

**Meeting of the Board of Directors
HELD IN PUBLIC
Friday 12 January 2018 at 1015 hrs
Liverpool Women's Hospital
Board Room**

Item no. 2018/	Title of item	Objectives/desired outcome	Process	Item presenter	Time	CQC Domain
	Thank you	To provide personal and Team thank you – above and beyond			1015	caring
001	Apologies for absence & Declarations of interest	Receive apologies	Verbal	Chair	1030 (20mins)	-
002	Meeting guidance notes	To receive the meeting attendees' guidance notes	Written guidance	Chair		Well Led
003	Patient Story	To receive assurance on the provision of end of life care	Presentation			Caring
004	Minutes of the previous meeting held on 3 November 2017	Confirm as an accurate record the minutes of the previous meetings	Written	Chair	1050 (5mins)	Well Led
005	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written/verbal	Chair		Well Led
006	Chair's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chair	1055 (15mins)	Well Led
007	Chief Executive Report	Report key developments and announce items of significance not elsewhere	Verbal	Chief Executive		Well Led

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time	CQC Domain
2018/						
BOARD COMMITTEE ASSURANCE						
008	Chair's Report from the Charitable Funds Committee (incl. approval of the Charities Annual Report and Accounts 2016/17)	Receive assurance and any escalated risks	Written	Committee Chair	1110 (10mins)	Well Led
TO DEVELOP A WELL LED, CAPABLE AND MOTIVATED WORKFORCE; TO DELIVER SAFE SERVICES; TO DELIVER THE BEST POSSIBLE EXPERIENCE FOR OUR PATIENTS AND OUR STAFF						
009	Board and Exec visit to Community Hubs. Feedback report.	Receive assurance on actions taken to address matters raised	Written	Director of Operations	1120 (10mins)	Well Led
TRUST PERFORMANCE - TO DELIVER THE MOST EFFECTIVE OUTCOMES; TO BE EFFICIENT AND MAKE BEST USE OF AVAILABLE RESOURCES						
010	Safer Nurse/Midwife Staffing Monthly Report	The Board is asked to note the content of the report	Written	Acting Director of Nursing and Midwifery	1130 (10mins)	Safe Well Led
011	Performance Report period 8, 2017/18	Review the latest Trust performance report and receive assurance	Written	Director of Operations	1140 (15mins)	Safe Well Led
012	Finance Report period 8, 2017/18	To note the current status of the Trusts financial position	Written	Director of Finance	1155 (10mins)	Well Led
TRUST STRATEGY						
013	Fit for Future Generations Update	To brief the Board on progress and risks	Verbal	Chief Executive	1205 (5mins)	All
BOARD GOVERNANCE						
014	Board Assurance Framework	For Board approval of changes made through the Board Committee structure	Written	Acting Director of Nursing and Midwifery	1210 (10mins)	
015	Review of risk impacts of items discussed	Identify any new risk	Verbal	Chair	1220	Well Led

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time	CQC Domain
2018/						
		impacts			(10mins)	
HOUSEKEEPING						
016	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	Meeting end 1230	Well Led

Date, time and place of next meeting Friday 2 February 2018

Meeting to end at 1230

1230-1245	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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Meeting attendees' guidance, May 2013

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

Before the meeting

- Prepare for the meeting in good time by reviewing all reports
- Submit any reports scheduled for consideration at least 8 days before the meeting to the meeting administrator
- Ensure your apologies are sent if you are unable to attend and *arrange for a suitable deputy to attend in your absence
- Notify the Chair in advance of the meeting if you wish to raise a matter of any other business

*some members may send a nominated representative who is sufficiently senior and has the authority to make decisions. Refer to the terms of reference for the committee/subcommittee to check whether or not this is allowable

At the meeting

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

Attendance

- Members are expected to attend at least 75% of all meetings held each year

After the meeting

- Follow up on actions as soon as practicably possible
- Inform colleagues appropriately of the issues discussed

Standards & Obligations

1. All documentation will be prepared using the standard Trust templates. A named person will oversee the administrative arrangements for each meeting
2. Agenda and reports will be issued 7 days before the meeting
3. An action schedule will be prepared and circulated to all members 5 days after the meeting
4. The draft minutes will be available at the next meeting
5. Chair and members are also responsible for the committee/ subcommittee's compliance with relevant legislation and Trust policies
6. It is essential that meetings are chaired with an open and engaging ethos, where challenge is respectful but welcomed
7. Where consensus on key decisions and actions cannot be reached this should be noted in the minutes, indicating clearly the positions of members agreeing and disagreeing – the minute should be sufficiently recorded for audit purposes should there need to be a requirement to review the minutes at any point in the future, thereby safeguarding organisational memory of key decisions
8. Committee members have a collective duty of candour to be open and honest both in their discussions and contributions and in proactively at the start of any meeting declaring any known or perceived conflicts of interest to the chair of the committee
9. Where a member of the committee perceives another member of the committee to have a conflict of interest, this should be discussed with the chair prior to the meeting
10. Where a member of the committee perceives that the chair of the committee has a conflict of interest this should be discussed with the Head of Governance and/or Trust Board Secretary
11. Where a member(s) of a committee has repeatedly raised a concern via AoB and subsequently as an agenda item, but without their concerns being adequately addressed the member(s) should give consideration to employing the Whistle Blowing Policy
12. Where a member(s) of a committee has exhausted all possible routes to resolve their concerns consideration should be given (which is included in the Whistle Blowing Policy) to contact the Senior Independent Director to discuss any high level residual concerns. Given the authority of the SID it would be inappropriate to escalate a non risk assessed issue or a risk assessed issue with a score of less than 15
13. Towards the end of the meeting, agendas should carry a standing item that requires members to collectively identify new risks to the organisation – it is the responsibility of the chair of the committee to ensure, follow agreement from the committee members, these risks are documented on the relevant risk register and scored appropriately

Speak well of NHS services and the organisation you work for and speak up when you have Concerns

Page 129 Handbook to the NHS Constitution 26th March 2013

Board of Directors

Minutes of the meeting of the Board of Directors
held in public on Friday 1 December 2017 at 1015 hrs
at Liverpool Women's NHS Foundation Trust, Crown Street Liverpool.

PRESENT

Mr Robert Clarke	Chair
Mrs Vanessa Harris	Acting Chief Executive (Director of Finance & Deputy Chief Executive)
Mr Ian Haythornthwaite	Non-Executive Director/Vice Chair
Mrs Michelle Turner	Director of Workforce & Marketing
Dr Andrew Loughney	Medical Director
Mr Jeff Johnston	Director of Operations
Mrs Jenny Hannon	Director of Strategy and Planning
Dr Susan Milner	Non-Executive Director
Mr Tony Okotie	Non-Executive Director/SID
Mr Ian Knight	Non-Executive Director
Mr David Astley	Non-Executive Director
Ms Jo Moore	Non-Executive Director
Mr Phil Huggon	Non-Executive Director

IN ATTENDANCE

Mr Colin Reid	Trust Secretary
Mrs Clare Fitzpatrick	Head of Midwifery

APOLOGIES

Mrs Kathryn Thomson	Chief Executive
Mrs Julie King	Acting Director of Nursing and Midwifery

2017

Thank You

The Director of Workforce and Marketing provided the thank you on behalf of the Board to:

- Toni Mairs - a big thank you for Toni's commitment to the Trust for picking up additional work at very short notice to support the CQC PIR submission process and successfully completing the return.
- Stephen Molloy - a big thank you for Stephen's commitment to the Trust and for his hard work towards achieving and maintaining the Trust's green rating in the Library Quality Assurance Framework (LQAF) assessment for two consecutive years.
- Lee Jones - a big thank you for Lee's commitment to the Trust and for his hard work above and beyond his formal role. Lee's enthusiasm to encourage and engage with the people he works alongside to push forward the health and wellbeing strategy was both valued and respected.

317 **Apologies** – as above.

Declaration of Interests – None

Welcome: The Chair opened the meeting and welcomed those present.

318 **Meeting guidance notes**

The Board received the meeting attendees' guidance notes.

- 319 Patient Story**
The Board noted that a patient story had been identified but due to unforeseen circumstances the patient was not able to attend.
- 320 Minutes of previous meeting held on Friday 3 November 2017**
The minutes of the meeting held on 3 November 2017 were approved.
- 321 Matters arising and action log.**
The Board noted that all actions had either been completed, were on the agenda for the meeting or were for action at a future meeting.
- 322 Chair's Announcements**
The Chair made the following announcements:
Briefings with Local Councillors: The Chair reported on a number of Councillor briefings he had held with the Chief Executive and Medical Director regarding Future Generations and forwards plans.
Estates: The Chair advised he had spent a day with the Estates team getting an understanding of the work they were involved in day to day which had been enlightening and worthwhile.
Director of Nursing and Midwifery: The Chair reported that following a brief period of illness, Dr Doug Charlton has made a decision to retire from the NHS and has left the Trust with immediate effect. On behalf of the Board, the Chair wished Dr Charlton every success and good health for the future and explained the temporary acting up arrangements that had been put in place with Mrs Julie King, currently Deputy Director of Nursing & Midwifery, acting into the role of Director of Nursing and Midwifery in the short-term.
Council of Governors Meeting and Governor Elections: The Chair advised that the By Elections for public constituencies Knowsley and Rest of England and Wales and the Staff constituencies Nursing and Scientists, Technicians and Allied Health Professionals was underway and would be concluded in time for the next Council of Governors meeting on 24 January 2018.
- The Board noted the Chair's verbal update.
- 323 Chief Executive's report**
The Director of Operations provided an update on two matters: Complex Gynaecology; and Single Oversight Framework.
- Complex Gynaecology:** The Director of Operations informed the Board that the Trust had secured two theatre sessions every other week for complex gynaecology procedures at the Royal Liverpool University Hospital. He explained that this would provide some, but not all of the benefits of being located on an adult site with access to other surgeons and ITU. The Director of Operations reported that this was the first phase and that further sessions would be required in the future and both the Trust and the Royal were working together to achieve this objective. Susan Milner asked whether patients would be looked after by gynaecology trained nurses post operation. In response the Medical Director advised that this would not be the case however it was felt that the new arrangement provided a better risk profile to the current position.
- Single Oversight Framework:** The Director of Operations reported that new guidance had been issued on the single oversight framework. He advised that a number of national performance indicators were to change and these would be fed through the Board Committees.
- Budget:** The acting Chief Executive referred to the additional NHS funding outlined in the recent budget and noted that there was no indication at this time on how the funding would be distributed.
- The Board noted the Report from the Chief Executive.

Chair's Report from the Governance and Clinical Assurance Committee

Susan Milner, Chair of GACA presented the Chair's report for the meeting held on 20 November 2017 and reported that the Committee had considered and approved a name change for GACA to the Quality Committee and approved a revised terms of reference and work plan. She explained that the change of name provided greater emphasis on the quality of Care afforded by the Trust to its service users, whilst the changes to the duties of the Committee sought to provide greater clarity on its future activity in the provision of assurance to the Board. The work plan was provided to the Board for noting and would be amended according to the requirements of the Committee. Susan Milner advised that the Committee sought the Boards approval of the change of name and terms of reference.

Referring to the other activities of the Committee, Susan Milner reported that the Committee had reviewed the BAF risks both at the beginning of the meeting and at the end in order to identify any required amendments arising from discussions during the meeting. This would be standard practice at future meetings and reported that following discussion of the Risks; the Committee had requested an amendment to the target risk score (as at 31 March 2018) of the "Long term clinical sustainability risk", from 16 to 20. This was as a consequence that it was unlikely that the development of mitigations to reduce the risk would materialise by the end of the financial year.

Susan Milner drew the Board attention to the current status of the Research and Development Strategy. She advised that the Committee had considered a current draft together with additional comments on the Strategy from Trust staff. Following review the Committee had agreed that additional work was required on the Strategy taking into account alignment with that of the Trust's partners; University of Liverpool and Liverpool Health Partners (LHP). The Medical Director provided a brief outline of the three strategic strands of work being addressed by LHP: (1) Getting a good start in life; (2) Chronic diseases; and (3) Aging Well. He explained that "getting a good start in life" included pregnancy and early days of life which had not been included in previous LHP strategies and created an exciting time in research and development across the city.

The Chair asked the Board to consider and approve the change of name of GACA to the Quality Committee and approve the terms of reference. David Astley supported the proposal explained the work that had gone into the review of the work of the Committee and the extra focus on quality. The Medical Director supported David Astley's comments.

The Board approved the: Change of name of GACA to the Quality Committee; and the terms of reference as set out in the Chair Report. The Board noted the changes to the BAF risk score and noted that the amendments to the BAF would be reported to the January Board meeting.

The Chair thanked Susan Milner for her report.

Chair's Report from the Putting People First Committee (PPF)

Tony Okotie, Chair of PPF presented the Chairs Report of the PPF meeting held on 24 November 2017 and highlighted the main items discussed and where assurance was obtained.

Tony Okotie advised that the Committee received a staff story from a Clinical Embryologist who provided an insight into the Embryology team and her experience of training and working at the Trust. He further advised that the Committee had received a Service Workforce Assurance and Risk Report from Hewitt Fertility Centre which had highlighted, with the staff story, a significant shift in an improved working culture within the Service.

Referring to Apprenticeship Funding, Tony Okotie reported that there had been a steady increase in the number of individuals taking up apprentices in the Trust. He went on to explain the Trust needed to be more innovated in how the levy was used such that the Trust was not disadvantaged. Tony

Okotie reported that arrangements had been made to outsource the Trust's recruitment service to Aintree University Hospitals NHS Foundation Trust and advised that this would take place from 1st January 2018.

Referring to the increase in number of professional registration lapses for Nursing and Midwifery Staff, Tony Okotie advised that when this occurs, staff were excluded with no pay from the Trust until registration was re-instated. The Director of Workforce and Marketing advised that the procedure for notifying Nurses and Midwives had recently changed and although there was a significant awareness campaign by Nursing and Midwifery Council on the changes, the change in procedure had caught a number of nurses and midwives out. In response to a question on what the Trust did to support the registration process the Director of Workforce and Marketing advised that although it was the responsibility of the individual to make sure their registration was up to date, the Trust on a generic basis, reminds all registered staff of their responsibility to keep the registration up to date. The Director of Workforce and Marketing reported that staff side were supportive of the Trust's zero tolerance approach.

Tony Okotie referred to the Board Assurance Framework and advised that there was no change to the risk scores. He advised that the Committee had agreed however with an additional objective, 'Fully resourced, competent and capable junior medical workforce' which would be written into the BAF risk the Committee was responsible for.

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

226 Chair's Report from the Finance Performance and Business Development Committee (FPBD)

Ian Haythornthwaite, acting Chair of FPBD presented the Chairs Report of the FPBD covering the meeting held on 23 November 2017 and ran through the main items discussed and where assurance was obtained.

Ian Haythornthwaite referred to the financial and operational performance of the Trust and reported that the Trust was still on target to deliver the agreed control total and the performance metrics for 2017/18. He advised that one of the key issues that had been discussed was the underperformance in Maternity and Gynaecology and these would be discussed later in the meeting. The Committee had recognised the importance of delivering re-current CIP in 2018/19 noting that the 2017/18 CIP would be delivered through non recurrent saving.

Referring to the cash position, Ian Haythornthwaite advised that the Committee had recognised the Trust's good performance in managing cash and that it did not require the full planned drawdown of cash in 2017/18.

Ian Haythornthwaite reported on the update the Committee had received regarding Information Governance and Electronic Patient Record Project and advised that with regards to information Governance actions were being taken to implement the new IG Toolkit which would be launched in April 2018. He reported that the IG Toolkit had been enhanced to respond to the evolving threats of cyber security. Referring to implementation of the new Electronic Patient Record systems, Ian Haythornthwaite reported that the Committee had received assurance that the Trust would be on target to go live in October 2018 and in order to achieve this date the Project had agreed the appointment of a Programme Director to strengthen the project governance.

The Chair thanked Ian Haythornthwaite for his report the content of which was noted.

327 Feedback from October Staff Listening Event

The Director of Workforce and Marketing presented the feedback from the 2nd staff listening event held in October 2017 and explained that the conversations concentrated on exploring further the

issues raised at the July event and gave an additional number of people the opportunity to get involved and speak.

The Director of Workforce and Marketing ran through the key messages that came out of the event and the actions that had been identified and acted on. She advised that there was considerable potential to increase staff engagement and morale through continuing with the listening events and acting on feedback and reported that there was clear evidence from discussions immediately following the event and from subsequent ad hoc conversations that staff really enjoyed the chance to talk to each other and to senior staff in the Trust. The Director of Workforce and Marketing advised that staff had recognised that the event was an opportunity to have their voices heard and were beginning to identify ways in which they could address some of the issues themselves, with practical suggestions particularly in relation to breaking down silos and barriers. The Director of Workforce and Marketing advised that it was important to continue to have momentum in maintaining the events and provide ongoing opportunity for staff to engage.

Susan Milner supported the event but felt that more involvement from consultants and junior doctors would add to greater engagement across the Trust. The Director of Workforce and Marketing recognised the need for clinicians to be involved and advised that the events were targeted to be held on days when clinicians would be available. The Director of Workforce and Marketing advised that the next session would be held on 23 February 2018 in the Blair Bell, recognising that the previous venue was not suitable for holding the event. Ian Haythornthwaite asked whether all staff were encouraged to attend. The Director of Workforce and Marketing advised that this was the case and that staff who had not previously attended had also been encouraged to attend.

Ian Haythornthwaite, referring to the Board engagement with the Community Midwives asked whether there was any feedback from the event. In response the Director of Operations advised that an action plan had been developed to address a number of themes that came out to the session and also a visit to the community hubs he and the Chief Executive recently attended. The Director of Operations advised that a he would provide a feedback report to the Board on the issues raised and actions taken to address them. This would be presented to the January 2018 Board meeting.

ACTION 327(i): the Director of Operations to provide a feedback report to the Board on the issues raised during the visits to the Community hubs and actions taken to address them.

The Board:

- 1) received the feedback from the second Listening Event and endorsed the approach;
- 2) committed to further regular Listening Events with staff; and
- 3) agreed to provide challenge into the organisation and gain assurance that the feedback from staff was being acted upon through reporting into the Board meeting.

The Chair referring to the earlier visit by the Board to the University Laboratories at the Trust asked that each board member provide feedback to the Trust Secretary on their own thoughts and impressions of the visit for the Trust secretary to collate.

ACTION 327(ii): the Trust Secretary to collate responses from Board members on the University Laboratories visit.

The Head of Midwifery Joined the meeting to present the next three agenda items.

328

National Maternity Review – update reports on better births and community midwifery

- i) **Better Births:** Clare Fitzpatrick, Head of Midwifery presented the update on the better births project and ran through the seven review calls set out in the paper identifying where the Trust

had self-assessed itself. Referring to review call 5 part two, in which the Trust has self-assessed itself as non-compliant from an IT perspective for Multi Professional Working, the Medical Director was not convinced that the Trust could be compliant. He advised that he had not seen any technology that would support delivery of an IT solution. The Head of Midwifery advised that some work had been done to assess technology that supported compliance and referred to BadgerNet which she understood had received good feedback. The Head of Midwifery did however recognise that the Technology had to be developed further and understood this would be part of the Electronic Patient Records (EPR) project. Ian Haythornthwaite referring to the discussion on access to patient records, recognised that the patient records would be accessed by multiple number of people and commented that such a system would come with considerable risks surrounding information governance and cyber security and this required addressing. In response the Head of Midwifery reported that these risks were being addressed as part of the overall EPR project.

The Board noted that good progress had been made and that further work was required to achieve full compliance. The Board asked for a further update in 6 months time.

- ii) **Community Midwifery Re-design progress report:** Clare Fitzpatrick, Head of Midwifery presented the update on the community midwifery re-design and explained that an additional part of the re-design would be to align with other community health services such that there would be designated hubs providing effectively one stop shops for community services. She went on to explain the pre-requisites of the designated hubs.

The Head of Midwifery explained that the community midwifery re-design had taken time to develop and a significant amount of public engagement had taken place. She advised that this also included the Healthy Liverpool Project in the development of the hubs.

The Head of Midwifery reported that GPs had been fully engaged in the development of the Community Hubs and reported that the proposal would mean that no GP practises would be hosting community midwifery services in the future with the services working out of the hubs. The Board noted that the proposed changes would result in a change in the way community midwifery services would be configured and consequently there may be a requirement to consult with the public. The Medical Director recognised the need to re-configure community midwifery services and noted that the midwives would still visit patients at home and doing those things that cannot be done in the home at the hubs. He felt there was a lot of opportunity to look at future innovations that supported the provision of the services. Susan Miner noted the earlier discussion regarding the future direction of work by Liverpool Health Partners regarding its R&D Strategy and felt that this would be a great opportunity to align the needs of the Trust through the 'best start in life' work stream.

The Chair drew the discussion to a close and thanked the Head of Midwifery for her update which was noted. A further update was requested in line with that requested for the update on the Better Birth initiative.

ACTION 328: The Director of Nursing and Midwifery to provide an update on the implementation of the National Maternity Review and Community Midwives Re-design at the Board meeting on 1 June 2018

329

Safer Nurse/Midwife Staffing Monthly Report

The Head of Midwifery presented the Safer Nurse/Midwife Staffing report and advised that the staffing across the inpatient ward areas for October 2017 remained appropriate to deliver safe and effective patient care day and night. The Board noted that a full nursing and midwifery staffing review was being undertaken across Trust that would consider advanced roles for junior doctors and

practitioners. This would be reported to the Board following review by PPF Committee.

Referring to the content of the monthly report, Tony Okotie recognised the information and data in the report was consistent with the requirements of NHS England; however asked whether the report could be slimmed down sufficient to provide the necessary assurances. The Director of Workforce and Marketing advised that a review of the Report would be undertaken in order to provide the necessary assurance and would also look to see if the staffing in outpatients could also be included.

