

## Meeting of the Council of Governors

Wednesday 16 November 2016 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 Fundamental Standard	Board Assurance Framework Risk
2016/82	Apologies for absence	Receive apologies	Verbal	Chair	1730 (5 mins)		
2016/83	Meeting guidance notes	Receive and note	Written guidance	Chair			
2016/84	Declarations of interest – <i>do Governors have any interests to declare?</i>	Identify and avoid conflicts of interest	Verbal	Chair			
2016/85	Minutes of the previous meeting held 20 July 2016	Confirm as an accurate record the minutes of the previous meeting	Written minutes	Chair			
2016/86	Matters arising and action log	Provide an update in respect of any matters arising	Verbal	Chair			
2016/87	Chair's announcements - <i>Governor Election announcement</i>	Report recent and announce items of significance not elsewhere on the agenda	Verbal	Chair	1735 (10mins)		

MATTERS FOR RECEIPT / APPROVAL							
2016/88	Minutes of the Patient Experience and Membership Engagement Committee held 21 June 2016	Receive and review the minutes	Written minutes	Committee Chair	1745 (5mins)		
2016/89	<i>The Workforce Race Equality Standard (WRES)</i>	To receive the Trust's BME	Written	Director of Workforce and Marketing	1750 (20mins)		
2016/90	<i>CQC Key lines of Enquiry and proposed Mock Inspections</i>	To receive an update on the CQC Key lines of Enquiry and hear about the Trusts proposals for Mock inspections in December 2016	Presentation	Deputy Director of Nursing and Midwifery	1810 (10mins)		
ITEMS FOR INFORMATION AND DISCUSSION							
2016/91	Non-Executive Director Role at LWH	To receive a verbal presentation from a non-executive Director on their role at LWH	Verbal	Phil Huggon	1820 (10mins)		
2016/92	Board Assurance Committee updates – <i>what has been the recent work of the Board's committees</i> <ul style="list-style-type: none"> <li>• <i>Putting People First Committee</i></li> <li>• <i>Finance Performance and Business Development Committee</i></li> <li>• <i>Governance and Clinical Assurance Committee</i></li> <li>• <i>Audit Committee</i></li> </ul> <i>(included in these papers are the papers presented to the Board - Performance Report and Financial Report)</i>	Receive and discuss	Written report/Discussion on key matters	Chairs of Board Committees	1830 (20mins)	Good governance Complaints Safety	1D, 3A

2016/93	Re-Appointment of External Auditors	To approve	Written	Audit Committee Chair	1850 (10mins)		
2016/94	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	1900 (10mins)		
2016/95	Any other business – <i>is there any other business that needs to be considered today?</i>	Consider any urgent items of other business	Verbal or written	Chair			
2016/96	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			
2016/97	Date, time and place of next meeting: <i>Wednesday 25 January 2017 at 1730 in the Lecture Theatre, Blair Bell Education Centre, Liverpool Women's</i>	Confirm arrangements for next meeting	Verbal	Chair	1910 Meeting in Public ends		

## **Meeting attendees' guidance for Governors, May 2012**

Under the direction and guidance of the Chair, all members are responsible for ensuring that the meeting achieves its duties and runs effectively and smoothly.

### **Before the meeting**

- Prepare for the meeting in good time by reviewing all reports (the amount of time allocated for each agenda item can be used to guide your preparation)
- Submit any reports scheduled for consideration at least 10 days before the meeting to the meeting administrator (using the standard report template)
- Ensure your apologies are sent if you are unable to attend
- Notify the Chair in advance of the meeting if you wish to raise a matter of any other business

### **At the meeting**

- Arrive in good time, including to set up your laptop/tablet if you are using them in place of paper
- Switch off mobile phone/blackberry
- Focus on the meeting at hand and not the next activity
- Actively and constructively participate in the discussions
- Think about what you want to say before you speak; explain your ideas clearly and concisely and summarise if necessary
- Make sure your contributions are relevant and help move the meeting forward
- Respect the contributions of other members of the group and do not speak across others
- Ensure you understand the decisions, actions, ideas and issues agreed and to whom responsibility for them is allocated
- Do not use the meeting to highlight issues that are not on the agenda
- Re-group promptly after any breaks
- Take account of the Chair's health, safety and fire announcements (fire exits, fire alarm testing, etc)

### **Attendance**

- Governors are expected to attend all meetings of the Council of Governors and may cease to hold office as a governor if they fail to attend three consecutive meetings (Trust Constitution, paragraph 12.19)

### **After the meeting**

- Follow up on actions
- Inform colleagues appropriately of the issues discussed

### **Standards**

- All documentation will be prepared using the standard Trust templates. A named person will oversee the administrative arrangements for each meeting
- Agenda and reports will be issued 7 days before the meeting
- An action schedule will be prepared and circulated after the meeting
- The minutes will be available at the next meeting

Also under the guidance of the Chair, members are also responsible for the committee/subcommittee's compliance with relevant legislation and Trust policies, up-to-date versions of which are available on the Trust's website or via the Head of Governance or Trust Secretary.

**Council of Governors**  
**Minutes of a Public meeting held on Wednesday 20<sup>th</sup> July 2016**  
**at 17:30 pm in the Blair Bell, Lecture Theatre**

**PRESENT:**

Mr Ian Haythornthwaite	Chair (part)
Mr Robert Clarke (part)	Chair
Mrs Sheila Gwynn-Adams	Public Governor (South Liverpool)
Ms Carole McBride	Public Governor (Sefton)
Ms Pat Speed (part)	Public Governor (Sefton)
Ms Elizabeth Williams	Public Governor (North Liverpool)
Mr Adrian O'Hara	Public Governor (North Liverpool)
Mrs Cheryl Barber	Public Governor (Knowsley)
Mr Sadd Al-Shukri	Public Governor (Central Liverpool)
Mrs Gail Mannion	Staff Governor (Scientists, AHPs & Technicians)
Mr Adel Soltan	Staff Governor (Doctors)
Mrs Gillian Walker	Staff Governor (Midwives)
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)

**IN ATTENDANCE:**

Mrs Kathryn Thomson	Chief Executive
Mr Ian Haythornthwaite	Non-Executive Director (Chair of Audit Committee)
Mr David Astley	Non-Executive Director
Mr Phil Huggon	Non-Executive Director
Mrs Dianne Brown	Director of Nursing and Midwifery
Mrs Vanessa Harris	Director of Finance
Mr Andrew Loughney	Medical Director
Mrs Michelle Turner	Director of Human Resources & Marketing
Mr Jeff Johnston	Associate Director of Operations
Mrs Gill Diskin	Matron Maternity Services
Mrs Val Irving,	Matron, Neonatal Services
Mrs Debbie Mennim	Matron, Gynaecology
Mrs Alison Carey	Assistant to the Trust Secretary (minutes)
Ms Fiona Kelsey	Partner, PWC

It was noted that the Chair would be slightly delayed due to jury service. Council of Governors noted that Ian Haythornthwaite, Non- Executive Director, would Chair the meeting until the Chair arrived. Chair welcomed all present and Dr Raphaela Kane introduced herself to the meeting given this was her first attendance.

048

**Apologies**

Mr Geoffrey Tattersall	Public Governor (rest of England & Wales)
Ms Terri Ann Green	Public Governor (Central Liverpool)
Mrs Shelley Ralph	Public Governor (Central Liverpool)
Ms S Carroll	Public Governor (Central Liverpool)
Mrs Sheila Phillips	Public Governor (Knowsley)

049 **Meeting guidance notes**

Meeting guidance notes were noted.

050 **Declarations of Interest**

There were no declarations of interest.

051 **Minutes of the previous meeting held on 20 April 2016**

It was noted that Shelley Ralph had been present at the meeting but was not shown in the minutes. With this amendment the minutes of 20 April 2016 were approved as a true and accurate record.

052 **Matters arising and Action log**

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

It was noted that an updated was scheduled for item 15/16/110 which relates to Governor access to papers through the Trust Intranet. The Chief Executive confirmed that this action would be picked up and an updated provided in advance of the next meeting.

**Resolved:** Governors noted the Action Log.

053 **Chair's Announcements**

The Chair made the following announcements:

- a) The Chair tabled the responses to the questions raised by the Council of Governors at their meeting held in private on 14 July 2016. Chair asked that any queries are directed to the relevant Executive outside of the meeting. Chair confirmed that this document would be shared electronically, after the meeting, for those not able to attend. For future sessions the responses would be circulated electronically in advance of the meeting, where possible.
- b) Change to the running order of the agenda with Item 64 being taken before item 63;
- c) **Notification of a Whistleblowing incident:** Chair invited Director of Nursing and Midwifery to update the Council of Governors. Director of Nursing and Midwifery confirmed the Trust was advised by the CQC on 11 July 2016 of a whistleblower relating to maternity services following an incident of baby death. It was not believed that the whistleblower was a member of staff. The whistleblower alleged that there had been a number of avoidable incidents and concerns that had not been investigated. The Trust was able to provide a response to the CQC including copies of the investigation reports and further supporting evidence within 24 hours. Director of Nursing and Midwifery confirmed that the "duty of candour" expectations had been met and the concerns raised regarding maternity staff levels had been unfounded; Director of Nursing and Midwifery reminded Governors that 25 Midwives had been recruited last year.

Governors noted there have been no further requests for further information or queries since the response has been submitted.

**Resolved:** Governors noted the Chair's Announcements

*Robert Clarke joined the meeting and took the Chair.*

## Annual Report and Accounts

Deputy Director of Finance presented the report drawing out the key highlights for Governors and confirming that the Audit had gone smoothly with all submission deadlines met. Deputy Director of Finance then introduced the Audit Partner, PWC who clarified the role of PWC as Auditors, explaining that they undertake an audit of a wide range samples against that were identified as high risk. During the sampling exercise, PWC did not find any errors or areas where there were judgement issues. To give comfort to the Governors, the Audit Partner confirmed that the Finance Team and the Auditors take a prudent approach to the audit.

