

**Meeting of the Board of Directors  
HELD IN PUBLIC  
Friday 4 November 2016 at Liverpool Women's Hospital at 10:00 a.m.  
Board Room**

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time	CQC Fundamental Standard	BAF Risk
	Thank you to Staff				1000 15mins		
270	Apologies for absence & Declarations of interest	Receive apologies	Verbal	Chair		-	-
271	Meeting guidance notes	To receive the meeting attendees' guidance notes	Written guidance	Chair		R17 – Good Governance	-
272	Liverpool Health Partners (LWH)	To explain the work of LHP & future collaborations	Presentation	Prof Ian Gilmore	1015 20mins	-	-
273	Patient Story – Archie's Story	To receive a patient story	Presentation		1035 10mins		
274	Minutes of the previous meetings held on 7 October 2016	Confirm as an accurate record the minutes of the previous meetings	Written	Chair	1045 10mins	R17 – Good Governance	-
275	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written/verbal	Chair		R17 – Good Governance	-
276	Chair's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chair	1055 15mins	R17 – Good Governance	All
277	Chief Executive Report	Report key developments and announce items of significance not elsewhere	Written	Chief Executive		R17 – Good Governance	All
278	Maternity Review	To receive and approve the Report	Written	Claire Mathews, Interim Head of Midwifery and	1110 30mins	R12 – Safe Care and Treatment	1b&c

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time	CQC Fundamental Standard	BAF Risk
				Devender Roberts Clinical Director			
<b>BOARD ASSURANCE</b>							
279	Chair's Report from the Finance Performance and Business Development Committee	Receive assurance and any escalated risks	Written	Committee Chair	1135 10mins	R17 – Good Governance	5b-g
280	Chair's Report from the Audit Committee	Receive assurance and any escalated risks	Written	Committee Chair		R17 – Good Governance	1&3
<b>TRUST PERFORMANCE</b>							
281	Performance Report period 6, 2016/17	Review the latest Trust performance report and receive assurance	Written	Associate Director of Operations	1145 10mins	R12&18: Safe R17 – Good Governance	3a
282	Finance Report period 6, 2016/17	To note the current status of the Trusts financial position	Written	Director of Finance	1155 10mins	R17 – Good Governance	5
<b>TRUST STRATEGY</b>							
283	Future Generations Update	To brief the Board on progress and risks	Verbal	Chief Executive	1205 5mins	All	All
<b>BOARD GOVERNANCE</b>							
284	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair		R17 – Good Governance	All
<b>HOUSEKEEPING</b>							
285	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair		-	-

Date, time and place of next meeting either Friday 2 December 2016

## Meeting to end at 1215

1215-1230 15 mins	Questions raised by members of the public observing the meeting on matters raised at the meeting.	To respond to members of the public on matters of clarification and understanding.	Verbal	Chair
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Board Agenda item

**Board of Directors**

Minutes of the meeting of the Board of Directors  
held public on Friday 7 October 2016 at 1030 hrs  
in the Boardroom, Liverpool Women's Hospital, Crown Street

PRESENT

<b>Mr Robert Clarke</b>	Chair
<b>Mr Ian Haythornthwaite</b>	Non-Executive Director/Vice Chair
<b>Mr Phil Huggon</b>	Non-Executive Director
<b>Mr Tony Okotie</b>	Non-Executive Director/SID
<b>Mr Ian Knight</b>	Non-Executive Director
<b>Mr David Astley</b>	Non-Executive Director
<b>Ms Jo Moore</b>	Non-Executive Director
<b>Mrs Kathryn Thomson</b>	Chief Executive
<b>Mrs Vanessa Harris</b>	Director of Finance & Deputy Chief Executive
<b>Mrs Michelle Turner</b>	Director of Workforce & Marketing
<b>Dr Andrew Loughney</b>	Medical Director
<b>Mrs Dianne Brown</b>	Director of Nursing & Midwifery
<b>Mr Jeff Johnston</b>	Director of Operations

IN ATTENDANCE

<b>Mr Colin Reid</b>	Trust Secretary
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APOLOGIES

<b>Dr Susan Milner</b>	Non-Executive Director
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**Thank You**

Before the meeting opened formally the Board expressed its thanks to the Neonatal team represented by Bill Yoxall; Valerie Irving; Carol Jackson; Nicola Murdoch; Jane Saltmarsh; Nim Subhedar, Sue O'Neil

The Board thanked Dr Alan Fryer, who retired as a senior consultant in Clinical Genetics at the Trust.

238 **Apologies** – as above

**Welcome:** The Chair welcomed members of the public who were observing the Board meeting and advised they would have opportunity to ask questions of the Directors after the meeting.

**Declaration of Interests** – None

239 **President of the Royal College of Obstetricians and Gynaecologists.**

The Chief Executive introduced David Richmond who was retiring from the Trust following a very distinguished career and holding the post of Medical Director of the Trust for some 18 years. She

reported on his role as Vice President and then President of the Royal College of Obstetricians and Gynaecologists and thanked him for all his help and support over the time she had worked at the Trust. The Chief Executive also introduced John Suthurst who was a consultant Obstetrician at the Trust until his retirement a few years ago. John had worked on a portrait of David Richmond which would be hung in the Blair Bell as was tradition for past Presidents of the Royal College who had worked at the Trust.

The Board welcomed David Richmond and John Suthurst to the meeting and David Richmond gave a verbal presentation on his role as President of the Royal College of Obstetricians and Gynaecologists.

The Chair thanked David Richmond for his presentation and the Trust received the portrait which would be hung at a later date in the Blair Bell.

240 **Meeting guidance notes**

The Board noted the meeting guidance notes.

241 **Minutes of previous meeting held on Friday 2 September 2016**

The minutes of the meeting held on 2 September were approved.

242 **Matters arising and action log.**

The Board noted that all actions were either complete, on the agenda or to be reported at a future meeting.

243 **Chair's Report**

The Chair provided a brief verbal report:

**Council of Governors Meeting:** The Chair reported on the one to one meetings he had with Governors with the Lead Governor in attendance. He explained that the meetings had gone well and as with previous meetings he took the opportunity to re-assure and update Governors on matters of concern raised by them.

**Annual Member Meeting:** The Chair advised that the AMM had been moved to 11 October 2016 and would take place in the Blair Bell at 4pm.

**Memorial Garden:** The Chair noted that there was a section in the Chief Executive report that dealt with the opening of the memorial garden and thanked all those who attended. He felt that the event went very well and recommended those directors who had not visited the garden to do so.

The Chair congratulated David Astley, Non-executive Director and Phil Huggon, Non-executive Director on their recent external appointments.

The Board noted the Chair's update report.

244 **Chief Executive's report**

The Chief Executive presented her report, in particular referring to the success of the Genetic's team in achieving the UKAS accreditation; the nomination of the Honeysuckle team – nominated in the "best hospital bereavement service category" at the Butterfly Awards 2016; and the shortlisting in the HSJ awards in two categories: 'Using Technology to Improve Efficiency' for the clinical trials of the Voyant device in surgery; and the 'patient safety' award in recognition of the Trust's pioneering work to reduce Ovarian Hyperstimulation Syndrome (OHSS) on the reproductive medical unit. The Chief Executive expressed her view that being nominated for such awards continued to show the Trust to be at the forefront of innovative ways of improving patients' quality of care.

The Board noted the Chief Executive Report.

246 **Director of infection Prevention and Control Report 2015/16**

The Chair introduced Dr Tim Neal Consultant Microbiologist & Director of Infection Prevention and Control and asked that he present the Trust's Director of infection Prevention and Control Report 2015/16.

Dr Neal referred to the Board workshop that had been held the previous afternoon at which he gave an in depth presentation of the work of the Infection Prevention and Control team, the regulatory framework the Trust operated under, the work plan 2016/17 and the performance of the Trust in 2015/16.

Dr Neal explained the Trust's performance and reported the following successes and less successful: Successes:

- There were no episodes of adult bacteraemia due to MSSA.
- The Trust reported no cases of C. difficile infection
- The Trust has had no major outbreaks of infection in year.
- The IPCT had extended surveillance of SSI
- Increased Cannula & Pool audits
- Improved compliance with CPE screening
- The Trust IC audit plan has been completed and successfully migrated to NUMIS

Less Successful

- Cluster of MRSA cases on NICU including 1 MRSA bacteraemia
- Increased number of congenital infections
- RCA ownership
- 1 amber rating on Health Care Act
- HSSU accommodation
- Perineal infections

Dr Neal went on to explain that the trust had been compliant in all aspects of the Health and Social Care Act with the exception of SSI surveillance and reported that the Trust was working with the Royal Liverpool to put in place the surveillance technology to support this noncompliance. Referring to the audit on pages 27 and 28, Dr Neal advised that where a zero was highlighted with a RAG rating of red this indicated that there had been a nil return.

The Board noted the single incidence of hospital acquired MRSA in neonatal in the year and recognised the risk assessments being undertaken for both mothers and babies on the unit. Concern was expressed regarding the estate issues faced by the Trust in the provision of the neonatal care and in particular the conscious decision of the Board to reduce the number of cots in the unit in December 2015 due to the potential infection prevention and control concerns. The Chief Executive advised that the staff were doing a fantastic job under considerable pressures due to the cramped surroundings and it was therefore great work by the staff that infections were kept extremely low.

The Chair thanked Dr Neal for his report recognising that the Board had received a far greater presentation the previous day.

The Board approved the Director of infection Prevention and Control Report 2015/16.

245 **Safeguarding Annual Report 2015/16**

The Director of Nursing and Midwifery presented the Safeguarding Annual Report 2015/16 and asked that it was taken as read given the Board had received a presentation at the workshop the previous afternoon.

The Board noted that the Safeguarding Annual Report and the Director of Infection Prevention and Control Annual Report had been received and approved at Governance and Clinical Assurance Committee (GACA) earlier in the year.

The Board recognised the amount of reporting the safeguarding team was required to report to within the Trust's footprint and noted that this had also been a matter of concern discussion at GACA.

The Chair thanked the Director of Nursing and Midwifery for the report and the Safeguarding Team for the presentation the previous afternoon. He reported that following a review of the work profile of the Non-Executive Directors he had asked Phil Huggon to undertake the role of Non-Executive Director who has responsibility for Safeguarding.

The Board approved the Safeguarding Annual Report 2015/16.

247 **Patient Led Assessment of the Care Environment (PLACE) Assessment 2016**

The Director of Nursing and Midwifery presented the PLACE Assessment 2016 and reported against the findings. With regard to Privacy, Dignity and Wellbeing, the Trust scored lower than the national average and lower than in previous years. She advised that factors contributing to this was the introduction of wellbeing questions around availability of individual TV's; facility to have meals away from patients beds if patient chose to do so; and that some reception desks did not provide sufficient privacy when discussing personal details. Food had scored above the national average but was lower than previous years, this was due to a lack of audit in 2015/16 based on malnutrition universal screening tool and the timings of evening meals being too early for some. The Director of Nursing and Midwifery advised that the PLACE assessment was monitored through GACA who would address any key actions that needed to be undertaken.

Phil Huggan referring to the concerns around privacy felt that this could be managed appropriately within the Wards and that staff needed to be aware of concerns. He further felt that the concerns expressed around access to a TV was important and needed addressing. This was a universal problem for most hospitals and one that could be easily managed. The Director of Nursing and Midwifery advised that consideration was being given to support access by patients to their own hand held devices which would be linked to the Trust's public WiFi. The Chief Executive advised that the concerns expressed by patients regarding access to a personal TV needed to be addressed as soon as possible. Referring to the food scores the Board noted that 2016 food scores were divided between organisation and ward. Ward food scored higher than the national average and higher than previous years and indicated that the assessors were pleased with food provided to patients, including, choice, presentation, temperature, etc. on the day.

The Chair thanked the Patient Facilities Manager for her report and asked the Non-Executive Directors who had partnership arrangements with services to visit the services to experience for themselves the findings of the report.

The Board noted the Patient Led Assessment of the Care Environment (PLACE) Assessment 2016.

248 **Chair's Report from the Finance, Performance and Business Development (FPBD) Committee**

Jo Moore, tabled the Chair's Report from the Finance Performance and Business Development Committee held on 26 September 2016.

Jo Moore referring to the discussion at the meeting on the movement of reporting committees advised that the FPBD had agreed that the reporting committees, Information Governance Committee and the Emergency Preparedness and Resilience Committee, would report to the FPBD in the future however further consideration was required on the proposal to move the reporting line

from GAC to FPBD for the Corporate Risk Committee as suggested at the last meeting and also agreed at GACA. A Further discussion was required regarding this proposal.

With regards the other activities undertaken by the Committee, Jo Moore advised that both the financial and performance metrics would be reported later in the meeting, however she advised that the Committee continued to receive assurance that the Trust would deliver its control total at the end of the year and reported on the changes to the working capital facility that had to be made following an NHSI request and reported in the paper. There was still concern regarding the non delivery of CIP identified against the Hewitt Centre and Theatres, however it was noted that the short fall had been mitigated through over performance in activity in the Trust.

Jo Moore advised on the other items within her report referring in particular to the annual planning cycle that required submission of a two year plan by 23 December 2016. She advised that work was underway to provide produce the plan in accordance with the guidance, noting that the Guidance had only been received on 30 September 2016.