ACTION 329: The Acting Director of Nursing and Midwifery to review the report in light of comments made by the Board and provide an updated Safer Nurse/Midwife Staffing Report to the 12 January 2018 Meeting.

Ian Knight referring to the medication errors asked whether these caused harm to patients. In response it was noted that these errors did not cause actual harm to the patient; they were administratively based and identified before prescribing to patients. The Medical Director advised that these errors were monitored through the Medicines Management Committee.

The Board noted the content and recommendations contained in the report.

330 Performance Report Period 7 2017/18

The Director of Operations presented the Performance Report for period 7 2017/18 and reported that the Trust was continuing to deliver all national targets to date.

The Director of Operations referred to the Sickness and Absent rates and reported that sickness had reached its lowest level all year in period 6 at 3.2%, however the Trust had seen a small increase and was maintained at 4% by the end of period 7. The Chair asked that consideration be given to whether seasonal data should be provided that would indicate previous year's performance against current performance.

ACTION 330: The Director of Operations to consider whether seasonal data should be provided that would indicate previous year's performance against current performance.

The Board noted the Performance Report for period 7 2017/18 report.

331 Financial Report & Dashboard Period 7 2017/18

The Acting Chief Executive & Director of Finance presented the Finance Report and financial dashboard for month 7, 2017/18 and reported that at Month 7 the Trust was £0.013m favourable against the planned £2.504m deficit, and was forecasting delivery of the full year control total. The Trust delivered a "Use of Resources" Rating of 3 in month which was equivalent to plan.

Referring to the activity against the block contract, Susan Milner asked for an update on the underperformance. The Director of Operations reported that this had been discussed at the Board in November and at FPBD. He explained that with regards to Maternity there seemed to have been a dip in activity levels for July, August and September with October delivering the same levels as the same time last year. The Director of Operations advised that this dip seems to have occurred regionally and nationally. Susan Milner wondered whether the underperformance could have been attributable to the uncertainty surrounding the Brexit vote. Director of Operation explained the current thinking surrounding the underperformance in Gynaecology and explained the actions being taken to address the underperformance which was reported through FPBD.

In response to a question on the status of the block contract, the Acting Chief Executive and Director of Finance advised that the contract was technically a two year contract established and agreed by Liverpool CCG's Accountable Officer and the Finance Director. She explained that since the block

contract had been signed there had been a change in the both the Accountable Officer and Finance Director and in addition some trusts were over performing against their block and some underperforming; as was the case at this Trust. She therefore felt it likely that there would be some discussion and possible movement in the value of the block contracts for 2018/19.

The Chair thanked the acting Chief Executive & Director of Finance for presenting the Financial Report & Dashboard Period 7 2017/18 which was noted.

332 Fit for Future Generations Update

The acting Chief Executive advised NHS Improvement and NHS England at local level had completed their processes and were awaiting a decision from NHSE North of England and NHSI on when to proceed. She advised that it was now highly unlikely that the public consultation would take place in January 2018. The Board noted the update.

333 Review of risk impacts of items discussed

The Board noted the risks had been discussed during the meeting including:

- Reduced risks associated with complex Gynaecology surgery at the Royal Liverpool Hospital
- Amendments to the Board Assurance Framework as reported in the Committee Chairs reports
- Significant risk to delivery of recurrent CIP for 2018/19 and impact on 2018/19 control total.
- Cyber security risk associated with hand held notes – Better Births
- GP engagement and potential for public consultation on the introduction of community hubs for midwifery community services
- Reduced Activity in maternity and Gynaecology having a potential impact on the income for 2018/19.
- Fit for future generations – concern that further delays in public consultation would have a detrimental impact on the Trust’s ability to deliver safe services. Referring to the Clinical risks, the Medical Director advised that additional work rounds may be required with the possibility of moving HDU patients’ offsite to provide the right levels of care.

334 Any other business & Review of meeting

Conduct of the meeting was very good with good challenge, scrutiny and assurance provided. The Chair felt that there was contribution from all members of the Board addressing the key concerns and risks impacting on the Trust. The Board welcomed the attendance of the Head of Midwifery who had shown herself to be a committed leader and spoke for both patients and the workforce.

Date and time of next meeting

The Chair reported that the next meeting of the Board in public would be 12 January 2018

TRUST BOARD
12 January 2018 Action Plan

Meeting date	Minute Reference	Action	Responsibility	Target Dates	Status
5 Oct 2017	2017/280	The Trust Secretary to make arrangements for a safeguarding Board workshop	Trust Secretary		A workshop has been arranged for the afternoon of 23 February 2018 (following the Listening event).
3 Nov 2017	2017/298	The Associate Medical Director to provide the Board with a demonstration of the mortality audit toolkit at a future Board meeting.	The Associate Medical Director		A demonstration of the toolkit will be provided on 2 February 2018 Board meeting to coincide with the Q3 Mortality Report. Action ongoing
1 Dec 2017	2017/327(i)	The Director of Operations to provide a feedback report to the Board on the issues raised during the visits to the Community hubs and actions taken to address them.	Director of Operations		See Board meeting 12 January 2018 agenda item 009
1 Dec 2017	2017/327(ii)	The Trust Secretary to collate responses from Board members on the University Laboratories visit.	Trust Secretary		Collation of comments has been undertaken and shared with the Board out of meeting. The comments have been passed to the Medical Director to support the development of the new R&D Strategy due for Board approval in March 2018.
1 Dec 2017	2017/328	The Acting Director of Nursing and Midwifery to provide an update on the implementation of the National Maternity Review and Community Midwives Re-design at the Board meeting on 1 June 2018	Acting Director of Nursing		To be reported at the 1 June 2018 meeting. Action ongoing
1 Dec 2017	2017/329	The Acting Director of Nursing and Midwifery to review the report in light of	Acting Director of Nursing		See Board meeting 12 January 2018 agenda item 010

Agenda Item 2018/005

		comments made by the Board and provide an updated Safer Nurse/Midwife Staffing Report to the 12 January 2018 Meeting.			
1 Dec 2017	2017/330	The Director of Operations to consider whether seasonal data should be provided that would indicate previous year's performance against current performance.	Director of Operations		This will be considered as part of the review of the performance report arising from changes that will be required as part of the single oversight framework requirements moving into 2018/19. Action ongoing

MEETING	Board of Directors	
PAPER/REPORT TITLE:	Chief Executive Report – November 2017	
DATE OF MEETING:	Friday, 12 January 2018	
ACTION REQUIRED	For Discussion	
EXECUTIVE DIRECTOR:	Kathy Thomson, Chief Executive	
AUTHOR(S):	Colin Reid, Trust Secretary	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial <i>workforce</i> <input checked="" type="checkbox"/></p> <p>2. To be ambitious and <i>efficient</i> and make the best use of available resource <input checked="" type="checkbox"/></p> <p>3. To deliver <i>safe</i> services <input checked="" type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most <i>effective</i> Outcomes <input checked="" type="checkbox"/></p> <p>5. To deliver the best possible <i>experience</i> for patients and staff <input checked="" type="checkbox"/></p>	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust <input checked="" type="checkbox"/></p> <p>2. The Trust is not financially sustainable beyond the current financial year <input checked="" type="checkbox"/></p> <p>3. Failure to deliver the annual financial plan <input checked="" type="checkbox"/></p> <p>4. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input checked="" type="checkbox"/></p> <p>5. Ineffective understanding and learning following significant events <input checked="" type="checkbox"/></p> <p>6. Inability to achieve and maintain regulatory compliance, performance and assurance <input checked="" type="checkbox"/></p> <p>7. Inability to deliver the best clinical outcomes for patients <input checked="" type="checkbox"/></p> <p>8. Poorly delivered positive experience for those engaging with our services <input checked="" type="checkbox"/></p>	
CQC FUNDAMENTAL STANDARDS	<p>Which standard(s)?</p> <p>1. SAFE <input checked="" type="checkbox"/></p> <p>2. CARING <input checked="" type="checkbox"/></p> <p>3. RESPONSIVE <input checked="" type="checkbox"/></p>	<p>4. EFFECTIVE <input checked="" type="checkbox"/></p> <p>5. WELL LED <input checked="" type="checkbox"/></p>
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	<p>1. Trust Constitution <input checked="" type="checkbox"/></p> <p>2. Operational Plan <input checked="" type="checkbox"/></p> <p>3. NHS Compliance <input checked="" type="checkbox"/></p>	<p>4. NHS Constitution <input checked="" type="checkbox"/></p> <p>5. Equality and Diversity <input checked="" type="checkbox"/></p> <p>6. Other: Click here to enter text.</p>
FREEDOM OF INFORMATION (FOIA):	1. 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	

RECOMMENDATION: <i>(eg: The Board/Committee is asked to:-....)</i>	<i>The Board is asked to note the content of the Chief Executive's Report – November 2017</i>	
PREVIOUSLY CONSIDERED BY:	Committee name	Not Applicable Or type here if not on list: <i>Click here to enter text.</i>
	Date of meeting	<i>Click here to enter a date.</i>

Executive Summary

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.

Report

SECTION A - INTERNAL

Neonatal Unit: The Trust received some fantastic news on 22 December 2017 when it was informed by NHSI that the Trust's £15m neonatal unit capital financing application has been approved. The loan documentation that provides for the £15m loan from the Department of health was been approved by the Board on 22 December 2017 and the Board expects that the funds would be received in three tranches over the next three financial years.

Appointment of Director of Finance: As you may be aware, the Trust's Director of Finance, Vanessa Harris, will be leaving the Trust at the end of March. I am pleased to advise that Jenny Hannon has been appointed to the post of Director of Finance and will take up post on Vanessa's departure. Jenny will be well known to many of you as she has been the Deputy Director of Finance for several years.

Freedom to Speak up Guardian: Our Trust Freedom to Speak up Guardian, Chris Mcghee is currently unavailable, and arrangements have been made for staff to raise concerns or simply if they need help, support or advice during this time with Neal Jones the Freedom to Speak Guardian at The Royal Liverpool and Broadgreen University Hospitals NHS Trust.

CQC Well Led Inspection: The Trust has been informed of the date of its Well Led Inspection

Winter Wonderland: Total raised was £2,234.93. A special thank you to Lisa Masters and Nadia Alsafaar, Liverpool Women's Charity who organised the event and a thank you to all who helped and supported the event.

Festive Sing-a-long: Thank you to the Great Crosby Catholic Primary School Choir for attending the Trust on 18th December 2017 and raised £76.30 for the Neonatal Unit. The Head teacher, Pat Speed is a Public Governor of the Trust and advised us that her pupils enjoyed the day.

2018 Dedicated to Excellence Awards: These will take place on Friday 20th April 2018. We have 10 categories this year, many of which you will recognise from previous years, however please note our two new categories Dedicated to Clinical Audit and Staff Fundraiser of the Year:

- Dedicated to Innovation and Improvement (clinical)
- Dedicated to Innovation and Improvement (non-clinical)
- Dedicated to Working together (team working and partnerships)
- Dedicated to Research
- Dedicated to Patients and their Families
- Dedicated to Patient Safety
- Dedicated to Clinical Audit
- Staff Fundraiser of the Year
- Mentor of the Year
- Learner of the Year

There will also be:

- Employee of the Year
- Team of the Year
- Volunteer of the Year
- Foundation Award

SECTION B – LOCAL

Executive leadership team at NHS Improvement North: Helen Dabbs, Regional Nurse Director at NHSI North, has retired, as of December 1st 2017. Margaret Kitching, NHS England North's Chief Nurse, has taken on an interim role, until March 2018, as joint Regional Nurse Director, covering both NHS England and NHS Improvement regional responsibilities across the North.

SECTION C - NATIONAL

Consultation on draft health and care workforce strategy for England to 2027: Health Education England (HEE) has published facing the facts, shaping the future, a draft health and care workforce strategy for England to 2027. This follows the secretary of state's commitment at the NHS Providers annual conference that for the first time health and care system would have a long-term national workforce strategy and various reports. A consultation on the draft strategy will run until Friday 23 March 2018. The Putting People First Committee will be reviewing and if appropriate comment on the strategy.

NHS Workforce Race Equality Standard (WRES): 2017 report: The NHS Workforce Race Equality Standard (WRES) was introduced in April 2015 and aims to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Last year's report showed that BME staff in the NHS had a lack of opportunities and career progression, suffered more harassment, bullying or abuse from patients, relatives or the public. The same experiences have been met with managers, team leaders and other colleagues.

The 2017 **WRES data analysis report** provides an overview of the data on all nine WRES indicators and identifies organisations that have embraced the WRES and done better than others. Of the nine indicators, the Trust has been identified for three of them as having embraced the WRES and done better than others.

General Data Protection Regulations (GDPR): GDPR will apply from 25 May 2018, when it supersedes the Data Protection Act 1998 (DPA), which itself will be superseded by a new Data Protection Act, which will enact the GDPR requirements. The new law marks a wide-reaching and significant shift in the way that all organisations must protect

personal data. It grants data subjects a number of new rights, including the right to judicial remedy against organisations that have infringed their rights, and requires organisations to adopt “appropriate technical and organisational measures” to protect personal data. It also introduces mandatory data breach reporting.

The Regulation mandates considerably tougher penalties than the DPA: Organisation will potentially face fines of up to 4% of turnover of the organisation or €20 million, whichever is greater. The Trust’s position - Mersey Internal Audit Agency, the Trust’s Internal Auditor conducted an assessment of how ready the Trust was for implementation of GDPR and an action plan is in place to make sure the Trust was compliant with the requirements.

... End of Year Review – 2017 Highlights

February 2017

Inter-Hospital Taxi

The Trusts pilots an inter Hospital Taxi Service to help reduce the cost of taxis and couriers. The pilot was a great success and the scheme was made permanent in October 2017.

April 2017

One Born Every Minute

The hugely popular Channel 4 series returned to Liverpool Women's. The first episode was aired on Tuesday 4th April

Dedicated to Excellence 2017

Dedicated to Excellence 2017 was held on the 14th April and was a fantastic night enjoyed by all, next year's is just around the corner so start prepping your entry now!!

May 2017

New Admissions Lounge Opens

The Trust opened the new admissions lounge on the Gynaecology Unit, offering patients modern, well designed facilities.

June 2017

Thousands of Reasons to be proud

Thousands of reasons to be proud of our staff was launched in June. The campaign highlighted the amazing work that goes on around the Trust

In touch

The newly refurbished Outpatients department was opened, with the introduction of In touch, the self check in kiosks. Enhancing the patient experience.

July 2017

Listening Event

We held our first listening event! Many staff attended and feedback has helped shape some exciting new projects that have been rolled out throughout the year including the buddy scheme!

August 2017

Staff Quiz night

The first staff quiz night organised by the charity team was a huge success, a complete sell out and over 10 teams competing to take the top prize!

September 2017

Newly Refurbished Gynaecology Unit

The newly refurbished Gynaecology inpatient environment opened its doors. The redesign transformed two Gynaecology Wards, into one new, modern Gynaecology Unit.

December 2017

Andrology Department Renamed

The 'Lewis-Jones Andrology Laboratory' renamed at The Hewitt Fertility Centre in memory of a much loved and fond friend Professor Iwan Lewis-Jones.



Board of Directors

Committee Chair's report of Charitable Funds Committee held on 5 December 2017

1. Was the quorate met? Yes
2. Agenda items covered
 - ~ **Charity Fundraising Feasibility Study: Executive Summary and Review:** The Committee received the final review report and supported the recommendations. It was noted that the Charity should not proceed with a major capital fundraising project until a firm public announcement has been issued with regards to the location of services.
 - ~ **Financial Position & Investment Reports 2017/18:** The Committee noted the Charitable Funds Income and Expenditure for the quarter up until the 30 September 2017 and the total funds position at that date. A summary of the performance of the investments during this period was also noted.
 - ~ **Approval of Annual Report and Accounts:** The Committee reviewed the draft annual report and accounts 2016/17.
 - ~ **Authorisation of funding applications expenditure (as required):** The Committee approved the following applications:
 - o FMU Research Fellow Salaries
 - o CF3271 – Painting by Frank Minoprio: The committee considered that this fund could be used differently in the future to provide for patient and staff health and wellbeing.
 - o CF3272 – Volunteer salaries for 3 years
 - ~ **Fundraising Report:** The Committee received the update of activities by the Fundraising team. It was noted that the introduction of the charity shop has been deferred until early 2018.
3. Risk Register risks reviewed Yes
4. Issues to highlight to Board of Directors
 - ~ Charitable Funds Annual Report and Accounts to be reviewed by accountants prior to submission to the Board of Directors for approval.
5. Risk Register recommendations
 - ~ Ensure that risk register reflects the risk associated with organisational future and potential impact on public confidence with respect to fundraising and charitable donations.
6. Action required by Board of Directors
 - ~ *To review and approve the recommendations identified within the Charity Fundraising Feasibility Study review.*
 - ~ *To approve the Charitable Funds Annual Report and Accounts 2016/17 attached hereto.*

AUTHOR NAME: Phil Huggon

DATE: December 2017

Liverpool Women's NHS Foundation Charitable Trust

Trustee's Annual Report and Financial Statements For the year ended 31st March 2017



The Liverpool Women's NHS Foundation
Charitable Trust
Registered No. 1048294

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Chair's Statement

Welcome to the Liverpool Women's NHS Foundation Charitable Trust Annual Report and Accounts for the financial year 1st April 2016 to 31st March 2017.

Putting patients first is at the heart of everything we do. Our aim is to support the work of Liverpool Women's NHS Foundation Trust in providing the best possible healthcare for its patients and to support research that will benefit patients here and elsewhere. Alongside that main aim we also help to fund research and staff welfare initiatives as well as providing greater access to training and development opportunities.

Liverpool Women's NHS Foundation Trust is a specialist trust providing maternity, gynaecology and genetics services in Liverpool and the North Mersey conurbation. It is also the recognised specialist provider in Cheshire and Merseyside of high risk maternity care including fetal medicine, the highest level of neonatal care, complex surgery for gynaecological cancer, reproductive medicine and laboratory and medical genetics. It is the largest hospital in Europe to exclusively care for the health needs of women.

Our support for the Liverpool Women's NHS Foundation Trust helps the hospital to deliver best possible services and facilities to our patients, families and our dedicated staff, and as a charity we continue to support a wide range of charitable and health related activities during 2016/17, focussing on four key areas:

- **Patient welfare and amenities** to help improve the experience of patients and their families, including the continued provision of on-site parental accommodation;
- Support for pioneering **research** into seeking new treatment for our patients;
- Investment in new **equipment** to enable the hospital to harness latest technologies; and
- **Staff education and welfare** to provide important support for our hospital's committed staff.

The charity works hard to raise funds on behalf of the Trust to enhance overall patient experience by providing services and equipment above what is normally funded by the NHS. These enhancements make a big difference to the comfort and well-being of our patients. On the following pages you will see a selection of highlights and achievements from this past year.



Our achievements during 2016/17

- **Merger with The Newborn Appeal**

We were delighted to announce the successful merger during the year with The Newborn Appeal, an independent charity with which we have been linked for several years.



The aim of the former Newborn Appeal was the purchase of specialist equipment and the support of research to improve the quality of care for preterm and poorly babies cared for in the Liverpool Women's Hospital neonatal intensive care unit. Merging the two charities to create one sole charitable fund for the neonatal unit has enabled us to improve the quality of service through the provision of a more cohesive and professional service through the maximisation of opportunities of having two fundraisers working towards the same goals, sharing knowledge, experience and contacts. We wish to take this opportunity to thank the supporters of The Newborn Appeal for their continued support following this merger.

- **Merseyrail Charity of the Year 2016**

We were delighted to have been chosen by Merseyrail to be their Charity of the Year for 2016 and in February 2017 celebrated this fantastic 12 month partnership. With their support we have received over £25,000 in total spanning across 2016/17 and 2015/16 through hosting fundraising events such as the Halloween Ball and numerous other events to raise money for different areas of the hospital including bucket collections at many events such as the Grand National, Chester Races and Southport Flower Show and Merseyrail also displayed collection tins in all their stations.



- **Tesco Bags of Help Winner & Creation of Memorial Garden**

Following a Bags of Help public vote in local Tesco stores, our project to create a memorial garden and play area within the grounds of the hospital site came first and was chosen by Tesco customers to receive a £12,000 grant.

Working closely with The Groundwork Trust and with volunteers from Merseyrail, an area in a courtyard behind the hospital reception was transformed from a bare patch of grass into a beautiful memorial garden and play area over a period of 8 weeks. The creation of this memorial garden offers bereaved families a private memorial space within the hospital grounds to help them cope during difficult and upsetting times, and provides a calming and therapeutic or spiritual place to reflect and remember. The outdoor play area provides a safe space for young visitors to enjoy whilst visiting our hospital.



Over sixty guests attended the opening of our memorial garden to celebrate the completion of the memorial garden and outdoor play area. We have wanted to provide these facilities for our patients and their families for some time and we were delighted to celebrate the successful completion of this project and we would like to say a big thank you to both Tesco and Groundwork for their support and hard work in creating this unique space in the hospital, and to all those whose votes made this possible.

Situated within our memorial garden is a memory love lock tree which was generously donated to us by local company Webber NW Ltd. This tree provides an important symbol of remembrance for our families who have lost a baby and enables them to purchase a lasting memory in the form of a personalised remembrance love lock. Each love lock purchased for the memorial tree includes a £5 donation for our Honeysuckle Fund who support our bereaved families. The tree has proved to be very popular and has very much become a part of Liverpool Women's Hospital. Locks can be purchased from www.4everlocks.co.uk.



- **National Butterfly Awards 2016**

We are so proud of our wonderful Honeysuckle Team who won 'Best Hospital Bereavement Service' at the National Butterfly Awards 2016.

The Butterfly Awards are held annually and celebrate survivors and champions of baby loss, giving recognition for the strength and compassion displayed by parents and professionals after the loss of a baby.

The winners are decided through public votes and the success of our fantastic Honeysuckle Team at the 2016 Butterfly awards ceremony highlight and showcase the exceptional care and support this team give to bereaved women and their families.