The following matters were raised by Governors:

- a) Going concern and a query as to whether the deficit takes into account the distress fund contribution. Director of Finance confirmed that last year the Trust delivered a deficit of £7.2m which included the cash shortfall of circa £5m. During the year the Trust had received distressed funding of £5.3m, reported to the Council in January. The Director of Finance reported that for 2016/17 additional distressed funding was required in the region of £7m and this had been applied for.
- b) Work on Future Generations would be over the next 5 years, however, during the interim period, circa 2 years, would funding continue to support the Trust? Director of Finance confirmed that this would be the case explaining that the current distressed funding of £5.3m would be repayable in March 2018. If the Trust did not have the cash to repay the loan in March 2018 then it would seek to extend the loan period or apply for additional funding. Referring to the short term advanced payment received from Liverpool CCG during 2015/16, the Director of Finance advised that this amount was repaid by the Trust in the year and no further advanced payments would be received from the CCG in 2016/17. Governors were appraised that the 5 year financial plan and future generations programme fits into the wider NHS 5 year financial plan and were reassured that the Finance team had undertaken an analysis on the worst case scenario, based on no financial interventions. This scenario had been put into the Cheshire and Merseyside financial plan, the outcome of which would be known in September or October 2016. It was confirmed that NHS Improvement (NHSI) (previously Monitor) would continue to meet with the Chair, Chief Executive and Director of Finance to discuss the future generations work and the options appraisal. Governors were reminded that the approach being taken by NHSI and CCG was that the Trust was part of the NHS and that it should not be viewed in isolation as a standalone organisation.

Additional clarification was sought on the audit process and the role of the Audit Committee. Ian Haythornthwaite as Chair of the Audit Committee explained the process by which the audit committee receives reports on the progress of the audit and provides challenge to the process in order the gain assurance that the audit had been conducted appropriately. The Audit Committee is authorised by the Board manage the audit process on behalf of the Board and following the audit reports to the Board on the process, how satisfied it was that the audit had been conducted appropriately and that governance parameter that the Trust worked within had been met. In addition, the Auditors prepare their own report for the Committee and Board detailing their findings and this was set out in the ISA 260 report that had been sent out to Governors.

Clarification was sought on the reference to the "limited assurance report" under the Quality Report heading within the ISA 260. Chair advised that this was the highest assurance an auditor can give and clarified the reference to "limited". He explained that the use of the term limited was due to the scope of the audit set down by NHSI, which focused on three specific predefined areas. Sampling of those areas allow the auditor to provide assurance on however not on every quality agenda is audited and hence the term limited is used. The Auditor Partner added that this was usual practice and confirmed that the Audit provided a "clean opinion" from them.

- c) A Governor raised a query on the time taken for them to have sight of this document given it is dated May 2016. It was confirmed that the report goes through a detailed process and is reviewed by the Board following a review by Audit Committee as the bodies charged with responsibility in this area.

The Chief Executive confirmed that it would have been presented to Audit Committee on 26 May and Board of Directors at the meeting immediately after that. The Governor had raised this point as it had only been shared with them a day before this meeting, leaving little time for their review. The Lead Governor confirmed that this was why she had highlighted elements in the document and recirculated this to Governors as she felt the timeframe was unfair as it did not provide the opportunity to read it in depth. The Chief Executive did not dispute this point and would look into its later dispatch. She did however comment that as the ISA260 was issued for information they would be able to review the document and provide any feedback or seek clarification subsequently. Director of Finance and Deputy Director of Finance confirmed that they would be happy to arrange to meet with Governors to go through the content of the ISA260, if required.

Chief Executive confirmed that she would follow up on this point with the Trust Secretary on his return. Assistant to the Trust Secretary offered apologies that this delay may have been due to her being new to the role and dealing with this in the Trust Secretary's absence.

- d) Advance notice of information required for the Audit
- The Lead Governor asked how much notice was given to the Officers by the Auditors. Deputy Director of Finance confirmed that the time scale for the audit was 3- 4 weeks. Preliminary meetings with the Auditor set the basis of the audit and her team respond to the requirements of the auditor over the period of the audit. In some cases the timescales can be challenging with only a few days' notice to provide information required by the Auditors. The Lead Governor qualified that the question was being asked because of the potential for fraud if the lead time for information is too long. The Lead Governor added that this question in no way indicated a view that there are any issues and was merely a question to test process. Director of Finance confirmed that the Trust does not rely exclusively on external audit to counter fraud. Instead there is a team that comes in all year round who independently undertake checks and provides assurance that fraud had not taken place. To further reassure Governors, Chair of Audit Committee confirmed that the Auditors had systems where they could check and validate the information that was being provided to them.

With regard to the role of the Governors in choosing a quality measure for audit, the Chief Executive confirmed that there had been a rigorous process for Governors to choose the a measure for audit referring back to the Council meeting in April at which the measure was approved. This was reiterated by specific Governors who confirmed that there had been detailed discussions before the area of focus suggested by Governors had been agreed.

**Action:** At the appropriate point in time Governors to see all potential topics for choice of Audit area next year.

**Resolved:** Governors noted the report.

055

#### **National Gynaecology Services Inpatient Survey**

The Director of Nursing and Midwifery confirmed that the patient questionnaire used for the survey was very comprehensive enabling full feedback to be given. The survey had achieved a higher than average response rate, however, this was slightly lower than last year for the Trust.



The Director of Nursing and Midwifery confirmed that there had been a clear instruction from the Regulator not to report findings as rankings online. Director of Nursing and Midwifery was pleased to confirm that the Trust has performed exceptionally well again; scoring better than last year on the eight areas identified for improvement.

The survey provides a positive snapshot in time which requires context. Inpatient gynaecology has been improving year on year. Things which had previously been issues such as noise at night from staff have significantly changed with a Policy on this introduced as part of the “learning from” response.

The Director of Nursing and Midwifery then focused on the areas that had not scored as well. A key area of surprise had been in terms of the feedback on cleanliness. This was at odds with the Duty Matron Rounds where, without exception, the “real time” feedback had always been how clean the hospital and wards were. On investigation it was found that the negative feedback related to a small number of rooms that are currently being refurbished demonstrating the importance of the narrative behind the feedback provided.

A Governor commented that the form was only asking for feedback on an existing model of care but does not seek feedback on an alternative model. Director of Nursing and Midwifery explained that this was because the parameters of the questionnaire were set by CQC. However, it does cover waiting times and provider of choice questions. It was within the gift of the Trust to run its own questionnaire if it was felt that it added value, however, there would need to be certainty that any alternative model suggested could be offered and then meaningfully tested.

**ACTION:** 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 Nursery and Midwifery introduced three colleagues who would provide direct feedback to Governors. Gill Diskin, Matron Maternity Services, Val Irving, Matron, Neonatal Services and Debbie Mennim, Matron, Gynaecology. A short briefing note was circulated.

The feedback provided clarity on the processes and the issues:

#### **Processes**

- Real time quality indicator comes from friends and family comments. General themes are triangulated to drive improvements and progress monitored. Feedback is provided to staff.
- High levels of feedback are received via Facebook and Twitter which goes back to staff and clinicians.
- Engagement is undertaken with women in the local community via a “pram group” where concerns raised are taken forward.
- Feedback about epidural and anaesthetic rates are monitored on a monthly basis.
- The Baby Link resource in Neonates has been very well received and was part of the electronic records system. A baby’s photo is uploaded and a password provided to the family so that they are able to see baby’s first bath and other first events. This service is very important due to extended families or where parents need to leave their baby in the care of the hospital where it provides great comfort and assurance.
- A blank example of the Family and Friends feedback card was circulated. All patients are provided with one to complete. Any issues or comments, both positive and negative are referred back to the Ward Manager.
- The national Cancer patient experience survey was undertaken in the summer and resulted in a positive outcome for the hospital.
- In addition to surveys there was a visible presence by Matron or their Deputy on a daily basis and all feedback received was then collated and used to continually drive improvements. Two hourly “comfort round checks” are undertaken to check the condition of patients in terms of hydration,

pain/comfort levels etc. This provides real time feedback remains consistently high in terms of cleanliness/friendly supportive nurses who demonstrate high levels of compassion with patients.

- There is a nursing revalidation process which was introduced in April 2016 and provides a source of feedback.
- There are monthly Midwifery meetings and the opportunity for members of this group to go out to other areas.

It was noted that to help support Non-English speaking women The Trust had bid for and received funding for a kiosk which helps with translation. This had led to very positive patient and family feedback.

A Governor referred to the recent animation setting out the reasons for the clinical case for change at the Trust, which was excellent, however was only in English and asked if the audio to the animation could be put into other languages to make it more accessible. Head of Communications advised that as part of the Options appraisal Liverpool CCG was reaching out to many communities as possible to make them aware of the process however she was not sure if they had considered whether to provide the animation in different languages and would feed this back to them. She did advise that the animation was not one commissioned by the CCG.

A Governor asked about where there were day patients in other hospitals such as Aintree and how this information and feedback was collected and collated. It was confirmed that this was not collected in the same way, noting that the staff undertaking the work was not the Trust's staff.

#### Issues:

- Patient concerns relate to the decoration of bedrooms and bathrooms. Governors noted that concerns raised regarding breastfeeding and conflicting advice have reduced.
- Visiting times remain an issue given that in the wards there are patients in bays with very differing needs and therefore feedback is constantly sought from patients on this.
- Comments about staff looking busy and overstretched had been raised as a concern for the staff and not as a criticism.
- Cramped conditions in Neonatal continued to be a concern from feedback. This was not a surprise and parents and families were involved in the refurbishment processes underway in this area.

Clarification was sought on how Neonatal services fitted into the plans for Future Generations. It was confirmed that the building was not fit for purpose and the area for neonatal services was too small to cater for the number of cots the Trust needed. This had resulted in a reduction in the number of cots from 48 to 44, due to the risks of infection. In addition, Governors noted that due to improvements in technology which provided better quality of service there was now less space around baby incubators leading to little or no privacy.

It was acknowledged that while Future Generations would address these significant issues, there was still improvement that could to be made, the costs of which were not as significant as a full reconfiguration and would provide necessary short term solutions but did not provide the enhancements and future proofing required, longer term that Future Generations sought. The interim work indicated above was still required to improve facilities immediately.

- During the period there have been 3 PALS issues picked up around behaviour/attitude of staff all of which were addressed and resolved.

### Comments from Governors

Governor for Educational Institutions wished to convey the University perspective and provided very positive feedback on the performance of student nurses from the Trust. It was noted that there was currently in how this was feedback to the Trust as feedback was provided to the students and not to the hospital itself. The Governor for Educational Institutions added that in the last 2 years all the feedback that she had been made aware of about the Trust had been significantly positive. Chief Executive thanked the Governor for this very helpful feedback on the student experience. It was acknowledged that it would be helpful to pull the information together on student experience and asked that consideration was given to how this could be compiled in a meaningful way.

A Governor was pleased to note the adoption of the good practice of the “You Said We Did” approach and would welcome this practice being publicised in newsletters. A request was made for consideration of a move to digital feedback forms, where possible, rather than just paper.