Jo Moore advised that as required by the Board, the Committee had reviewed the risk appetite statement approved by the Board in April 2016 and had agreed that the statement reflected the Committees appetite to risk. Referring to the Board Assurance Framework, Jo Moore advised that the Committee had approved the splitting of Risk 5A into two interrelated risks: the risk of regulatory intervention and impact as a result the 2016/17 financial position; and the risk in relation to the achievement of the 2016/17 financial position and the changes have been reflected in the BAF paper later in the meeting.

The Board noted the requirement to increase in the working capital facility with DH from £2.5m to £3m and the proposed changes to the BAF.

The Chair thanked Jo Moore for her report.

#### 249 **Chair's Report from the Governance and Clinical Assurance Committee**

Tony Okotie reported on the Chair's Report from the Governance and Clinical Assurance Committee held on 16 September 2016 and the updated terms of reference of the committee for consideration of the Board. He advised that this would be his last report as Chair of GACA having relinquished it to Dr Susan Milner.

Tony Okotie referred to the report and highlighted some concerns expressed at the Committee regarding two information technology actions that were still outstanding from the Francis Report Action Plan. He explained that these outstanding actions would be escalated to the FPBD Committee for review and report back to GACA giving an indication of when the actions would be concluded. The Board noted the position and recognised that there was a plan to have the actions concluded by the end of the calendar year. The Medical Director advised that work was underway to fully engage the consultants and reported that there were no immediate risks to patients arising from the delay in delivery of EPR system.

The Board noted the proposals in the Report to de-escalate risk 1e on the BAF and the inclusion of Risk 1o relating to Neonatal Transport Service. The Chair referring to the amended Terms of Reference felt that until a decision could be made on the placement of the Corporate Risk Committee's reporting line it would not be appropriate to approve the Terms of Reference at this stage and asked that this be brought back to the Board once the matter had been concluded.

The Chair thanked Tony Okotie for his report which was noted.



### **Chair's Report from the Putting People First Committee and Annual Report 2015/16**

Tony Okotie presented the Chair's Report from the Putting People First Committee held on 23 September 2016 and Annual Report 2015/16. He advised that the detail was included in the report and referred to section 2 of the report that covered issues to highlight to Board.

Tony Okotie advised that the age profile of nursing workforce within Hewitt had been identified as a potential risk to service delivery however there was good mitigation actions were in place to address the risk. He reported that the Committee was keeping a watching brief on this risk and the mitigations being put in place. The Medical Director explained the risk further and reported that this was being considered through the Fertility Board Oversight Group set up by the Board. With regard to the Apprenticeship Levy the Board noted that drawn down of the levy could only be undertaken to support training costs (not salary or backfill) and requirements to meet public sector duty of 31 whole time equivalent apprenticeships in 2017/18.

The Director of Workforce and Marketing advised on the Committee's approval of an action plan developed by the Diversity & Inclusion Committee to support improvements relating to the Workforce Race Equality Scheme. She advised that a paper would be presented to the next Council of Governors meeting.

The Board noted the staff story the Committee had received that related to a member of staff who had 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. The Committee had received assurances that learning opportunities had been identified and shared, and those who could have intervened earlier had received constructive personal feedback. A general discussion took place by the Board on stress related absenteeism, recognising that not all stress related absenteeism related to work. David Astley felt that the Trust was seen by staff as a caring and supportive employer and it needed to continue to work hard to make sure this continued.

The Chair drew the discussion to a close and thanked Tony Okotie for his report which was noted. The Board reviewed and approved the Committee's Annual Report for 2015/16.

### **Quality, Operational Performance report Period 5 2016/17**

The Director of Operations presented the Performance Dashboard.

The Director of Operations drew the Board attention to the staff turnover rate which had continued to rise from previous months and now stood at 16%. He reported that the trust had seen a number of senior Manager moves with Gynaecology seeing the biggest rise in turnover across the Trust. The Director of Workforce and Marketing reported that she was looking at retention packages that would support the retention of key personnel. The Trust was also looking at the demographics surrounding retirements to make sure that plans were in place prior to recruit so that gaps did not occur between retirement and recruitment. In response to a question on why the turnover rate was increasing the Director of Workforce and Marketing advised that exit interviews and questionnaire have been undertaken when a staff member leaves and to date no themes had been identified.

The Board noted that although the Trust had continued to deliver the performance target rate against 18 weeks, this was deteriorating and the operations team were monitoring the position daily. With regard to Triage, the Director of Operations reported that this was also being monitored and would be reviewed by GACA.

The Board reviewed the Quality and Operational Performance Report and recognised the work being done to address emerging concerns and non-compliant indicators.

252 **Financial Report & Dashboard Period 5 2016/17**

The Director of Finance presented the Finance Report and financial dashboard for month 5, 2016/17 and reported that Trust was reporting a monthly deficit of £0.81m against a deficit plan of £0.786 which was a negative variance of £0.015m for the month. Cumulatively the Trust was slightly behind plan by £0.030m and achieved a Financial Sustainability Risk Rating (FSRR) of 2 against a plan of 2. As reported earlier in the meeting the Trust was on target to deliver its annual control total of £7m deficit.

The Director of Finance referred to the loans from the Department of Health which by the year end would amount to £19m.

Referring to the Single Oversight Framework, the Director of Finance reported that the Trust would be assessed against the rankings at '3' which referred to there being 'significant concerns' with the Organisation and that 'mandated support required'. The Director of Finance went on to report that if the Trust was unable to deliver the control total or sign up to the 2017/18 and 2018/19 control totals then it may be put into special measures. The Board noted the position and that the Clinical Commissioning Groups would also be under financial pressures going forward which would make delivery of the control totals very difficult to achieve. It was noted that the 2017/18 and 2018/19 control totals would be discussed at a meeting of the Board in November.

The Chair thanked the Director of Finance for her report which was noted.

253 **Future Generations**

The Chief Executive updated the Board on the current position of the NHS Liverpool CCG's options appraisal for women's and neonatal services and reported that the work had now concluded on the pre-consultation engagement exercise. There would now be a period where the CCG would pull together the work into a pre-consultation business case that would identify and option or options that the public would be consulted over. The Director of Workforce and Marketing reported that the CCG had published the pre-consultation engagement work which had shown that 70% of the public who engaged in the process was supportive of the clinical case for change, 19% required additional information and 11% did not support the case for change.

The Chief Executive referred to the media attention recently and reported that all staff had been reassured of the Trust's position and feedback from the staff that they did not feel they had not been informed. She reported that as with all communications surrounding Future Generations, the trade unions had also been kept up to speed with all matters relating to staff.

The Chair thanked the Chief Executive for her update which was noted.

254 **Corporate Risk Register**

The Director of Nursing and Midwifery presented the Corporate risk register which was noted. With regard to risks of gaps in junior doctors, the Director of Workforce and Marketing reported that GACA would receive this risk and mitigations in place to reduce its impact.

The Board noted the Corporate Risk register.

255 **Board Assurance Framework**

The Trust Secretary presented the Board Assurance Framework and referring the Board Committee reports, reported that changes referred to the reports had been fed into the BAF which had been updated. The Board noted the comments made earlier in the meeting with regard to risks reported

through GACA and FPBD.

Ian Haythornthwaite referring to the number of risks against the corporate objectives asked whether it would be appropriate for a review to be undertaken of the risks to see if they could be grouped so that there were fewer risks and that the risks were geared to the strategic direction. The Board asked that the Executive team review the register prior to the next Board and bring back a proposal on whether risks could be grouped or consolidated.

*Action 255: The Executive Team to review the risks identified in the BAF and bring back a proposal on whether the risks can be grouped or consolidated.*

The Trust Secretary reported that all the Committees had reviewed the Risk Appetite Statement and that no changes had been recommended to the statement presented and approved by the Board in April 2016.

The Board noted the content of the BAF.

**256 Review of risk impacts of items discussed**

The Board noted the risks had been discussed during the meeting and the following had been highlighted:

1. Risk to deliver CIP and Control Totals 2016/17
2. Risk to deliver CIP and Control Totals 2017-19
3. Safeguarding procedures
4. PLACE Assessments regarding TV/WiFi access for hand held devices.

**257 Any other business**

None

**258 Review of meeting**

Conduct of the meeting was excellent with good challenge, scrutiny and assurance.

**Date and time of next meeting**

4 November 2016

TRUST BOARD  
Action Plan

Meeting date	Minute Reference	Action	Responsibility	Target Dates	Status
7 Oct 2016	16/255	The Executive Team to review the risks identified in the BAF and bring back a proposal on whether the risks can be grouped or consolidated.	Trust Secretary/Executive	November 2016	The Executive undertook a review of the BAF and following discussion agreed that a number of risks could be re-defined such that there would be a movement of some risks on the BAF to the corporate risk register. A paper setting out the new BAF risks would be taken through the Board Committees in November prior to the Board in December. Action ongoing.
3 June 2016	16/144	Liverpool Health partners to attend the Board in November to provide a presentation on the work of the Partnership	Chief Executive/Trust Secretary	November 2016	See agenda item 272

Agenda item no:	16/277							
Meeting:	Board of Directors							
Date:	4 November 2016							
Title:	Chief Executive's Report							
Report to be considered in public or private?	Public							
Where else has this report been considered and when?	N/A							
Reference/s:	N/A							
Resource impact:	-							
What is this report for?	Information	✓	Decision		Escalation		Assurance	✓
Which Board Assurance Framework risk/s does this report relate to?	-							
Which CQC fundamental standard/s does this report relate to?	-							
What action is required at this meeting?	To receive and note the report.							
Presented by:	Kathryn Thomson, Chief Executive							
Prepared by:	Colin Reid, Trust Secretary							

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			✓
<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	

In this briefing for the Board I aim to summarise recent and relevant information which relates to:

Firstly, in **Section A**, news and developments within the Trust itself that is not already reported elsewhere.  
Secondly, in **Section B**, news and developments within the immediate health and social care economy.  
Thirdly, in **Section C**, other news and developments within the wider national health and social care economy, including regulatory developments.

Further information is available on request on any of the topics covered by the report.

Kathy Thomson.  
**Chief Executive.**

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## **SECTION A - INTERNAL**

**Butterfly awards:** I am pleased to report that the Hospital Honeysuckle Bereavement Team won the “best hospital bereavement service category” at the Butterfly Awards 2016 last month. The Honeysuckle Bereavement Team provide care for women and their families at the Trust following the death of their baby as a result of early miscarriage (this includes molar and ectopic pregnancies), late miscarriage, termination of pregnancy due to fetal abnormality at any gestation (a lot of our families like to refer to this as compassionate induction), stillbirth and babies who die shortly after birth.

**Service of Remembrance:** took place on Thursday 13th October, At the Isla Gladstone Conservatory, with an unbelievable turnout. Well done to The Honeysuckle Team

**One Born Every Minute:** One Born Every Minute is returning to the Trust for the third time. Over 100 babies in Merseyside have had their births filmed by the show since it came to Liverpool two-years-ago. Filming at the Trust will start on 5 November 2016 and run through till 14 December 2016.

**Annual Members Meeting:** The AMM was held on 11 October 2016. The members attending the event received presentations from the executive team on the Trust’s achievements and plans and included a presentation from the Medical Director on the Future Generations clinical case for change. The Members also received a presentation from one of our Public Governors as a service user which was well received.

**Charity foundation, Team Ella:** are hosting an 11 hour Spinathon in the atrium of the Capital Building on 11 November 2016. They will have 19 bikes in use with over 50 people taking part at some point during the event and are raising funds for the Newborn Appeal at the Liverpool Women’s Hospital, whilst also promoting awareness of stillbirth and baby loss. Team Ella was set up in memory of Dominic Gilvarry’s daughter Ella, who was stillborn on November 12 2010. The Spinathon event will also be a celebration of her 6th birthday.

## **SECTION B - LOCAL**

## **SECTION C – NATIONAL**

**Taking further action to reduce agency spending:** The Trust received a letter from NHSI seeking the Board, together with CFO, HR director and nursing and medical directors to discuss and complete agency self-certification checklist by 30 November 2016. It is proposed that the checklist once completed is reviewed by the FPBD at its meeting on 21 November and distributed to the Board for comment before submission.

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**National Freedom to Speak Up Guardian.** The Trust was privileged this week to host a visit by the recently appointed National Freedom to Speak Up Guardian, Dr Henrietta Hughes. Dr Hughes spent some time with the lead Director and the Trust's Guardian discussing our approach to support staff to raise concerns and speak up with confidence. Dr Hughes also spent time with staff working at the front-line during her visit to the Trust.

**NHS Providers Board as of 6 July 2016:** Confirm of the outcome of the recent election to fill the remaining vacancy on the NHS Providers Board for a chair representative of an acute foundation trust. There was an excellent field of candidates and a very close result. Chris Outram of The Christie NHS Foundation Trust was successfully elected.