- **Haulfryn Trust and the Minoprio Family**



During the year we received a request from the Minoprio family, a family with which the hospital has a long standing connection, to consider returning a painting to the family which had been donated to the hospital back in 2000. The painting was a very special commission from the Haulfryn Estates and it was the intention of the Haulfryn Trust to create a Minoprio room within the Haulfryn offices in Windsor, and to include this particular painting to be hung on the wall.

The painting, entitled "The Bay of Abersoch" , had initially been hung in the hospital main reception but had been transferred to the Trust main corridor and displayed for all visitors to this area of the hospital to view.

We were delighted to be able to return the painting to the family with the blessing of the Charitable Funds Committee and wish to thank the Minoprio family for their very generous donation to the Charitable Arts Fund, and for their generosity in donating art to our hospital over many years.

".....the painting looks splendid, between the portrait of my father (the architect) and my grandfather (the founder of the Haulfryn Company). Everyone loves it!"

Thank you for all your help in making this possible" John Minoprio,2017

Help us make a difference
Text Donate:
Text: 'LWHC00 £5' to 70070
or Donate Online:
www.justgiving.com/liverpoolwomen

Email: fundraising@lwh.nhs.uk
 **Liverpool Women's Charity**
Charity Number: 1048294


Liverpool Women's Charity
Dedicated to enhancing
the services at
Liverpool Women's Hospital



Our financial achievements



56% increase in income



£252,000+ grants awarded on charitable activities



40% increase in funds



£26,000 stall income generated

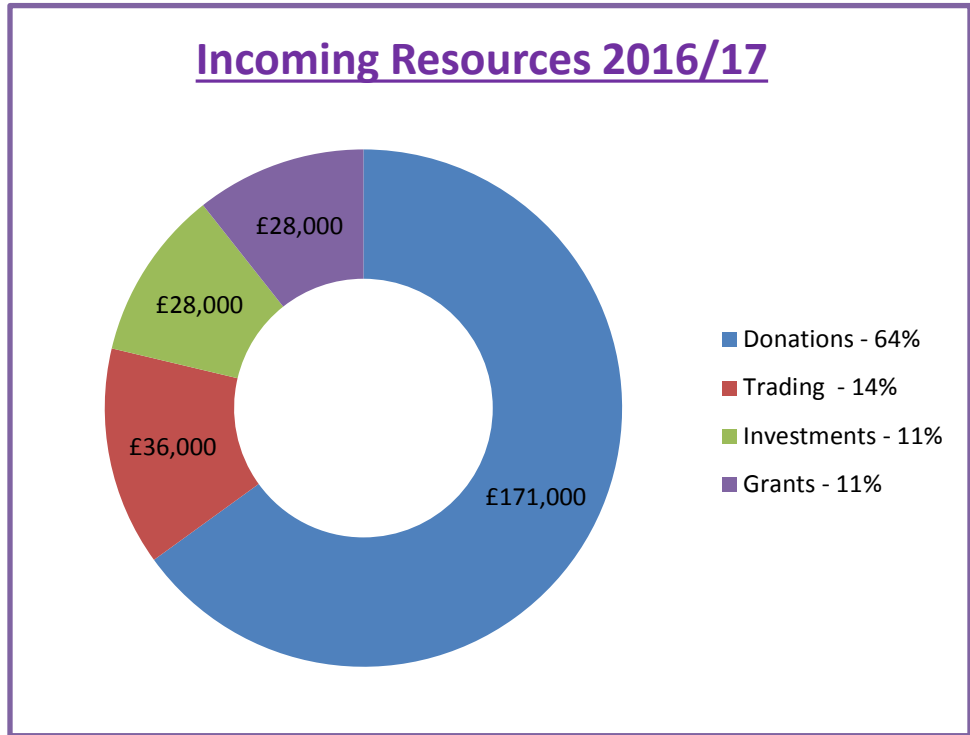


£28,000 grants received



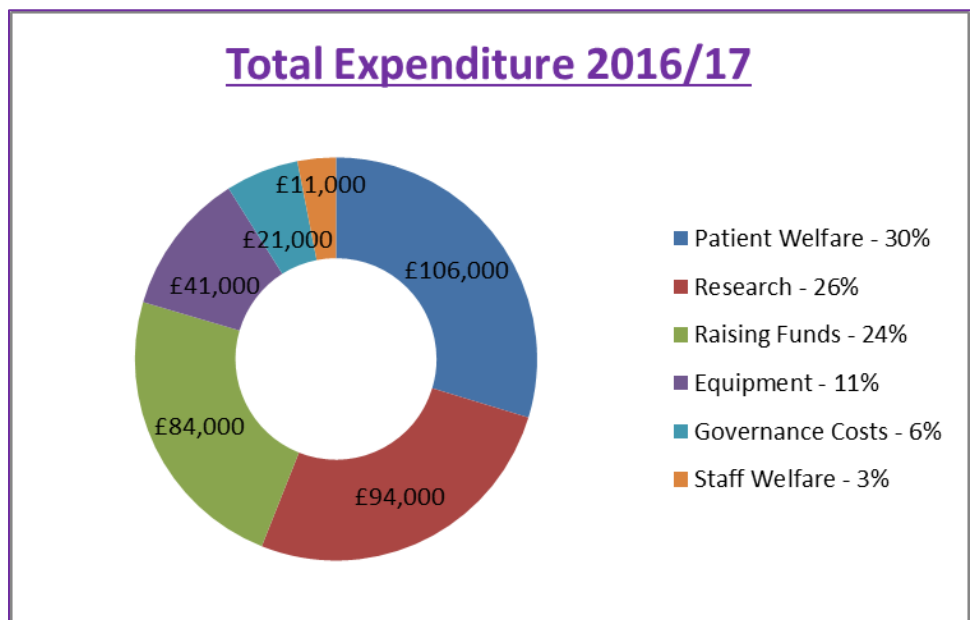
£217,000 grant funding approved for 2017/18

Our Financial Achievements continued.....



I am pleased to report that, in my first year as Chair of the Charitable Funds Committee, our income has grown from £169,000 to £263,000, with donations increasing from £98,000 to £171,000. Donations represent over 65% of the total incoming resources enabling us to maintain our charitable activities for the hospital.

Trading activities includes knitting stall income which was introduced into the charity following the merger with former The Newborn Appeal.



Total expenditure of £357,000 included over £252,000 (71%) on charitable activities during the year, of which 42% was spent on patient welfare (30% of total expenditure), 37% on research (26% of total), 16% on equipment (11% of total) and 4% incurred on staff welfare (3% of total).

Costs of £105k (29%) were incurred in raising funds and the running costs of the charity.

Our Charitable Activities

As a result of the generosity of our supporters and their on-going help we have been able to continue to enhance the services we provide to our patients. Some of the key charitable activities during the year have included:

- **Patient Welfare and Amenities**

The Charity has granted over £106,000 during the year to enhance the welfare and amenities for our patients. This has included £28,000 to fund the provision of parental accommodation for our neonatal patients, £40,000 to run our volunteers office, £15,000 for the creation of a Memorial Garden for our bereaved families (towards the cost of which we were awarded a £12,000 grant from Tesco Bags of Help Appeal), £4,000 for the continued provision of Mamafit classes as part of our antenatal and postnatal fitness offering; a further £5,000 has been provided to WHISC to help to fund The Cherish Project in providing counselling for those patients who have suffered bereavement, £3,000 was provided to host our annual memorial service with the remaining £11,000 spent across many smaller projects including the ongoing provision and maintenance of the aquarium, storybook for siblings of families who have suffered a bereavement, journey boxes for all of our babies born here at the Women's and several smaller requests related to patient welfare have been fulfilled.



- **Neonatal Parental Accommodation**

The Charity fully funds three purpose built apartments situated close to the hospital for use by families with babies being cared for on our neonatal intensive care unit. This enables the families to remain together and with their baby during this difficult time. The apartments are fully equipped to meet a family's needs and families are able to stay free of charge as a result of donations made to the Charity.



A Parent's Accommodation Appeal was set up originally in July 2010 with the aim to raise £65,000 to keep the accommodation running for 5 years; to date this appeal has raised in excess of £40,000 although expenditure per annum is now almost double the original £15,000 anticipated running costs and stands at approx. £28,000.



- **Research Projects**

During the year the Charity has continued to support innovative research projects through the funding of two research posts in the fields of cancer and fetal medicine. Just under £94,000 has been invested into research projects including furthering studies into endometrial cancer research and the fetal "IMPROVED" and "EARTH" studies which focus on understanding and reducing the risk of pre-eclampsia.



- **Service of Remembrance**

Each year the Charity organises an event to mark the end of Baby Loss Awareness Week. This annual service of remembrance is attended by families who have suffered a loss through stillbirth, early neonatal death or miscarriage, and incorporates the International Wave of Light which connects people all over the world through the lighting of a candle to remember those babies lost.



Our Honeysuckle Team lead on the organisation of this annual service of remembrance which is paid for through the charitable funds raised by the Honeysuckle Team throughout the year with additional support from The Liverpool Women's Hospital League of Friends.

The Trust have always held a service for anyone affected by the loss of a baby but in recent years the service has been moved to a larger venue to accommodate all the families who wish to attend. The service is now held at Isla Gladstone Conservatory in Stanley Park and this year approx. 200 families attended this memorial event.

The ethos of the service is to remember with love and look forward with hope. Candles are lit, babies' names are read out and staff and some very brave parents read poems with the service culminating with a balloon release. This year over 250 babies' names were read out.

Charitable funds cover all of the costs for the service, including the hire of the venue, small gifts for everyone who attends, LED candles to light, craft activities for siblings who attend and refreshments for the families.

Some of the feedback we received included:



"...would love to say a massive thank you to Honeysuckle for such a beautiful remembrance service tonight. So many precious angels taken far too soon"

"A beautiful remembrance service run by the Honeysuckle Team. A lovely way to mark the wave of light and baby loss week"

"What a lovely memorial remembrance service. You are truly amazing what you do for our beautiful babies and their mummies and daddies – it means so much. It was so sad as all the precious babies were mentioned by name"

"Lovely baby remembrance service tonight at Isla Gladstone Conservatory. Thanks to the Honeysuckle Team"

"Tonight I attended the service of remembrance, thank you to the Honeysuckle Team for the beautiful service, it's been a hard week"

"Thank you so much yet again for a beautiful service and really well planned. Very emotional night but perfect for our angel babies. Thank you Honeysuckle"

In addition to the annual service of remembrance, our Honeysuckle Team also hold several events throughout the year for families who have sadly suffered the loss of a baby; the costs of which are all funded through the generous donations by the families and friends to charitable funds. This includes an annual picnic in the park event for families.

This year, the picnic in the park event was held in Croxteth Park and was attended by 80 families.



The charitable funds also provide monthly support groups for parents to share their experience with others in similar circumstances, with the funding providing refreshments for such meetings. They have also held quarterly support events to create positive memories for families which have this year included a special screening of a stillbirth documentary at Liverpool FACT cinema, and a special Mother's Day afternoon tea event.



- **Equipment**

Over £41,000 has been spent on new equipment during the year including almost £18,000 on three lifestart trolleys which have been designed to facilitate delayed or deferred chord clamping through the provision of bedside resuscitation capability with the umbilical cord intact.

A further £16,000 was donated specifically to purchase a neonatal brain scanner by the Alice Hiley Foundation. Thank you so much for this very generous donation. The remaining £7,000 was used to purchase breast pumps and a freezer to store breast milk, and to implement a real time feedback tool for the families using our neonatal unit.



Our Fundraising

Liverpool Women's Charity receives many kind donations from individuals, staff, groups, and associated charities and the Corporate Trustee welcomes all donations. We have continued to work with associated charities, groups, individuals and staff, promoting fundraising and receiving donations for the Charity.

The Charity has a policy of publishing the details of donors only if explicitly permitted and would like to acknowledge the following specific donors and fundraising activities. These are just a small selection of our many supporters, thank you to ALL of you who have fundraised and donated to our charity.

Individual fundraisers

Longstanding fundraiser, Mary Blasberry fundraises throughout the year donating money raised from car boot sales and pamper parties and has raised £3,500 during this year.

Mary has raised a spectacular £18,000 since she started supporting the former Newborn Appeal and has continued to support our Neonatal Fund following the merger of the charities earlier this year. We would like to take this opportunity to thank Mary so much for her dedication and motivation to our Charity.



In order to raise money for the Charity another longstanding supporter, Joanne Johnson conquered her fears to take part in a sponsored helicopter ride in memory of her baby Mark Joseph Stanley and in celebration of baby Elliott, raising over £1,000 in the process for our Fetal Centre Research Fund.

Linzi and Harrison Wood raised over £7,000 for our Honeysuckle fund through hosting "Teddy's Day" in memory of Teddy Sam Wood. The day was a huge success and included an auction, raffle and other entertainment including live performances. Thank you so much for this incredible support.



TEDDY'S DAY

31st July, 1pm-6pm
Liverpool Marriott

TICKETS
Adults **£10**
Children (14 & under) **£1**

In memory of Teddy Sam Wood
Raising money for the Honeysuckle Team
at the Liverpool Women's Hospital

PERFORMERS INCLUDE:
Niki Evans (X Factor)
Gillian Hardie (Kinky Boots, West End)
Dan Hagley (The Archers)
Danny Taylor (Blood Brothers, Down The Dock Road)
Hosted by Linda Nolan

TICKET PRICE INCLUDES:
• Free parking at Queen Square
• Car Park
• Mini facials/hand massages
• Face painting
• Balloon modelling
• Frozen character appearance

AUCTION/RAFFLE PRIZES INCLUDE:
• 2 X Factor Live Show tickets
• 2 tickets for Mamma Mia, London plus backstage tour
• Weekend footstool upholstery course by Ministry of Upholstery
• 18 holes of golf at Aintree Golf Course
• Kindle

For tickets contact Linzi Matthews on 07730616647 or linzimatthews1975@gmail.com
Search Teddy's Day on Facebook



Well done and thank you to our fantastic fundraiser, Holly Speed, who raised over £700 for our Honeysuckle Team when she climbed Snowden earlier this year in memory of baby Eliza Maria Donna Armstrong. Holly has now raised over £1,000 in total in Eliza's memory.

"In February we sadly lost our baby girl who was still born at 39+6 weeks. This is the hardest time of our lives and the Honeysuckle Team have been there to support us throughout this horrible journey. The Honeysuckle Team is a group of amazing women who work with families who have sadly lost a baby either through miscarriage, stillborn or infant death and we would like to raise money for them to give something back so they can continue to improve on their facilities. The team are so caring and such a credit to themselves and the NHS."



Respect and thanks to Chris Dolan who ran 85 miles in May between Walsall Manor Hospital and Liverpool Women's Hospital to raise money in memory of his sons, Jack and Spencer. In total the fundraising activities of Chris and Victoria Dolan have raised over £6,000 for the Neonatal Unit:

"Jack and Spencer were only with us for such a short time, they made a mark on our lives that will never fade, however we wanted their lives to make a difference to more people. Hopefully Liverpool Women's will" (Chris Dolan)

Other individual fundraisers include the Davis family, Jenny, Garry and Hope whose ongoing support for the Fetal Medicine Unit, in memory of little Teddy, has now raised over £3,000; of which £640 was raised by Hope who undertook a Mini Tough Mudder in memory of her little brother.



Thank you also to Steff Hemlin and Craig Graham for their fundraising which generated almost £8,000 for the neonatal unit.

Fantastic fundraisers Rachael Carey and Elizabeth Flanagan recently held a joint charity night for our Gynaecology Oncology fund and The Newborn Appeal and raised a spectacular £2,000. Rachael chose to support the hospital's Gynaecology Oncology Unit after being a patient in the hospital

"I was diagnosed with cervical cancer at the young age of 26 and was treated at Liverpool Women's Hospital. I am now lucky enough to say "I beat cancer!" The care and support given by the Gynaecology Oncology Unit was amazing and helped me get through a very tough time in my life. Liverpool Women's Charity provides additional training for gynaecology oncology nurses who treat cancer patients and I wanted to give something back"

Elizabeth told us why she chose to support The Newborn Appeal

"I gave birth to twins 10 weeks early, both babies weighing no more than a bag of sugar. The care and support that was provided by the Neonatal Unit was overwhelming, without which the twins may not be here today. Both babies are now doing amazing! They are both healthy and happy and have recently celebrated their 1st birthday"



Our fantastic supporter Lorraine Halliday has raised over £1,000 for our neonatal unit by crocheting octopi and donating the money to the Neonatal Fund in memory of her twins Lily and George.

"On 1st December I started a Just Giving page to raise funds for the amazing Newborn Appeal. So far I have raised £1670, but I'm not stopping there! I have started crocheting Octopi for babies on the neonatal unit, my page is called "Sponsor an Octopus" people donate £3 and then I crochet an Octopus in their chosen colour which then comes over to the neonatal unit. If just one of my octopi helps to comfort a precious preemie and their family then that will be the greatest gift to me"

Group fundraisers



In November an amazing group of fundraisers, known as “Team Ella – The Sunflower Army”, took part in an 11 hour spinathon and raised almost £6,000 for the Neonatal Fund. The challenge took place over 11 hours on the 11th day of the 11th month to highlight that fact that everyday 11 babies are born stillborn in the UK.



Team Ella have now raised in excess of £12,000 in total for the Neonatal Fund through running marathons and other challenges – we are so very grateful for their incredible support.

A huge thank you to Jennifer Cranfield and her enterprise Rent-A-Car Team for raising over £2,000 for the Neonatal Fund, in memory of baby Sofia (Sofia's Rainbow), and for their ongoing support.



We raised £260 at our Bucket Collection in Liverpool Central in December. This was one of several successful bucket collections held across the city during the year. Over £2,600 was collected in total as a result of bucket collections. Thank you to all those who donated and to our partners, Merseyrail and all members of the Royal Court Community Choir and to all supporters who donated and supported us.

Staff fundraisers

As always we are very grateful to our incredible staff from the hospital who have supported the charity through raising funds via various events during the year including running marathons and half marathons, holding raffles and cake sales, festive Christmas jumper contests to name but a few.



A special thank you to our wonderful girls from G4S, Louise Robinson and Dawn McMahon, for raising a brilliant £165 for the Neonatal Fund through sponsorship at this year's Wirral Coastal Walk.

Our fantastic staff also offer their time to volunteer at many of our events and through their support of the Pennies from Heaven Scheme also donate their pennies to our wonderful Charity.



Text 'MIDW16 £2' to 70070



Text 'NEWB16 £2' to 70070

Fundraising by Corporate Groups

Liverpool Women's Charity work closely with our corporate supporters as partners. It is important to us to ensure we build strong working relationships between all staff so that both our Charity and the businesses involved enjoy a mutually beneficial experience.



One of the many projects undertaken by Merseyrail staff on behalf of their Charity of the Year for 2016 was "The Goonies Charity Walk" which covered 100 miles and ran between Melrose, on the Scottish borders to Holy Island on the Northumberland coast.



A big thank you to Home from Home day nursery in Waterloo who have been busy raising money for our Honeysuckle Team. They have raised over £1,500 during the year through participation in a coffee morning, cake sale, and a sponsored bounce, toddle & pram walk.

Other organisations who have actively supported the Charity this year included Barclays, with whom we continue to be grateful to their staff, who have been supporting Liverpool Women's Charity for the last 7 years. Staff volunteer to attend our fundraising events to help raise money, with Barclays then matching what they raised up to £1,000 per volunteer.



Santander have also provided matched funding and volunteers to help for many of our events during the year as well as raising money themselves through undertaking raffles and auctions within two of the city bank branches and also selling knitting from the stall.



We would like to say a huge thank you to Sassy Bird for her amazing support of our Neonatal and Honeysuckle funds. This successful partnership has raised 1,600 for our Charity from the sales of the Scouse Bird Diaries. The money donated will help to support our neonatal services and bereavement team here at Liverpool Women's Hospital.

Many thanks to our other partners this year which have included:

- Marriott Liverpool
- Waterbabies
- 4everlocks
- Grace and Lily



Also thanks to Lime Pictures, Enrichment Technologies, John Lewis, Merseyside School of Anaesthetics who have all made donations during the year for which we are very grateful.

Nominate Liverpool Women's Charity within your company...

Many large companies work on a system where employees nominate charities and then the workforce vote as to who will be the winner. If you, or somebody you know, works for a company that chooses a charity of the year, please ask them to nominate Liverpool Women's Charity and help us continue to enhance our patient experience.

Legacies and in memory offerings



In November 2013 the Charity launched its legacy giving appeal. To date in 2016/17 there has been no legacy income received (2015/16 £nil), however if you are planning to leave a gift to Liverpool Women's Charity in your will, please let us know so we can thank you during your lifetime.

To most people who leave a legacy this will be the largest donation you ever make to a charity and one that will make a lasting difference to many people for many years to come, it is indeed your lasting legacies to those you leave behind.

If you would like to know more about leaving a donation in your will please contact Lisa on 0151 702 4044 or Nadia on 0151 702 4194 or email fundraising@lwh.nhs.uk. You can also write to Liverpool Women's Charity, Liverpool Women's, Crown Street, Liverpool, L8 7SS

Volunteers

Our volunteers here at the hospital provide a precious and much appreciated service to patients and their families, staff and visitors to the Liverpool Women's NHS Foundation Trust.

Some of the activities undertaken by volunteers include:

- greeting and welcoming patients and their relatives when they arrive at the ward
- assisting staff in ensuring rooms are ready for new patients and during the admittance procedure
- talking to and befriending patients
- making nurses and other staff aware of any patient concerns
- assisting in transferring patients to other departments
- supporting mothers who are having 'skin to skin' contact with their babies
- running the twice weekly knitting stall



A very special thank you to our wonderful volunteers; Cath, Jan, Mary, Ruth and Carol, who run the knitting stall in reception every Wednesday and Thursday. These lovely ladies give their time every week to help us raise an average of £2,000 a month for our Neonatal Fund. In November 2016 they were awarded the "Volunteer of the Month Award" as a thank you so much for your dedication, hard work and fantastic customer care.