A Governor sought assurance on staff surveys and it was confirmed that the annual survey had been presented at the last Governors meeting, acknowledging the specific Governor had not been present. In addition, Director of Workforce and Marketing confirmed that there was real time testing of staff satisfaction via a PULSE survey and staff can provide feedback at any time. There was also a quarterly “temperature check” of teams.

### ACTIONS:

- Head of Communications to feedback to CCG on the whether the animation can be put to other languages.
- 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.
- Consideration on how feedback regarding the student experience at the Trust could be collated in a meaningful way.
- A request was made by the Governors to be involved in the Communications Strategy.

**Resolved:** Governors thanked the Matrons for attending and presenting the details from their specific areas; and for their successful work throughout the year which had provided the excellent survey results.

*Val Irving, Debbie Mennim and Gill Diskin left the meeting.*

056

### Minutes of the Patient Experience and Membership Engagement Committee

A staff Governor confirmed that she is confused as to the parameters of this group and how it interfaces with patient Experience Senet.

The Director of Workforce and Marketing confirmed that this was clarified in the ToRs of each group. Its remit was to increase engagement with patients and provide assurance for Governors. The Director Workforce and Marketing confirmed that the ToRs could be looked at again if there is more widespread confusion, to ensure that these were clear.

**Resolved:** Governors noted the Minutes from the Patient Experience and Membership Engagement Committee.

057

### Governor Elections 2016

The Chair presented the proposed timetable for the Governor Elections 2016 which sees the process being completed by 6 October 2016 to enable new Governors to commence their term of office at the conclusion of the AGM on Saturday 8 October 2016.

**Resolved:** Governors approved the timetable.

**058 Board Assurance Committee Updates**

The Chair explained that the minutes were provided to give a flavour of the discussions that take place in the Board Committees to help aid communications. A query was raised in relation to the quality targets and a Governor asked if it was time to raise these targets. Chair confirmed that these were mandated nationally therefore the Trust cannot review these in isolation. The Medical Director confirmed that where non-clinical targets had been set that are unachievable the Trust could look to amend these to align with other national standards.

A Non-Executive Member of GACA suggested that a small number of key metrics could be pulled together for review by that Council. It was noted that given the unique services provided by the Trust it would be difficult to collate local and national comparators.

The Director of Workforce and Marketing provided feedback on the Putting People First Committee and a key element for improvement that had been highlighted as part of the audit process. The issue had related to the tracking of returns of signed employment contracts by staff. A process was now in place to do this and this was now a performance indicator for the Human Resources area, with all staff both substantive and temporary being tracked.

The Chair invited Associate Director of Operations to provide an overview of the Neonatal issues and how this was escalated through the Board committees and how the discussion and decisions from these were fed back to Board. He advised that he would explain the example discussed earlier, relating to the reduction in cot numbers as a preventative measure. The Associate Director of Operations outlined the process taken in addressing the risks and issues arising from the funding of the Neonatal service including the number of cots, staffing and estate. He reported that escalation of the issues had been brought to the attention of the Board of Directors through its Board Committees, the Governance and Clinical Assurance Committee, Putting People First Committee and the Finance, Performance and Business Development Committee each of which had a role to play in addressing key clinical, staffing and financial risks. He explained the escalation process and how escalation was triggered at each committee and the Board in order to address the difference of opinion between the Trust views and that of the commissioner NHS England. All clinical and financial risks had also been escalated to the Neonatal Network and NHS England.

**Resolved:** Governors noted the update.

**059 Trust's response to the NHS Improvement new Single Oversight Framework for Consultation**

The Chair confirmed that NHSI was the new name for the NHS regulatory body which used to be Monitor and incorporated the work of both Monitor and the Trust Development Agency. The Chair explained that there was now a common framework across NHS Trusts and NHS Foundation Trusts and asked Governors if they had any immediate comments they wished to feedback on the new framework would they do so to the trust Secretary by 26 July 2016.

**Resolved:** Governors noted the Framework for Consultation.

**060 Review of Risks Impacts of Items discussed**

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

**Resolved:** No amendments were required.

**061 Any Other Business**

A Staff Governor wished to place on record his congratulations to Director of Workforce and Marketing for the new Sickness Policy. A breakdown of short/long term sickness analysed at divisional team level was requested. It was suggested this could be tracked consistently and reviewed on a monthly basis in terms of impact. It would be helpful for Governors to see an example of the monthly tracking at its quarterly meetings. The Director of Workforce and Marketing advised that the Putting People First Committee reviews this on behalf of the Board and advised that she would provide an analysis to the Council.

**ACTION:** Director of Workforce and Marketing to provide an analysis of short and long term sickness absenteeism and how this was tracked.

064

**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.

065

**Date and time of next meeting**

The next meeting of Council of Governors will be held at 5.30 pm on 19 October 2016 in the Blair Bell Meeting Room.

DRAFT

Council of Governors

Action Plan

Meeting date	Minute Reference	Action	Responsibility	Target Dates	Status
20 July 2016	16/054	<b>Annual report and Accounts – Quality Indicators:</b> 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 in February 2017 in order to identify a quality indicator the governors would feel appropriate to audit as part of the audit of the Quality Report.
20 July 2016	16/055	<b>National Gynaecology Services Inpatient Survey:</b> 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 Experience Senet has been asked the question – Does the Senet consider it valuable to provide a question to patients on the survey regarding alternative models of care.
20 July 2016	16/055	<b>National Gynaecology Services Inpatient Survey:</b> <ol style="list-style-type: none"> <li>1. Head of Communications to feedback to CCG on the whether the animation can be put to other languages.</li> <li>2. 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.</li> <li>3. Consideration on how feedback regarding the student experience at the Trust could be collated in a meaningful way.</li> </ol>	<b>Head of Communications</b>  <b>Director of Nursing and Midwifery</b>  <b>Director of Nursing and Midwifery</b>	Following the meeting	<ol style="list-style-type: none"> <li>1. Feedback to the CCG was provided and noted. All written information has been produced in different languages.</li> <li>2. The Experience Senet will be asked to consider whether they receive assurance regarding the collection of feedback for those patients who receive care at Aintree University Hospital</li> <li>3. Feedback is currently provided through the Educational Governance Team and disseminated to local quality meetings. Arrangements have been made for the Director of Nursing and Midwifery to meet with Prof Raphaella Kane, John Moores to discuss other appropriate ways feedback can be captured.</li> </ol>

		4. A request was made by the Governors to be involved in the Communications Strategy.			4. A presentation on the Trust approved Communication Strategy will be provided at the next Patient Experience and Membership Engagement Strategy to support the development of the Membership and Public Engagement Strategy.
20 July 2016	16/061	Director of Workforce and Marketing to provide an analysis of short and long term sickness absenteeism and how this was tracked.			A briefing note is attached

## Council of Governors

**Briefing note** in response to a question raised at the Council of Governors Meeting on 20 July 2016 regarding the monitoring of short and long sickness absenteeism under the Trust's Attendance Management Policy & Procedure.

### Sickness Absence Monitoring

Managers conduct return to work interviews with staff after any sickness absence (even if the member of staff has only been off for one day). At that meeting they should consider if any policy triggers have been met and advise the member of staff accordingly.

In clinical areas e-rostering has been implemented, managers input any sickness absence directly into e-rostering which then uploads that information through an interface into Electronic Staff Record (ESR). In areas where e-rostering is not in operation managers complete a weekly electronic sickness return which is forwarded to the HR transactional team who enter the information into ESR.

The Workforce Information Manager produces monthly KPI information which includes single month and cumulative sickness percentages together with a short term / long term breakdown and an analysis of the most common diagnoses. This is produced for service and department level and distributed to managers each month (see below):

In addition, a more detailed KPI Booklet is produced and sent to managers each month. As well as the basic KPI information this includes:

- staff still off sick at the end of the month
- all staff off sick within the month
- a trigger report showing where staff have hit stage 1 triggers
- a full staff list
- staff on fixed term contracts
- staff whose PDRs are outstanding

HR Advisors generally meet with ward/department managers on a monthly basis at which they catch up on a range of HR issues including sickness management, recruitment, any employee relations issues, PDR & mandatory training rates etc. This is where managers and HR Advisors will agree actions and plan the management of long term cases. HR Advisors are then usually present to support managers in conducting long term sickness meetings with staff (as well as formal meetings under stages 2 and 3 of the short term process).