The composition of the Board is now as follows:

Acute Trust Chairs	Trust	Due to stand down
John Anderson	City Hospitals Sunderland NHS FT	June 2019
Nicola Cole	East Kent Hospitals University NHS FT	June 2019
Gillian Easson	Stockport NHS FT	June 2017
Nick Marsden	Salisbury NHS FT	June 2019
Chris Outram	The Christie NHS FT	June 2019
Acute Trust CEs	Trust	Due to stand down
Paula Clark	The Dudley Group NHS FT	June 2018
Joe Harrison	Milton Keynes University Hospital NHS FT	June 2018
Alan Foster	North Tees and Hartlepool NHS FT	June 2018
Patricia Miller	Dorset County Hospital NHS FT	June 2019
Nick Moberly	King's College Hospital NHS FT	June 2019
Mental Health Trust Chairs	Trust	Due to stand down
Ian Black	South West Yorkshire NHS FT	June 2018
Sue Davis	Birmingham and Solihull Mental Health NHS FT	June 2018
Mental Health Trust CEs	Trust	Due to stand down
Tom Cahill	Hertfordshire Partnership NHS FT	June 2018
John Lawlor	Northumberland, Tyne and Wear NHS FT	June 2018
Ambulance Trust Chair	Trust	Due to stand down
Sir Graham Meldrum	West Midlands Ambulance Service NHS FT	June 2018
Ambulance Trust CE	Trust	Due to stand down
Will Hancock	South Central Ambulance Service NHS FT	June 2017
Community Trust Chair	Trust	Due to stand down
Ingrid Barker	Gloucestershire Care Services NHS Trust	June 2018
Community Trust CE	Trust	Due to stand down
Tracy Taylor	Birmingham Community Healthcare NHS Trust	June 2018
Trust Chair	Trust	Due to stand down
Jagtar Singh	Coventry & Warwickshire Partnership Trust	June 2017
Trust CE	Trust	Due to stand down
John Adler	University Hospitals of Leicester NHS Trust	June 2017



Chair		Appointed
Dame Gill Morgan	NHS Providers	January 2014

<b>Agenda item no:</b>	16/278
<b>Meeting:</b>	Board of Directors
<b>Date:</b>	4 Nov 2016
<b>Title:</b>	Implementation of the National Maternity Review at Liverpool Women's NHSFT
<b>Report to be considered in public or private?</b>	Public
<b>Purpose - what question does this report seek to answer?</b>	What is the current position of the Trust in terms of compliance with the recommendations of the National Maternity Review 2016
<b>Where else has this report been considered and when?</b>	N/A
<b>Reference/s:</b>	Better Births 2016 – National Maternity Services review
<b>Resource impact:</b>	
<b>What action is required at this meeting?</b>	Note
<b>Presented by:</b>	Claire Mathews, Interim Head of Midwifery
<b>Prepared by:</b>	Claire Mathews, Interim Head of Midwifery / Devender Roberts, Clinical Director maternity Services

This report covers (tick all that apply):

<b>Strategic objectives:</b>	
To develop a well led, capable and motivated workforce	
To be efficient and make best use of available resources	√
To deliver safe services	√
To deliver the most effective outcomes	√
To deliver the best possible experience for patients and staff	√

<b>Other:</b>			
Monitor compliance		Equality and diversity	
NHS constitution		Integrated business plan	

<b>Which standard/s does this issue relate to:</b>	
Care Quality Commission	
Clinical Negligence Scheme for Trusts	
NHS Litigation Authority	

<b>Publication of this report (tick one):</b>	
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 purpose of this paper is to provide an update to the Board of Directors about the Trust's response to drive forward the recommendations of the national maternity review, 'Better Births – National Maternity Services Review' ( NMSR ) which was published in February April 2016 and was led by Baroness Julia Cumberlege.

The Review sets out what the vision means for the planning, design and safe delivery of maternity services; how women, babies and families will be able to get the type of care they want; and how staff will be supported to deliver such care.

Recommendations for action from the review include:

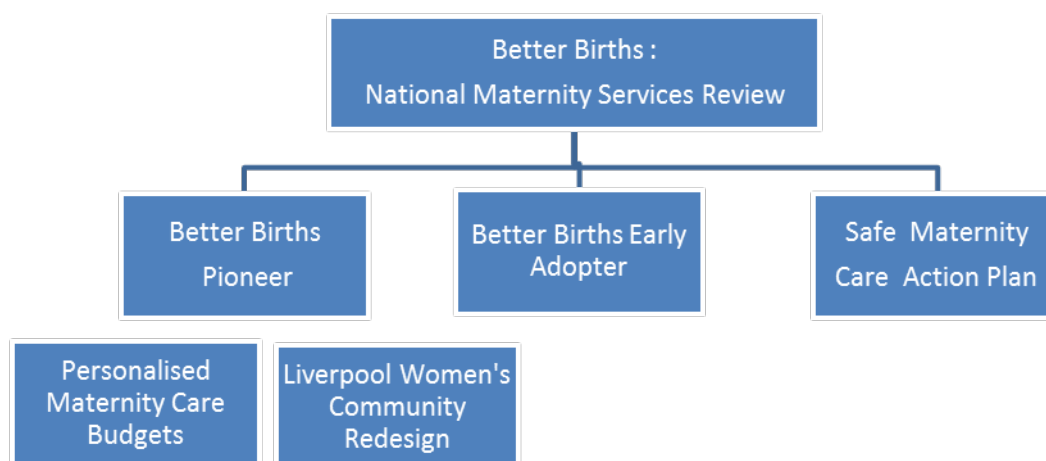
- **Personalised care:** Care that is centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.
- **Continuity of Carer:** Which will ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.
- **Safer Care:** Provided by professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.
- **Better postnatal and perinatal mental health care:** This will address the historic underfunding and provision in these two vital areas
- **Multi-professional working breaking down barriers between midwives, obstetricians and other professionals:** The delivery of safe and personalised care for women and their babies.
- **Working across boundaries:** Commissioning maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.
- **Payment system:** A system that fairly and adequately compensates providers for delivering high quality care to all women efficiently, while supporting commissioners to commission for personalisation, safety and choice.

Liverpool Women's NHS Foundation Trust is part of an acute care collaboration for Maternity, Gynaecology and Children's service called the Cheshire and Mersey Women's and Children's Partnership Network – commonly called the Vanguard.

Vanguards were created in 2015 by the NHS to support the five year view of sustainability and transformation, leading on the development of new care models which will act as the blueprints for the NHS moving forward. This means that many of the incentives that LWH are delivering for Maternity Transformation locally are done in partnership with the Vanguard. The Clinical Director and Acting Head of Midwifery from LWH have both recently been appointed as the clinical leads for the Vanguard putting LWH at the heart of any transformation processes across the region.

## 2. Work streams arising from Better Births

The following chart highlights the current organisational work streams that have been commenced as a direct response to the NMSR Better Births both nationally and locally. LWH was successful in its bid to become one of the seven Better Births Pioneer sites in partnership with the Cheshire & Merseyside Women's and Children's Partnership network (Vanguard).



As a pioneer site LWH together with the Vanguard is concentrating on the nominal personalised care budget. The other recommendations contained within the review are progressing as part of the directorates aim to continually improve against our core aims. Details of our progress against each of the recommendations are highlighted in appendix A - Community Redesign and Appendix B Action plan against NMSR.

Not all of the recommendations can be delivered at a local level e.g. a better payment system for maternity as this is nationally driven by NHS England and the maternity tariff. LWH will contribute to this process through the submission of reference costs.

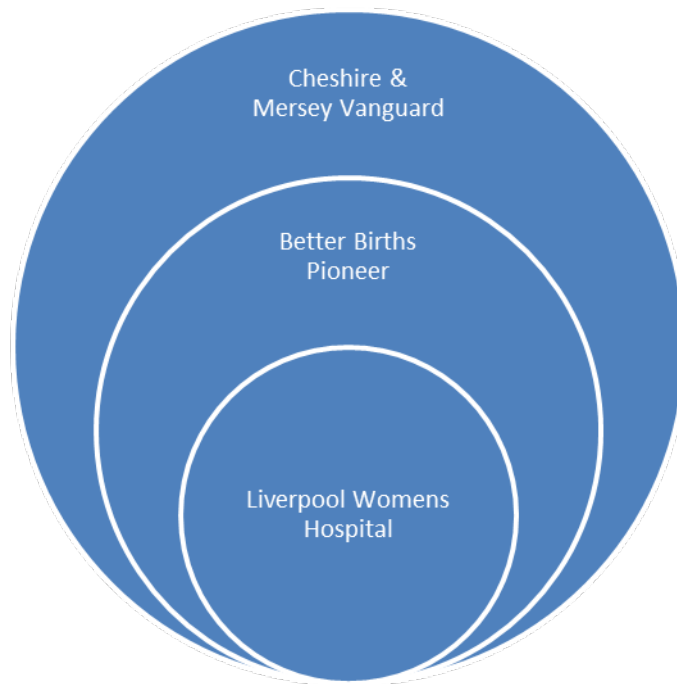
The Personalised Care recommendation is that women should be able to choose the provider of their antenatal, intrapartum and postnatal care and be in control of exercising those choices through their own NHS Personal Maternity Care Budget.

A separate work stream has been created (currently in the planning phase) which includes a notional budget for women. The pilot will focus on offering 200 ladies choice from a menu of options relating to their maternity package, including choice of place of birth, post natal visits, feeding support, ante natal education including hypno birthing. GP practise and associated community midwife have been identified with a go live date planned for December 2016.

The Vanguard has been short listed for the final selection stages of the “Early Adopter” work stream for personalisation. Members of the Cheshire and Mersey Vanguard are attending an NHSE selection event on 27<sup>th</sup> October 2016. LWH will be an active participant in if the Vanguard is awarded Early Adopter Status.

### 3. LWH Strategic Links to External Better Birth Work streams

LWH is currently the lead provider partner to the Better Births Pioneer work stream along with the Cheshire & Mersey Vanguard and will be a key stakeholder in the Early Adopter work stream if this is awarded to the Cheshire & Mersey Vanguard, as noted in the Venn diagram below.



#### 4. Risks to delivery

- Challenge from external/other providers - The Vanguard has already been challenged by an external provider for running the pilot programme through LWNHSFT
- Resources required to deliver the action plan – workforce, administration support
- External drivers such as cost improvement programmes

#### 5. Support Required

- Personalised maternity care budgets (PMCB) and improved choice are being addressed through the Pioneer project which has a Transformation Midwife seconded from the Vanguard to LWH one day per week. It is anticipated that the first pilot of the LWH PMCB will be launched on 5<sup>th</sup> December 2016. Support is being sought and received through the LWH finance team.
- The redesign of Community services is being facilitated by a project Midwife appointed in September 2016 with support being provided by the LWH Transformation Team.
- Perinatal Mental health will be supported via the Cheshire & Mersey Strategic Clinical Network Perinatal Mental Health group. Our PNMH team have been invited onto this group.
- Once the detailed review of neonatal services across the Vanguard is complete support may be required for any actions arising, as yet the support required is unclear.
- Financial support and or closer collaborative working required with the Trust IT department and the Vanguard to enable the maternity services to delivery any digital elements of the NMSR.
- Support is required from the transformation team with regards to expertise and experience and timely submission of a number of funding bids to support parts of the NMSR projects, namely linked to the Safe maternity care Action Plan.
- Further support will be required by the finance team when further information is received from the national team pertaining to any changes with the Maternity Funding Tariff.

## 6. Governance

The action plan will be reviewed and updated regularly by the core team to ensure progress. It will be presented at the monthly Maternity Clinical meeting for oversight purposes and shared wider through the Trust Safety Senate on a quarterly basis with any exceptions or barriers to success being presented by exception as and when necessary.

### Conclusion

The Trust has taken into consideration the recommendations of the National Maternity Services Review and is leading the way across the Vanguard in aiming to deliver the majority of the recommendations.

The maternity service is working in collaboration with the Vanguard and the Maternity Pioneer project which has increased its access to some of the resources required and will continue to do so if the Vanguard is awarded Early Adopter status for the whole of the Cheshire & Mersey region.

Some local actions have already been completed and there is a work programme for the other deliverables.

### Recommendation/s

The Board of Directors is asked:

- To receive this report and note the progress made to date across the recommendations
- Support the on-going work within vanguard and any additional support required .
- Confirm on going reporting requirements from the division to the board

## APPENDICES

### Appendix A. Community Redesign Project Plan



COMMUNITY  
REDESIGN PROJECT I

### Appendix B LWH NMSR Better Birth Local Action Plan



LWH Better Birth  
NMSR local action plan

# **Community Redesign Project Plan**

**Rachel Mavers**

DRAFT



## **Purpose and Summary of Document:**

1. *The redesign project on behalf of the Liverpool Women's NHS Foundation Trust , focusing on Community Midwifery, aims to ensure that the community focused service meets the needs of the women and families , providing high quality, safe and effective care. A key driver for this redesign is the recommendations of the National Maternity Services Review and the publication of Better Births (2015)*

This project will support the following organisational strategy to:

- Develop a well led, capable motivated workforce
- Be ambitious and efficient and make best use of available resources
- Deliver safe services
- Deliver the most effective outcomes
- Deliver the best possible experience for patients and staff

Liverpool Women's is one of only two specialist Foundation Trusts in the UK dedicated to the healthcare of women, babies and their families. We place as much emphasis on the emotional well-being of patients as we do on the delivering the highest standards of clinical care. Across all our services, we aim to provide the safest and highest quality of healthcare to each and every one of the 30,000 patients we see on average each year. In addition, we are constantly developing new and better ways to care for patients through research.

## **2. Introduction**

### **2.1 Case for Change:**

This redesign project is keen to build on areas of good practice, currently in place, through the community teams. Areas such as continuity of care with named midwives and patient experience are identified through the Liverpool Women's local audits as being of a good quality.