We have around 300 volunteer knitters who help to raise money for the Neonatal Fund. These volunteers kindly donate their time to knit baby items, which are then sold on our weekly knitting stall in the hospital main reception.

During the year the knitting stall raised over £23,000 for the Neonatal Fund.



Donate

"We are extremely grateful for every single donation, no matter how small, because of the benefits it allows us to bring to the patients and families of Liverpool and those who come from further afield"
- Liverpool Women's Charity

Every penny counts and goes towards improving the care provided to patients and their families. By supporting Liverpool Women's Charity, you will help us in a big way and we thank you enormously. Donations give us a reliable and much needed source of funding and help us to prioritise where it is needed the most. There are lots of ways you can donate:

- **Online:** You can make a secure donation online at '**Just Giving**'. Enter your details and the amount you wish to donate and click '**donate**'.
- **In person:** You can visit our Fundraising Office located opposite main reception
- **Via the ward or clinic:** Official donation envelopes are available from any ward, department or the main reception, 24 hours a day. Simply complete the details on the envelope and hand it to a member of staff to pass on to our finance department.
- **By credit/debit card:** You can make a donation by credit or debit card by contacting 0151 702 4044
- **By text:** Text CODE (e.g. GYNAE17) and amount to 70070
- **By post:** You can make a postal donation by sending it directly to:

Liverpool Women's Charity
Liverpool Women's NHS Foundation Trust
Crown Street
Liverpool
L8 7SS

Please make all cheques payable to Liverpool Women's Charity.



Liverpool Women's Charity

Please support our hospital services by texting
CODE and AMOUNT to 70070 (E.G GYNA17 £5 to 70070)

All Hospital Services LWHC00	The Newborn Appeal NEWB17	Honeysuckle Bereavement Team HNVT17
Hewitt Centre for Fertility HEWT17	Gynaecology Department GYNA17	Miscarriage Support MISC17
Fetal Medicine Unit FMUF17	Harris Wellbeing Centre HWWC17	Community Midwives COMM17

Dedicated to enhancing the services at Liverpool Women's Hospital

Registered Charity No. 106204

- **Via BACS:** If you would like to make a donation via BACS, please contact 0151 702 4044 for Liverpool Women's Charity's bank details.
- **By standing order:** If you would like to set up a regular standing order or require any other information regarding charitable funds please contact 0151 702 4044.

Please include the name of your nominated fund with all donations so we can ensure your gift goes towards your chosen cause

You can also support us by giving your loose change to one of our new spinner donation units located in the main reception and restaurant.

The Charity has also set up several SMS text donation services via Just Giving and uses social media to promote this method of donating to the Charity.

The Charity continues to raise money to improve all areas of the hospital.

Newsletter

The newsletter continues to be popular among our supporters and the staff at the Trust. It is filled with inspirational stories of why the Charity means so much to our followers.

If you wish to receive a copy of the newsletter please do not hesitate to contact our fundraising team.

Also please follow us on facebook and twitter (comms team please can you add details and twitter & facebook logos)

Our future plans

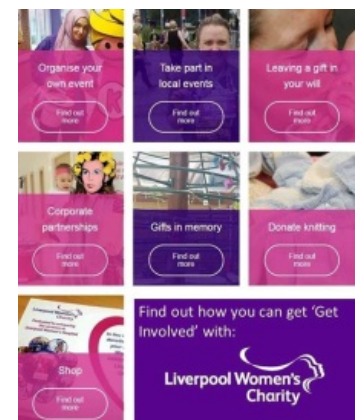
For the coming year we aim to strengthen our corporate partnerships with local companies and are delighted to announce the continued support of Scouse Bird Problems as their chosen charity again for 2017.

We are also very proud to announce that two Hallmark Hotels have chosen Liverpool Women's Charity of the Year as its' charity for the next 12 months. The charity will be working closely with staff from Hallmark Liverpool Inn and Hallmark Liverpool South in Sefton Park:



"Hallmark Hotel Liverpool South and Hallmark Liverpool Inn are delighted to announce their chosen charity for the year ahead as the Liverpool Women's NHS Foundation Charitable Trust. Chosen for the constant support and care it provides that benefits locals and the community as a whole, at some point, it will have been there for many members of our staff or someone close to them at some time in their lives. We would like to show our appreciation by donating £1 for every person that books a Christmas event at either of our Hallmark Hotel Liverpool venues, towards further funding the support and care it gives to patients and their families alongside research, staff welfare initiatives and greater access to training and development opportunities and continue all the fantastic work that they do"

We also plan to relaunch our Charity website in 2017 to provide a greater online presence for our patients and staff alike to keep up to date with our fundraising plans and latest news. This enhanced website together with our social media platform on Facebook and our newsletter will continue to publicise all our events and thank our amazing supporters and fundraisers and share the positive impact donations have made to our patients.



We are aiming to work closely with the Health and Wellbeing Team at the hospital to promote further staff engagement and have already planned to introduce staff quiz nights which we are sure will be a great success and bring together staff from many of the different departments.



Our successful knitting stall is to be increased and on site for three days a week and we hope to be able to introduce a hospital charity shop in the next financial year.



On the back of the success of our Christmas Crafternoon we intend to extend our festivities over several days of fundraising in our "Winter Wonderland"

The Corporate Trustee plans to continue the key activities of the Charity, and seek further opportunities to enhance the support offered to the patients and families of Liverpool Women's NHS Foundation Trust.



Trustees' Annual Report

A BIG thank you



On behalf of the patients, relatives and staff who have benefitted from improved services due to donations and fundraising, the Corporate Trustee would like to thank all patients and relatives and staff who have made charitable donations or have given your time.

The backing of all of our supporters is fundamental to the success of our charity, and I would like to take this opportunity to thank each and every one of you for your continued support over the last year.

Having read all about us, we invite you to consider supporting the work of our charity. If you would like to know more about how to make a donation please contact either Lisa Masters or Nadia Alsafaar, our Charity Fundraisers on 0151-702-4044/4194, and "like" our Facebook page www.facebook.com/Liverpool-Womens-Charities for regular news and updates.



Phil Huggon
Chair of the Charitable Funds Committee

Trustees' Annual Report

Structure and governance

The Corporate Trustee presents the Charitable Funds Annual Report together with the Audited Financial Statements for the year ended 31st March 2017.

The Charity's Annual Report and Accounts for the year ended 31st March 2017 have been prepared by the Corporate Trustee in accordance with the accounting policies set out in note 1 to the accounts, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to Charities preparing their accounts in accordance with the Financial Reporting Standard 102. The Charity's report and accounts include all the separately established funds for which Liverpool Women's NHS Foundation Trust is the sole beneficiary.

The Charitable Funds are registered as an umbrella charity, in accordance with the Charities Act 2011 using a model Declaration of Trust as approved by the Commission.

Reference and administrative details

The Liverpool Women's NHS Foundation Charitable Trust is an independent registered charity, which exists to raise, receive, manage and distribute donations for the benefit of the charitable purposes of the Liverpool Women's NHS Foundation Trust.

As a result of achieving Foundation Trust status in April 2005 the main umbrella charity changed its name from "Liverpool Women's Hospital Charitable Trust" to "The Liverpool Women's NHS Foundation Charitable Trust". This name change was approved by the Corporate Trustee on 2nd September 2005 and subsequently approved by the Charity Commission.

The Charity adopted a working name, "Liverpool Women's Charity", which was approved by the Charity Commission on 16th September 2009.

The Charity has 11 individual subsidiary registered funds as at the 31st March 2017 (2016:11) and the notes to the accounts distinguish the types of fund held and disclose separately all material funds (note 17)

Charitable funds received by the Charity are accepted, held and administered as funds and property held on trust for charitable purposes relating to the health service. The funds are held in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990 and these funds are held on trust by the Corporate Body.

The Liverpool Women's NHS Foundation Trust (the NHS Foundation Trust) is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

Trustee

The Corporate Trustee of the Charity is the Liverpool Women's NHS Foundation Trust and acts through the members of the Board of Directors. The members of the Board of Directors who served during the financial year and those in post as at 13th January 2018 (the date the Trustee's Report was approved) are set out on pages 35 and 36.

The Corporate Trustee devolved responsibility for the on-going management of funds to the Charitable Funds Committee, which administers the funds on behalf of the Corporate Trustee.

Trustees' Annual Report Continued

This Charitable Funds Committee was formed on 8th February 2005. The names of those people who served as agents for the Corporate Trustee, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990 are disclosed in the table on page 36.

Principal charitable fund advisor to the Board

The Director of Workforce and Marketing of the Liverpool Women's NHS Foundation Trust, under a scheme of delegated authority approved by the Corporate Trustee, has day to day responsibility for the management of the Charitable Funds.

The Charitable Funds Committee continues to develop the arrangements for delegation to nominated fund holders who manage the funds on an everyday basis.

Trustees' Annual Report Continued

Structure

The Charity's unrestricted fund was established using the model declaration of trust and all funds held on trust as at the date of registration are part of this fund. Subsequent donations and gifts received by the Charity are added to the fund balance. The fund covers a number of designations which have their own objectives and hold donations where a particular area or activity of the hospital was nominated by the donor at the time their donation was made. Whilst their nomination is not binding on the Corporate Trustee, the designated funds reflect these nominations.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objectives of each fund and by the use of designated funds the Corporate Trustee respects the wishes of our generous donors.

Designated funds

A list of designated funds held during 2016/17 is set out below:



Trustees' Annual Report Continued

Reserves policy

Charitable reserves are identified as income which becomes available to the Charity and is to be spent at the Corporate Trustee's discretion in furtherance of any of the Charity's objects, but which is not yet spent, committed or designated.

The reserves policy has the objective of ensuring the Charity has sufficient funds available to honour commitments.

The Corporate Trustee has a requirement to hold funds in order to support grants which will provide benefits and staff and funding for fixed term salaried posts such as the volunteer manager post.

The Corporate Trustee regularly reviews the level of reserves to ensure that commitments and spending plans are protected against falls in the Charity's income and investment values. The Corporate Trustee is mindful of the duty towards the Charity's current and future beneficiaries and fulfils this responsibility by careful monitoring of expenditure and accessible money to guarantee day-to-day expenditure and ongoing commitments.

Grant making policy

All grants are made from the Charity's unrestricted funds – these funds comprise two elements:

The **General Purpose Fund** - this fund is constituted of gifts received by the Charity where no particular preference as to its expenditure has been expressed by donors.

Designated (Earmarked) Funds – these usually contain donations where a particular part of the hospital, activity or research was nominated by the donor at the time their donation was made. Whilst their nomination is not binding on the Corporate Trustee, the designated funds reflect these nominations.

The designated funds are overseen by fund holders who can make recommendations on how to spend the money within their designated area.

Governance

The Liverpool Women's NHS Foundation Trust is the sole Corporate Trustee of the Charity. The Corporate Trustee is managed through its Board of Directors (the Board) which consists of executive and non-executive directors. The Board established a committee, known as the Charitable Funds Committee, reporting to the Board. The role of the Committee is to oversee the management of the affairs of the Charitable Fund. This is a delegated duty carried out on behalf of the Corporate Trustee. The role is to ensure that the Charity acts within the terms of its declaration of trust and appropriate legislation, and to provide information to the Audit Committee to enable it to provide assurance to the Board that the Charity is properly governed and well managed across its full range of activities.

The Corporate Trustee executive directors are subject to recruitment by a Remuneration and Nominations Committee whose membership comprises of the Chair, Chief Executive and non-executive directors of the Corporate Trustee. Non-executive directors of the Board are appointed by the Corporate Trustee's Council of Governors.

The Chair of the Charitable Funds Committee participates in the induction of new board directors and the Director of Workforce and Marketing ensures that board directors are informed of their responsibilities for charitable funds. The Corporate Trustee is kept informed of the discussions of the Charitable Funds Committee through briefings at its Board meetings.

In addition, the Board of the Corporate Trustee keeps the skill and development requirements of its individual directors under review and directors attend training events and meetings, hosted by a variety of external organisations, which provide the opportunity to enhance their skills and knowledge.

Trustees' Annual Report Continued

Management of funds

Each designated fund has a nominated fund holder(s) who, acting under delegated authority from the Charitable Funds Committee and supported by detailed procedural instructions, is responsible for ensuring that expenditure is incurred in accordance with the charitable objectives of each fund.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Fund. The Committee is required to:

- Control, manage and monitor the use of the fund's resources including approval of all proposals for expenditure in excess of £40,000 for the General Purpose Fund and £30,000 for other designated funds.
- Provide support, guidance and encouragement for all its income raising activities, whilst managing and monitoring the receipt of all income.
- Ensure that 'best practice' is followed in the conduct of all its affairs and fulfilling all of its legal responsibilities.
- Ensure that the Investment Policy approved by the Board of Directors as Corporate Trustee is adhered to and that performance is continually reviewed whilst being aware of ethical considerations.
- Keep the Board of Directors fully informed on the activity, performance and risks of the Charity.

The accounting records and the day-to-day administration of the funds are dealt with by the Liverpool Women's NHS Foundation Trust's finance department. The Charitable Funds Committee meets on a quarterly basis and examines all expenditure approved by fund holders.

Risk management

The Corporate Trustee has a duty to identify the risks to which the Charity is exposed, to keep these under review and establish systems to mitigate these risks.

The Charitable Funds Committee believes that the internal control systems in place are sufficiently embedded and that managers and staff are aware of their responsibility for internal control as part of their accountability for achieving objectives.

The Charitable Funds Committee has identified the major risks to the Charity's objects, commitments and future spending plans and the most significant risk is considered to be the potential losses arising from a fall in the value of investments.

The Charitable Funds Committee has considered this risk carefully and have established procedures to review the investment portfolio regularly, ensuring that the Charity's investments are spread over a wide and varied portfolio and are not concentrated in one particular investment or commercial sector. The Charitable Funds Committee meets with Investment Managers, monitors performance and receives regular reports on the portfolio.

The Corporate Trustee is mindful of the need to ensure spending plans and firm financial commitments are matched with income.

Trustees' Annual Report Continued

Partnership working and networks

The role of the Charity in supporting Liverpool Women's NHS Foundation Trust continues to go from strength to strength and in order to meet our objectives effectively, we have continued to invest in our fundraising activities and our partnerships working with three independent charities.

The NHS Foundation Trust is closely associated with two independent charities that are based at the hospital:

- We are grateful for the generous work of the volunteers of the **League of Friends of the Liverpool Women's Hospital (charity registration number 512162)**, who raise funds each year for the Liverpool Women's NHS Foundation Trust.



Fundraising activities range from small events, to more substantial fundraising through the shop and trolley service. All monies raised are ploughed back in to support patients' amenities and comfort.

- Liverpool Women's NHS Foundation Trust has developed a partnership with a large maternity hospital in Kampala, Uganda with a view to sharing educational resources through exchange visits by medical, nursing and midwifery staff. **The Liverpool Mulago Partnership (charity registration number 1135219)**.

Trustees' Annual Report Continued

Objectives and strategy

The objectives of the umbrella charity require the Corporate Trustee to hold the fund upon trust and to apply the income and the capital for any charitable purpose or purposes relating to the National Health Service. These wide objectives were agreed with the Charity Commission to give flexibility to allow the Corporate Trustee to use funds without being subject to any specific restriction. In practice, all expenditure has been, and will continue to be, related to services provided by the Liverpool Women's NHS Foundation Trust. Each designated fund has its own charitable objectives in support of the overarching objective of the umbrella charity.

We seek to use the charitable funds to improve the vital care and support we give to our patients and their families. This enables our staff to gain access to training and development activities, to conduct appropriate research and to augment staff welfare, focusing on areas not covered or fully supported by central NHS funds.

Making our vision happen involves all our partners, the Liverpool Women's Hospital League of Friends staff, patients, carers and the community.

Public benefit

The Corporate Trustee has a duty to comply with Section 17 of the Charities Act 2011 to have due regard to the Charity Commission's general guidance on public benefit. The Corporate Trustee can confirm that it has fulfilled the public benefit requirement and that this requirement is strongly embedded within the procedures for approving grants and spending plans.

The Charitable Funds Committee, on behalf of the Corporate Trustee, ensures that all grants and spending plans contain identifiable public benefits that are clear and meet the objects of the Charity funds. This is achieved by the Corporate Trustee keeping spending plans under review throughout the year.

A Review of our finances and performance

The net funds held, after taking account of current assets and liabilities, at 31st March 2017 were £1,144,000 (2016: £816,000). This represents an overall net increase of £328,000 (2016 decrease: £246,000). This arises from an excess of expenditure over income of £94,000 (2016: £199,000) offset with net gains on investments of £160,000 (2016 net losses: £47,000) and transfer of funds from the former Newborn Appeal of £262,000.

Review of income

The Charity relies on donations, fundraising events and investment income as the main sources of income. Total incoming resources of £263,000 were significantly higher than those of 2016 (£169,000) as a result of the introduction of the twice weekly knitting store and the continued support from the former Newborn Appeal supporters. Our partnership with Merseyrail also increased income by over £23,000 this year. Investment income levels higher in line with expectations following an increase in the total amount of investments following the merger.

Donations totalling £171,000 (2016: £98,000) were received from grateful patients, their families, friends and other supporters in acknowledgement of the high standard of care provided. Trading activities income of £36,000 (2016: £7,000) includes income from knitting stall of £23,000.

Trustees' Annual Report Continued

Other income of £28,000 represents a grant of £12,000 from Tesco following the Charity winning the Bags for Help Appeal for the creation of the Memorial Garden, and £16,000 donated by the Alice Hiley Foundation to purchase a neonatal brain scanner.

The Corporate Trustee recognises the importance of the care provided throughout the NHS Foundation Trust and appreciates the donations and kind words from donors.

Legacy income

There was no legacy income during the year (2016: £nil). Legacy income is only accrued when there is a reasonable certainty of receipt. This is based on notifications provided by the representatives of the estates concerned. The Charity's officers liaise with solicitors to ensure that specific wishes are carried out.

Review of expenditure

Of the total resources expended of £357,000 (2016: £368,000), charitable expenditure on direct charitable activity, was £252,000 (2016: £301,000) across a range of programmes.

Fund balances

Fund balances at 31st March 2017 were £1,144,000 (2016: £816,000).

Gift aid

Gift aid provides a great opportunity for donors to increase the value of their donation to our Charity. Provided the donor is a taxpayer, our Charity can claim from HM Revenue & Customs the basic rate tax paid on the gift. This increases donations by approximately 25%, so a gift of £10.00 is worth £12.50 to our charity.

Trustees' Annual Report Continued

Investments

For investment purposes the Charity 'pools' its individual sub funds available to maximise the returns on investments whilst operating in accordance with the Board's agreed risk appetite. The funds are operated as a single investment fund under an official pooling scheme which was registered with the Charity Commission on 1st January 1999.

Investments are managed by Investec Wealth and Management on behalf of the Charity through an approved investment policy which includes an ethical restriction on investments in tobacco. The funds of the Charity are invested in a wide range of investments with the objective of maximising long term returns within a medium risk profile including UK equities and fixed interest securities, overseas equities held via collectives and cash.

The performance of the fund is reported by Investec Wealth and Management on a quarterly and annual basis against the benchmark set by the Corporate Trustee, the WM Unconstrained Universe, which is widely used by the charity sector. The members of the Charitable Funds Committee meet annually with the Investment Manager to discuss performance and to review the investment strategy. The investment markets remain volatile and the Charity's investments continue to be actively managed.

Comparison over the year shows that our appointed fund managers, Investec Wealth and Management, achieved a total return of 19% on the fund against the benchmark set of 19.5%.

In the year ended 31st March 2017 the Charity's investment moved to a fund value of £1,176,000 as at 31st March 2017 from £872,000 at 31st March 2016. Investments of £127,000 were introduced into the fund from the former Newborn Appeal Charity.



Trustees' Annual Report Continued

Administrative Details

Name of Charity:

The Liverpool Women's NHS Foundation Charitable Trust

Registered charity number 1048294

Principal Office

Financial Accountant,
Finance Department,
Liverpool Women's NHS
Foundation Trust
Crown Street
Liverpool
L8 7SS

Tel: 0151-708-9988



Fundraising

Fundraising Office

Email: fundraising@lwh.nhs.uk

Tel: 0151-702-4044

Bankers

Barclays Bank PLC
48b & 50 Lord Street
Liverpool
L2 1TD



Investment Fund Managers

Investec Wealth and Management
2 Gresham Street
London
EC2V 7QN



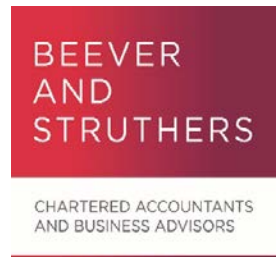
Internal Auditors

RSM Risk Assurance
Services LLP
14th Floor,
20 Chapel Street,
Liverpool,
L3 9AG



Independent Examiners

Beever and Struthers
St Georges House
215-219 Chester Road
Manchester
M15 4JE



Solicitors

Hill Dickinson
No. 1, St. Paul's Square,
Liverpool
L3 9SJ



Trustees' Annual Report Continued

Corporate Trustee Board of Directors – Non-Executive Directors

Name	Position held	Member of Charitable Funds Committee	1 ST April 2016 to 31 ST March 2017	As at 12th January 2018
Non-Executive Directors				
Robert Clarke	Chair	No	In post	In post
Ian Haythornthwaite	Non-Executive Director & Vice Chair	No	In post	In post
Phil Huggon	Non-Executive Director, Chair of Charitable Funds Committee	Yes	In post - appointed 04.04.16	In post
Tony Okotie	Non-Executive director, Senior Independent Director	Yes	In post	In post
Jo Moore	Non-Executive Director	Yes	In post - appointed 04.04.16	In post
Ian Knight	Non-Executive Director	No	In post - appointed 04.04.16	In post
David Astley	Non-Executive Director	No	In post - appointed 04.04.16	In post
Susan Milner	Non-Executive Director	No	In post - appointed 01.06.16	In post

Trustees' Annual Report Continued

Corporate Trustee Board of Directors – Executive Directors

Name	Position held	Member of Charitable Funds Committee	1 ST April 2016 to 31 ST March 2017	As at 12th January 2018
Executive Directors				
Kathryn Thomson	Chief Executive	No	In post	In post
Michelle Turner	Director of Workforce and Marketing	Yes	In post	In post
Dianne Brown	Director of Nursing and Midwifery	Yes	In post – resigned 31.03.17	Not in post
Doug Charlton	Director of Nursing and Midwifery	Yes	Not in post – appointed 04.04.17 resigned 30.11.17	Not in post
Julie King	Acting Director of Nursing and Midwifery	Yes	Not in post	In post – appointed 01.12.17
Vanessa Harris	Director of Finance	No	In post	In post
Andrew Loughney	Medical Director	No	In post - appointed 18.04.16	In post
Joanne Topping	Interim Medical Director	No	In post - resigned 17.04.16	Not in post
Jeff Johnston	Director of Operations	No	In post	In post
Jenny Hannon	Director of Planning and Strategy	No	Not in post – Appointed 01.10.17	In post

Statement of Trustee's responsibilities

The Corporate Trustee is responsible for preparing a Trustee's Annual Report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102)

The law applicable to charities in England and Wales requires the Charity Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Charity and of its incoming resources and application of resources, of the Charity for that period.