**Michelle Turner**  
**Director of Workforce and Marketing**

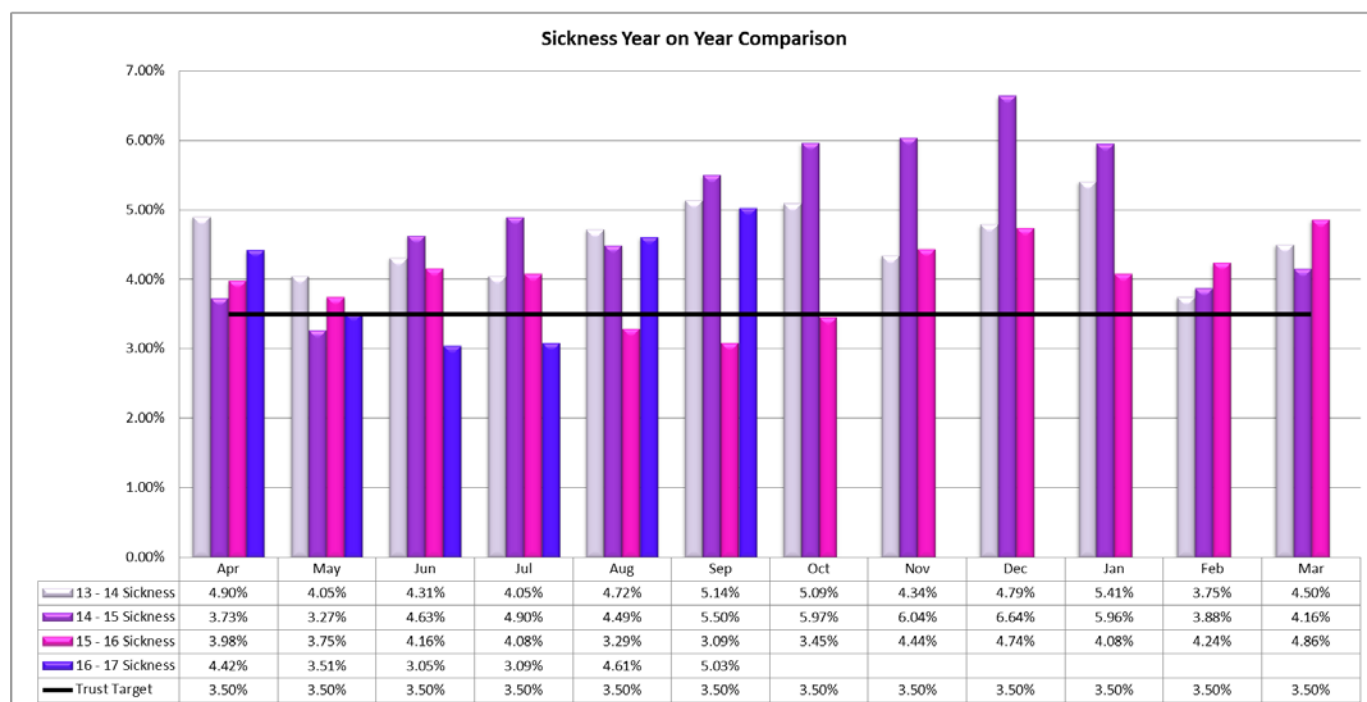
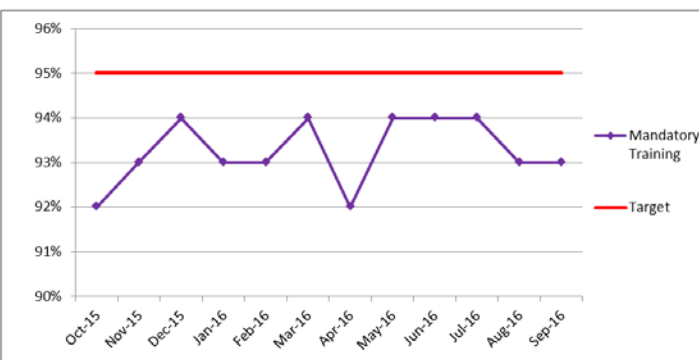
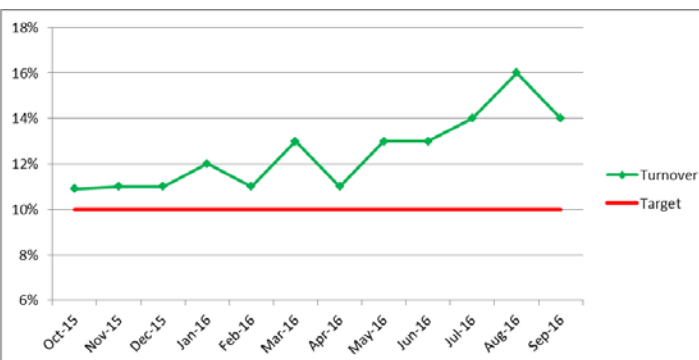


**Trustwide - HR KPI Report (Level Three)**  
**September 2016 Figures**

	Sickness						Staffing						L&D	
	Single Month	Previous Month	Cumulative (Financial Year)	September 2015 Sickness	Short Term	Long Term	Heads	WTE	Starters in Month	Leavers in Month	Turnover (Rolling 12 Months)	Maternity Leave at Month End	PDR	Mandatory Training
<b>Targets</b>	<b>3.50%</b>	<b>3.50%</b>	<b>3.50%</b>	<b>3.50%</b>							<b>10%</b>		<b>90%</b>	<b>95%</b>
Estates & Facilities	0.38%	0.37%	1.55%	5.01%	100%	0%	18	17.67			23%		94%	96%
Finance	0.00%	0.00%	1.12%	0.51%	0%	0%	32	30.68		1	26%	2	100%	99%
Genetics	1.67%	1.77%	1.12%	0.63%	15%	85%	76	72.08	1		18%	3	91%	98%
Gynaecology	8.37%	8.21%	6.09%	5.34%	29%	71%	177	152.30		2	15%	6	89%	82%
Hewitt Centre	3.81%	2.64%	2.80%	3.08%	10%	90%	115	94.81	1	1	7%	5	98%	96%
Human Resources	1.47%	3.21%	3.21%	0.00%	100%	0%	36	31.30			48%		97%	97%
Imaging	6.50%	9.15%	3.94%	5.95%	6%	94%	20	16.36			12%		94%	94%
Integrated Admin	6.62%	5.96%	5.50%	4.87%	30%	70%	75	64.31			14%		97%	94%
Integrated Governance	3.84%	2.29%	2.94%	4.41%	57%	43%	64	52.10	1		15%		94%	97%
IT & Information	4.61%	4.74%	2.07%	3.24%	31%	69%	56	53.19		1	13%		98%	99%
Maternity	5.99%	5.03%	5.36%	2.12%	45%	55%	474	387.71	3	1	8%	18	92%	92%
Medical	0.00%	0.28%	1.11%	0.60%	0%	0%	74	65.41	1	3	24%		91%	90%
Neonates	4.47%	5.31%	5.46%	3.13%	71%	29%	196	165.89	11	2	11%	14	93%	95%
Pharmacy	6.80%	6.68%	3.53%	7.56%	5%	95%	18	15.50	1	1	26%		67%	81%
Surgical Services	9.28%	5.68%	5.26%	7.82%	28%	72%	76	68.79		1	17%	1	90%	93%
Transport	3.57%	0.00%	1.84%	0.00%	100%	0%	11	9.00			22%		40%	84%
Trust Offices	0.21%	3.36%	0.79%	0.00%	100%	0%	18	16.50			36%	1	87%	81%
<b>Overall Trust</b>	<b>5.03%</b>	<b>4.61%</b>	<b>4.27%</b>	<b>3.09%</b>	<b>39%</b>	<b>61%</b>	<b>1536</b>	<b>1313.59</b>	<b>19</b>	<b>13</b>	<b>14%</b>	<b>50</b>	<b>92%</b>	<b>93%</b>

Top Three Diagnosis (Single Month Sickness):	Anxiety/stress/depression/other psychiatric illnesses	Gastrointestinal problems	Other musculoskeletal problems
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Professional Registration Lapses in Month:	6
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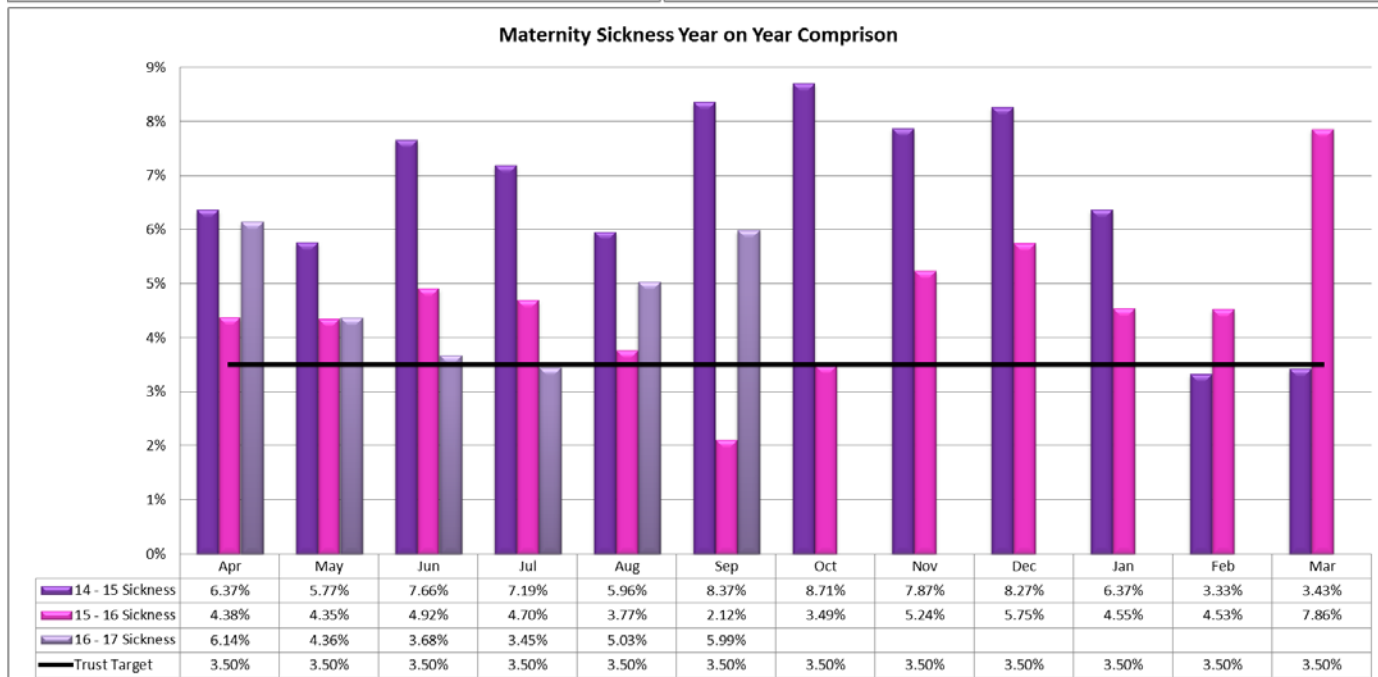
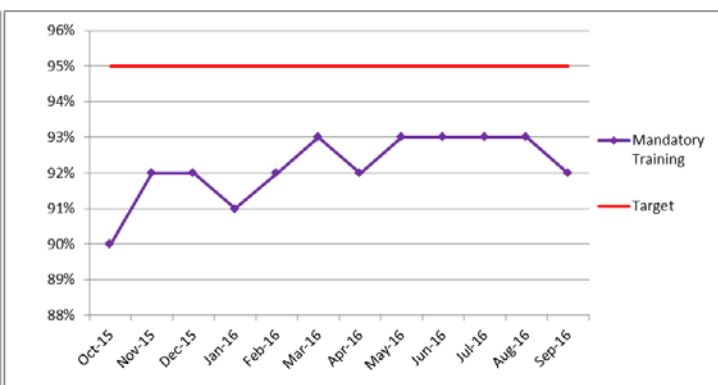
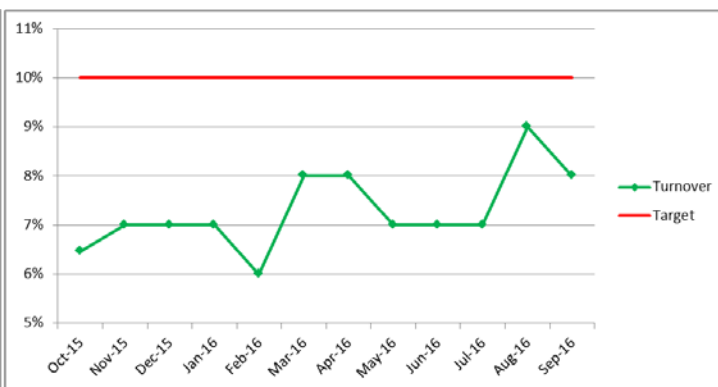


