1	1	1	4	4				
Monitor: Financial Sustainability Risk Rating: Liquidity		2 (1 from Sep 2016)	2	2	1	1	1	1	4	4				
Monitor: Financial Sustainability Risk Rating: I & E Margin		1	1	1	1	1	1	1	4	4				
Monitor: Financial Sustainability Risk Rating: Variance to Plan		4	4	4	4	3	3	4	1	1				
Monitor: Financial Sustainability Risk Rating: Overall Score		2	1	2	2	2	2	2	3	3				
Monitor: Financial Sustainability Risk Rating: Agency Cap		0	51	25	57	88	75	68	138	138				

LWH - The Board Report			2016/17		Key: TBA = To Be Agreed. TBC = To Be Confirmed, TBD = To Be Determined, ID = In Development									
To deliver SAFER services														
Indicator Name	Ref	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Safer Staffing Levels (Overall - includes Registered and Care Staff)		<= 90%	92.78%	91.92%	92.60%	91.72%	86.86%	89.53%	89.14%	93.55%				
Serious Incidents: Number of Open SI's		Monitoring Only	23	23	20	20	20	19	21	17				
Serious Incidents: Number of New SI's		Monitoring Only	1	2	4	2	2	2	5	3				
% of women seen by a midwife within 12 weeks		>= 90%	96.82%	85.53%	95.70%	94.88%	91.78%	93.28%	92.38%	93.91%				
Neonatal Bloodstream Infection Rate		TBD	0.11	0.00	0.00	1.30	2.70	1.30	0.00	0.00				
To deliver the most EFFECTIVE outcomes														
Indicator Name	Ref	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Cancer: Referral to Treating Trust by day 42	EXP_11	100%	50%	50%	50%	100%	None	100%	100%	0%				
Biochemical Pregnancy Rates		> 30% TBC	45.94%	47.62%	46.21%	44.70%	47.13%	48.63%	45.58%	45.13%				
Still Birth Rate (excludes late transfers)		TBD	0.00	0.01	0.01	0.01	0.00	0.00	0.00	0.00				
Neonatal Deaths (all live births within 28 days)		Rate per 1000 TBD	1.44	2.90	6.65	1.33	2.66	5.17	0.00	0.00				
Returns to Theatre		<= 0.7% TBC	0.64%	1.03%	0.50%	0.51%	0.22%	0.21%	0.32%	0.56%				
To deliver the best possible EXPERIENCE for patients and staff														
Indicator Name	Ref	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Maternity: Triage within 30 minutes	KPI_35	>= 95%	91.50%	89.05%	87.86%	90.17%	91.66%	87.90%	88.24%	90.49%				
Number of Complaints received		<= 15	15	5	13	18	13	19	16	10				
18 Week RTT Incompletes (aggregate)		>= 92%	95.71%	95.90%	93.86%	95.20%	94.28%	92.63%	92.20%	93.03%				
Friends & Family Test		> 75%	99.26%	98.47%	98.60%	97.52%	98.37%	99.11%	98.51%	97.85%				
% Women that requested and Epidural, but weren't given one for non-clinical reasons		<= 5%	6.37%	3.66%	6.29%	6.04%	5.45%	5.66%	7.56%	7.58%				
% Women given one to one care whilst in established Labour (4cm dilation)		>= 95%	96.86%	96.08%	94.44%	95.74%	95.60%	93.23%	95.97%	99.12%				
6 Week Wait Diagnostic Tests		>= 99%	98.96%	97.47%	97.85%	100%	97.00%	100%	99.22%	98.26%				
Last Minute Cancellation for non-clinical reasons		<= 4%	4.30%	6.31%	5.81%	5.01%	4.79%	4.20%	2.64%	5.28%				
Last Minute Cancellation for non-clinical reasons (Not re-admitted within 28 days)		0	0	0	0	0	0	0	0	0				
Failure to ensure that sufficient appointment slots are available on Choose & Book		< 6%	16.29%	13.23%	3.13%	22.48%	18.47%	Not Available	Not Available	Not Available				