In preparing the financial statements, the Trustee is required to:

- a. select suitable accounting policies and then apply them consistently;
- b. observe the methods and principles of the Charity SORP;
- c. make judgements and accounting estimates that are reasonable and prudent;
- d. state whether applicable United Kingdom accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- e. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue to operate.

The Corporate Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Charity and enable it to ensure that the financial statements comply with the Charities Act 2011, the applicable Charities (Accounts and Reports) Regulations, and the provisions of the Trust Deed. It is also responsible for safeguarding the assets of the Charity and taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Corporate Trustee is responsible for the maintenance and integrity of the Charity and financial information included on the Charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Approved by the Corporate Trustee on _____ 2018 and signed on its behalf by:

Name.....

Date.....

Independent examiner's report to the Trustees of The Liverpool Women's NHS Foundation Charitable Trust

I report on the accounts of the charity for the year ended 31 March 2017 which are set out on pages 39 to 52

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed. The charity's gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of the Institute of Chartered Accountants in England and Wales

It is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a "true and fair view" and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

- 1 which gives me reasonable cause to believe that, in any material respect, the requirements:
 - to keep accounting records in accordance with section 130 of the 2011 Act; and
 - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 2011 Acthave not been met; or
- 2 to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Maria Hallows (FCA)
Independent Examiner
St George's House
215-219 Chester Road
Manchester
M15 4JE

Statement of Financial Activities for the year ended 31st March 2017

	Note	Unrestricted Funds 2017 £000	Restricted Funds 2017 £000	Total Funds 2017 £000	Total Funds 2016 £000
Incoming resources:	2				
Income and endowments from:					
Donations and legacies		171	-	171	98
Other trading activities		36	-	36	7
Investments	14	28	-	28	24
Other income		-	28	28	40
Total incoming resources		235	28	263	169
Resources expended:	7				
Expenditure on:					
Raising funds		84	-	84	46
Charitable activities		224	28	252	301
Other expenditure		21	-	21	21
Total resources expended		329	28	357	368
Net expenditure before investment gains/(losses)		(94)	-	(94)	(199)
Net gains/(losses) on investments		160	-	160	(47)
Net income/(expenditure)		66	-	66	(246)
Extraordinary items	8	262	-	262	-
Net movement in funds		328	-	328	(246)
Reconciliation of Funds					
Fund balances brought forward 1 st April		816	-	816	1,062
Fund balances carried forward 31st March		1,144	-	1,144	816

Balance Sheet as at 31st March 2017

	Note	Unrestricted Funds 2017 £000	Total Funds 2017 £000	Total Funds 2016 £000
Fixed assets:				
Investments	13	1,176	1,176	872
Total fixed assets		1,176	1,176	872
Current assets:				
Debtors	15	6	6	5
Cash at bank and in hand	16	453	453	89
Total current assets		459	459	94
Liabilities:				
Creditors falling due within one year	17	(491)	(491)	(150)
Net current liabilities		(32)	(32)	(56)
Total assets less current liabilities		1,144	1,144	816
The funds of the charity:				
Unrestricted funds	18	1,144	1,144	816
Total charity funds		1,144	1,144	816

The notes following the primary statements, numbered 1 to 21 form part of these accounts.

The financial statements contained within these accounts were approved by the Board of Directors on2018 and signed on its behalf by:

Signed

Statement of Cash Flows for the year ended 31st March 2017

	Note	Total Funds 2017 £000
Cash flows from operating activities:		
Net cash provided by operating activities	20	480
Cash flows from investing activities:		
Dividends and interest from investments	4	28
Proceeds from sale of investments	13	306
Purchase of investments	13	(460)
Net cash used in investing activities		(126)
Change in cash and cash equivalents in the reporting period		354
Cash and cash equivalents at the beginning of the reporting period		149
Total cash and cash equivalents at the end of the reporting period	21	503

Notes to the accounts

1. Accounting Policies

1. Legal Status

The Liverpool Women's NHS Foundation Charitable Trust is an unincorporated charity registered with the charity commission. The address is Crown Street, Liverpool, L8 7SS.

2. Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) issued on July 2014, and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

The Charity constitutes a public benefit entity as defined by FRS 102. The financial statements are prepared in sterling which is the functional currency of the entity.

2.1. Transition to FRS102

The entity transitioned from previous UK GAAP to FRS 102 as at 1 April 2015.

2.2. Reconciliation with previous Generally Accepted Accounting Practice

In preparing the accounts, the trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 the restatement of comparative items was required. No transitional adjustments were required.

2.3. Funds structure

Unrestricted funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects. Restricted funds comprise those funds where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose.

The funds held are disclosed in note 17.

2.4. Incoming resources

All incoming resources are recognised once the Charity has entitlement to the resources, it is probable that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

2.5. Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable. Receipt is probable when:

- Confirmation has been received from the representatives of the estate that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy, and
- All conditions attached to the legacy have been fulfilled or are within the charity's control

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

2.6. Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs relating to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash benefit) will be required in settlement
- The amount of the obligation can be measured or estimated reliably

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

Notes to the accounts

2.7. Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include some staff costs, costs of administration, and external audit and independent examination costs. The analysis of support costs and the bases of apportionment applied are shown in note 5.

2.8. Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objectives. The costs of generating funds represent fundraising costs together with investment management fees. Fundraising costs include expenses for fundraising activities and a fee paid to related party, Liverpool Women's NHS Foundation Trust, which is used to cover the costs of the hospital's fundraising office salaries and overheads

2.9. Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Charity. These costs comprise direct costs and an apportionment of overhead and support costs as shown in note 6.

2.10. Governance costs

Governance costs comprise all costs incurred in the governance of the charity. These costs include costs related to independent accounts examination and statutory audit.

2.11. Fixed asset investments

Investments are a form of basic financial instrument. Fixed asset investments are initially recognised at their transaction value and are subsequently measured at their fair (market value) as at the balance sheet date. The statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year. Quoted stocks and shares are included in the Balance Sheet at the current market value quoted by the investment analyst.

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk and changes in settlement concerning equities and within particular sectors or sub sectors. Further information on the investments can be found in note 12.

1.14. Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value (or purchase date if later).

1.15. Pensions

The Charity is a grant making charity and has no employees.

1.16. Debtors

Debtors are amounts owed to the charity. They are measured at transaction price, less any impairment.

1.17. Cash and cash equivalents

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are highly liquid investments that mature in no more than three months from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.18. Creditors

Amounts owed to group companies due within one year are measured at the undiscounted amount of the cash or other consideration expected to be paid. All other creditors are measured at transaction price.

Notes to the accounts

1.19. Financial instruments

A financial asset or a financial liability is recognised only when the entity becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the transaction price, unless the arrangement constitutes a financing transaction, where it is recognised at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Debt instruments are subsequently measured at amortised cost.

Other financial instruments are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Other financial instruments are subsequently measured at fair value, with any changes recognised in the Statement of Financial Activities.

Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised in the Statement of Financial Activities immediately.

Any reversals of impairment are recognised in the Statement of Financial Activities immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

Notes to the accounts

3. Related party transactions

The Corporate Trustee of the Liverpool Women's NHS Foundation Charitable Trust (the Charity) is the Liverpool Women's NHS Foundation Trust (the Trust). The Charity delivers its charitable objectives by making grants to the Trust. Grants made to the Trust in the year were £252,000 (2016: £304,000).

The amount owed to the Trust as at 31 March 2017 was £489,000 (2016: £144,000) (see note 16). During the year the Charity made no payments (2015/16 £324,000) to the Trust.

None of the members of the Trust Board, Charitable Funds Committee, senior Trust staff, or parties related to them were beneficiaries of the Charity, and none of these individuals have undertaken any material transactions within the Charity during the year.

The Charity employed no direct employees during the year to 31st March 2017 (2016: none). During the year the Trust recharged £64,000 fundraising salary costs (2016: £37,000) to the Charity.

3.1 Purposes of unrestricted and material designated funds

The purposes of unrestricted and material designated funds are:

Fund	Purpose
The Women's Hospital General Purpose Fund	Any charitable purpose(s) relating to the NHS wholly or mainly for the Liverpool Women's Hospital.
Liverpool Women's Cancer Charity	To further the advancement of scientific and medical education and research into topics related to cancer research.
Community Midwifery	Promoting the efficient performance of their duties by the midwives of the NHS Foundation Trust.
Reproductive Medicine Fund	To further the advancement of scientific and medical education and research into topics related to infertility, miscarriage and menopause.
Medical Education Fund	To further the advancement of scientific and medical education and research into topics related to the field of obstetrics and gynaecology.
Other Funds:	
Fetal Centre Research and Development	The investigation into causes of sickness in the unborn child and the prevention, treatment, cure and defeat of this sickness.
Neonatal Fund	The investigation into the causes of sickness in the newborn child and the prevention, treatment, cure and defeat of this sickness and to further the cause of premature newborn babies at the NHS Foundation Trust and to further the advancement of scientific and medical education and research into topics related to sickness in the newborn child.
Women's Hospital Staff Welfare Fund	For the relief of sickness by promoting the efficient performance of their duties by the staff of the Liverpool Women's Hospital.
Training and Development Fund	To further the advancement of scientific and medical education and research into topics relating to pregnancy and problems associated with giving birth and gynaecological problems.
Women's Assisted Conception Fund	To further the advancement of scientific and medical education into topics related to infertility in women.
Cytogenetics Fund	To further the advancement of scientific and medical education and research into topics related to cytogenetics.

Notes to the accounts continued

4. Analysis of income

	2017 Unrestricted Funds £000	2017 Restricted Funds £000	2017 Total Funds £000	2016 Total Funds £000
Donations and legacies:				
Donations and gifts	171	-	171	98
Total donations and legacies	171	-	171	98
Other trading activities:				
Stall income	26	-	26	3
Hire of birthing pools	2	-	2	2
Fundraising events	8	-	8	2
Total other trading activities	36	-	36	7
Income from investments:				
Dividend income	28	-	28	24
Total income from investments	28	-	28	24
Other income:				
Grant from Alice Hiley Foundation	-	16	16	-
Grant from Tesco Bags of Help	-	12	12	-
Grant from Newborn Appeal	-	-	-	40
Total other income	-	28	28	40
Total Income	235	28	263	169

All income in the prior year was unrestricted except for a grant of £40,000 from The Newborn Appeal to jointly fund a specific neonatal research project.

5. Donated Goods

	2017 Unrestricted Funds £000	2017 Restricted Funds £000	2017 Total Funds £000	2016 Total Funds £000
Included within other trading activities:				
Sale of donated items	22	-	22	-
Other stall income	4	-	4	3
Total stall income included within other trading activities	26	-	26	3

Donated knitted items for resale are not recognised on receipt. Instead the value to the charity of the donated goods sold is recognised as income when sold. The proceeds of sale are categorised as "Income from other trading activities" in the Statement of Financial Activities and included within the stall income of £26,000.

Notes to the accounts continued

6. Role of volunteers

The Charity is reliant on a team of volunteers who perform two main roles:

- **Knitting** – there are approximately 300 volunteer knitters who donate their time to knit baby items which are then sold at a weekly knitting stall in the main reception of the Liverpool Women's Hospital which is also run by volunteers. During the year the knitting stall raised over £23,000 for the hospital's neonatal unit (2016: £nil). The knitting stall was previously run by the former charity, the Newborn Appeal. (note 7).
- **Fundraisers** – the Charity has many local volunteers who actively fundraise by hosting events such as garden parties, charity nights, participating in local and national events and being involved with bucket collections.

7. Analysis of charitable expenditure

	2017 Unrestricted Funds £000	2017 Restricted Funds £000	2017 Total £000	2016 Total £000
Expenditure on raising funds:				
Staging fundraising events	10	-	10	-
Fundraising managers	64	-	64	37
Investment management costs	10	-	10	9
Total expenditure on raising funds	84	-	84	46
Expenditure on charitable activities:				
Patient welfare	94	12	106	94
Staff welfare	11	-	11	7
Equipment	25	16	41	86
Research	94	-	94	114
Total expenditure on charitable activities	224	28	252	301
Other expenditure:				
Governance costs	21	-	21	21
Total other expenditure	21	-	21	21
Total Expenditure	329	28	357	368

Overhead and support costs including governance costs, volunteer costs, fundraising costs, finance and independent examination fees have been apportioned across charitable activities on the basis of the value of the fund.

Notes to the accounts continued

8. Extraordinary Item

	2017 Unrestricted Funds £000	2017 Restricted Funds £000	2017 Total £000	2016 Total £000
Extraordinary item:				
Transfer of funds from The Newborn Appeal:				
Investments	127	-	127	-
Cash	135	-	135	-
Total extraordinary item	262	-	262	-

The Liverpool Women's NHS Foundation Charitable Trust has historically been closely associated with The Newborn Appeal (former charity number 1010978), which was an independent charity based at the hospital. A decision to disband The Newborn Appeal and effectively merge the charity into the Liverpool Women's NHS Foundation Charitable Trust effective from 1st May 2016 was taken by the former trustees of The Newborn Appeal at an extraordinary meeting held on 29th July 2016 and ratified at a meeting on 9th September. Their decision was supported by the Liverpool Women's NHS Foundation Charitable Trust Charitable Funds Committee on 11th January 2016 and ratified as of that date.

As a result of the closure of The Newborn Appeal, assets worth £262,000 have been transferred to the Liverpool Women's NHS Foundation Charitable Trust consisting of a mix of investments and cash.

9. Independent examination and audit fees

	2017 Unrestricted Funds £000	2017 Restricted Funds £000	2017 Total £000	2016 Total £000
Fees for examination of the accounts:				
Independent examiner's fees	2	-	2	-
Statutory audit fees	-	-	-	6
Total fees	2	-	2	6

10. Analysis of staff costs

The Charity did not directly employ any staff during 2016/17 (2016: nil).

The Charity instead received services from the Liverpool Women's NHS Foundation Trust, for example financial services for which a recharge is made by the Trust to the Charity.

11. Analysis of grants

The Charity does not make grants to individuals or third parties. All grants are made to the Liverpool Women's NHS Foundation Trust to provide for the care of our NHS patients in the furtherance of our charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities on page 39.

Notes to the accounts continued

The standing orders and standing financial instructions of the NHS Foundation Trust include the directions of the Trustee for the management of charitable funds and recognise that management processes may overlap with those of the NHS Foundation Trust.

The Trustee operates a scheme of delegation for the majority of charitable funds, under which fund holders manage the day to day disbursements on their projects in accordance with the standing orders and standing financial instructions of the NHS Foundation Trust.

Please refer to the Trustees' Annual report to the Account for additional information on the grant making activities performed during the year to 31st March 2017.

12. Transfers between funds

There were no transfers between funds during 2016/17 (2015/16: £nil).

13. Fixed asset investments

	2017	2016
	Total	Total
	£000	£000
Movement in fixed asset investment		
Market Value brought forward	872	927
Add: additions to investment at cost	460	98
Less: disposals at carrying value	(306)	(94)
Less: net cash reduction	(10)	(12)
Add: net gain/(loss) on revaluation	160	(47)
Market Value as at 31 March	1,176	872
Historic Cost as at 31 March	925	801
Fixed asset investments by type		
	2017	2016
	Total	Total
	£000	£000
Investments listed on a recognised Stock Exchange:		
UK Equities	520	359
European equities	49	62
North American equities	189	112
Japanese equities	35	28
Far East and Australasian equities	38	31
Emerging economies	25	11
Property	91	69
Other investments:		
UK fixed interest	179	140
Cash held as part of the investment portfolio	50	60
Total fixed asset investments	1,176	872

Notes to the accounts continued

14. Total gross income from investments and cash on deposit

	2017 Total £000	2016 Total £000
Investments listed on a recognised Stock Exchange:		
UK Equities	22	18
European equities	2	1
Overseas and emerging equities	1	2
Other investments:		
UK fixed interest	3	3
Total	28	24

15. Analysis of current assets

	2017 Total £000	2016 Total £000
Debtors under one year		
Investment income receivable	6	5
Total	6	5

16. Analysis of cash and deposits

	2017 Total £000	2016 Total £000
Short term investments and deposits	445	87
Cash at bank and in hand	8	2
Total	453	89

17. Analysis of current liabilities

	2017 Total £000	2016 Total £000
Creditors under one year		
Amounts due to Liverpool Women's NHS Foundation Trust	489	144
Other accruals	2	6
Total	491	150

Amounts owed to Liverpool Women's NHS Foundation Trust relate to grants paid out by the Trust on behalf of the Charity.

Notes to the accounts continued

18. Unrestricted funds

Analysis of unrestricted and material designated funds	Funds brought forward at 1 April 2016	Incoming resources	Resources expended	Gains on investments	Funds carried forward at 31 March 2017
	£000	£000	£000	£000	£000
General Purpose	121	99	(68)	28	180
Liverpool Women's Cancer Charity	280	6	(51)	42	277
Community Midwifery	58	4	(16)	9	55
Reproductive Medicine Fund	6	2	-	-	8
Medical Education	83	3	(9)	13	90
Fetal Medicine Fund	90	13	(33)	12	82
Neonatal Fund	156	394	(171)	51	430
Other Funds	22	4	(9)	5	22
Total	816	525	(357)	160	1,144

The purposes of the funds are given in note 2.1

19. Grants approved

Grant funding approved but not expended at 31 March was as follows:

	2017 Total £000	2016 Total £000
Charitable projects	217	171
Total	217	171

The Charitable Projects approved above span a number of years.

20. Reconciliation of net movement in funds to net cash flow from operating activities

	2017 Total £000
Net movement in funds	328
Adjustments for:	
Net gains on investments	(160)
Dividends and interest on investments	(28)
Increase in debtors	1
Increase in creditors	339
Total	480

21. Analysis of cash and cash equivalents

	2017 Total £000	2016 Total £000
Cash and deposits:		
Short term investments and deposits	445	87
Cash in hand	8	2
	453	89
Cash held as part of the investment portfolio	50	60
	503	149

MEETING	Board of Directors	
PAPER/REPORT TITLE:	Community Midwifery Visits	
DATE OF MEETING:	Friday, 12 January 2018	
ACTION REQUIRED	For Assurance	
EXECUTIVE DIRECTOR:	Jeff Johnston, Director of Operations	
AUTHOR(S):	Jeff Johnston, Director of Operations	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <ol style="list-style-type: none"> To develop a well led, capable, motivated and entrepreneurial <i>workforce</i> <input checked="" type="checkbox"/> To be ambitious and <i>efficient</i> and make the best use of available resource <input checked="" type="checkbox"/> To deliver <i>safe</i> services <input checked="" type="checkbox"/> To participate in high quality research and to deliver the most <i>effective</i> Outcomes <input type="checkbox"/> To deliver the best possible <i>experience</i> for patients and staff <input checked="" type="checkbox"/> 	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <ol style="list-style-type: none"> Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust <input checked="" type="checkbox"/> The Trust is not financially sustainable beyond the current financial year <input type="checkbox"/> Failure to deliver the annual financial plan <input type="checkbox"/> Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input checked="" type="checkbox"/> Ineffective understanding and learning following significant events <input type="checkbox"/> Inability to achieve and maintain regulatory compliance, performance and assurance <input type="checkbox"/> Inability to deliver the best clinical outcomes for patients <input checked="" type="checkbox"/> Poorly delivered positive experience for those engaging with our services <input checked="" type="checkbox"/> 	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input checked="" type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input checked="" type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input checked="" type="checkbox"/></p> <p>ALL DOMAINS <input type="checkbox"/></p>	

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/>	4. NHS Constitution <input type="checkbox"/>
	2. Operational Plan <input type="checkbox"/>	5. Equality and Diversity <input type="checkbox"/>
	3. NHS Compliance <input checked="" type="checkbox"/>	6. Other: Click here to enter text.
FREEDOM OF INFORMATION (FOIA):	1. 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	
RECOMMENDATION: <i>(eg: The Board/Committee is asked to:-....)</i>	The Board note the content of the report	
PREVIOUSLY CONSIDERED BY:	Committee name	<i>Choose an item.</i> Or type here if not on list: <i>Click here to enter text.</i>
	Date of meeting	<i>Click here to enter a date.</i>

Executive Summary

Background

The Trust Board visited St Chads in Kirby on 3 November 2017 and met the community midwifery team. The Chief Executive and Director of Operations also undertook a tour of the community locations and visited May Logan, Speke, Yew Tree and Aintree community midwives in November. There were similar issues raised by midwives in each of the locations mainly relating to drugs, printer labels and unnecessary travel. From these visits an action plan has been compiled and will be managed by the Head of Midwifery and Head of Operations in Maternity. The Executive team will review progress in their weekly meeting in two months' time.