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**Maternity - HR KPI Report**  
**September 2016 Figures**

	Sickness						Staffing						L&D	
	Single Month	Previous Month	Cumulative (Financial Year)	September 2015 Sickness	Short Term	Long Term	Heads	FTE	Starters in Month	Leavers in Month	Turnover (Rolling 12 Months)	Maternity Leave at Month End	PDR	Mandatory Training
<b>Targets</b>	<b>3.50%</b>	<b>3.50%</b>	<b>3.50%</b>	<b>3.50%</b>							<b>10%</b>		<b>90%</b>	<b>95%</b>
159 Aintree Day Ward L4 944210	0.00%	28.03%	4.31%	2.25%			5	2.39			42%		100%	95%
159 Breast Feeding Peer Support L4 944115	0.00%	0.00%	0.91%	0.00%			6	3.57			0%		100%	100%
159 Community Midwifery L4 944400	8.07%	5.97%	5.98%	2.97%	26%	74%	88	74.50			7%	1	95%	96%
159 Crown Street - Antenatal Services L4 944200	8.05%	10.02%	5.66%	5.86%	41%	59%	27	17.11			6%		100%	79%
159 Delivery Suite L4 944500	2.72%	2.37%	3.00%	2.41%	100%	0%	115	99.00		1	10%	2	98%	92%
159 Fetal Centre L4 944300	4.65%	2.27%	1.27%	11.26%	100%	0%	10	6.83			0%		88%	97%
159 Jeffcoate - Midwifery Lead Unit L4 944630	4.90%	2.03%	5.33%	1.38%	63%	37%	63	54.12	2		4%	3	94%	88%
159 Liverpool Childrens Centres L4 944112	0.63%	0.00%	0.11%	0.00%	100%	0%	7	5.60			18%		83%	92%
159 Maternity Administration L4 944110	6.16%	4.85%	7.91%	0.00%	3%	98%	17	11.72			17%		91%	91%
159 Maternity Assessment Unit - Obstetric Day Ward L4 944270	27.75%	27.75%	22.35%	0.00%	0%	100%	4	2.79			36%		100%	93%
159 Maternity Assessment Unit L4 944270	10.31%	9.54%	7.78%	0.00%	51%	49%	36	30.07			7%	1	87%	89%
159 Maternity Management L4 944100	0.00%	0.00%	0.00%	0.00%			8	7.51			0%	1	50%	89%
159 Maternity Ward L4 944600	6.59%	4.46%	6.37%	1.51%	26%	74%	69	57.58	1		10%	9	94%	92%
159 National Hearing Programme L4 944960	16.73%	14.56%	16.71%	1.37%	52%	48%	11	6.93			14%		0%	99%
159 Out of Hours Blood Service L4 944950	0.00%	0.00%	0.00%	0.00%			4	4.00			0%		75%	99%
159 Private Patients L4 944105	12.22%	43.48%	10.84%	0.00%	100%	0%	3	3.00			0%	1	100%	91%
159 Sefton Enhanced Midwifery L4 944230	0.00%	0.00%	0.00%	0.00%			1	1.00			0%		100%	100%
<b>Maternity Overall</b>	<b>5.99%</b>	<b>5.03%</b>	<b>5.36%</b>	<b>2.12%</b>	<b>45%</b>	<b>55%</b>	<b>474</b>	<b>387.71</b>	<b>3</b>	<b>1</b>	<b>8%</b>	<b>18</b>	<b>92%</b>	<b>92%</b>
<b>Overall Trust</b>	<b>5.03%</b>	<b>4.61%</b>	<b>4.27%</b>	<b>3.09%</b>	<b>39%</b>	<b>61%</b>	<b>1536</b>	<b>1313.59</b>	<b>19</b>	<b>13</b>	<b>14%</b>	<b>50</b>	<b>92%</b>	<b>93%</b>

<b>Top Three Diagnosis (Single Month Sickness):</b>			
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**2016/87**

**Chair's announcements**

**Minutes of meeting held on Tuesday, 9<sup>th</sup> August 2016  
in the Boardroom, Liverpool Women's Hospital**

**Present:**

Sheila Phillips Chair (SP)  
Mary McDonald, Appointed Governor (MMc)  
John Floey, Staff Governor, Admin, Clerical, Managers, Ancillary and other (JF)  
Cynthia Dowdle, Appointed Governor (CD)  
Terri Anne Green, Public Governor Central  
Cheryl Barber, Public Governor Knowsley  
Saad Al-Sukuri Public Governor Central  
Shelley Ralph Public Governor Central

**IN ATTENDANCE:**

Colin Reid, Trust Secretary (CR)  
Katherine Wright, Head of Communications & Marketing (KW)

27 **Apologies**

Apologies were received from:  
Sheila Gwynn Adams, Lead and Public Governor South (SGA)  
Carole McBride, Public Governor Sefton (CMc)  
Pat Speed, Public Governor Sefton (PS)  
Adrian O'Hara, Public Governor  
Helen Gavin, Internal Communications and Membership Officer (HG)

28 **Meeting Guidance Notes**

Governors received and noted the meeting guidance notes.

29 **Declarations of Interest**

There were no declarations of interest.

30 **Minutes of Previous Meeting Held on Tuesday 21<sup>st</sup> June 2016**

The minutes of the previous meeting were agreed as an accurate record subject to the amendment to the attendance of members.

31 **Matters arising and action points**

The Committee noted that it would receive a report on the PLACE Assessment when available.

32 **Experience Senate Update.**

MMc provided a brief outline of the work of the experience Senate held earlier that day.

MMc explained that the Senet had received assurances on Developing & improving staff attitudes, the Mystery Shopper Programme, an update on Multi-disciplinary group discussion on Tongue Tie, Nursing & Midwifery Development Day Feedback, Friends and Family Test feedback and Hewitt Fertility Centre – Support Group overview.

With regard to chaplaincy service the Committee noted that patient spiritual needs were being administered and an update would be provided on how this was being undertaken at the trust following the Trust Chaplin's recent departure.



## **Action Trust Secretary**

**The Chair thanked MMc for her report which was noted.**

### **33 Communications, marketing and engagement strategy**

KW highlighted how the Marketing and Comms Engagement strategy and how the Trust sought to recruit members recognising the need to make sure that the numbers reflected the population and diversity the Trust served.

The Committee noted that a number of initiatives were being considered in terms of using email as a way of engagement. There was concern that not all the membership had an email account and it was important that the engagement strategy reflected how such members could be engaged with. Consideration was given to having one newsletter a year that could be sent out both electronically and through the post for those members without an email address. Another tool to help in the promotion of the membership was the use of membership cards which articulated what it meant to be a member of Liverpool Women's.

The Committee considered other opportunities for engagement as well as how it could target particular groups, in particular youth. It was agreed that at the next meeting the Committee would receive a paper on proposals.

### **34 Website Governor Pages**

KW explained the current status of the Trust's new website and the opportunity to utilise a Governor only page. CR felt that having such a page allowed for Governors to access information that they had been requesting for some time but due to the nature of the current website this was not possible to provide.

The Committee received an update branding of brochures on the website and it was agreed that a smaller group comprising of SP, MMc, KW and CR would meet to consider proposed standardised layouts.

### **35 2016 Elections / Annual Members Meeting**

CR explained the election process being adopted by the Trust which followed the same process as previous years.

Referring to the AMM the Committee agreed to the suggestion that the date be moved to 11 October to coincide with the International Year of the Girl Child and the attendance of Dr Mukwege as Guest Speaker through the Duncan Society at the University of Liverpool. The Committee noted that an open day would not be held due to all other engagement activity the Trust was undertaking as part of the CCG Options appraisal.

### **36 Update on Future Generations Communications and Engagement Strategy**

KW explained the current status of the CCG Option Appraisal and the engagement work currently being undertaken as part of the pre-consultation process. She advised that the Trust was supporting the process; however there was recognition that the process was owned by the CCG. KW went on to explain the work of the CCG to target as many people as possible across the Trust's footprint.

### **37 Governor Workshop - 15th September 2016**

KW provided an outline of the Governor Workshop being held on 15 September 2016 and explained that to date she had received confirmation from 7 Governors of their attendance.

38 **Any Other Business**

None reported

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

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

To be confirmed

DRAFT

<b>Agenda item no:</b>	2016/89		
<b>Meeting:</b>	Council of Governors Meeting		
<b>Date:</b>	26 <sup>th</sup> October 2016		
<b>Title:</b>	The Workforce Race Equality Standard (WRES)		
<b>Report to be considered in public or private?</b>	Public		
<b>Where else has this report been considered and when?</b>			
<b>Reference/s:</b>	WRES guidance NHS England The Snowy White Peaks of the NHS, Roger Kline 2014 2015 National NHS Staff Survey Results (LWHFT)		
<b>Resource impact:</b>	Potential		
<b>What is this report for?</b>	Information	x	Decision
			Escalation
			Assurance
			x
<b>Which Board Assurance Framework risk/s does this report relate to?</b>			
<b>Which CQC fundamental standard/s does this report relate to?</b>			
<b>What action is required at this meeting?</b>	For information and discussion.		
<b>Presented by:</b>	Cheryl Farmer, Diversity and Inclusion Manager		
<b>Prepared by:</b>	Cheryl Farmer, Diversity and Inclusion Manager		

This report covers (tick all that apply):

<b>Strategic objectives:</b>			
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			x
<b>Other:</b>			
Monitor compliance		Equality and diversity	x
Operational plan		NHS constitution	

<b>Publication of this report</b> (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	<b>x</b>
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

### Background to the Workforce Race Equality Standard:

Recent research has shown that the treatment and experience of Black and Minority Ethnic (BME) staff within the NHS is significantly worse, on average than that of white staff. The publication of 'The Snowy White Peaks of the NHS' (2014) demonstrated that BME staff had significantly worse experiences as part of the NHS workforce.

The report also summarises research over recent years showing that BME staff were treated less favourably by every measure, including promotion, grading, disciplinary processes, bullying and access to non-mandatory training.

During 2014, the NHS Equality and Diversity Council (EDC) carefully considered the combined impact of this research and concluded that it was in the best interests of patients and staff that early and decisive steps be taken to remedy this situation, and proposed the Workforce Race Equality Standard (WRES) be introduced as a statutory measure to start addressing this issue, with the first results to be published both nationally and locally by 1<sup>st</sup> July 2015.

### Why is the focus on race equality only?

The NHS Equality and Diversity Council is not suggesting that other forms of equality are less important than race, but it is clear that race discrimination is an important issue within the NHS and there has been little if any improvement in recent years.