However, it is clear that there is a need to respond to a number of key challenges laid out through the National Maternity Review, to ensure we offer a personalised service throughout each pregnancy and following postnatal period. Our services will be supportive, accessible and centred around women's individual needs and circumstances. We aim for our staff to work in high performing teams, with excellent leadership, working within a culture that promotes innovation, continuous learning and breaks down professional and organisational boundaries.

There are a number of factors both locally and nationally, which currently show the need for a redesign of the existing community service. These include:

- National Maternity Review (Better Births) 2015
- NHS 5 Year Forward plan
- Cheshire and Merseyside Women and Children's Services - maternity and paediatrics
- CQC recommendations following an inspection in 2015
- Current NICE Guidance

- Partnership Network (Vanguard)
- Healthy Liverpool Programme
- Future Generations – Liverpool Women's Hospital
- Pioneer site / early adopters activities
- Community Midwifery Service Design Proposal 2015

All these areas will inform the direction of travel for the community redesign.

The key objective of this project is to deliver the following vision of the National Maternity Review (2015)

*“Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances. And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.”* (National Maternity Review 2015)

In responding to the requirements of the National Review, the community redesign will focus on the following identified areas:

- Currently the service offer is limited by the availability of suitable locations for the service to be delivered.
- NICE Guidance states that women should receive their 36-week appointments at a location of their choice and our current model does not facilitate this happening at all times.
- Differences in care pathways can be experienced by patients due to inequity of caseloads between midwives
- Increasing the number of home births
- Breast feeding support inconsistent across all our areas
- Variation of link consultant obstetrician to community teams
- Need to enhance the promotion of normality with the Community Midwifery workforce, e.g. support women with decision around home birth, midwifery-led care etc.
- Need to move to a model where the community midwife is the coordinator of care for women with additional risk factors
- Consistent approach to Antenatal education
- Access to Enhanced midwifery needs to be equitable across the service
- Examination of the Newborn provided in a timely manner in the most appropriate setting.

It is acknowledged that the community re-design needs to take place within the constraints of the current financial position. The paper will recommend that wherever possible, improvements in quality and choice will be delivered through new ways of working and restructuring of existing resources.

## 2.2 Engagement - Key Stakeholders

Significant work has been undertaken over the past 3 years to engage with staff and patients in regards to future community services. During the development of this project plan ongoing dialogue will take place with key frontline staff and stakeholders to ensure that the redesign is successful and improves the quality of service delivery. Staff groups will also be utilised at key times to help with the development of specific areas. These include:

- Clinical Director and consultant team
- Midwifery Management Team
- Community Midwifery Teams
- Outpatient Services
- Inpatient Antenatal services
- Maternity Administrative team
- Safeguarding team
- Perinatal Mental Health team
- Infant Feeding support
- Estates Management Team
- Communications Team
- Antenatal Education Staff
- Vanguard team
- Pioneer Team
- Parent Education Staff

Partnership working is vital to in achieving the desired outcomes for the redesign. Early on within the development of the project links will be made with Clinical Commissioning staff within Liverpool, Knowsley and Sefton and also with Public Health commissioners linked to breast feeding and other public health initiatives.

### 3. Current Community Model

The Community Midwifery service is provided across four teams. There are 4 wte band 7 Team Leaders, 60 wte band 6 midwives and 8 wte band 3 maternity support workers. In addition there are 7.6 wte enhanced midwives with expertise in safeguarding, delivering care to the most vulnerable women and holding a small caseload.

The care is delivered in 17 Children's Centres, 72 GP practices and the women's homes. The caseloads are derived from midwives being attached to a GP practice.

An on call service provides care for women who choose a home birth and also unplanned births at home. In 2015/16 the planned home birth rate was less than 1% of total births, with 68 births at home.

### 4. Proposed New Model

#### 4.1 Hubs

*The National Maternity Review (2015) states that community hubs should be established, where maternity services, particularly ante and postnatally, are provided alongside other family-orientated health and social services provided by statutory and voluntary agencies.*

Community midwifery services currently have access to the following hubs: St Chads L32, Yewtree L14, Speke L24, May Logan L20. As part of phase 1 of the project, these hubs will

be reviewed for suitability and expansion. Community services can also be considered operating out of existing locations of LWH and Aintree. The project will also look at possibility of operating out of new venues but will need to consider financial constraints and engagement with local CCG. These hubs need to be located centrally within community settings, for women living in each locality. The project aims to develop hubs, so that the majority of antenatal care can be received at that venue. It will consider the feasibility of operating routine antenatal clinics here rather than GP practices. To do this GP engagement is required and clear pathways for sharing of information needs to be in place. The project will seek to scope this out.

This opens the possibility of moving further services out into the community. With a locality hub there is potential to increase the community based service offer and potentially relieve some of the demand on hospital services. The right hubs could offer more flexibility in working hours and allow for later or weekend appointments for women, providing increased level of choice. Hospital services from wards such as MAU will be considered being delivered from the hubs, once they are operational. The future would be to increase capacity with imaging and phlebotomy also.

#### **4.2 Named consultant**

The National Maternity Review (2015) states *“each team of midwives should have an identified obstetrician who can get to know and understand their service and can advise on issues as appropriate.”* The project will ensure that multi professional working is at the heart of Community service. It is proposed that each of the 3 new teams will have a named consultant and the community team will be able to access that consultant for advice and guidance on clinical issues. The consultant will operate some of their own high-risk clinics from the identified hubs. The National Maternity review identified the need for good working relationships between Obstetricians and midwives and the impact on increasing safe care.

#### **4.3 Booking appointment**

Currently a proportion of high risk bookings are undertaken by antenatal clinic midwives.

Total bookings in the hospital and the community are **10,202** over a 12 month period. Transferring all high risk women from the hospital into the community equates to an additional **3736 bookers**.

Currently, Community Midwives offer women a booking appointment that lasts for 1 hour 20 minutes. It is anticipated that some of the 11wte midwives, currently in antenatal clinic would transfer to Community, plus potentially 1.2 staff who are currently in specialist roles (parent education and teenage pregnancy midwife). The current community workforce, with the addition of these Antenatal Clinic midwives will be able to support this transition of patients. An induction programme for this rotation of midwives will also be implemented to support the staff with development and skills required for community setting.

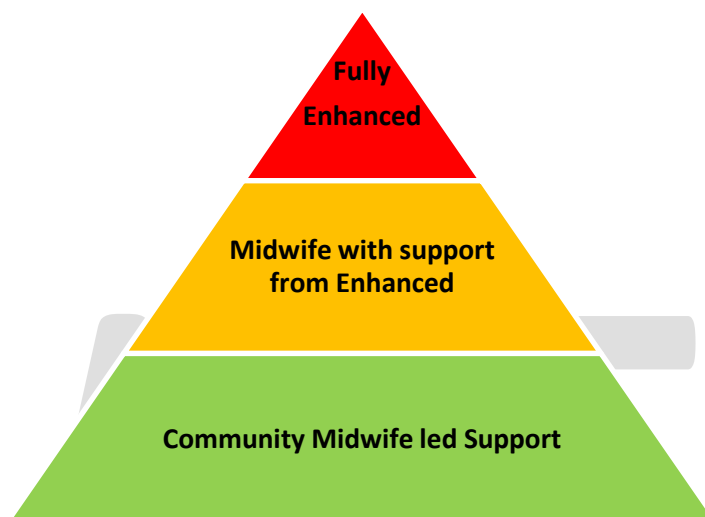
#### **4.4 Enhanced Midwifery**

The National Maternity Review reported that services should consider tailoring their approach for different groups of people. Liverpool Women's NHS Foundation Trust currently operates

an Enhanced Service. This was historically commissioned through the local authority, therefore operated in different ways, across the three local authority areas served by the community teams. The Liverpool Womens Hospital now funds all of the enhanced midwifery team (with the exception of Sefton x 1 band 7 children's centre midwife) The project will seek to develop equity in this service across all areas.

For women and their families requiring a level of enhanced midwifery, there will be access to midwives with Enhanced Midwifery skills, regardless of the geographical area. These midwives will caseload women who are particularly vulnerable due to any of the following factors:

- Mental health
- Young adults
- Drugs
- Alcohol
- Domestic Abuse
- Ongoing Safeguarding issues
- Travellers
- Asylum Seekers & Refugees



Pathways for referral will be developed and be clear for all staff. Referral to the EMT occurs after the booking appointment, size of caseloads will be reviewed, in light of this, and maintained at a level that enables optimum care. A SOP and/or RAG rating will be developed to enable correct referral to enhanced services. The most vulnerable will be fully caseloaded by the enhanced midwife, with those who fall into the amber group having midwifery care supported by the enhanced midwife. Leadership of this team should consist of 1 band 7 team leader from the current enhanced midwifery workforce.

#### 4.5 Education

The project aims to bring a consistent approach to provision of antenatal education across the hospital and community setting. There will be a review of the delivery of “Active Birth sessions” and bring dependability so that access to community sessions for all is available. There will be an overarching approach to education throughout the whole pregnancy journey, regardless of where the woman is having care provided. The vision is that a small bespoke team of midwives who have the expertise and skills in delivering these sessions will provide dedicated gatherings throughout all LWH community areas. The current role of Parent Education midwife will be reviewed at this point and exploration into the correct wte of midwives required. The time currently allocated to community midwives, for the provision of education, will be removed and collated to provide funding for this bespoke team.

#### 4.6 Homebirth

The review aims to achieve a dedicated homebirth team, carrying a caseload of women, who have chosen to have a birth at home. This team will cover all geographical locations. Leadership of this team needs to be considered along with size of caseload per midwife. In

response to the fact that the home birth rate across the service, has not, increased in line with the national average, homebirth as a choice available to women requires a promotional activity to both raise the profile of this option and to highlight the successful outcomes that can be achieved.

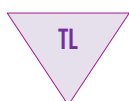
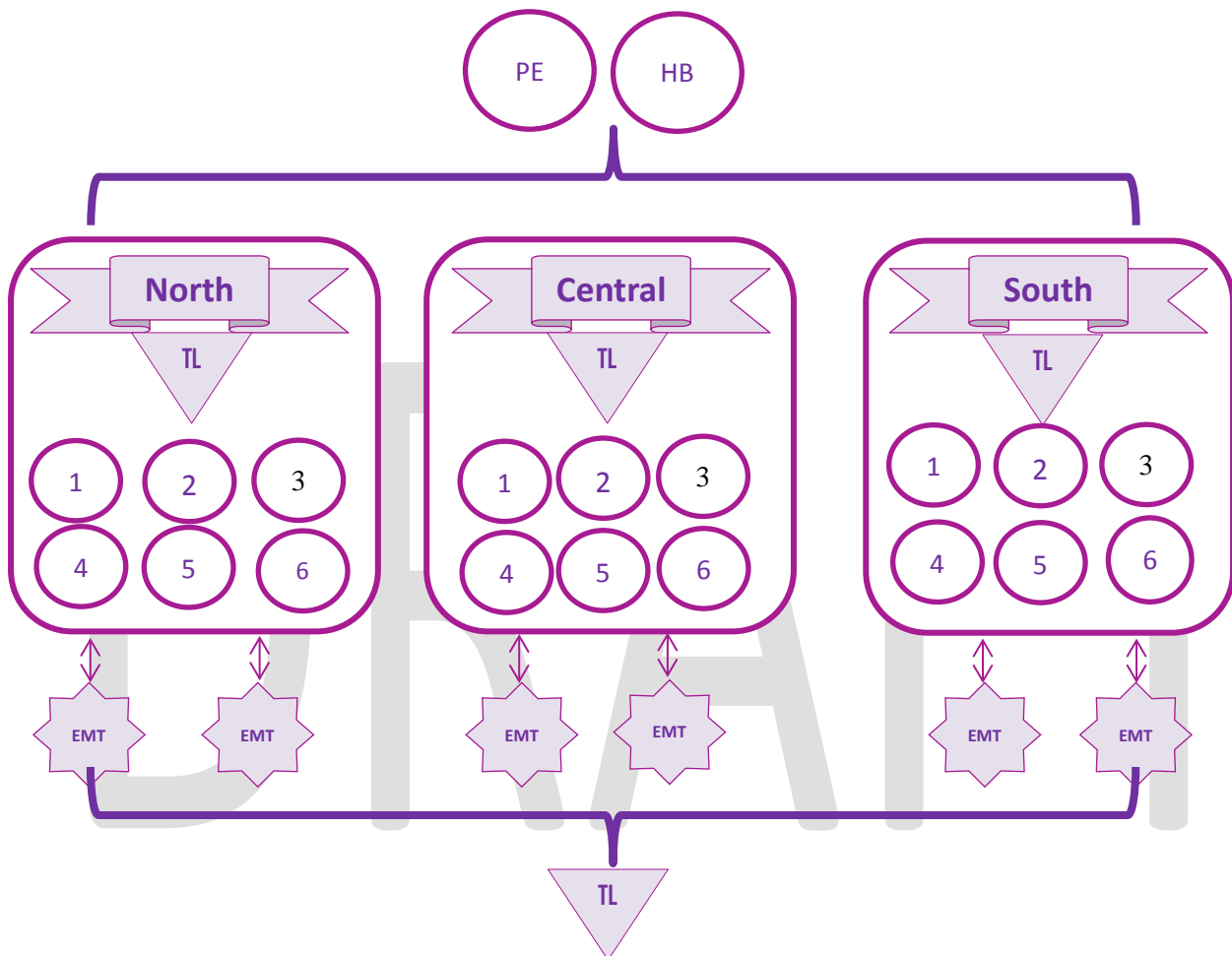
Time can be allocated within the redesign to look at different models of care which has achieved an increase in the home birth rate across the country. Birmingham Women's Hospital, King College and Northampton Hospital have been highlighted as developing areas of good practice within NICE shared learning database.