Recommendation

The Board note the action plan

Report

Response to Executive Board Visits to Community

3rd November 2017 and 7 November 2017

St Chads, May Logan, Yew Tree, Speke & Aintree

<i>Issues identified</i>	<i>Response</i>	<i>Action</i>	<i>By Who</i>	<i>By when</i>
Does St Chads warrant an ultra sound service to stop women travelling?	There is currently an ultrasound service operating one day a week in St Chads women from Kirkby and nearby surrounding areas are prioritised scans there. Dating, anatomy and growth scans are undertaken but currently women cannot access first trimester screening there due to lack of phlebotomy and blood courier services.	<ol style="list-style-type: none"> 1. To reorganise Maternity service worker diary to accommodate scan session to provide phlebotomy support, as part of phase 1 community redesign. 2. to facilitate courier service to coincide with scan session 	<ol style="list-style-type: none"> 1. team leader for maple Team 2. L Martin - Estates 	<p>22.01.18</p> <p>22.01.18</p>
Issue of Drugs collected from Crown Street – are there other options to explore? Hewitt have agreed a contract were patients drugs are delivered to their nearest pharmacy?	<p>Drugs used in community at home birth- we are currently changing the process surrounding medicines management, to achieve a CIP project which we are committed to, this will not change any status in relation to safety and the process will be assessed as part of the CQC mock KHOLE inspections.</p> <p>Drugs used in community at home birth- we are currently changing the process in relation to comments and feedback from community midwives. The proposal is that women who book for planned home birth will attend Crown Street (or designated local pharmacy), issues to note drugs used for the third stage are not readily available in all community pharmacy settings so will need pre order) to pick up</p>	Change in clinical practise	Community matron/ obstetric pharmacist	28.02.18

	<p>their own medications and store at home ready for home birth. When attended by the community midwife at birth the midwife will administer and record in the usual way and be responsible for the reconciliation of unused drugs. A proforma that accommodates the prescriptive element of the change in clinical process is presently under review and will be presented at maternity risk and maternity clinical meeting for final sign off.</p>			
<p>No Label printers in the community – have to travel to Crown Street.</p>	<p>This is an issue that has been highlighted recently, with the change to the antenatal clinic reception a request was made to see if there were any printers’ surplus to requirement, unfortunately the response confirmed that there was not printers available.</p> <p>To resolve this issue an order would have to be placed for 5 specific label printers to be placed in current hubs. Kirkby, Speke, May Logan,</p>	<p>The supply and installation costs of label printers in hubs to be provided.</p> <p>Update 13.12.18 – one label printer available now asked to be transferred to St Chads , a further two to be ordered</p> <p>Update – 4/01/18 – all printers order for the other three sites.</p>	<p>Business Support Manager</p>	<p>22.12.17</p> <p>08.01.18</p> <p>Completed</p>
<p>Generally travelling to get things from Crown street – suggestion could the blood couriers also transport other stuff ie, paper work?</p>	<p>Blood courier service currently supports the transport of items such as blank hand held notes etc around the community, however the last request to increase the cover was declined as the courier service did not have capacity.</p>	<p>To remap the requirements from the courier service and discuss with the estates manager responsible for courier service to ensure adequate coverage .</p>	<p>Community team leaders</p>	<p>22.12.17</p>
<p>Mobile phones are not fit for purpose – nokia handsets old style? More intelligent phones – do emails etc?</p>	<p>Improvement in IT facilities is part of the community redesign, the use of hand held devices is being explored and is envisaged that going forward staff would have rapid access to email and meditech system.</p>	<p>Costs for the supply and usage of smart phone type handset requested by matron to Head of Technology to inform business case.</p> <p>04/01 –CIO, IT and community midwives</p>	<p>Head of Technology</p>	<p>22.12.17</p>

	Recently the mobiles provided have been highlighted as not fit for purpose in terms of reliability – essential when undertaking on call. Cmw’s asked to incident report demonstrating the impact when equipment has failed relating to connection.	scoped out requirements – currently being costed.		
Can more training be done in the community – trainer travels to hubs	There is value in bringing inpatient and outpatient teams together for training to promote seamless working and networking however provision of emergency skills in community settings has been explored. It is envisaged when the community hubs with equal facilities are in place training can be rolled out to these areas.	It is not cost effective to conduct all the training in the community Consultant midwife asked to revisit the possibility of emergency skills drills in the home setting to be provided in community venues 04/01/18 Agreed pilot for VR training with Samsung and PHD student – for maternity bespoke mandatory training.	Consultant midwife for normality	28.02.18
St Chads provided lots of feedback from post-natal women – positive and negative – there is no mechanism to capture this and use it for learning?	Friends and families feedback is encouraged in community although post-natal returns are typically low. Other avenues of providing feedback to be explored	to explore how feedback is captured in community venues and implement new processes “You Said we Did boards “ to be implemented and visible in community areas.	Community team leaders and matron	09.01.18
The receptionist at Speke was very honest about the lack of workload – thought that	Many of the centres community work, are used by other services. The receptionist services are usually employed by the Centres and not Liverpool Women’s	Head of Operations asked to review the administration services provided to	Head of operations	08.01.18

<p>other options could be explored. Interestingly in each centre we went there were numerous receptionist obviously for different services at front desk – thought was could some of those duties be commissioned from the clinic? Nic would you look at workload and options?</p>	<p>staff.</p> <p>In this instance, the Receptionist you met during your visit to Speke, was an LWH employee. This arrangement was put in place following feedback at the last CQC visit in relation to no formal reception presence from the hospital. The Team recognise that the activities that take place at Speke does not warrant a full time clerk, therefore the clerk does only attend twice a week.</p> <p>In order to ensure the clerk is fully occupied during their time at the Centre, additional workload is taken with them to ensure their time is spent fulfilling duties expected of them. This involves completing outcomes from other clinics that have taken place at either the hospital or other community venues.</p> <p>Following this feedback, a meeting was arranged with Reception staff, which was held on 22nd November, where suggestions have been made on how we can increase the tasks that can be fulfilled by the clerk when working from Speke. We also need to consider if sending a Receptionist out to Speke, when other support staff are available, is the best use of resources. This model is already used within the hospital and can easily be replicated.</p>	<p>community clinics and feedback.</p>		
<p>Alternatively, May Logan at times has no receptionist? Their issue seem to be that they needed a receptionist to fill information that had not</p>	<p>Unfortunately this is the case. This is due to four community clinics being held on the same days, making it difficult to staff all clinic environments with a Receptionist within Community, LWH, Aintree, and</p>	<p>Consideration needs to be given to other models of support as suggested above</p>	<p>Head of Operations</p>	<p>08.01.18</p>

<p>been completed by the access centre? Can we have a look at that please?</p>	<p>Aintree Colposcopy with a clerk.</p>			
<p>Midwives on call attend Aintree A & E – however recently a midwife spent 4 hours with a patient – could not get access to a CTG (Aintree estates could not open Women’s Centre – 1st issue) , A & E have not CTG- can you review and provide a solution</p>	<p>In the RLUH a CTG machine is kept on a ward where community can have easy access.</p>	<p>Enquiries have been made to see if this process can be replicated within Aintree Hospital – completed 05.12.17</p> <p>Matron in discussion with Aintree matron to identify suitable storage area.</p> <p>Additional CTG machine to be identified</p> <p>04/01/18 – CTG in majors of Aintree and all staff made aware.</p>	<p>Community matron</p>	<p>08.01.18</p>
<p>A midwife talked about poor responses to ACE’s raised. The feeling was that the incident was not properly reviewed but closed down. They claimed to have escalated to senior person and still nothing happened. Suggest you conduct a sample of reviews and closing of ACE’s and get assurance – not just for the community but sample across the service</p>	<p>Senior Maternity staffs are presently undertaking a governance review of the quality and dissemination of the lessons learnt. This will be reported to maternity risk. We have asked that this be reviewed and audited by the CQC Mock Inspection KLOE Team</p>	<p>Governance leads to provide a list of spot-checked incidents to maternity risk meeting in January 2018 to assess quality of responses across the maternity service.</p> <p>04/01/18 – audit of ACE responses conducted that did not find any issues in terms of lack of detail or actions.</p>	<p>Governance facilitator</p>	<p>22.01.18</p>

<p>IT issues are still not resolved – what’s the plan?</p>	<p>Failure of connection between computers and the printers used for bookings in the children’s centre occurs from time to time and is related to the systems belonging to council networks. IT are aware of this issue and have made attempts to address. The centres were there are minimal problems allow the LWH system to be accessed directly this includes St Chads, May Logan, Aintree and Speke. Community midwives can revert to the laptops using the portable printer as a backup.</p>	<p>To ensure cmw’s use laptop and printer as a backup.</p> <p>To progress the community redesign project IT component- MIA app</p> <p>Meeting with CIO taken place as above – same plan.</p>	<p>Team Leaders</p> <p>Transformation lead</p>	<p>27.11.17</p> <p>31.01.18</p>
<p>Aintree talked about pending retirements that will leave skill gaps in scanning but no scan training being approved for midwives at Aintree?</p>	<p>External training for Midwife sonographers commences in February 18.</p>	<p>2 places to support ODU on third trimester scanning course allocated with mentor support from imaging - commencing February 2018, assessment to be made re Aintree by unit manager and TNA to be updated</p>	<p>Deputy HOM</p>	<p>22.01.18</p>
<p>Aintree were also keen to be able to offer an EPAU service to prevent women having to travel to Crown street – is this feasible.</p>		<p>Although EPAU sits within Gynaecology, this will be considered as part of the transformation project – ER/MAU Merge. But may not be ideal to be at Aintree but another hub in the community.</p>	<p>Transformation team</p>	<p>30.06.18</p>

Agenda Item	2018/010
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MEETING	Board of Directors	
PAPER/REPORT TITLE:	Safer Nurse/Midwife Staffing Monthly Report	
DATE OF MEETING:	Friday, 01 December 2017	
ACTION REQUIRED	For Assurance	
EXECUTIVE DIRECTOR:	Julie King, Interim Director of Nursing and Midwifery	
AUTHOR(S):	Clare Fitzpatrick Acting Deputy Director of Nursing and Midwifery	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <ol style="list-style-type: none"> To develop a well led, capable, motivated and entrepreneurial <i>workforce</i> <input type="checkbox"/> To be ambitious and <i>efficient</i> and make the best use of available resource <input type="checkbox"/> To deliver <i>safe</i> services <input checked="" type="checkbox"/> To participate in high quality research and to deliver the most <i>effective</i> Outcomes <input type="checkbox"/> To deliver the best possible <i>experience</i> for patients and staff <input checked="" type="checkbox"/> 	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <ol style="list-style-type: none"> <i>Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust</i> <input checked="" type="checkbox"/> <i>The Trust is not financially sustainable beyond the current financial year</i> <input type="checkbox"/> <i>Failure to deliver the annual financial plan</i> <input type="checkbox"/> <i>Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision</i> <input type="checkbox"/> <i>Ineffective understanding and learning following significant events</i> <input type="checkbox"/> <i>Inability to achieve and maintain regulatory compliance, performance and assurance</i> <input checked="" type="checkbox"/> <i>Inability to deliver the best clinical outcomes for patients</i> <input checked="" type="checkbox"/> <i>Poorly delivered positive experience for those engaging with our services</i> <input checked="" type="checkbox"/> 	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE - People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input checked="" type="checkbox"/></p> <p>ALL DOMAINS <input type="checkbox"/></p>	

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/> 2. Operational Plan <input type="checkbox"/> 3. NHS Compliance <input checked="" type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other: NHS England Compliance
FREEDOM OF INFORMATION (FOIA):	1. 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	
RECOMMENDATION: <i>(eg: The Board/Committee is asked to:-.....)</i>	The Board is asked to note: <ul style="list-style-type: none"> The content of the report and be assured appropriate information is being provided to meet the national and local requirements. The organization has the appropriate number of nursing & midwifery staff on its inpatient wards to manage the current clinical workload as assessed by the Director of Nursing & Midwifery 	
PREVIOUSLY CONSIDERED BY:	Committee name	<i>Choose an item.</i> Or type here if not on list: <i>Click here to enter text.</i>
	Date of meeting	<i>Click here to enter a date.</i>

Executive Summary

Data presented in this report demonstrates the effective use of current Nursing & Midwifery resources for all inpatient clinical areas.

Overall fill rates versus planned remain high with the reallocation of nursing and midwifery resources where necessary to maintain safe staffing levels.

Nurse sensitive indicators continue to highlight the good practice of reporting medication errors especially in the neonatal unit. All errors are investigated and appropriate action taken. No error resulted in harm to any patient.

The use of CHPPD as a benchmark within and against other organisations is still under development by NHS Improvement and subsequent reports will be amended accordingly, presently CHPPD is featured alongside fill rates for each ward and department.

Care hours per day remain at a sustained level indicating a consistent level of care nursing/midwifery resource to provide care to our patients. The staffing across the inpatient ward areas for November remained appropriate to deliver safe and effective high quality family centred patient care day and night.

Ward Staffing Levels – Nursing and Midwifery Report

1.0 Purpose

1.1 Introduction

This report provides a monthly summary of Safe Staffing on all inpatient wards across the Trust. It includes exception reports related to staffing levels, related staffing incidents and red flags which are triangulated with a range of quality indicators both nursing and midwifery.

2.0 Safer staffing exception report

The safe staffing exception report (appendix 1), provides the established versus actual fill rates on ward by ward basis. Fill rates are accompanied by supporting narrative by exception at ward level, and a number of related factors are displayed alongside fill rates to provide an overall picture of safe staffing.

- Sickness rate and vacancy rate are the two main factors affecting fill rates
- The monthly audit of nursing indicators was suspended in September 2017 by the previous DON. The trust is currently developing a ward accreditation system which will support the collection of quality indicators alongside real time patient safety flags. It is envisaged that this work will be completed by summer 2018.
- ACE incident submissions related to staffing and red flags are monitored daily to act as an early warning system and inform future planning:
- Nurse sensitive indicators demonstrate outcome for patients measuring harm:
- Cases of Clostridium Difficile (CDT)
 - Pressure Ulcers grade 1&2/Grades 3&4
 - Falls resulting in harm / not resulting in physical harm
 - Medication errors resulting in harm/ not resulting in harm
 - Babies requiring thermos cooling resulting in an Each Baby counts report

The inpatient wards have been able to maintain fill rates during the month of November; the average fill rate for registered staff was greater than 97%, the average fill rate for non-registered staff was 88% trust wide.

Safe staffing for each ward is assessed on a daily basis by the relevant Divisional Matrons, and, during the evenings and weekends the duty manager for each division, in combination with the on call senior manager has the responsibility for ensuring safe staffing of all ward areas across the Trust.

There have been 31 red flag incidents, reported under the nursing/midwifery red flag criteria, 14 of these relate to medication errors 7 within maternity, which required discussion and action with named individuals 7 within the neonatal unit (which are reported through the medication failsafe system and are managed through the neonatal medication governance process), none of these medication incidents resulted in patient harm. 3 incidents relating to falls within the trust, 3 in maternity regarding post epidural status, 1, gynaecology following surgery, investigations into these concluded that staffing levels and skill mix were safe at the time and did not contribute directly to incidents. All incidents were reviewed within the recommended timeframes and action plans commenced if appropriate.

3.0 Summary

During the month of November, the wards were considered safe with low levels of harm and positive patient experience across all inpatient areas indicating that safe staffing has been maintained. Work will continue within gynaecology outpatients to review safe staffing and gynaecology outpatient nursing staffing modal

4.0 Recommendations

The board is asked to receive the paper for information and discussion.

Safer Staffing Fill Rate - Gynaecology

		Day		Night	
	Ward name	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Nov-17	Gynaecology	99.3%	97.89%	104.65%	91.80%

Safer Staffing Fill Rate - Maternity

		Day		Night	
	Ward name	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Nov-17	Induction&Delivery Suites	90.9%	113.1%	91.1%	86.7%
	Maternity Base	95.0%	89.3%	89.5%	90.0%
	MLU & Jeffcoate	89.4%	86.7%	83.3%	96.7%
	Maternity Total	91.7%	94.1%	89.0%	89.5%

Safer Staffing Fill Rate - Neonatal Care

		Day		Night	
	Ward name	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Nov-17	Neonatal Care	112.9%	101.7%	111.7%	76.7%

MEETING	Board of Directors	
PAPER/REPORT TITLE:	Performance Dashboard Month 8	
DATE OF MEETING:	12 January 2018	
ACTION REQUIRED	For Assurance	
EXECUTIVE DIRECTOR:	Jeff Johnston, Director of Operations	
AUTHOR(S):	Jeff Johnston, Director of Operations	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <ol style="list-style-type: none"> 1. To develop a well led, capable, motivated and entrepreneurial <i>workforce</i> <input checked="" type="checkbox"/> 2. To be ambitious and <i>efficient</i> and make the best use of available resource <input checked="" type="checkbox"/> 3. To deliver <i>safe</i> services <input checked="" type="checkbox"/> 4. To participate in high quality research and to deliver the most <i>effective</i> Outcomes <input type="checkbox"/> 5. To deliver the best possible <i>experience</i> for patients and staff <input checked="" type="checkbox"/> 	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <ol style="list-style-type: none"> 1. <i>Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust</i> <input checked="" type="checkbox"/> 2. <i>The Trust is not financially sustainable beyond the current financial year</i> <input type="checkbox"/> 3. <i>Failure to deliver the annual financial plan</i> <input type="checkbox"/> 4. <i>Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision</i> <input type="checkbox"/> 5. <i>Ineffective understanding and learning following significant events</i> <input checked="" type="checkbox"/> 6. <i>Inability to achieve and maintain regulatory compliance, performance and assurance</i> <input checked="" type="checkbox"/> 7. <i>Inability to deliver the best clinical outcomes for patients</i> <input checked="" type="checkbox"/> 8. <i>Poorly delivered positive experience for those engaging with our services</i> <input checked="" type="checkbox"/> 	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input checked="" type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input checked="" type="checkbox"/></p>	

	ALL DOMAINS <input type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/> 2. Operational Plan <input type="checkbox"/> 3. NHS Compliance <input type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other: Click here to enter text.
FREEDOM OF INFORMATION STATUS (FOIA):	1. 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	
RECOMMENDATION: <i>(eg: The Board/Committee is asked to:-....)</i>	The Board note the content of the report	
PREVIOUSLY CONSIDERED BY:	Committee name	<i>Choose an item.</i> Or type here if not on list: Click here to enter text.
	Date of meeting	Click here to enter a date.

1. Introduction

The Trust Board performance dashboard is attached in appendix 1 below.

2. Performance

The two indicators to highlight to the Board are as follows:-

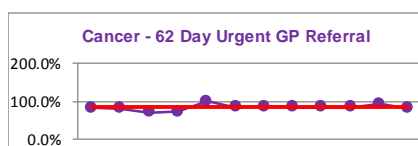
2.1 NHSI Targets – Access Targets including Cancer targets

The Trust is achieving the NHSI access targets accept for the 62 day Cancer Target before reallocation. The Trust has received 4 patients who were referred after 39 days to LWH in fact the earliest referral was 47 days and the longest 183 days.

The cancer services already engage with all referring Trusts, via cancer networks and the alliance and NHS-I teleconferences, to improve the timely onward referral to Specialist MDT.

Unfortunately, there remains a potential for patients to be referred late. However, all patients who are treated after day 62, undergo full RCA which includes clinical review and involves originating Trusts. These RCA's are then reviewed with our commissioners to support originating Trusts with their own pathways.

All Cancers: 62 day wait for first treatment from urgent GP Referral for suspected cancer (Before re-allocation) Provisional Position	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Actual	82.9%	81.0%	71.4%	73.9%	100.0%	85.0%	87.5%	85.7%	85.7%	84.6%	93.3%	81.8%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

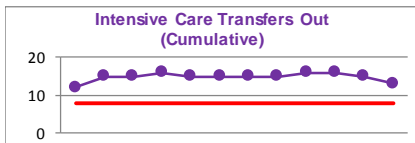


After reallocation this target will exceed the target and will be rated green, compliant.

2.2 Safe Services – Intensive Care Transfer Out

All patients transferred out of the hospital for intensive care are review by the Trust HDU Group and consideration given to the care given. The actual number in the indicator is the cumulative rolling for a year which equates to 13 patients; the group consider the transfers to be appropriate.

Intensive Care Transfers Out (Cumulative)	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Actual	12	15	15	16	15	15	15	15	16	16	15	13
Target	8	8	8	8	8	8	8	8	8	8	8	8



The target is based upon previous year’s numbers of transfers and as discussed previously at Board is an historic number for comparison purposes. This demonstrates the increased number of transfers from Crown street site for intensive care at the Royal site. The target should really be zero for this indicator as our services should be co-located with an adult intensive care unit. This is unachievable whilst services are run on the Crown street site.

3. Emerging concerns

On reviewing indicators reported within senates and divisional dashboards there are a number of indicators within gynaecology that highlights some of the challenges in terms of capacity and the management of patients.

- Diagnostic 6 week target – marginal fail – uro gynaecology
- Choose and Book slots 6% target currently 14.9%
- Hospital appointments cancelled by hospital 12.9% target 10%
- TCI cancelled by hospital for non-clinical reason is currently 7.23% against a target of 4%
- Outpatient DNA rates are currently 9.18% compared to a target of 8%

Although the variances away from target are not significant and in some cases minor, collectively they signal the challenges of access, efficiency, increased administration and potentially patient experience. This is not currently reported in patient complaints at this time.

A service improvement manager is reviewing both capacity and the systems and processes in gynaecology to ensure that capacity and patient flow is improved which will automatically impact positively on these indicators.

4. Conclusion

The Trust is achieving all its National access and A & E targets and expecting the cancer targets to be achieved after reallocation of breaches due to late referrals.