17% of NHS staff are from BME backgrounds, including 20% of nurses and 37% of doctors, and the research has shown that tackling their unfair treatment benefits patients care.

**In this Trust:** 7.7% of our total staff identify as being from a BME background, compared to 15% of local resident communities who identify as BME.

- 0.8% of non-clinical staff identify as BME
- 6.3% of clinical staff identify as BME

West, M (2011) and Dawson J (2009), demonstrated the links between how NHS staff are treated and the care provided to patients, and the cost to both employers and patients of not treating staff well. Further research has established the close link in particular between the treatment of BME staff and the care of all patients.

Other research has shown the benefits to organisations of having diverse leaderships and the serious impact of race discrimination on the health of the BME workforce.

### Professor Wests research shows:

*'the greater the proportion of staff from a BME background reporting discrimination at work in the previous 12 months, the lower the levels of patient satisfaction, **the experience of BME staff is a very good barometer of the climate of respect and care within all NHS Trusts**'*

### What are the aims of the WRES?

Drawing on the results of this body of research the WRES aims to tackle the consistently less favourable treatment of the BME workforce – in respect of their treatment and experience, and help to improve the opportunities, experiences and working environment for BME staff, and in doing so, help lead toward improvements in the quality of care and satisfaction for all patients.

## Reporting the results from WRES:

From 2015 it has been **mandatory** for NHS organisations to collect this information and submit to NHS England for publication in the WRES section of their website by 1<sup>st</sup> July and at least annually thereafter.

The WRES is also part of the evidence of compliance with statutory duties we have to submit to the CCG through the **Quality Contract**, the first submission will be made in September, and the CCG will expect evidence that the issues raised by the WRES have been presented/discussed at the relevant Trust meetings and committees and actions to address any issues raised put in place.

WRES outcomes and action plans now sit within the regulatory framework and will therefore be scrutinised by the CQC (as part of their routine inspections) and NHS Improvement.

## What does the WRES measure?

The WRES comprises nine indicators. Four of the indicators focus specifically on workforce data, four are based on data from the national staff survey and one considers the composition of the Board, all nine are shown below:

### Workforce indicators:

For each of the following indicators, the Standard compares the metrics for White and BME staff:

1. Percentage of BME staff in Bands 8-9, very senior managers (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce. (This should be calculated separately for clinical and non-clinical staff).
2. Relative likelihood of BME staff being appointed from shortlisting compared with White staff being appointed from shortlisting across all posts
3. Relative likelihood of BME staff entering the formal disciplinary process compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (measured on a 2 year rolling average).
4. Relative likelihood of BME staff accessing non mandatory training and CPD.

### National NHS Staff Survey findings:

For each of these four staff survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question.

5. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
6. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
7. KF 21. Percentage believing that the Trust provides equal opportunities for career progression or promotion
8. Q 17. In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleague

### The executive Board:

9. % difference between the organisations' Board voting membership and its overall workforce.

## **2. Issues for consideration**

The data included in this years' WRES submission (based on 2015 staff survey results) is included at Appendix 1 for information/discussion along with the associated action plan.

## **3. Conclusion**

Although the WRES isn't a tool which shows 'progression through a series of grades to show improvement' it is a metric we can use to help identify areas of concern, and provide us with the evidence we need to produce an effective action plan.

NHS England are currently consulting with stakeholders across all regions in order to develop a Workforce Disability Equality Standard (implementation expected in 2017) and a Workforce Sexual Orientation Equality Standard, to address the experiences and opinions of disabled and LGB employees.

## **4. Recommendation/s**

The Council of Governors to receive this report and engage in an open and honest discussion over the results presented and the accompanying action plan.

## Appendix 1.

### WRES indicators LWHFT 2016:

Indicator					Response LWHFT 2015																																																																											
Workforce indicators: for each of these four workforce indicators, compare the data for white and BME staff.																																																																																
<div>1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.</div> <div>NB. Organisations should undertake this calculation separately for non-clinical and for clinical staff.</div> <div>Non clinical staff:</div> <table><tr><th>AfC band</th><th>Total no of staff in each band</th><th>% of staff in band = White</th><th>% of staff in pay band = BME</th><th>Not stated</th></tr><tr><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>2</td><td>119</td><td>92.4</td><td>5.0</td><td>0.25</td></tr><tr><td>3</td><td>45</td><td>100</td><td>0</td><td>0</td></tr><tr><td>4</td><td>65</td><td>95</td><td>3.0</td><td>1.5</td></tr><tr><td>5</td><td>33</td><td>94</td><td>6.0</td><td>0</td></tr><tr><td>6</td><td>15</td><td>100</td><td>0</td><td>0</td></tr><tr><td>7</td><td>23</td><td>100</td><td>0</td><td>0</td></tr><tr><td>8</td><td>26</td><td>92</td><td>4</td><td>4</td></tr><tr><td>9</td><td>1</td><td>100</td><td>0</td><td>0</td></tr><tr><td>VSM</td><td>13</td><td>92</td><td>8</td><td>0</td></tr></table> <div>Clinical staff:</div> <table><tr><th>AfC band</th><th>Total no of staff in each band</th><th>% of staff in band = White</th><th>% of staff in pay band = BME</th><th>Not stated</th></tr><tr><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>2</td><td>86</td><td>95</td><td>5.0</td><td>0</td></tr><tr><td>3</td><td>125</td><td>94</td><td>5.0</td><td>1.0</td></tr></table>					AfC band	Total no of staff in each band	% of staff in band = White	% of staff in pay band = BME	Not stated	1	0	0	0	0	2	119	92.4	5.0	0.25	3	45	100	0	0	4	65	95	3.0	1.5	5	33	94	6.0	0	6	15	100	0	0	7	23	100	0	0	8	26	92	4	4	9	1	100	0	0	VSM	13	92	8	0	AfC band	Total no of staff in each band	% of staff in band = White	% of staff in pay band = BME	Not stated	1	0	0	0	0	2	86	95	5.0	0	3	125	94	5.0	1.0	<div>Workforce profile (all staff):</div> <div>White = 91%</div> <div>BME = 7.7%</div> <div>Not stated = 1.72%</div> <div>Overall workforce divided into clinical and non-clinical staff:</div> <div>Non clinical staff:</div> <div>White = 21.6%</div> <div>BME = 0.8%</div> <div>Not stated = 0.4%</div> <div>Clinical staff:</div> <div>White = 69.5%</div> <div>BME = 6.3%</div> <div>Not stated = 1.32%</div>
AfC band	Total no of staff in each band	% of staff in band = White	% of staff in pay band = BME	Not stated																																																																												
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4	65	95	3.0	1.5																																																																												
5	33	94	6.0	0																																																																												
6	15	100	0	0																																																																												
7	23	100	0	0																																																																												
8	26	92	4	4																																																																												
9	1	100	0	0																																																																												
VSM	13	92	8	0																																																																												
AfC band	Total no of staff in each band	% of staff in band = White	% of staff in pay band = BME	Not stated																																																																												
1	0	0	0	0																																																																												
2	86	95	5.0	0																																																																												
3	125	94	5.0	1.0																																																																												



4	25	96	4.0	0			
5	249	86	12.0	2.0			
6	423	93	5.2	1.6			
7	118	96	1.0	3.0			
8	59	92	5.0	3.0			
9	3	100	1	0			
VSM	1	100	0	0			
Consultants	73	63	27	10.0			
2. Relative likelihood of BME staff being appointed from shortlisting compared with White staff being appointed from shortlisting across all posts					White staff are 1.1 times more likely than BME staff to be appointed from shortlisting.  Score of 1 = equal chance of white/BME staff being appointed Score <1 = white staff less likely to be appointed Score > 1 = white staff more likely to be appointed		
3. Relative likelihood of BME staff entering the formal disciplinary process compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.  This indicator is based on data from a two year rolling average of the current year and the previous year.					Likelihood of a white member of staff entering a formal disciplinary process = 0.012  No BME staff were involved in a disciplinary process during this time period.		
4. Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff.					2014  Relative likelihood of white staff accessing non mandatory training and CPD compared to BME staff = 1.03		2015  Relative likelihood of white staff accessing non mandatory training and CPD compared to BME staff = 1.05
NHS Staff Survey Indicators					Liverpool Women's NHS Foundation Trust		Average (median) for acute specialist Trusts.
5. KF18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months					2014 White– 22%  BME – 30%	2015 White–20%  BME- 11%	White-22%  BME – 19%

6. KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	<b>2014</b> White – 22%  BME - 30%	<b>2015</b> White–19%  BME - 23%	White–23%  BME – 24%
7. KF 27. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	<b>2014</b> White – 90%  BME - 72%	<b>2015</b> White–91%  BME - 90%	White–91%  BME – 78%
8. Q 23 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleague (%).	<b>2014</b> White – 5%  BME - 16%	<b>2015</b> White–3%  BME - 10%	White–6%  BME – 12%
<b>Board related question: for this indicator compare the difference for White and BME staff.</b>			
9. Percentage difference between the organisations' Board voting membership and its overall workforce.	<b>Board:</b>  91% white 9% BME  Slightly higher % of BME representation on the Board than the percentage of BME staff in the workforce - need to take into consideration the 1.72% of staff who have not disclosed this information.		