#### **4.7 Team set up**

It is proposed that the community service will consist of 3 main teams, covering the North, Central and South areas. The redesign will be required to look at the best means of dividing the geographic and patient population evenly between the 3 teams but also retaining continuity of care and caseloads. The aim is that women will choose the hub they prefer to receive antenatal care from and in result will receive care from one of the small teams.

The leadership for each locality team will be provided by a Band 7 Team Leader, located at an identifiable hub. In order to meet the recommendations of the National Maternity Review, the North, Central and South teams will consist of multiple mini teams of between 4-6 midwives. This is aimed to provide a focussed approach leading to continuity of care as discussed in the Better Births Report. This staffing level can be achieved using the existing workforce however; this will need to be reviewed in light of the changes outlined in section 4.3.

#### 4.8 Diagram to support vision for Team Structure



Team Leader Band 7



Enhanced Team Midwife Band 6



Small team of 4-6 midwives (PE = Parent education HB = Homebirth team)



Locality including hub/hubs

## **5. Postnatal care**

Currently women in our care receive on average 3 postnatal home visits from a named midwife and 1 from an MSW. Local audits undertaken by the community team show that LWH community service is able to provide good continuity of care during this period. The role of the MSW is pivotal to feeding support and care of Newborn. The National Maternity Review reports that nationally women feel that postnatal care is lacking. The project will look at feedback from our service users and review if this aspect of care should be developed in any way.

The introduction of hubs should increase the options of where and when postnatal visits take place. A key aspect of this is conversations with clinical commissioning groups around community services including health visitors, social workers and breastfeeding initiatives. This may help to ensure seamless wrap around services for women and their families

## **6. Summary of roles/areas under review during project**

- Parent Education Midwife
- Young Parents Midwife
- Antenatal Clinic Midwives
- Community Team Leader Midwives
- Enhanced Midwives
- Community Midwives
- Maternity Support Workers
- Staffing MLU

This plan represents a live and dynamic change management project, which will be updated on a continual basis and reported to Head of Midwifery and Executive team.

## **Project plan Gantt Chart**



Project Plan  
Community Review.xl



## **Action Plan – National Maternity Services Review**

### **Monitoring of Action Plan – Maternity Risk Meeting**

### **“OUR VISION” (NMR 2016)**

“Every woman, every pregnancy, every baby and every family is different. Therefore, quality services (by which we mean safe, clinically effective and providing a good experience) must be personalised.

Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred on their individual needs and circumstances.

And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.

Our report sets out what this vision means for the planning, design and safe delivery of services; how women, babies and families will be able to get the type of care they want; and how staff will be supported to deliver such care.”

A table of recommendations for action, who should take responsibility for the action and what timescale they should work towards date of completion / RAG rating.

	RECOMMENDATION	ACTION REQUIRED	RESPONSIBILITY / LEAD PERSON	PROGRESS	TIMESCALE	RAG RATING
1	<b>Personalised care centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.</b>					
1.1	Every woman should develop a personalised care plan, with their midwife and other health professionals, which sets out her decisions about her care, reflects her wider health needs and is kept up to date as her pregnancy progresses and after the birth.	Currently all women have a 36 week apt to personalise her birth plan according to her wishes and needs. LWH intends to offer a similar personalised plan at booking which will be reviewed and triangulated with all care providers throughout her pregnancy i.e. FMU	Community Redesign Project Midwife / Consultant Midwife	Personalised booking Plan under development as part of the community redesign project and as part of the consultant midwife vanguard group to develop a regional pathway	March 2017	
1.2	Unbiased information should be available to all women to help them make their decisions and develop their care plan drawing on the latest evidence, and assessment of their individual needs, and what services are available locally. This should be through their digital maternity tool.	LWH has developed the Maternity Assist information system that provides information for women to make decisions and plan care throughout their pregnancy, including being able to ask a midwife questions with individualised responses.	Maternity assist midwife	Information portal active and App for smart phone currently in development phase	Complete	
1.3	Women should be able to choose the provider of their antenatal, intrapartum and postnatal care and be in control of exercising those choices through their own NHS Personal Maternity Care Budget.	Development as part of the pioneer site process. The women of Liverpool are already able to choose their provider of choice from the units available in the Cheshire and Mersey Region along with the private provider One to One Northwest LTD. The only option that women don't currently have is the availability to choose a free standing MLU for place of birth.	HoM / Operations Manager	Liverpool Women's Pioneer PMCB Pilot: Currently in production of the PCMB Menu leaflet. Plan for 200+ women to participate in pilot phase. 5/6 Midwives/GP Surgeries. Plan for Pilot go live date 5/12/16	March 2017	

1.4	Women should be able to make decisions about the support they need during birth and where they would prefer to give birth, whether this is at home, in a midwifery unit or in an obstetric unit after full discussion of the benefits and risks associated with each option.	All women booked with LWH are offered the choice of place of birth including home, alongside MLU and obstetric led unit. As part of the Future Generations Project of Liverpool Women's Hospital the option for a free standing MLU is being explored.	HoM	Pre Public Consultation Stage commenced 28/6/16 re the Future generations project	Complete	
2	<b>Continuity of Carer to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.</b>					
2.1	Every woman should have a midwife, who is part of a small team of 4 to 6 midwives based in the community who know the women and family, and can provide continuity throughout the pregnancy, birth and postnatally.	Case loading Pioneer Team currently in development	HoM / Community Redesign Project Midwife	Community Redesign Project Lead Midwife in Post and 1 <sup>st</sup> draft of project plan complete and ready for linking with Transformation Team	March 2017	
2.2	Each team of midwives should have an identified obstetrician who can get to know and understand their service and can advise on issues as appropriate.	Each team of midwives currently have a named link Consultant Obstetrician to advise when required	Clinical Director		Complete	
2.3	Community hubs should enable them to access care in the community from their midwife and from a range of others services, particularly for antenatal and postnatal care.	Community redesign project has been reviewed to align with NMSR	Community Redesign Project Midwife / Transformation Team	1st draft of project plan complete and ready for linking with Transformation Team	March 2017	
2.4	The woman's midwife should liaise closely with obstetric, neonatal and other services ensuring that they get the care they need and that it is joined up with the care they are receiving in the community.	All women have a named midwife and all midwives have access to refer to all specialists as required	HOM		Complete	
3	<b>Safer Care with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when</b>					

	things go wrong.					
3.1	Provider organisation boards should designate a board member as the board level lead for maternity services. The Board should routinely monitor information about quality, including safety and take necessary action to improve quality.	LWH currently has their Director of Nursing and Midwifery who has full board level responsibilities and the HOM has direct access to the DON	DON		Complete	
3.2	Boards should promote a culture of learning and continuous improvement to maximise quality and outcomes from their services, including multi-professional training. CQC should consider these issues during inspections.	Multidisciplinary forums including Safety Senate, Effectiveness Senate and Experience Senate are established at LWH. Variety of levels of multidisciplinary training and learning activities including incident reviews and skills drills training	MD/DON CD/HOM		Complete	
3.3	There should be rapid referral protocols in place between professionals and across organisations to ensure that the woman and her baby can access more specialist care when they need it.	Rapid referral protocols established for all services including participation in local HDU network	HOM/CD		Complete	
3.4	Teams should collect data on the quality and outcomes of their services routinely, to measure their own performance and to benchmark against others' to improve the quality and outcomes of their services.	LWH currently participates in the data collection and sharing of information through the agreed SCN dashboard	SCN/LWH		Complete	
3.5	There should be a national standardised investigation process when things go wrong, to get to the bottom of what went wrong and why and how future services can be improved as a consequence.	National review of RCA/SI process	Health Care Safety Investigation Branch, NHS Improvement, Maternity Clinical Networks	Rapid Resolution and Redress scheme announced (17/10/16) and out for consultation therefore awaiting further national guidance	By end 2016/17	
3.6	There is already an expectation of openness and honesty between professionals and families, which should be supported by a rapid redress and resolution scheme, encouraging rapid learning and to ensure that families receive the help they need quickly.	Await outcome of 3.5. Duty of Candour process implemented locally for all STEIS reportable incidents	Trust governance team		Complete	

4	<b>Better postnatal and perinatal mental health care to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family?</b>					
4.1	There should be significant investment in perinatal mental health services in the community and in specialist care.	Further development of perinatal mental health services locally following national review. LWH currently already provides a Perinatal Mental Health Service which is facilitated and funded through the use of 2 PA's of a consultant psychologist, 2 specialist midwives and the provision of the enhanced midwifery service in the community.	Mental Health Implementation Board, NHS England and CCGs  Locally : Community Redesign Project Midwife	A review of the local enhanced midwifery service has been completed to ensure the needs all vulnerable services users are met including those suffering from PMH Awaiting further national guidance re specific changes and recommendations for PMH services	By 2020	
4.2	Postnatal care must be resourced appropriately. Women should have access to their midwife as they require after having had their baby.	Currently participating in the national pilot of Birth Rate Plus Model for postnatal midwifery care	Inpatient Matron	Implement phase 2 of the pilot process	By end 2018/19	
4.3	Maternity services should ensure smooth transition between midwife and obstetric and neonatal care, and when appropriate to ongoing care in the community from their GP and health visitor.	LWH has established process for transfer of care that allows for smooth transition between services	CD/HOM		Complete	
4.4	A dedicated review of neonatal services should be taken forward in light of the findings of this review	Awaiting national review	NHS England	Awaiting further guidance	By end 2016/17	
5	<b>Multi-professional working breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.</b>					
5.1	Those who work together should train together. The Nursing and Midwifery Council and the Royal College of Obstetricians and Gynaecologists	Variety of levels of multidisciplinary training and learning activities including incident reviews and skills drills training	CD/HOM		Complete	

	should review education to ensure that it promotes multi-professionalism and that there are shared elements where practical and sensible.					
5.2	Multi-professional training should be a standard part of professionals' continuous professional development, both in routine situations in emergencies.	Variety of levels of multidisciplinary training and learning activities including incident reviews, skills drills training	CD/HOM		Complete	
5.3	Use of electronic maternity records should be rolled out nationally, to support sharing of data and information between professionals, organisations and with the woman. Commissioners and providers should invest in the right software, equipment and infrastructure to collect data and share information.	LWH involved in city wide work into the use of electronic patient records for all patients Awaiting national guidance on maternity record	CIO	Awaiting progress report on roll out of EPR city wide project	By 2020	
5.4	A nationally agreed set of indicators should be developed to help local maternity systems to track, benchmark and improve the quality of maternity services. This should include the possible development of PROMS/PREMs measures for maternity.	LWH already use the RCOG recommendations as part of the Strategic Clinical network approved dashboard which allows all services in Cheshire and Mersey to benchmark against other services in the region using the same matrix and parameters.	NHS England, RCM, RCOG	Awaiting further guidance	Convene by Spring 2016, report by end 2016/17	
5.5	Multi-professional peer review of services should be available to support and spread learning. Providers should actively seek out this support to help them improve, and they must release their staff to be part of these reviews. CQC should consider the issue as part of inspections.	LWH is an active partner in the Each Baby Counts programme in the Cheshire and Merseyside Strategic Clinical Network whereby two external peer reviewers participate in every each baby counts review	CD Obstetrics and Neonatology		Complete	
6	<b>Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.</b>					
6.1	Providers and commissioners should come together in local maternity systems covering populations of	LWH works closely with the local CCG's on an annual basis to review service specification and local contracting	Liverpool CCG and LWH contracting team		Complete	

	500,000 to 1.5 million, with shared standards and protocols agreed by all.	arrangements				
6.2	Professionals, providers and commissioners should come together on a larger geographical area through Clinical Networks, coterminous for both maternity and neonatal services, to share information, best practice and learning, to provide support and to advise about the commissioning of specialist services which support local maternity systems.	LWH is an active participant in the Cheshire and Merseyside SCN LWH is a partner in the Cheshire and Merseyside Women's and Children's Network (Vanguard)	CCG and CD		Complete	
6.3	Commissioners should take greater responsibility for improving outcomes, by commissioning against clear outcome measures, empowering providers to make service improvements and monitoring progress regularly.	LWH works closely with the local CCG's on a monthly basis to review all quality and performance outcomes	CCGs		Complete	
6.4	NHS England should seek volunteer localities to act as early adopter sites.	LWH has been chosen as one of the seven NMR pioneer sites. LWH is also an early adopter of the NHSE Saving Lives Care Bundle and the Each baby counts programme.	NHS England Vanguard HOM/CD	Early Adopter Bid submitted by Vanguard for a service wide early adopter project, bid through to round two of the process. Interim HoM and Maternity Clinical Director now seconded 1 day per week each to work for the Vanguard on this regional Project.		
7	<b>A payment system that fairly and adequately compensates providers for delivering high quality care to all women efficiently, while supporting commissioners to commission for personalisation, safety and choice.</b>					
7.1	The payment system for maternity services should be reformed. In particular, it should take into account: • The different cost structures different	Work completed nationally to review the three levels of the maternity tariff with acknowledgement and agreement of the changes to the tariff pathways as	NHS England and NHS Improvement reporting		NHS England and NHS Improvement reporting	