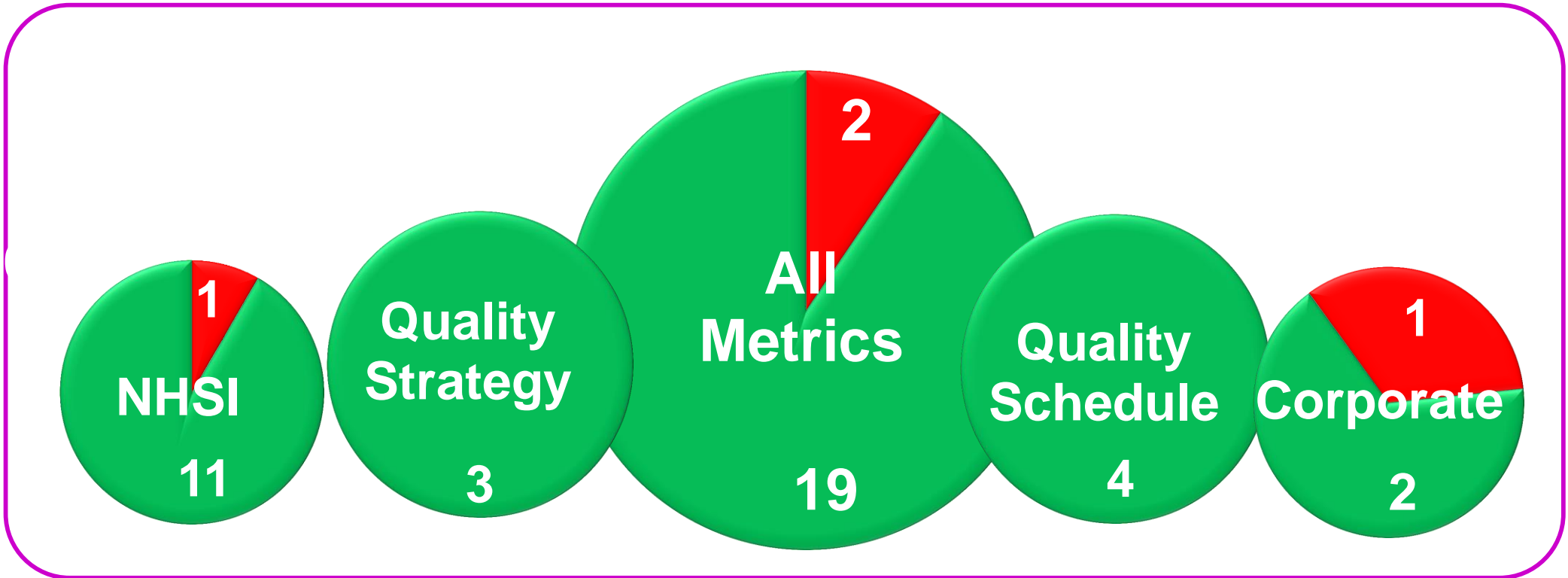
There is an emerging concern within gynaecology in terms of ensuring that sufficient clinical capacity is available to book patients, there is a new service improvement manager proactively managing these issues.

ITU transfers remain a continuing clinical risk that is managed by robust clinical policies and procedures and the experience of clinicians, this particular issue remains a strong focus of our long term strategy. A significant improvement has been made in terms of the sickness rate.

5. Recommendation

The Board note the content of the report

 Performance Report for Trust Board Month 8 - November 2017



* HR Sickness is shown in both NHSI and Quality Schedule but only recorded once in the All Metrics pie chart. Also only showing once in the Workforce chart.

NHS Improvement 2017/18 Month 8 - November 2017

To be EFFICIENT and make the best use of available resources																			
Indicator Name	Ref	Owner of KPI	Target	Apr-17	May-17	Jun-17	Qtr1	Jul-17	Aug-17	Sep-17	Qtr2	Oct-17	Nov-17	Dec-17	Qtr3	Jan-18	Feb-18	Mar-18	Qtr4
Financial Sustainability Risk Rating: Overall Score	KPI087	Finance	3	3	3	3		3	3	3		3	3						

To deliver SAFER services

Indicator Name	Ref	Owner of KPI	Target	Apr-17	May-17	Jun-17	Qtr1	Jul-17	Aug-17	Sep-17	Qtr2	Oct-17	Nov-17	Dec-17	Qtr3	Jan-18	Feb-18	Mar-18	Qtr4
Infection Control: Clostridium Difficile	KPI104 (EAS5)		1	0	0	1		0	0	0		0	0						
Infection Control: MRSA	KPI105 (EAS4)		0	0	0	0		0	0	0		0	0						
Never Events	KPI181	Greg Hope	0	1	0	0		0	0	0		1	0						
NHSE / NHSI Safety Alerts Outstanding	KPI193	Greg Hope	0	0	0	0		0	0	0		0	0						
Infection Control: Clostridium Difficile - infection rate	KPI320	ICT	TBC	0	0	0		0	0	0		0	0						
Mortality Rates: Hospital Standardised Mortality Rates (HSMR) - weekend (1 Month Behind)	KPI321		TBC	0	0	0		0	1	0		0	0						
Mortality Rates: Hospital Standardised Mortality Rates (HSMR) - weekday (1 Month behind)	KPI321		TBC	0	0	0		0	0	0		0	0						
Mortality Rates: Summary Hospital Mortality Indicator (1 Month behind)	KPI322		TBC	0	0	0		0	1	0		0	0						

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

Indicator Name	Ref	Owner of KPI	Target	Apr-17	May-17	Jun-17	Qtr1	Jul-17	Aug-17	Sep-17	Qtr2	Oct-17	Nov-17	Dec-17	Qtr3	Jan-18	Feb-18	Mar-18	Qtr4
HR: Sickness Absence Rate	KPI101	HR	4.5%	4.64%	5.17%	4.56%		4.05%	4.51%	3.26%		4.15%	4.29%						

To deliver the best possible EXPERIENCE for patients and staff

Indicator Name	Ref	Owner of KPI	Target	Apr-17	May-17	Jun-17	Qtr1	Jul-17	Aug-17	Sep-17	Qtr2	Oct-17	Nov-17	Dec-17	Qtr3	Jan-18	Feb-18	Mar-18	Qtr4
Maximum time of 18 weeks from point of referral to treatment in aggregate - Incompletes	KPI003 (EB3)	Chris McGhee	92%	94.55%	95.31%	94.83%	94.90%	94.25%	93.67%	93.45%	93.78%	94.71%	93.64%						
All Cancers: 62 day wait for first treatment from urgent GP Referral for suspected cancer (Before re-allocation) Provisional Position	KPI031 (EB12)	Chris Webster	>= 85%	100.00%	85.00%	87.50%	91.38%	85.71%	85.71%	84.62%	85.19%	93.33%	81.82%						
All Cancers: 62 day wait for first treatment from urgent GP Referral for suspected cancer (Before re-allocation) Final Reported Position	KPI031 (EB12)	Chris Webster	>= 85%	100.00%	85.00%	76.19%	85.45%	90.91%	95.83%	84.00%	90.14%	100.00%							
All Cancers: 62 day wait for first treatment from urgent GP Referral for suspected cancer (After Re-allocation) Provisional Position	KPI030 (EB12)	Chris Webster	85%	89.47%	86.36%	87.50%	87.50%	85.71%	92.31%	95.65%	92.00%	100.00%	85.71%						
All Cancers: 62 day wait for first treatment from urgent GP Referral for suspected cancer (After Re-allocation) Final Reported Position	KPI030 (EB12)	Chris Webster	85%	87.50%	85.00%	88.89%	87.04%	95.24%	95.83%	95.45%	95.52%	100.00%							
All Cancers: 62 day wait for first treatment from NHS Cancer Screening Service referral - Numbers (if > 5, the target applies)	KPI033 (EB13)	Chris Webster	< 5	0.0	1.0	0.5	1.5	0.0	0.0	0.5	0.5	0.0	0.0						
All Cancers: 62 day wait for first treatment from NHS Cancer Screening Service referral - Percentage	KPI034 (EB14)	Chris Webster	>= 90%	No Pts Applicable	100%	100%	100%	No Pts Applicable	No Pts Applicable	100%	100.00%	No Pts Applicable	No Pts Applicable						
Complaints: Number Received	KPI038	Debi Rice	<= 15	10	9	5		5	11	9		14	9						

LWH Quality Schedule 2017/18 LWH Quality Schedule

To develop a well led, Capable, Motivated and Entrepreneurial WORKFORCE Key: TBA = To Be Agreed. TBC = To Be Confirmed, TBD = To Be Determined, ID = In Development

Indicator Name	CCG Ref	Owner of KPI	Target 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
HR: Sickness Absence Rate	KPI_26	HR	<= 4.5%	4.64%	5.17%	4.56%	4.05%	4.51%	3.26%	4.15%	4.29%				

To deliver the best possible EXPERIENCE for patients and staff

Indicator Name	Ref	Owner of KPI	Target 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
18 Week RTT: Incomplete Pathway > 52 Weeks	KPI002 EBS4)	Chris McGhee	0	0	0	0	0	0	0	0	0				
A&E: Total Time Spent in A&E 95th percentile	KPI012 (KPI_62)	Sharon Owens	<= 240	235	231	220	221	221	210	230	214				
Friends & Family Test (Upper quartile will recommend)	KPI089	Ward Manager	>= 75%	97.5%	98.5%	85.2%	96.7%	94.6%	97.2%	94.7%	97.6%				

LWH Quality Strategy 2017/18 LWH Quality Strategy

To develop a well led, Capable, Motivated and Entrepreneurial WORKFORCE Key: TBA = To Be Agreed. TBC = To Be Confirmed, TBD = To Be Determined, ID = In Development

Indicator Name	CCG Ref	Owner of KPI	Target 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Sickness & Absence Rate	KPH101	HR	<= 4.5%	4.64%	5.17%	4.56%	4.05%	4.51%	3.3%	4.15%	4.29%				

To deliver SAFER services

Indicator Name	Ref	Owner of KPI	Target 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Never Events	KPH181	Greg Hope	0	1	0	0	0	0	0	1	0				
Mortality Rates: Summary Hospital Mortality Indicator	KPI322		TBA	0	0	0	0	1	0	0	0				

To deliver the best possible EXPERIENCE for patients and staff

Indicator Name	Ref	Owner of KPI	Target 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Complaints: Number Received	KPI038	Debi Rice	<= 15	10	9	5	5	11	9	14	9				

MEETING	Board of Directors	
PAPER/REPORT TITLE:	Month 8 Finance Report	
DATE OF MEETING:	Friday, 12 January 2018	
ACTION REQUIRED	For Assurance	
EXECUTIVE DIRECTOR:	Vanessa Harris, Director of Finance	
AUTHOR(S):	Janet Parker, Acting Deputy Director of Finance	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial <i>workforce</i> <input type="checkbox"/></p> <p>2. To be ambitious and <i>efficient</i> and make the best use of available resource <input checked="" type="checkbox"/></p> <p>3. To deliver <i>safe</i> services <input type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most <i>effective</i> Outcomes <input type="checkbox"/></p> <p>5. To deliver the best possible <i>experience</i> for patients and staff <input type="checkbox"/></p>	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust <input type="checkbox"/></p> <p>2. The Trust is not financially sustainable beyond the current financial year <input type="checkbox"/></p> <p>3. Failure to deliver the annual financial plan <input checked="" type="checkbox"/></p> <p>4. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>5. Ineffective understanding and learning following significant events <input type="checkbox"/></p> <p>6. Inability to achieve and maintain regulatory compliance, performance and assurance <input type="checkbox"/></p> <p>7. Inability to deliver the best clinical outcomes for patients <input type="checkbox"/></p> <p>8. Poorly delivered positive experience for those engaging with our services <input type="checkbox"/></p>	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input checked="" type="checkbox"/></p> <p>ALL DOMAINS <input type="checkbox"/></p>	

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/> 2. Operational Plan <input checked="" type="checkbox"/> 3. NHS Compliance <input checked="" type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other:
FREEDOM OF INFORMATION (FOIA):	3. 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	
RECOMMENDATION: <i>(eg: The Board/Committee is asked to:-....)</i>	Note the Month 8 Financial Position and Forecast Outturn	
PREVIOUSLY CONSIDERED BY:	Committee name	
	Date of meeting	

Executive Summary

The 2017/18 budget was approved at Trust Board in April 2017. This set out a control total deficit of £4m for the year after receipt of £3.2m Sustainability and Transformation Funding (STF). The control total includes £1m of agreed investment in the costs of the clinical case for change identified in the 2017/18 operational plan.

At Month 8 the Trust is £0.054m favourable against the planned £2.870m deficit, and is forecasting delivery of the full year control total.

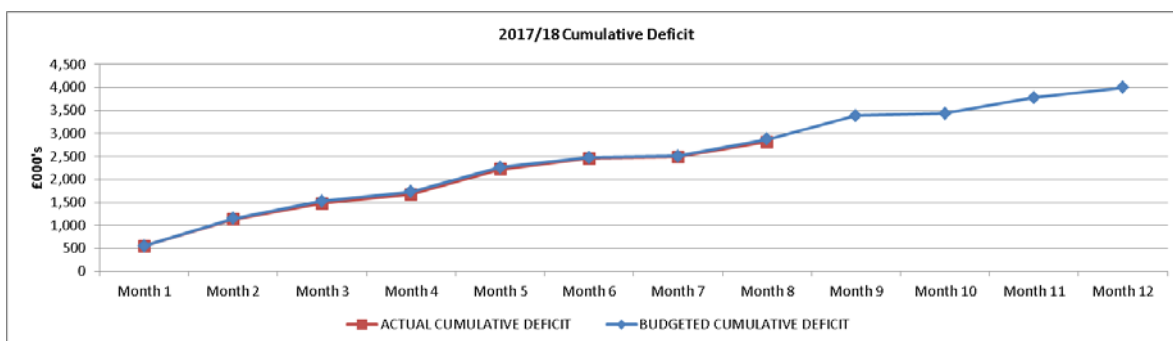
The Trust delivered a finance and use of resources' of 3 in month which is equivalent to plan.

The monthly financial submission to NHSI is consistent with the contents of this report.

Report

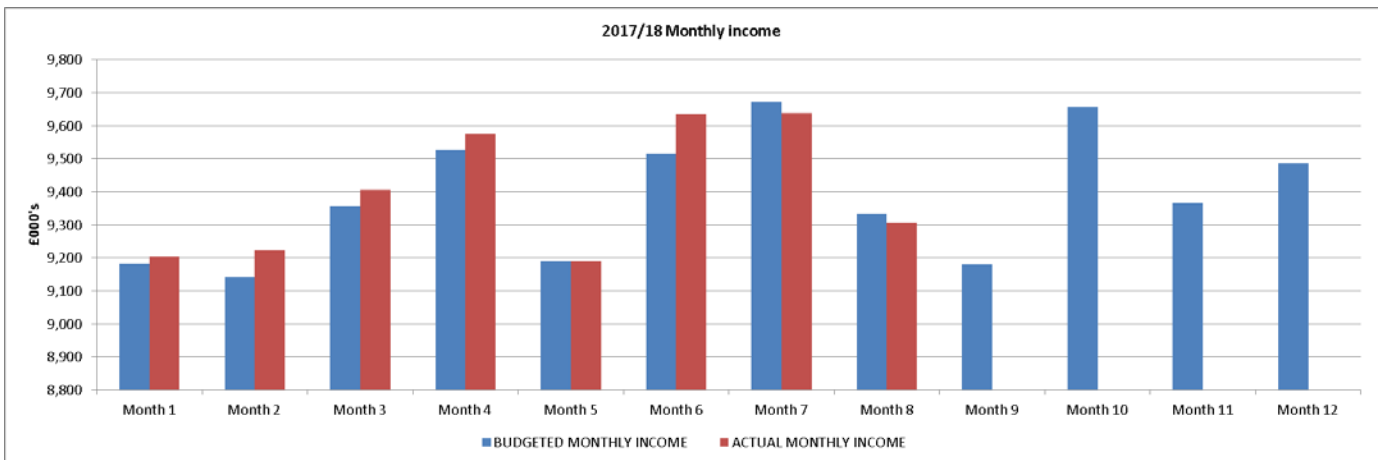
1. Month 8 2017/18 Summary Financial Position

The 2017/18 deficit is profiled below.



The Trust is achieving the planned deficit at Month 8.

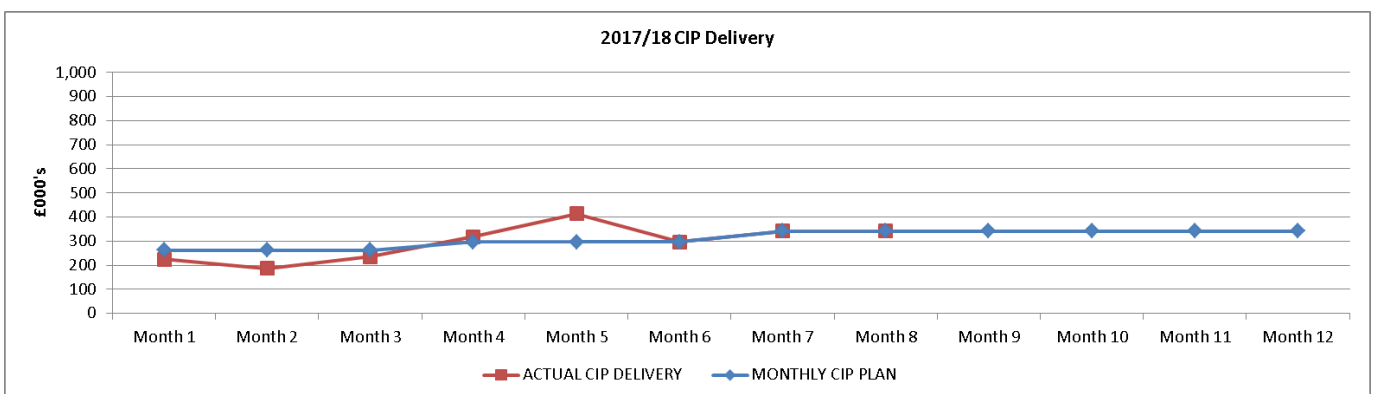
Despite a large proportion of income being under block contract with the Trust's main commissioners, there remains an element of payment by result (PbR) in the income plan. Within the financial plan the block is profiled to reflect expected activity levels in each month.



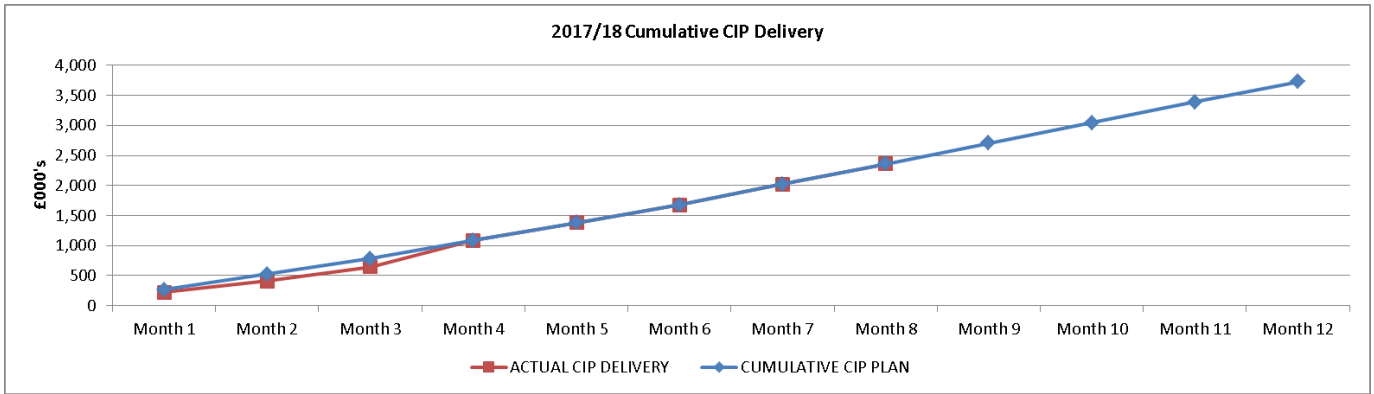
To date, the CCG block payment has been higher than what would have been received under PbR for the level of activity during 2017/18. This has arisen particularly across both Gynaecology and Maternity, with activity levels in each currently below plan. The Trust has performed a detailed review into this performance as reported to FPBD, with recovery plans being actioned. Despite a shortfall in activity, overall income remains ahead of plan due predominantly to neonatal revenue.

2. Month 8 CIP Delivery

CIP is profiled based on expected delivery across the financial year. The Trust is forecasting the delivery of the full £3.7m CIP target for 2017/18, with mitigations reflected in the reported position.



Actual CIP delivery is £0.342m in month which includes £0.031m of mitigations against the plan. Both in month and cumulatively the Trust is on plan overall.



Scheme performance and recurrent delivery in both 2017/18 and future financial years remains the focus of the Trust's Turnaround and Transformation Committee.

3. Service summary overview

Both maternity and gynaecology are performing under block levels which could present a financial risk to the Trust in future years. Significant work is underway to mitigate and respond to the changes in activity details of which are reported through Finance, Performance and Business Development Committee.