## Appendix 2: 2016 WRES Action Plan.

ACTION	Due date	Progress toward outcome	Person Responsible	RAG
Identify which committee will act as the assurance committee for the Workforce Race Equality Standard	July 2016	Agreed in Trust Board meeting on 03/06/16 that the Trusts Putting People First Committee would oversee the WRES and ensure progress of associated action plan.	Director of Workforce and Marketing	completed
WRES action plan to be developed by members of the Trusts Diversity and Inclusion Committee with actions linked to issues identified in current years WRES response. Action plan to be monitored by this committee and quarterly reports sent to Trusts Putting People First Committee.	August 2016	Draft action plan completed, to go to relevant committees during September for agreement, final sign off by the Putting People First Committee.  Actions will be monitored by the Diversity and Inclusion Committee, before being presented at the assurance committee ( Putting People First Committee)	Members of the Diversity and Inclusion Committee	completed

<p>Provide updates on the WRES and action plan progress to the following committees and groups:</p> <ul style="list-style-type: none"> <li>• Diversity and Inclusion Committee</li> <li>• Putting People First Committee</li> <li>• Partnership Forum</li> <li>• Joint Local Negotiating Committee</li> <li>• Council of Governors</li> <li>• Quarterly meetings with HealthWatch, Patient Experience and Quality Team</li> </ul>	Ongoing	Ensure that updates are provided in time to be presented at all relevant meetings	Diversity and Inclusion Manager	Ongoing
Facilitate meetings directly with members of the BME workforce to hear first hand their experiences of the workplace in terms of the WRES key indicators, to further raise awareness of the WRES and enable a better understanding around areas to improve.	December 2016	To be carried out during October 2016 , which is Black History Month. Carrying out these meetings during this month will be part of the awareness raising carried out in October	Diversity and Inclusion Manager/HR Advisors/L and D facilitator	Not started
Initiate engagement with staff across the Trust to understand why both BME staff and white staff are failing to report incidents of bullying, harassment or abuse from patients, relatives or the public formally and identify what training and/or support is needed for them to be confident in reporting such incidents.	March 2017		Diversity and Inclusion Manager/HR Advisors/Risk team	Not started

Undertake further detailed data analysis to identify any specific areas in the Trust, job roles and pay bands where BME staff are poorly represented, in particular to investigate the declining number of BME staff above a Band 5 in both clinical and non clinical roles	March 2017		Workforce Information Manager/HR Business Partner/Diversity and Inclusion Manager	Not started
Encourage applications from underrepresented groups – ensure information is included in all job adverts to specifically encourage applications.	September 2017		Transactional HR staff/HR Business Partner	Not started
Ensure that national BME networks are notified of vacancies for roles at Band 8 and above	September 2017		Transactional HR staff/HR Business partner	Not started
Expand Diversity and Inclusion Training to include the WRES and the responsibilities of both the Trust and its employees around the WRES.	December 2016	Training booked for: - Council of governors - Trust Board	Diversity and Inclusion Manager	Ongoing
Ensure that staff at Pay Band 8 and above are aware of and encouraged to participate in any leadership/training courses specifically developed for BME staff	September 2016	Learning and development team to publicise and encourage/support BME staff at Band 8 and above to attend leadership/development programmes aimed specifically at BME staff  The first opportunity can be found in the link below:  <a href="http://www.leadershipacademy.nhs.uk/programmes/the-ready-now-programme/">http://www.leadershipacademy.nhs.uk/programmes/the-ready-now-programme/</a>	Learning and Development Manager	Ongoing

# CQC Inspection Briefing



**Julie King**  
**Deputy Director of Nursing**  
**& Midwifery**

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# Introduction

We will be conducting our bi-annual in-house mock **CQC** inspection from **Monday 12<sup>th</sup> December 2016** for 4 days. This briefing provides information about **CQC**, and what to expect during the inspection process.

## December begins today!

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## CQC...

- ➡ Regulates health and adult social care services across England.
- ➡ Responsible for registering and inspecting services to ensure compliance with statutory regulations.
- ➡ Inspection of hospitals conducted by specialist teams led by Chief Inspector of Hospitals (CIH).

Want to know more?... [www.cqc.org.uk](http://www.cqc.org.uk)



## **Areas to be inspected:**

Gynaecology

Maternity

Neonatal

Hewitt Centre

Out patients

Theatres

Community

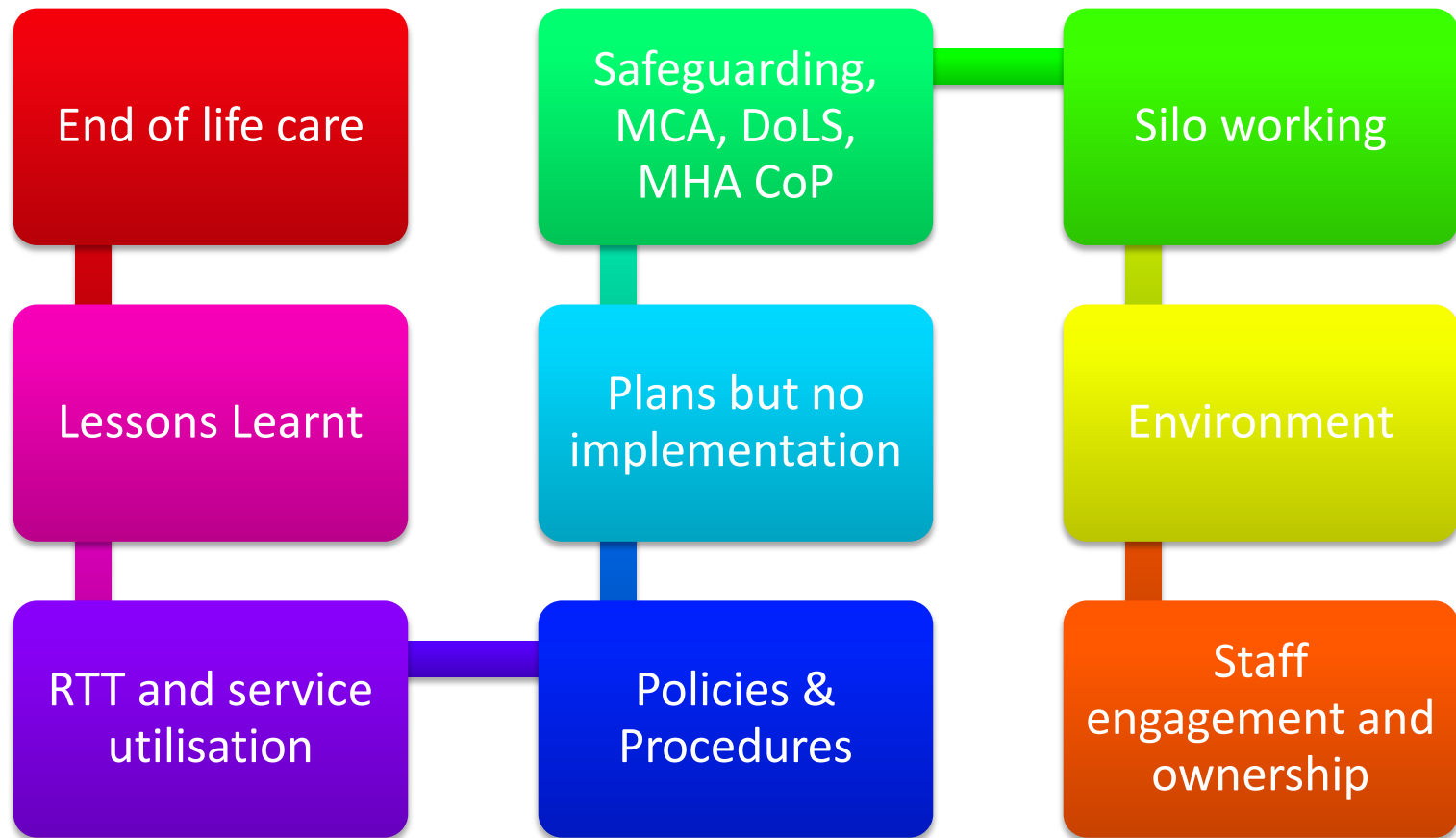


# How are we going to do this?

- Use the CQC 'KLOE' methodology – S.C.R.E.W.
- Split into small teams to cover all areas of the Trust
- Use a CQC standard template to record our observations
- Focus on areas as led by pre intelligence gathering
- Follow a patient journey as well as inspect directorates
- Involve external stakeholders
- Blended approach to inspection teams

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## What to look out for...



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## During the inspection...



Interviewing - staff, patients and relatives

Observing - culture and leadership at patient facing level

Information gathering (be aware of IG & DPA)

Responding to feedback from patients

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Don't worry – this is good for us!



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**Questions?**

**[Julie.King@lwh.nhs.uk](mailto:Julie.King@lwh.nhs.uk)**

**Agenda item 91: Non-Executive Director Role at LWH - Phil Huggon**

**Agenda item 92: Chairs Reports for:**

**Putting People First Committee**

**Finance Performance and Business Development Committee**

**Governance and Clinical Assurance Committee**

**Audit Committee**

## Board of Directors

### Committee Chair's report of PPF Committee meeting held 23 September 2016

#### 1. Agenda items covered

- Staff Story – Gynae Nurse Practitioner – A member of staff shared her personal story of work related stress, describing the missed opportunities to support her early on, the positive experience and support she received from colleagues, occupational health, and senior managers when she became so ill she could not attend work. Learning opportunities had been identified and shared, and those who could have intervened earlier had received constructive personal feedback.
- Hewitt Fertility Service Workforce Review – a deep dive into the workforce risks, challenges, mitigation and longer term plans to address those risks
- Medical Education Update – Paper providing assurance that all training & education of medical students and doctors meets the new GMC requirements
- Apprenticeship Levy – Updating the Committee on the £300k Apprenticeship Levy, its challenges and opportunities and providing assurance that the Trust was clear about the steps it would be taking to meet the Apprenticeship target of 31 wte
- Leadership Development - The new Leadership Development programme was described, providing assurance of its links to best practice and response to Trust's challenges
- Review of Transactional HR Service – 12 monthly review of the effectiveness of the in house transactional service demonstrated effective working practices, supporting service delivery.
- WRES Update – The Committee approved the Action Plan developed by the Diversity & Inclusion Committee to support improvements relating to the Workforce Race Equality Scheme
- HR KPIs – Monthly KPIs reviewed. Increased focus on turnover, recognizing increasing turnover in corporate areas potentially associated with Future Generations Strategy. Committee recognized this as a risk associated with the proposed change. Retention strategy developed for key posts.
- Staff Engagement/Pulse – Effectiveness of PULSE survey (Staff Friends & Family Test) questioned. Committee recommended a review of staff engagement strategies and the process for gathering staff Friends & Family data.
- Review of Payroll Provision – Committee assured of robust payroll arrangements and noted the extension of current contract with other NHS provider pending commencement of tendering process



- Medical Appraisal & Revalidation Annual Report – Committee assured of the Trust's successful implementation of doctors appraisal and revalidation, noting external audit assurance. Committee approved the Statement of Compliance.
- Policy Approval – the following policies were ratified
  - Personal Use of Social & Attributed Media Policy
  - Redeployment Policy
  - Organisational Change Policy
  - Flexible Working Policy
  - Secondment & Acting Up Policy
  - Maternity, Paternity & Adoption Leave Policy
  - Recruitment & Selection Policy
  - Whistleblowing Policy
  - Annual Leave for Medical Staff
  - Clinical Excellence Awards Policy
  - Senior Medical Staff covering Junior Medical Staff (out of hours) Policy

### **Board Assurance Framework (BAF) risks reviewed**

- All Committee relevant BAF risks were reviewed and no amendments recommended.
- The committee identified a theme with respect to shortage of junior medical staff which was impacting on rotas across clinical services. Risk to date captured within service risk registers and at corporate risk level but Committee felt now merited a review of total risk by GACA

### **2. Issues to highlight to Board**

- Age profile of nursing workforce within Hewitt identified as a potential risk to service delivery but good mitigation and actions to address in place
- Apprenticeship Levy equating to £300k top-sliced and held nationally, can only be drawn down to support training costs (not salary or backfill) and requirements to meet public sector duty of 31 wte Apprenticeships in 2017/18.
- Turnover demonstrating an increasing trend particularly in corporate services. Actions to monitor and address where possible through shared appointments/services. Clinical services not experiencing difficulty in recruiting (other than in known shortage areas)
- Confident that we provide a good medical educational experience across all levels and have robust action plans to address areas identified for improvement.