	<p>services have, i.e., a large proportion of the costs of obstetric units are fixed because they need to be available 24 hours a day, seven days a week regardless of the volume of services they provide.</p> <ul style="list-style-type: none"> <li>• The need to ensure that the money follows the woman and her baby as far as possible, so as to ensure women's choices drive the flow of money, whilst supporting organisations to work together.</li> <li>• The need to incentivise the delivery of high quality and efficient care for all women, regardless of where they live or their health needs.</li> <li>• The challenges of providing sustainable services in certain remote and rural areas.</li> </ul>	<p>of the new financial year 2017/18</p> <p>Awaiting further guidance from NHSE for any further changes to the maternity tariff</p>				
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RAG Ratings;



Red – No Progress



Amber – Work in progress – not yet completed



Green – Action complete

Lead for Action Plan – Claire Mathews – Interim Head of Midwifery

Updated – 18/10/2016 v2



## Board of Directors

### Committee Chair's report of Finance Performance and Business Development Committee meeting held 26 September 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 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

16/281

Agenda Item No:	16/281						
Meeting:	Trust Board						
Date:	October 2016						
Title:	Performance Dashboard - Month 6 - September 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 <b>workforce</b>	✓
To be ambitious and <b>efficient</b> and make best use of available resources	✓
To deliver <b>safe</b> services	✓
To participate in high quality research in order to deliver the most <b>effective</b> outcomes	✓
to deliver the best possible <b>experience</b> 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**

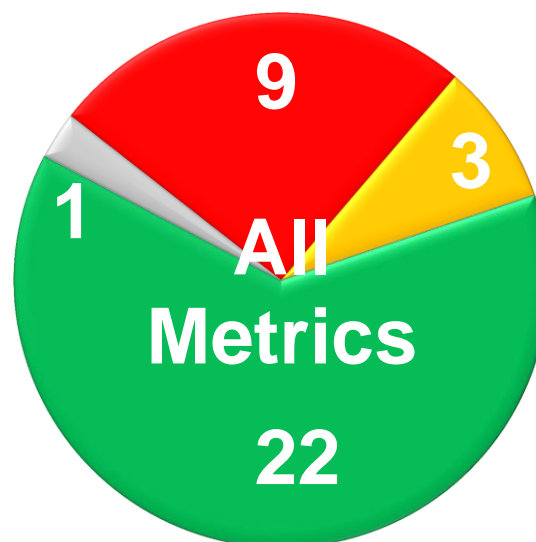
**2. Issues for consideration**

**3. Conclusion**

**4. Recommendation/s**

## Performance Report - Trust Board

Month 6 - September 2016



## Performance Summary - Trust Board -

Month 6 - September 2016

### Overview

Of the 35 KPI's reported in the Trust Board Dashboard for August 2016, **22** are rated Green, **9** are rated Red and **3** are rated as Amber. The figure for Choose and Book is not yet available nationally.

The KPI's rated as Red are:

- HR: Sickness & Absence at 5% against a target of  $\leq 1\%$
- Finance: Actual CIP at £511K against a plan of £1M
- Finance: Actual Surplus at £3.44M against a target of  $\leq 1\%$
- Finance: Shifts filled by Agency over cap at 68 against a target of 0
- Total Caesarean Section Rates at 27.8% against a target of  $\leq 23\%$
- Elective Caesarean Section Rates at 14.4% against a target of  $\leq 10\%$
- Maternity Triage at 87.9% against a target of  $\geq 95\%$
- Total number of complaints at 19 against a target of  $\leq 15$
- Epidurals not given for non-clinical reasons at 5.66% against a target of  $\leq 5\%$
- One to One care in established labour at 93% against a target of  $\geq 95\%$  (internal target - CCG Target is 85%)

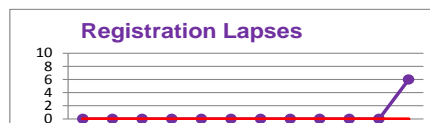
The KPIs rated as Amber are:

- HR: Mandatory Training at 93% against a target of  $\geq 95\%$
- HR: Turnover Rates at 14% against a target of  $\leq 10\%$
- Cancelled TCIs for non-clinical reasons at 4.2% against a target of  $\leq 4\%$

# Performance Summary - Trust Board -

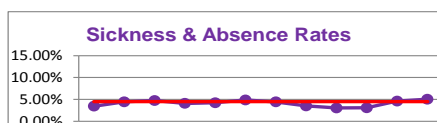
Month 6 - September 2016

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



## HR: Registration Lapses: 6 against a target of 0

Six registration lapses took place in month. Employees were asked about the reasons for the lapses and explanations provided included that they had not received the letter from the NMC or that they had simply forgotten. All employees have been suspended without pay and a disciplinary investigation has commenced.



## HR: Sickness & Absence rate at 5.03% against a target of <= 4.5%

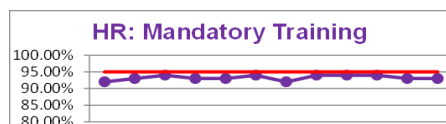
Six services are rated as red. Five are rated as amber and six are rated as green.

The proportion of short term and long term sickness in month six was 61% long term and 39% short term (this split was 65%/35% in month five). 'Anxiety/stress/depression' is still the most common diagnosis in the Trust, although the second most common is now 'gastrointestinal problems' rather than 'other musculoskeletal problems' which is now ranked 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.

The Human Resources Department provide detailed absence information and advice to support managers in addressing sickness absence. They also provide training to new and existing managers in how to effectively manage sickness absence. 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 3.5% by the end of the quarter three.



## HR: Mandatory Training at 93% against target of >= 95%

There are 9 areas rated as amber but no areas rated as red. The Learning & Development and Human Resources teams provide managers at all levels with detailed information regarding mandatory training compliance.

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.

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

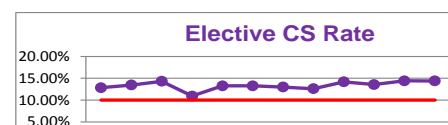
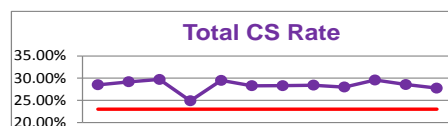
## Performance Summary - Trust Board -

Month 6 - September 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



**Total Caesarean Section Rate at 27.7% (Target <= 23%)**

and

**Elective Caesarean Section Rate at 14.4% (Target <= 10%)**

The Target and rates of Caesarean sections have been reviewed along with benchmarking of rates in other Trusts and within the CWest Coast Strategic Clinical Network. This work has informed our target rates and the findings of the review will be presented for clinical review at the next GACA meeting in November 2016. Once they are signed off at GACA, the new target rates will be incorporated into the Performance Report Framework for September. In the mean time, the rates will continue to be closely monitored.

## Performance Summary - Trust Board -

Month 6 - September 2016

To deliver the most EFFECTIVE outcomes

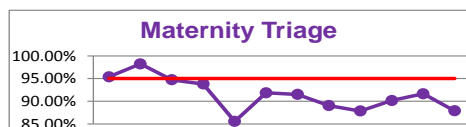
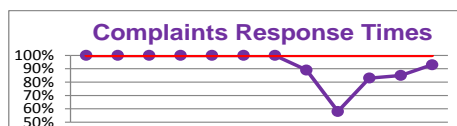
There are no Red or Amber rated KPIs in this section



# Performance Summary - Trust Board -

Month 6 - September 2016

To deliver the best possible EXPERIENCE for patients and staff



**Complaints : Number received at 19 against a target of  $\leq 15$**

**and**

**Complaints Response Times at 93% against a target of 100%**

One complaint breached the timescale to be delivered to the complainant this month. The complainant was kept informed of why the complaint breached the timescale. The complaint was held up due to further detail requests during the quality control process.

The number of complaints breaching timescales per month has been reducing month on month for the last quarter:

July 16 – 3  
August 16 – 2  
September 16 - 1

As part of updating and refreshing the current governance arrangements, and given the fact that the current Head of Service for complaints is off on long term sick; the complaints policy, procedure, process, investigation and reporting template are currently in process of revision

**Maternity Triage within 30 minutes at 87.9% against a target of  $\geq 95\%$**

Three issues are impacting the ability to achieve this target:

1. Availability of medical staff - medical staff are required to attend priority areas including theatres, this increases the pressure within the department and prevents the flow of patients through the system.
2. Department layout - Although a number of midwives are available to triage patients the layout of the department restricts to the triage of one patient at a time,.
3. Long term sickness - means that cover in the area has been provided by Midwives who are unfamiliar with the environment and its systems and processes, plus single sign on issues.

Actions being taken:

1. Senior medical staff have increased visibility on the MAU to provide support for junior medical staff and midwives to refer directly to, improving the patient flow.
2. Proposals for creating additional triage rooms within MAU being costed up. It is expected that this will be minimal, with significant improvements gained.
3. Co-ordination of rota's to allow experienced staff, familiar with MAU processes to be re-deployed, as well at times of high activity to ensure patients can be seen in a timely manner.

## Performance Summary - Trust Board -

Month 6 - September 2016



### Epidurals not given due to Non-clinical Reasons at 5.66% against a target of $\leq 5\%$

148 Women requested Epidural for their chosen analgesia, 18 women were in advanced labour and therefore did not receive an Epidural. 6 women did not receive an epidural due to lack of available beds on delivery suite. This was due to high activity during the month of September with an increase in births. 6 women laboured on the MLU and were unable to be transferred to delivery suite due to delay in transfer to the postnatal areas.

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.

### Emerging Concerns

Of emerging concern from September is the rising number of complaints in general and the rise in complaints citing staff attitude. There is further concern at the number of Registration Lapses that occurred in September 2016.

### Conclusion

Overall, for September 2016 the Trust performance has the same consistent themes that will be raised with the Service Managers and Clinical Leads. They will also be addressed at the Quarterly Review with Executives and Services in October 2016.

### 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						
HR: Sickness & Absence Rates (Commissioner)		<= 4.5%	4.42%	3.51%	3.05%	3.09%	4.61%	5.03%						
HR: Annual Appraisal and PDR		>= 90%	89.00%	87.00%	82.00%	87.00%	90.00%	92.00%						
HR: Completion of Mandatory Training		>= 95%	92.00%	94.00%	94.00%	94.00%	93.00%	93.00%						
HR: Turnover Rate		<= 10%	11.00%	13.00%	13.00%	14.00%	16.00%	14.00%						
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						
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						
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						
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						
Monitor: Financial Sustainability Risk Rating: Capital Cover		1	1	1	1	1	1	1						
Monitor: Financial Sustainability Risk Rating: Liquidity		2 (1 from Sep 2016)	2	2	1	1	1	1						
Monitor: Financial Sustainability Risk Rating: I & E Margin		1	1	1	1	1	1	1						
Monitor: Financial Sustainability Risk Rating: Variance to Plan		4	4	4	4	3	3	4						
Monitor: Financial Sustainability Risk Rating: Overall Score		2	1	2	2	2	2	2						
Monitor: Financial Sustainability Risk Rating: Agency Cap		0	51	25	57	88	75	68						

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
Total Caesarean Section Rate		< 23%	28.29%	28.41%	28.00%	29.59%	28.57%	27.76%						
Elective Caesarean Section Rate		< 10%	13.00%	12.61%	14.17%	13.57%	14.42%	14.40%						
Safer Staffing Levels (Overall - includes Registered and Care Staff)		<= 90%	92.78%	91.92%	92.60%	91.70%	86.86%	89.50%						
Serious Incidents: Number of Open SI's		Monitoring Only	22	21	18	18	16	15						
Serious Incidents: Number of New SI's		Monitoring Only	1	2	4	2	2	2						
% of women seen by a midwife within 12 weeks		>= 90%	96.82%	95.44%	95.70%	94.88%	91.78%	93.28%						
Neonatal Bloodstream Infection Rate		TBD	0.11	0.00	0.00	0.36	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%						
Biochemical Pregnancy Rates		> 30% TBC	45.94%	47.62%	46.21%	44.70%	47.13%	48.63%						
Still Birth Rate (excludes late transfers)		TBD	0.00	0.01	0.01	0.01	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	0.00						
Returns to Theatre		<= 0.7% TBC	0.64%	1.03%	0.50%	0.51%	0.22%	0.21%						
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%						
Number of Complaints received		<= 15	15	5	13	18	13	19						
18 Week RTT Incompletes (aggregate)		>= 92%	95.71%	95.90%	93.86%	95.20%	94.28%	92.63%						
Friends & Family Test		> 75%	99.26%	98.47%	98.60%	97.52%	100.00%	99.11%						
% 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%						
% 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%						
6 Week Wait Diagnostic Tests		>= 99%	98.96%	97%	98%	100%	97%	100%						
Last Minute Cancellation for non-clinical reasons		<= 4%	4.30%	6.31%	5.81%	5.01%	4.79%	4.20%						
Last Minute Cancellation for non-clinical reasons (Not re-admitted within 28 days)		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%	Not Avialable	Not Avialable	Not Available						