Safe Staffing Report Month 8 - November 2016

Ward	RN/RM			Unqualified			Staff Availability		Care Delivery		Nurse Sensitive Indicators								Patient Experience		
	Fill Rate Day%	Fill Rate Night%	RN/RM CHPPD	Fill Rate Day%	Fill Rate Night%	Total Workforce CHPPD	Sickness %	Vacancy %	Numis Indicators (N)	Numis indicators achieved (N)	Red Flag Incidents Reported (N)	CDT	MRSA	Falls no harm (n)	Falls Harm (N)	HAPU grade 1&2	HAPU Grade 3&4	Drug Admin Errors	New Complaints	FFT (no of responses)	% Recommend this hospital
Gynae 1	98.4%	100.0%	5.5	111.1%	100.0%	8.7	6.22%	17%			0	0	0	0	0	0	0	0		8	75%
Narrative	Sickness - all sickness is being managed in accordance with the Trusts Attendance Management Policy. Vacancy - 1 x 1 WTE band 5 recruited to starts in post 02/01/17 1 x 0.92 WTE band 6 HDU practitioner post, VAC form completed awaiting exec approval. 1 x 0.92 band 5 vacancy – post under review as part of the inpatient redesign project																				
Gynae 2	94.4%	98.8%	5.1	94.2%	100.0%	7.2	4.38%	16%			0	0	0	0	0	0	0	1		12	100%
Narrative	Sickness - All sickness is being managed in accordance with the Trusts Attendance Management Policy. Maternity Leave - Band 5 staff nurse x 4 on maternity leave Vacancies - Band 5 nursing posts x 4 vacant. Posts under review as part of the inpatient redesign project. Drug Error - IV fluids administered without Px.no harm to patient, incident completed and investigated, SMART action plan developed and training in place for staff member.																				
Delivery & Induction Suites	88.7%	88.9%	3.7	127.4%	86.7%	5.6	9.68%	0%			6	0	0	0	0	0	0	2		N/A	N/A
Narrative	Staff sickness is higher than Trust target at present. This is due to long term staff sickness. All staff who are off have had regular meetings with manager and HR representative and the Attendance Management Policy is being adhered to. Since this report has been formulated. The 2 drug errors are currently being investigated and all information will be shared between the team.																				
Mat Base	96.7%	93.2%	28.4	82.7%	106.7%	33.9	8.73%	2%			0	0	0	0	0	0	0	1		N/A	N/A
Narrative	Staff sickness is higher than Trust target at present. This is due to long term staff sickness. All staff who are off have had regular meetings with manager and HR representative and the Attendance Management Policy is being adhered to. Since this report has been formulated. Two staff members have returned with comprehensive supportive plans to manage them back into the working environment. The drug administration error was regarding a patient who had a prescribed drug too early. This error had been actioned appropriately. The woman was reviewed by medical staff, there was no harm. The manager has raised the drug error with the registered staff member and this has been recorded and will be monitored.																				
MLU & Jeffcoate	80.6%	82.8%	29.7	96.7%	96.7%	35.5	4.23%	9%			0	0	0	0	0	0	0	0		64	99%
Narrative	No current issues.																				
NICU	99.2%	101.9%	12.0	85.0%	65.0%	13.1	6.12%	10%			1	0	0	0	0	0	0	2		0	0
Narrative	Sickness in November has increased to 6.12% with an even split between short and long term sickness . There are 2.5 WTE Band 5 vacancies being recruited to - interviews December 16th . 14 staff currently off on maternity leave. Safe staffing levels have been maintained using Bank shifts from staff with substantive posts. This is closely monitored. Future staffing plans will review the need to increase establishment of non registered staff at Band 3 to improve the fill rate in this staffing group																				

Key Fill Rate	<80%	80.94.9%	95-109.9%	>110%
Key Sickness	> 4.5%		<= 4.5%	
Key Vacancy	> 10%		<= 10%	
Key F&FT	< 95%		>= 95%	

Council of Governors Meetings

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Council of Governors													
Council of Governors Date: Time Venue	19 th 1730 BB			26 th 1730 BB			25 th 1730 BB			25 th 1730 BB			Quarterly follow April/July/Oct/Jan
Patient Experience and Membership Engagement Committee Date: Time Venue	13 th 1730 Board		15 th 1730 Board		17 th 1730 Board		19 th 1730 Board		14 th 1730 Board		22 nd 1730 Board		Bi Monthly
Nomination/Remuneration Committee				TBC					TBC				
Annual members' meeting Date: Time Venue							TBC Sat 7/14 Am BB						Early Oct