### **3. Action required by Board**

To receive the report of the Putting People First Committee.

Chair report provided by:

Tony Okotie

Date: 1 October 2016

## **Board of Directors**

### **Committee Chair's report of Finance Performance and Business Development Committee meeting held 24 October 2016**

#### **1. Agenda items covered**

- ~ Month 5 Finance Report: The Committee was assured that the Trust was still on target to deliver the control total at year end even though there was recognition of variations with the plan (including CIP)
  - o The Committee noted that there would be additional requirements for reporting of use of agency staffing to NHSI
- ~ Performance dashboard: the Committee noted that the Trust continued to deliver against the NHSI performance targets. The Committee noted that there were a number of concerns regarding performance indicators in Maternity. In order to address these concerns a daily huddle had been put in place to monitor and address any concerns proactively. The daily huddles were in addition to the normal weekly performance Management meetings.
- ~ NHSI Quarter 2 Return: The Committee received the Q2 financial return to NHSI. The Governance return was not required. The Committee noted that there has been an increase in reporting to NHSI over the last few months.
- ~ Committee received the CIP Post Implementation Review which noted that a number of schemes were likely to not deliver. Mitigations were in place however the non delivery would be offset by improved activity performance.
- ~ Sustainability and Transformation Fund and Financial Control Totals for 2017/18 and 2018/19. The Committee received the control totals published by NHSI for 2017/18 and 2018/19. There was recognition that non delivery of the control totals would likely place organisations into special measures.

#### **2. Board Assurance Framework (BAF) risks reviewed**

- ~ The Committee noted the BAF risks.

#### **3. Issues to highlight to Board**

- ~ None

#### **4. BAF recommendations**

- ~ None

#### **5. Action required by Board**

- ~ None

## Board of Directors

### Committee Chair's report of Governance and Clinical Assurance Committee meeting held 16 September 2016

#### 1. Agenda items covered

- ~ Chair of the Committee would be Susan Milner, Non-Executive Director from 1 October 2016.
- ~ **EPPR Assurance:** the Committee was action to review responses to questions raised by the Board at its meeting on 2 September 2016 with regard to the 2016/17 Emergency Preparedness, Resilience and Response (EPRR) Assurance report. The Committee reviewed the responses and were satisfied that processes were in place to address the concerns identified by the Board. The Committee requested that the action plan is brought back to GACA in November 2016 and reported to the Board in December 2016.
- ~ **Overview of Still Births:** The Committee received a report on the Trust's still birth rates and received assurance that benchmarking against peer trusts takes place. They also received assurances that processes were in place to identify cases which require further review.
- ~ **Safeguarding Annual Report:** the Committee received the safeguarding annual report and recommended it to the Board for approval
- ~ **Update on Action Plan arising from the Francis Report:** The Committee noted that most of the actions had been completed; however there were 4 outstanding actions which needed to be completed, two of which related to IT. It was agreed that these would be escalated to the FPBD Committee for review at the meeting in October and report back to GACA in November. The committee received reports that the other two risks, Council of Governors engagement with the public statement and prescribing of medicines would be completed following publication of the membership and public engagement strategy and the implementation of an update to Meditech system.
- ~ **Clinical Assurance and Performance:** the Committee have asked that a set of quality standards for 2017/18 be brought back to the Committee for review in January 2017 before going to the Board for final sign off. The Associate Director of Operations suggested further work to align Performance metrics with the SEE Report.
- ~ **Information Governance Update:** the Committee noted that there Trust was not achieving the requirement for 95% of staff to complete IG mandatory training and this was to be escalated to PPF to review.
- ~ **Review of Action Plan from June 2016 Compliance Inspections and December 2016 Compliance Inspections:** The Trust is committed to run mock inspections and in June a mock inspection identified a number of actions. The Committee was assured that the action plan was on target and would be completed by the end of December 2016 with one completed by March 2017. A further mock inspection would be completed in December as reported in the September CEO report to the Board. The Committee received an update on the process that would be undertaken.
- ~ **Assignment of Trust Leads for the CQC Fundamental Standards:** Establishment of Trust Leads for the CQC Fundamental Standards was discussed. Further work was required on the role of the designated NED for each standard.

#### 2. Board Assurance Framework (BAF) risks reviewed

- ~ The Committee agreed to de-escalate Risk 1735 (1e on the BAF). They noted that there was a robust system in place for managing alerts, overseen by the Safety Senate. It was therefore agreed that this risk be de-escalated and managed locally on the Governance Risk register.

- ~ The Committee was informed by the Associate Director of Operations that the Neonatal Transport Service does not have enough Junior Doctors to cover the rota. The Committee therefore agreed to a new risk being added to the BAF after discussion at the Neonatal MDT. This is new Risk 1o on the BAF.

### **3. Issues to highlight to Board**

- ~ Neonatal Risk on the BAF.

### **4. BAF recommendations**

The Board is asked to note the changes to the BAF as set out above and in the BAF paper to the Board.

### **5. Action required by Board**

- ~ The Committee recommends the Safeguarding Annual Report 2016 for approval
- ~ The Committee recommends the changes to the Terms of Reference for Board approval, noting that the reporting committee 'Corporate Risk Committee' may move to report to the FPBD Committee.
- ~ Approve changes to the BAF (see BAF paper to the Board)

## **Board of Directors**

### **Committee Chair's report of Audit Committee meeting held 24 October 2016**

#### **1. Agenda items covered**

- ~ Follow up of Internal and External Auditors Recommendations: The Committee received an update of the outstanding internal audit and LCFS recommendations as well as actions arising from the external audit. One recommendation outstanding from the 2014/15 LCFS program which has been partially implemented, relates to Consultant Job Plans. The Committee received assurance that actions had been taken to implement the recommendation. It was noted that an extension of time had been afforded the Medical Director to have the action plan completed following the completion date of 20th October 2016. The Medical Director had been asked to attend the Audit Committee in January 2017 update the Committee on the closure of the audit recommendations.
- ~ Internal Audit Progress Report: Good progress had been made against the Internal Audit plan although there was concern regarding a number of audits that had been deferred by the responsible executive and this would be fed back to the Executive. The Committee felt that any proposed changes made to the Audit Plan should be agreed by the Executive Team prior to seeking Committee agreement.
- ~ Register of Waivers of Standing Orders. The Committee noted that waivers had continued to fall from previous reports and the common reason for most waivers was 'sole supplier'. The Committee noted the changes currently being put in place regarding future joint procurement leadership with Aintree.
- ~ The Committee received proposed changes to the Corporate Governance Manual most of which related to the terms of reference of the Board Committees, Changes to job titles and change in the name of the regulator. Further changes would be proposed to strengthen the financial delegations in conjunction the Trust's Grip and Control checklist issued by NHSI.
- ~ The Committee noted that Ian Knight would take over as Chair of the Committee in January 2017.
- ~ A review of the External and Internal Audit was undertaken.

#### **2. Board Assurance Framework (BAF) risks reviewed**

- ~ None

#### **3. Issues to highlight to Board**

- ~ To note that a recommendation will be made to the Council of Governors on the re-appointment of the External Auditors.

#### **4. BAF recommendations**

- ~ None

#### **5. Action required by Board**

- ~ None

<b>Agenda item no:</b>	16/ 93						
<b>Meeting:</b>	Council of Governors						
<b>Date:</b>	16th November 2016						
<b>Title:</b>	Reappointment of External Auditors						
<b>Report to be considered in public or private?</b>	Public						
<b>Where else has this report been considered and when?</b>	N/A						
<b>Reference/s:</b>	Audit Code for NHS Foundations Trusts – Monitor (updated December 2014) Auditing Practices Board ethical standard 3 'Long association with the audit engagement'. NHSI Code of Governance						
<b>Resource impact:</b>	None						
<b>What is this report for?</b>	Information		Decision	x	Escalation		Assurance
<b>Which Board Assurance Framework risk/s does this report relate to?</b>							
<b>Which CQC fundamental standard/s does this report relate to?</b>							
<b>What action is required at this meeting?</b>	To recommend the reappointment of the external auditors						
<b>Presented by:</b>	Chair of the Audit Committee						
<b>Prepared by:</b>	Trust Secretary						

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	

<b>Other:</b>			
Monitor compliance	✓	Equality and diversity	
Operational plan		NHS constitution	

<b>Publication of this report</b> (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**

The Audit Committee considered options for the appointment of the external auditor at its meeting on 24 October 2016.

## **2. Background**

The appointment or re-appointment of the external auditor is one of the duties of the Council of Governors and is made following recommendation from the Trust's Audit Committee.

Price Waterhouse Coopers LLP (PwC) has been the Trust's statutory auditor since the year ended 31 March 2012. This was awarded for a 5 year period following an open tender exercise (3 year plus up to 2 years extension) which was approved by the Council on 19 November 2011.

The Audit Committee noted that the level of service received by PwC has been consistently good over the last 5 years and that they now have an excellent knowledge and understanding of the Trust and the strategic issues it faces within the context of the annual report and accounts and Quality Report.

## **3. Considerations made by the Audit Committee**

The Audit Committee noted that the NHS Improvement code of governance suggests that 'The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust. The current best practice is for a three- to five-year period of appointment.' This guidance does not prevent the Trust from extending the appointment.

Given the strategic position the Trust finds itself, a change in external auditors could distract key resource given more management time would be taken up in providing support the auditors during the set up process and audit. Operationally, incoming external auditors require additional planning days and assurance in their first year. This is poor value for money and would use additional resources, including at a more strategic level, as the incoming firm satisfied its understanding of the issues faced by the trust.

The Audit Committee in addressing whether to recommend to the Council re re-appointment of PwC also looked at the resourcing costs of going to the market via a mini competition or full OJEU tender and given the current financial position the Trust was in it was felt that it would not be a good use of the Trust's resources to go through a retendering exercise for contract that would need to be of limited length. The Committee therefore concluded that a recommendation be made to the Council to extend the external audit contract to PwC for a further two years with the option to extend year on year up to a maximum of two additional years.

## **4. Recommendation to Council of Governors**

The Council of Governors is recommended to:

- a) 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.