<b>Agenda item no:</b>	16/282		
<b>Meeting:</b>	Board of Directors		
<b>Date:</b>	4 November 2016		
<b>Title:</b>	Month 6 2016/17 Finance Report		
<b>Report to be considered in public or private?</b>			
<b>Where else has this report been considered and when?</b>	n/a		
<b>Reference/s:</b>	Operational Plan and Budgets 2016/17		
<b>Resource impact:</b>	-		
<b>What is this report for?</b>	Information	<input checked="" type="checkbox"/>	Decision
			Escalation
			Assurance
		<input checked="" type="checkbox"/>	
<b>Which Board Assurance Framework risk/s does this report relate to?</b>	5a, 5b		
<b>Which CQC fundamental standard/s does this report relate to?</b>			
<b>What action is required at this meeting?</b>	To note the Month 6 financial position		
<b>Presented by:</b>	Vanessa Harris - Director of Finance		
<b>Prepared by:</b>	Jenny Hannon - Deputy Director of Finance		

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

<b>Publication of this report (tick one):</b>
---

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	

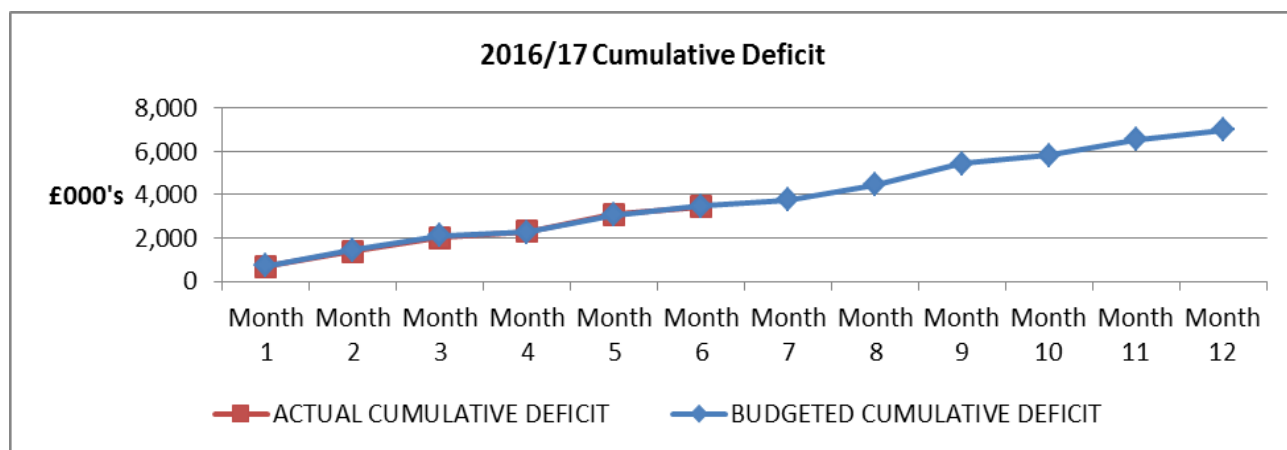
## 1. Executive Summary

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.

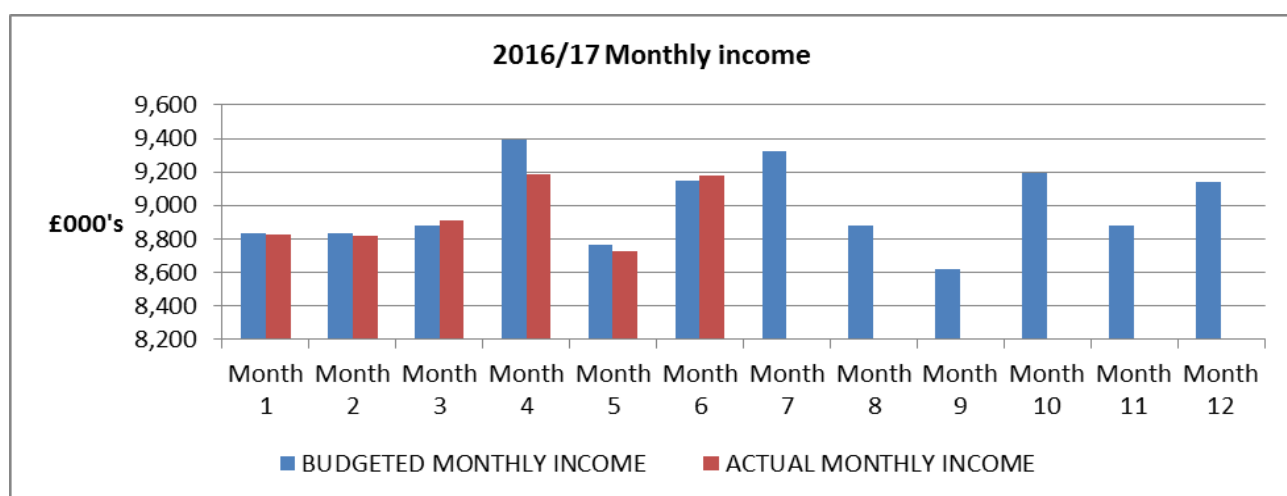
In Month 6 the Trust is reporting a monthly deficit of £0.342m against a deficit plan of £0.411 which is a positive variance of £0.069m for the month. Cumulatively the Trust is ahead of plan by £0.039m. The Trust achieved a Financial Sustainability Risk Rating (FSRR) of 2 against a plan of 2.

Following further detailed review in Month 6, the Trust is still forecasting to achieve the overall control total of £7m deficit for the full year, although there are some areas of over and under-performance within that total.

## 2. Summary Financial Position



Total income in month was slightly higher than plan (see below), while maternity and gynaecology continued to over-perform, other services did not achieve target. These are discussed in Section 3



Pay expenditure remains below budget predominantly due to vacancies across a number of services including neonates, Hewitt Centre, Catherine Medical and genetics. With the exception of neonates

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 predominantly due to the non-delivery of CIP in gynaecology/theatres. 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.

The FSRR components are set out below. Shadow monitoring indicates that under the new Standard Oversight Framework regime the Trust would deliver a rating of 3 (with a 4 being the lowest rating). This compares with a rating of 2 under the current FSRR regime where a rating of 1 is the lowest rating.

FINANCIAL SUSTAINABILITY RISK RATING	YEAR TO DATE		YEAR	
	Budget	Actual	Budget	FOT
<b>CAPITAL SERVICING CAPACITY (CSC)</b>				
(a) EBITDA + Interest Receivable	(179)	(273)	(400)	(836)
(b) PDC + Interest Payable + Loans Repaid	1,356	1,263	2,712	2,473
<b>CSC Ratio = (a) / (b)</b>	<b>(0.13)</b>	<b>(0.22)</b>	<b>(0.15)</b>	<b>(0.34)</b>
<b>MONITOR CSC SCORE</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Ratio Score 4 = 2.5 3 = 1.75 2 = 1.25 1 &lt; 1.25</b>				
<b>LIQUIDITY</b>				
(a) Cash for Liquidity Purposes	(5,325)	(4,756)	(8,924)	(8,924)
(b) Expenditure	54,048	53,929	108,297	107,921
(c) Daily Expenditure	300	300	301	300
<b>Liquidity Ratio = (a) / (c)</b>	<b>(18)</b>	<b>(16)</b>	<b>(30)</b>	<b>(30)</b>
<b>MONITOR LIQUIDITY SCORE</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Ratio Score 4 = 0 3 = -7 2 = -14 1 &lt; -14</b>				
<b>I&amp;E MARGIN</b>				
Deficit	3,480	3,440	7,000	7,000
Total Income	(53,864)	(53,647)	(107,887)	(107,074)
<b>I&amp;E Margin</b>	<b>-6.46%</b>	<b>-6.41%</b>	<b>-6.49%</b>	<b>-6.54%</b>
<b>MONITOR I&amp;E MARGIN SCORE</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Ratio Score 4 = 1% 3 = 0% 2 = -1% 1 &lt; -1%</b>				
<b>I&amp;E MARGIN VARIANCE</b>				
I&E Margin	-6.46%	-6.41%	-6.49%	-6.54%
<b>I&amp;E Variance Margin</b>	<b>0.83%</b>	<b>0.05%</b>	<b>0.83%</b>	<b>-0.05%</b>
<b>MONITOR I&amp;E MARGIN VARIANCE SCORE</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>3</b>
<b>Ratio Score 4 = 0% 3 = -1% 2 = -2% 1 &lt; -2%</b>				
<b>Overall Financial Sustainability Risk Rating</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>



### 3. Service Review

The key components of the Month 6 financial position are outlined below. (See appendix 1 for detailed results)

#### **Maternity**

Income across maternity is again ahead of plan in month, year to date and is forecast to be £0.651m ahead by the end of the year. Deliveries continue to outperform the plan by c7%. This level of outperformance is expected to decrease in the latter part of the year based on expected due date information.

Overall it is forecast that Maternity will deliver a net favourable result in the region of £0.178m.

#### **Gynaecology and Theatres**

Gynaecology has seen strong activity performance across general services since the start of the year. Ongoing underperformance across oncology has continued, however income overall remains £0.396m ahead of plan at Month 6 and is expected to continue to over-perform for the remainder of the year.

The outperformance in activity is currently supporting the non-delivery of the theatres efficiency CIP (full year target £0.5m). Recovery plans are in place in relation to the delivery of the CIP scheme but will not impact until 17/18, the current non-delivery of CIP is built into the forecast..

Overall, taking into account the non-delivery of CIP and the additional pay costs of the extra activity the forecast for gynaecology and theatres is under performance of £0.143m.

#### **Neonatal**

The majority of neonatal income is on block contract and as such is not directly impacted by activity on a month by month basis. However, income from Welsh and other out of area commissioners is on a cost by case basis and the unit has seen a reduction in the amount of those babies it has treated. This continues to equate to the majority of the income shortfall by Month 6. This is as a result of the neonatal cots being utilised for Cheshire and Merseyside activity. NHS England have been informed of the financial impact of this and approached to support the shortfall in income along with Health Education England (HEE).

The income shortfall is being somewhat offset by non-recurrent underspend across pay which has arisen through vacancies. This will however become problematic in 2017/18 when the vacancies are fully recruited to. The financial burden of training neonatal nurses and ANNPs has been flagged to NHS England and HEE who recognise that LWH invest significant resource into trainees in order to future-proof the service. It was agreed that these discussions would be factored into the commissioning round.

Without any commissioner support neonates is expected to be £0.401m adversely away from budget overall at the end of the year.

#### **Hewitt Fertility Centre (HFC)**

The HFC position continues to be impacted by two key issues

- a) Underperformance in activity at Crown Street
- b) Non-delivery of the Kings Joint Venture income (CIP scheme)

The financial impact to date is a net £0.476m behind plan with a projected £0.573m full year shortfall. This takes into account the implementation of the significant recovery plans that have been developed to date which are being scrutinised at the newly formed Transformation Board.

## **Genetics**

Genetics income is behind plan year to date as a result of underperformance on the 100,000 genomes contract and decreased lab activity due to staff shortages. However, some of the income shortfall is offset by a reduction in pay costs, and the ongoing impact of vacancies. It is expected that some of this income will be recovered in the latter part of the year however a prudent view is being held.

## **Catherine Medical (CMC)**

Catherine Medical income consists of private gynaecology and maternity. Whilst the cost base has been reduced in response to the lack of activity, this is not to the full extent of the income shortfall and at Month 6 CMC is £0.159m behind plan. The future of the CMC is currently under review.

## **4. 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 is £1m for the full year. Mitigations have been put in place and further work is being undertaken to identify recurrent solutions for the remaining value.

A full review of CIP scheme delivery and quality impacts at Month 6 was presented to FPBD in October 2016.

## **5. 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 in relation to the Hewitt Fertility expansion and 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.

The Trust's financial plan for 2016/17 indicated a further requirement for cash of £7.7m. Whilst this request is being finalised centrally the Trust has in place a £2.5m working capital facility at an interest rate of 3.5%. NHS Improvement have been approached with regards to increasing this facility in the short term, and it has been confirmed that the working capital facility can be extended, in advance on a month by month basis, whilst DH assess the full national cash requirement. This is taken into account when the Trust produces its 13 week cash flow for submission to NHSI and the DH each month.

The Trust has drawn down £1m from the working capital facility in September 2016 and a further £1m in October 2016.

It is anticipated that an additional £1m will be required in December 2016.

The cash balance as at the end of Month 6 was £3.8m.

## **6. Sustainability and Transformation Fund (STF)**

On 7 July 2016 the Trust received information on how to access the £2.8m of Sustainability and Transformational Funding from NHSI. This sets the criteria for the delivery of the year to date financial control total and achievement of performance targets.

The Trust met the criteria for the first payment and received £0.7m in relation to Quarter 1 in August 2016. The Trust expects to be on target to deliver the performance targets and financial control total at Quarter 2.

## 7. 2017/18 and 2018/19 Indicative Financial Control Totals

On 30th September 2016 the Trust was notified of its indicative financial control totals and levels of sustainability and transformational funding.

	2017/18	2018/19
<b>STF General element</b>	£3.206m	£3.206m
<b>STF Targeted element</b>	TBC	TBC
<b>Control total*</b>	-£3.025m deficit	-£1.765m deficit
<b>Agency ceiling</b>	£1.924	£1.924

*\*per guidance these do not include income and expenditure associated with CNST*

The achievability of the indicative control totals is presented elsewhere on the agenda.

## 8. Conclusion & Recommendation

The Board are asked to note the Month 6 financial position

## Appendices

### Appendix 1: Board Finance Pack



Board Finance Pack  
M6 Linked Pack.xlsx

# **LIVERPOOL WOMEN'S NHS FOUNDATION TRUST**

## **FINANCE REPORT: M6**

**YEAR ENDED 31 MARCH 2017**



## **Contents**

- 1** Monitor Score
- 2** Income & Expenditure
- 3** Expenditure
- 4** Service Performance
- 5** Balance Sheet

FINANCIAL SUSTAINABILITY RISK RATING	YEAR TO DATE		YEAR	
	Budget	Actual	Budget	FOT
<b>CAPITAL SERVICING CAPACITY (CSC)</b>				
(a) EBITDA + Interest Receivable	(179)	(273)	(400)	(836)
(b) PDC + Interest Payable + Loans Repaid	1,356	1,263	2,712	2,473
<b>CSC Ratio = (a) / (b)</b>	<b>(0.13)</b>	<b>(0.22)</b>	<b>(0.15)</b>	<b>(0.34)</b>
<b>MONITOR CSC SCORE</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Ratio Score 4 = 2.5 3 = 1.75 2 = 1.25 1 < 1.25				
<b>LIQUIDITY</b>				
(a) Cash for Liquidity Purposes	(5,325)	(4,756)	(8,924)	(8,924)
(b) Expenditure	54,048	53,929	108,297	107,921
(c) Daily Expenditure	300	300	301	300
<b>Liquidity Ratio = (a) / (c)</b>	<b>(18)</b>	<b>(16)</b>	<b>(30)</b>	<b>(30)</b>
<b>MONITOR LIQUIDITY SCORE</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Ratio Score 4 = 0 3 = -7 2 = -14 1 < -14				
<b>I&amp;E MARGIN</b>				
Deficit	3,480	3,440	7,000	7,000
Total Income	(53,864)	(53,647)	(107,887)	(107,074)
<b>I&amp;E Margin</b>	<b>-6.46%</b>	<b>-6.41%</b>	<b>-6.49%</b>	<b>-6.54%</b>
<b>MONITOR I&amp;E MARGIN SCORE</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Ratio Score 4 = 1% 3 = 0% 2 = -1% 1 < -1%				
<b>I&amp;E MARGIN VARIANCE</b>				
I&E Margin	-6.46%	-6.41%	-6.49%	-6.54%
<b>I&amp;E Variance Margin</b>	<b>0.83%</b>	<b>0.05%</b>	<b>0.83%</b>	<b>-0.05%</b>
<b>MONITOR I&amp;E MARGIN VARIANCE SCORE</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>3</b>
Ratio Score 4 = 0% 3 = -1% 2 = -2% 1 < -2%				
<b>Overall Financial Sustainability Risk Rating</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST  
INCOME & EXPENDITURE: M6  
YEAR ENDED 31 MARCH 2017

2

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
<b>Income</b>									
Clinical Income	(8,567)	(8,602)	35	(50,361)	(50,304)	(57)	(100,881)	(100,467)	(414)
Non-Clinical Income	(584)	(573)	(11)	(3,503)	(3,343)	(160)	(7,006)	(6,606)	(400)
<b>Total Income</b>	<b>(9,151)</b>	<b>(9,176)</b>	<b>25</b>	<b>(53,864)</b>	<b>(53,647)</b>	<b>(217)</b>	<b>(107,887)</b>	<b>(107,074)</b>	<b>(814)</b>
<b>Expenditure</b>									
Pay Costs	5,613	5,580	32	33,675	33,100	576	67,351	66,603	748
Non-Pay Costs	2,208	2,248	(40)	13,220	13,676	(457)	26,639	27,011	(372)
CNST	1,192	1,192	0	7,154	7,153	0	14,307	14,307	(0)
<b>Total Expenditure</b>	<b>9,013</b>	<b>9,021</b>	<b>(8)</b>	<b>54,048</b>	<b>53,929</b>	<b>119</b>	<b>108,297</b>	<b>107,921</b>	<b>376</b>
<b>EBITDA</b>	<b>(138)</b>	<b>(155)</b>	<b>17</b>	<b>184</b>	<b>282</b>	<b>(98)</b>	<b>410</b>	<b>847</b>	<b>(437)</b>
<b>Technical Items</b>									
Depreciation	375	349	26	2,250	2,211	39	4,500	4,304	197
Interest Payable	35	17	18	210	171	39	420	317	103
Interest Receivable	(1)	(1)	0	(5)	(9)	4	(10)	(11)	1
PDC Dividend	140	132	8	840	786	54	1,680	1,543	137
Profit / Loss on Disposal	0	0	0	0	0	0	0	0	0
<b>Total Technical Items</b>	<b>549</b>	<b>497</b>	<b>52</b>	<b>3,295</b>	<b>3,158</b>	<b>137</b>	<b>6,590</b>	<b>6,153</b>	<b>437</b>
<b>(Surplus) / Deficit</b>	<b>411</b>	<b>342</b>	<b>69</b>	<b>3,480</b>	<b>3,440</b>	<b>39</b>	<b>7,000</b>	<b>7,000</b>	<b>0</b>

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST  
EXPENDITURE: M6  
YEAR ENDED 31 MARCH 2017

3

EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
<b>Pay Costs</b>									
Board, Execs & Senior Managers	337	335	2	2,023	2,001	23	4,047	4,012	35
Medical	1,271	1,248	23	7,624	7,476	148	15,248	14,910	337
Nursing & Midwifery	2,504	2,455	49	15,023	14,561	463	30,047	29,539	508
Healthcare Assistants	391	389	2	2,345	2,364	(19)	4,691	4,699	(8)
Other Clinical	543	499	44	4,291	4,081	210	6,512	6,142	370
Admin Support	159	166	(7)	953	1,016	(63)	1,906	2,059	(153)
Corporate Services	358	372	(14)	1,115	1,139	(24)	4,299	4,392	(93)
Agency & Locum	50	117	(67)	300	463	(163)	600	849	(249)
<b>Total Pay Costs</b>	<b>5,613</b>	<b>5,580</b>	<b>32</b>	<b>33,675</b>	<b>33,100</b>	<b>576</b>	<b>67,351</b>	<b>66,603</b>	<b>748</b>
<b>Non Pay Costs</b>									
Clinical Supplies	734	741	(7)	4,401	4,474	(73)	8,858	8,886	(28)
Non-Clinical Supplies	593	634	(41)	3,530	3,920	(390)	7,204	7,562	(359)
CNST	1,192	1,192	0	7,154	7,153	0	14,307	14,307	(0)
Premises & IT Costs	415	413	3	2,491	2,490	2	4,983	4,977	6
Service Contracts	466	461	5	2,797	2,793	4	5,594	5,585	8
<b>Total Non-Pay Costs</b>	<b>3,401</b>	<b>3,440</b>	<b>(40)</b>	<b>20,373</b>	<b>20,830</b>	<b>(457)</b>	<b>40,946</b>	<b>41,318</b>	<b>(372)</b>
<b>Total Expenditure</b>	<b>9,013</b>	<b>9,021</b>	<b>(8)</b>	<b>54,048</b>	<b>53,929</b>	<b>119</b>	<b>108,297</b>	<b>107,921</b>	<b>376</b>



**LIVERPOOL WOMEN'S NHS FOUNDATION TRUST**  
**BUDGET ANALYSIS: M6**  
**YEAR ENDED 31 MARCH 2017**

4

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
<b>Maternity</b>									
Income	(3,517)	(3,726)	210	(20,236)	(20,906)	670	(40,771)	(41,422)	651
Expenditure	1,698	1,746	(48)	10,188	10,371	(183)	20,378	20,852	(474)
<b>Total Maternity</b>	<b>(1,819)</b>	<b>(1,981)</b>	<b>162</b>	<b>(10,048)</b>	<b>(10,535)</b>	<b>487</b>	<b>(20,393)</b>	<b>(20,571)</b>	<b>178</b>
<b>Gynaecology</b>									
Income	(2,015)	(2,028)	13	(12,051)	(12,447)	396	(23,965)	(24,808)	843
Expenditure	879	971	(91)	5,276	5,525	(248)	10,554	11,121	(567)
<b>Total Gynaecology</b>	<b>(1,135)</b>	<b>(1,057)</b>	<b>(78)</b>	<b>(6,775)</b>	<b>(6,922)</b>	<b>148</b>	<b>(13,411)</b>	<b>(13,687)</b>	<b>275</b>
<b>Theatres</b>									
Income	(42)	(42)	0	(252)	(251)	(1)	(504)	(501)	(3)
Expenditure	608	659	(51)	3,649	3,889	(241)	7,298	7,713	(415)
<b>Total Theatres</b>	<b>566</b>	<b>616</b>	<b>(50)</b>	<b>3,397</b>	<b>3,638</b>	<b>(241)</b>	<b>6,794</b>	<b>7,211</b>	<b>(418)</b>
<b>Neonatal</b>									
Income	(1,410)	(1,382)	(28)	(8,454)	(8,196)	(258)	(16,908)	(16,469)	(439)
Expenditure	997	989	8	5,983	5,812	171	11,967	11,929	38
<b>Total Neonatal</b>	<b>(413)</b>	<b>(393)</b>	<b>(20)</b>	<b>(2,471)</b>	<b>(2,385)</b>	<b>(86)</b>	<b>(4,941)</b>	<b>(4,540)</b>	<b>(401)</b>
<b>Hewitt Centre</b>									
Income	(1,014)	(882)	(132)	(5,938)	(5,182)	(756)	(11,874)	(10,519)	(1,355)
Expenditure	730	630	99	4,375	4,095	280	8,805	8,023	782
<b>Total Hewitt Centre</b>	<b>(284)</b>	<b>(251)</b>	<b>(33)</b>	<b>(1,563)</b>	<b>(1,087)</b>	<b>(476)</b>	<b>(3,069)</b>	<b>(2,495)</b>	<b>(573)</b>
<b>Genetics</b>									
Income	(593)	(604)	11	(3,570)	(3,403)	(167)	(7,143)	(6,733)	(410)
Expenditure	446	453	(6)	2,679	2,576	103	5,358	5,124	234
<b>Total Genetics</b>	<b>(147)</b>	<b>(152)</b>	<b>5</b>	<b>(892)</b>	<b>(827)</b>	<b>(64)</b>	<b>(1,785)</b>	<b>(1,609)</b>	<b>(175)</b>
<b>Catharine Medical Centre</b>									
Income	(101)	(35)	(66)	(442)	(143)	(299)	(817)	(361)	(456)
Expenditure	80	25	55	312	172	141	557	272	285
<b>Total Catharine Medical Centre</b>	<b>(22)</b>	<b>(10)</b>	<b>(11)</b>	<b>(130)</b>	<b>28</b>	<b>(159)</b>	<b>(260)</b>	<b>(89)</b>	<b>(171)</b>
<b>Clinical Support &amp; CNST</b>									
Income	(24)	(24)	(0)	(147)	(161)	15	(291)	(299)	8
Expenditure	733	741	(8)	4,396	4,356	41	8,793	8,666	127
<b>Total Clinical Support &amp; CNST</b>	<b>709</b>	<b>717</b>	<b>(9)</b>	<b>4,250</b>	<b>4,194</b>	<b>55</b>	<b>8,502</b>	<b>8,367</b>	<b>135</b>
<b>Corporate</b>									
Income	(435)	(452)	17	(2,773)	(2,957)	183	(5,615)	(5,962)	347
Expenditure	3,391	3,304	87	20,485	20,293	192	41,178	40,374	804
<b>Total Corporate</b>	<b>2,957</b>	<b>2,852</b>	<b>104</b>	<b>17,711</b>	<b>17,336</b>	<b>375</b>	<b>35,563</b>	<b>34,412</b>	<b>1,151</b>
<b>(Surplus) / Deficit</b>	<b>411</b>	<b>342</b>	<b>69</b>	<b>3,480</b>	<b>3,440</b>	<b>39</b>	<b>7,000</b>	<b>7,000</b>	<b>0</b>

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

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BALANCE SHEET: M6

YEAR ENDED 31 MARCH 2017

BALANCE SHEET £'000	YEAR TO DATE		
	Opening	M06 Actual	Movement
<b>Non Current Assets</b>	<b>70,529</b>	<b>69,512</b>	<b>(1,017)</b>
<b>Current Assets</b>			
Cash	3,225	3,764	539
Debtors	4,302	6,760	2,458
Inventories	326	327	1
<b>Total Current Assets</b>	<b>7,853</b>	<b>10,851</b>	<b>2,998</b>
<b>Liabilities</b>			
Creditors due < 1 year	(8,056)	(12,944)	(4,888)
Creditors due > 1 year	(1,748)	(1,764)	(16)
Commercial loan	(10,794)	(11,488)	(694)
Provisions	(2,392)	(2,217)	175
<b>Total Liabilities</b>	<b>(22,990)</b>	<b>(28,413)</b>	<b>(5,423)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>55,392</b>	<b>51,951</b>	<b>(3,441)</b>
<b>Taxpayers Equity</b>			
PDC	36,610	36,610	0
Revaluation Reserve	10,019	10,019	0
Retained Earnings	8,763	5,322	(3,441)
<b>TOTAL TAXPAYERS EQUITY</b>	<b>55,392</b>	<b>51,951</b>	<b>(3,441)</b>