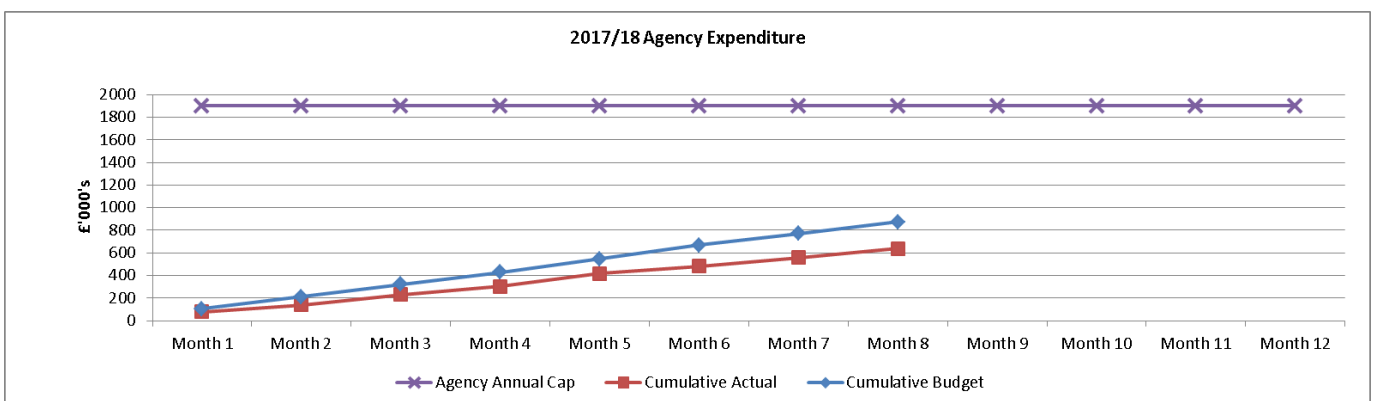
The maternity service is forecasting an overspend on pay - arising from additional recruitment in midwifery in response to concerns raised within the service. Though this forecast overspend has reduced given the expected attrition of midwives as births decrease.

The neonatal service continues to benefit from transport income over and above planned levels and from activity across the non-block elements of the contract. Out-performance is expected to continue throughout 2017/18 resulting in a positive variance.

Hewitt Fertility Centre remains on target to deliver its current contribution target of £2.5m.

4. Agency Spend

The annual agency cap set by NHSI for the Trust is £1.9m. In Month 8 the Trust incurred £0.080m of agency expenditure (cumulative £0.638m) and plans to remain within the cap for the financial year.



5. Cash and borrowings

The Trust identified an operational cash borrowing requirement of £4m for 2017/18. This was on the basis of a planned closing cash balance of £1m at the end of 2016/17 as per DH distressed financing cash drawdown requirements.

The Trust made a cash drawdown of £7m in 2016/17 against a planned deficit of £7m. However towards the year end the Trust was able to improve the deficit as follows:

	Month 12 Actual
Planned Deficit (inc £2.8m planned STF)	£7m
Non-recurrent improvement in year	(£0.6m)
STF Incentive Funding – position improvement	(£0.6m)
STF Incentive Funding – changes in discount rate	(£0.1m)
STF Incentive Funding - bonus	(£1.0m)
Year-end deficit	£4.7m

The related improvement in the opening cash balances means that the Trust does not expect to require the full planned drawdown in 2017/18.

6. BAF Risk

There are no changes currently proposed in relation to the BAF.

7. Conclusion & Recommendation

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

Appendix 1 – Board pack

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

FINANCE REPORT: M8

YEAR ENDING 31 MARCH 2018

Contents

- 1 Monitor Score
- 2 Income & Expenditure
- 3 Expenditure
- 4 Service Performance
- 5 Balance Sheet
- 6 Cashflow statement

USE OF RESOURCES RISK RATING	YEAR TO DATE		YEAR	
	Budget	Actual	Budget	FOT
CAPITAL SERVICING CAPACITY (CSC)				
(a) EBITDA + Interest Receivable	1,349	1,371	2,341	2,271
(b) PDC + Interest Payable + Loans Repaid	1,586	3,826	2,532	4,710
CSC Ratio = (a) / (b)	0.85	0.36	0.92	0.48
NHSI CSC SCORE	4	4	4	4
Ratio Score 1 = > 2.5 2 = 1.75 - 2.5 3 = 1.25 - 1.75 4 = < 1.25	OK	OK	OK	OK
LIQUIDITY				
(a) Cash for Liquidity Purposes	(2,561)	(5,917)	(2,598)	(5,191)
(b) Expenditure	73,579	73,821	110,277	110,538
(c) Daily Expenditure	302	303	302	303
Liquidity Ratio = (a) / (c)	(8.5)	(19.6)	(8.6)	(17.1)
NHSI LIQUIDITY SCORE	3	4	3	4
Ratio Score 1 = > 0 2 = (7) - 0 3 = (14) - (7) 4 = < (14)	OK	OK	OK	OK
I&E MARGIN				
Deficit (Adjusted for donations and asset disposals)	2,870	2,815	3,998	3,992
Total Income	(74,921)	(75,180)	(112,608)	(112,785)
I&E Margin	-3.83%	-3.74%	-3.55%	-3.54%
NHSI I&E MARGIN SCORE	4	4	4	4
Ratio Score 1 = > 1% 2 = 1 - 0% 3 = 0 - (-1%) 4 < (-1%)	OK	OK	OK	OK
I&E MARGIN VARIANCE FROM PLAN				
I&E Margin (Actual)		-3.74%		-3.54%
I&E Margin (Plan)		-3.83%		-3.55%
I&E Variance Margin	0.00%	0.09%	0.00%	0.01%
NHSI I&E MARGIN VARIANCE SCORE	1	1	1	1
Ratio Score 1 = 0% 2 = (1) - 0% 3 = (2) - (1)% 4 = < (2)%	OK	OK	OK	OK
<p>Note: NHSI assume the score of the I&E Margin variance from Plan is a 1 for the whole year and year to date budget. This is because NHSI recognise the fact that an organisation would not "plan" to have a variance from plan and have not applied a calculated ratio to the budgeted columns of this metric.</p>				
AGENCY SPEND				
YTD Providers Cap	1,280	1,280	1,924	1,924
YTD Agency Expenditure	865	637	1,301	992
	-32.42%	-50.23%	-32.38%	-48.44%
NHSI AGENCY SPEND SCORE	1	1	1	1
Ratio Score 1 = < 0% 2 = 0% - 25% 3 = 25% - 50% 4 = > 50%	OK	OK	OK	OK
Overall Use of Resources Risk Rating	3	3	3	3

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

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
INCOME & EXPENDITURE: M8
YEAR ENDING 31 MARCH 2018

2

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Income									
Clinical Income	(8,695)	(8,615)	(79)	(69,570)	(69,511)	(59)	(102,883)	(102,786)	(97)
Non-Clinical Income	(639)	(692)	53	(5,351)	(5,669)	319	(9,725)	(9,999)	274
Total Income	(9,333)	(9,307)	(26)	(74,921)	(75,180)	259	(112,608)	(112,785)	177
Expenditure									
Pay Costs	5,609	5,586	23	45,068	45,099	(31)	67,503	67,489	14
Non-Pay Costs	2,255	2,248	7	18,025	18,237	(212)	27,046	27,322	(276)
CNST	1,311	1,311	0	10,485	10,485	0	15,728	15,728	0
Total Expenditure	9,174	9,144	30	73,579	73,821	(242)	110,277	110,538	(262)
EBITDA	(159)	(163)	4	(1,342)	(1,359)	17	(2,331)	(2,247)	(85)
Technical Items									
Depreciation	366	358	8	2,939	3,031	(91)	4,419	4,532	(113)
Interest Payable	36	20	16	288	178	110	432	260	172
Interest Receivable	(1)	(3)	2	(7)	(11)	5	(10)	(25)	15
PDC Dividend	124	114	10	992	980	12	1,488	1,475	13
Profit / Loss on Disposal	0	(0)	0	0	(1)	1	0	(1)	1
Total Technical Items	525	489	37	4,213	4,176	37	6,329	6,242	88
(Surplus) / Deficit	367	326	41	2,870	2,817	54	3,998	3,995	3

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
EXPENDITURE: M8
YEAR ENDING 31 MARCH 2018

3

EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Pay Costs									
Board, Execs & Senior Managers	341	339	1	2,722	2,816	(94)	4,085	4,163	(78)
Medical	1,253	1,254	(1)	9,916	9,976	(60)	14,928	15,023	(95)
Nursing & Midwifery	2,485	2,502	(16)	20,076	20,120	(44)	30,009	30,104	(94)
Healthcare Assistants	405	399	6	3,299	3,266	33	4,924	4,858	66
Other Clinical	538	551	(13)	4,302	4,211	92	6,454	6,441	13
Admin Support	140	150	(10)	1,120	1,252	(131)	1,679	1,855	(176)
Corporate Services	343	311	32	2,757	2,821	(63)	4,125	4,055	71
Agency & Locum	104	80	24	875	638	238	1,299	991	308
Total Pay Costs	5,609	5,586	23	45,068	45,099	(31)	67,503	67,489	14
Non Pay Costs									
Clinical Supplies	702	723	(21)	5,655	5,760	(105)	8,471	8,652	(180)
Non-Clinical Supplies	595	636	(41)	4,644	4,789	(145)	7,018	7,104	(86)
CNST	1,311	1,311	0	10,485	10,485	0	15,728	15,728	0
Premises & IT Costs	438	468	(30)	3,518	3,581	(63)	5,268	5,274	(7)
Service Contracts	520	421	99	4,208	4,107	101	6,289	6,292	(3)
Total Non-Pay Costs	3,566	3,558	7	28,511	28,722	(212)	42,774	43,050	(276)
Total Expenditure	9,174	9,144	30	73,579	73,821	(242)	110,277	110,538	(262)

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
BUDGET ANALYSIS: M8
YEAR ENDING 31 MARCH 2018

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Maternity									
Income	(3,746)	(3,720)	(26)	(30,471)	(30,318)	(153)	(45,612)	(45,229)	(382)
Expenditure	1,698	1,681	17	13,605	13,672	(67)	20,398	20,485	(88)
Total Maternity	(2,048)	(2,039)	(8)	(16,867)	(16,646)	(221)	(25,214)	(24,744)	(470)
Gynaecology									
Income	(2,176)	(2,198)	21	(17,327)	(17,331)	4	(25,742)	(25,734)	(8)
Expenditure	859	856	3	6,882	6,883	(2)	10,317	10,348	(31)
Total Gynaecology	(1,317)	(1,342)	25	(10,445)	(10,448)	2	(15,425)	(15,386)	(39)
Theatres									
Income	(42)	(38)	(3)	(333)	(308)	(25)	(499)	(462)	(37)
Expenditure	640	635	5	5,120	5,173	(54)	7,679	7,727	(48)
Total Theatres	598	596	2	4,787	4,865	(78)	7,180	7,265	(85)
Neonatal									
Income	(1,352)	(1,356)	4	(10,843)	(11,042)	199	(16,249)	(16,559)	310
Expenditure	945	966	(21)	7,561	7,637	(77)	11,341	11,512	(170)
Total Neonatal	(407)	(391)	(17)	(3,282)	(3,405)	123	(4,908)	(5,047)	140
Hewitt Centre									
Income	(904)	(908)	4	(6,784)	(6,914)	130	(9,971)	(10,168)	197
Expenditure	623	603	19	4,980	5,035	(54)	7,471	7,626	(156)
Total Hewitt Centre	(281)	(305)	23	(1,804)	(1,880)	76	(2,501)	(2,542)	41
Genetics									
Income	(600)	(586)	(15)	(4,803)	(4,743)	(60)	(7,204)	(7,097)	(108)
Expenditure	461	472	(11)	3,690	3,446	244	5,535	5,235	300
Total Genetics	(139)	(114)	(25)	(1,113)	(1,298)	185	(1,669)	(1,862)	192
Clinical Support									
Income	(23)	(27)	4	(199)	(240)	41	(295)	(334)	39
Expenditure	759	744	15	6,127	6,085	42	9,164	9,121	43
Total Clinical Support & CNST	736	716	19	5,928	5,845	83	8,869	8,787	82
Corporate & Trust Technical Items									
Income	(490)	(473)	(16)	(4,161)	(4,282)	122	(7,037)	(7,203)	167
Expenditure	3,715	3,677	38	29,828	30,066	(238)	44,702	44,726	(24)
Total Corporate	3,225	3,204	21	25,667	25,783	(117)	37,666	37,523	143
(Surplus) / Deficit	367	326	41	2,870	2,817	54	3,998	3,995	3

BALANCE SHEET £'000	YEAR TO DATE		
	Opening	M8 Actual	Movement
Non Current Assets	72,688	72,507	(181)
Current Assets			
Cash	4,897	3,121	(1,776)
Debtors	8,201	9,223	1,022
Inventories	366	451	85
Total Current Assets	13,464	12,795	(669)
Liabilities			
Creditors due < 1 year	(10,577)	(15,473)	(4,896)
Creditors due > 1 year	(1,717)	(1,696)	21
Loans	(17,175)	(14,507)	2,668
Provisions	(3,011)	(2,771)	240
Total Liabilities	(32,480)	(34,447)	(1,967)
TOTAL ASSETS EMPLOYED	53,672	50,855	(2,817)
Taxpayers Equity			
PDC	37,420	37,420	0
Revaluation Reserve	12,233	12,233	0
Retained Earnings	4,019	1,202	(2,817)
TOTAL TAXPAYERS EQUITY	53,672	50,855	(2,817)

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
CASHFLOW STATEMENT: M8
YEAR ENDING 31 MARCH 2018

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CASHFLOW STATEMENT £'000	YEAR TO DATE	
	M8 Actual	Forecast
Cash flows from operating activities	(1,671)	(2,286)
Depreciation and amortisation	3,031	4,532
Movement in working capital	3,282	1,290
Net cash generated from / (used in) operations	4,642	3,536
Interest received	11	25
Purchase of property, plant and equipment and intangible assets	(2,979)	(5,920)
Proceeds from sales of property, plant and equipment and intangible assets	133	133
Net cash generated from/(used in) investing activities	(2,835)	(5,762)
Loans from Department of Health - received	0	3,886
Loans from Department of Health - repaid	(2,668)	(2,974)
Interest paid	(138)	(260)
PDC dividend (paid)/refunded	(777)	(1,475)
Net cash generated from/(used in) financing activities	(3,583)	(823)
Increase/(decrease) in cash and cash equivalents	(1,776)	(3,049)
Cash and cash equivalents at start of period	4,897	4,897
Cash and cash equivalents at end of period	3,121	1,848

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

FINANCE REPORT: M8

YEAR ENDING 31 MARCH 2018

Contents

- 1 Monitor Score
- 2 Income & Expenditure
- 3 Expenditure
- 4 Service Performance
- 5 Balance Sheet
- 6 Cashflow statement

USE OF RESOURCES RISK RATING	YEAR TO DATE		YEAR	
	Budget	Actual	Budget	FOT
CAPITAL SERVICING CAPACITY (CSC)				
(a) EBITDA + Interest Receivable	1,349	1,371	2,341	2,271
(b) PDC + Interest Payable + Loans Repaid	1,586	3,826	2,532	4,710
CSC Ratio = (a) / (b)	0.85	0.36	0.92	0.48
NHSI CSC SCORE	4	4	4	4
Ratio Score 1 = > 2.5 2 = 1.75 - 2.5 3 = 1.25 - 1.75 4 = < 1.25	OK	OK	OK	OK
LIQUIDITY				
(a) Cash for Liquidity Purposes	(2,561)	(5,917)	(2,598)	(5,191)
(b) Expenditure	73,579	73,821	110,277	110,538
(c) Daily Expenditure	302	303	302	303
Liquidity Ratio = (a) / (c)	(8.5)	(19.6)	(8.6)	(17.1)
NHSI LIQUIDITY SCORE	3	4	3	4
Ratio Score 1 = > 0 2 = (7) - 0 3 = (14) - (7) 4 = < (-14)	OK	OK	OK	OK
I&E MARGIN				
Deficit (Adjusted for donations and asset disposals)	2,870	2,815	3,998	3,992
Total Income	(74,921)	(75,180)	(112,608)	(112,785)
I&E Margin	-3.83%	-3.74%	-3.55%	-3.54%
NHSI I&E MARGIN SCORE	4	4	4	4
Ratio Score 1 = > 1% 2 = 1 - 0% 3 = 0 - (-1%) 4 < (-1%)	OK	OK	OK	OK
I&E MARGIN VARIANCE FROM PLAN				
I&E Margin (Actual)		-3.74%		-3.54%
I&E Margin (Plan)		-3.83%		-3.55%
I&E Variance Margin	0.00%	0.09%	0.00%	0.01%
NHSI I&E MARGIN VARIANCE SCORE	1	1	1	1
Ratio Score 1 = 0% 2 = (1) - 0% 3 = (2) - (1)% 4 = < (2)%	OK	OK	OK	OK
<p>Note: NHSI assume the score of the I&E Margin variance from Plan is a 1 for the whole year and year to date budget. This is because NHSI recognise the fact that an organisation would not "plan" to have a variance from plan and have not applied a calculated ratio to the budgeted columns of this metric.</p>				
AGENCY SPEND				
YTD Providers Cap	1,280	1,280	1,924	1,924
YTD Agency Expenditure	865	637	1,301	992
	-32.42%	-50.23%	-32.38%	-48.44%
NHSI AGENCY SPEND SCORE	1	1	1	1
Ratio Score 1 = < 0% 2 = 0% - 25% 3 = 25% - 50% 4 = > 50%	OK	OK	OK	OK
Overall Use of Resources Risk Rating	3	3	3	3

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

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
INCOME & EXPENDITURE: M8
YEAR ENDING 31 MARCH 2018

2

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Income									
Clinical Income	(8,695)	(8,615)	(79)	(69,570)	(69,511)	(59)	(102,883)	(102,786)	(97)
Non-Clinical Income	(639)	(692)	53	(5,351)	(5,669)	319	(9,725)	(9,999)	274
Total Income	(9,333)	(9,307)	(26)	(74,921)	(75,180)	259	(112,608)	(112,785)	177
Expenditure									
Pay Costs	5,609	5,586	23	45,068	45,099	(31)	67,503	67,489	14
Non-Pay Costs	2,255	2,248	7	18,025	18,237	(212)	27,046	27,322	(276)
CNST	1,311	1,311	0	10,485	10,485	0	15,728	15,728	0
Total Expenditure	9,174	9,144	30	73,579	73,821	(242)	110,277	110,538	(262)
EBITDA	(159)	(163)	4	(1,342)	(1,359)	17	(2,331)	(2,247)	(85)
Technical Items									
Depreciation	366	358	8	2,939	3,031	(91)	4,419	4,532	(113)
Interest Payable	36	20	16	288	178	110	432	260	172
Interest Receivable	(1)	(3)	2	(7)	(11)	5	(10)	(25)	15
PDC Dividend	124	114	10	992	980	12	1,488	1,475	13
Profit / Loss on Disposal	0	(0)	0	0	(1)	1	0	(1)	1
Total Technical Items	525	489	37	4,213	4,176	37	6,329	6,242	88
(Surplus) / Deficit	367	326	41	2,870	2,817	54	3,998	3,995	3

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
EXPENDITURE: M8
YEAR ENDING 31 MARCH 2018

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EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Pay Costs									
Board, Execs & Senior Managers	341	339	1	2,722	2,816	(94)	4,085	4,163	(78)
Medical	1,253	1,254	(1)	9,916	9,976	(60)	14,928	15,023	(95)
Nursing & Midwifery	2,485	2,502	(16)	20,076	20,120	(44)	30,009	30,104	(94)
Healthcare Assistants	405	399	6	3,299	3,266	33	4,924	4,858	66
Other Clinical	538	551	(13)	4,302	4,211	92	6,454	6,441	13
Admin Support	140	150	(10)	1,120	1,252	(131)	1,679	1,855	(176)
Corporate Services	343	311	32	2,757	2,821	(63)	4,125	4,055	71
Agency & Locum	104	80	24	875	638	238	1,299	991	308
Total Pay Costs	5,609	5,586	23	45,068	45,099	(31)	67,503	67,489	14
Non Pay Costs									
Clinical Supplies	702	723	(21)	5,655	5,760	(105)	8,471	8,652	(180)
Non-Clinical Supplies	595	636	(41)	4,644	4,789	(145)	7,018	7,104	(86)
CNST	1,311	1,311	0	10,485	10,485	0	15,728	15,728	0
Premises & IT Costs	438	468	(30)	3,518	3,581	(63)	5,268	5,274	(7)
Service Contracts	520	421	99	4,208	4,107	101	6,289	6,292	(3)
Total Non-Pay Costs	3,566	3,558	7	28,511	28,722	(212)	42,774	43,050	(276)
Total Expenditure	9,174	9,144	30	73,579	73,821	(242)	110,277	110,538	(262)

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
BUDGET ANALYSIS: M8
YEAR ENDING 31 MARCH 2018

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Maternity									
Income	(3,746)	(3,720)	(26)	(30,471)	(30,318)	(153)	(45,612)	(45,229)	(382)
Expenditure	1,698	1,681	17	13,605	13,672	(67)	20,398	20,485	(88)
Total Maternity	(2,048)	(2,039)	(8)	(16,867)	(16,646)	(221)	(25,214)	(24,744)	(470)
Gynaecology									
Income	(2,176)	(2,198)	21	(17,327)	(17,331)	4	(25,742)	(25,734)	(8)
Expenditure	859	856	3	6,882	6,883	(2)	10,317	10,348	(31)
Total Gynaecology	(1,317)	(1,342)	25	(10,445)	(10,448)	2	(15,425)	(15,386)	(39)
Theatres									
Income	(42)	(38)	(3)	(333)	(308)	(25)	(499)	(462)	(37)
Expenditure	640	635	5	5,120	5,173	(54)	7,679	7,727	(48)
Total Theatres	598	596	2	4,787	4,865	(78)	7,180	7,265	(85)
Neonatal									
Income	(1,352)	(1,356)	4	(10,843)	(11,042)	199	(16,249)	(16,559)	310
Expenditure	945	966	(21)	7,561	7,637	(77)	11,341	11,512	(170)
Total Neonatal	(407)	(391)	(17)	(3,282)	(3,405)	123	(4,908)	(5,047)	140
Hewitt Centre									
Income	(904)	(908)	4	(6,784)	(6,914)	130	(9,971)	(10,168)	197
Expenditure	623	603	19	4,980	5,035	(54)	7,471	7,626	(156)
Total Hewitt Centre	(281)	(305)	23	(1,804)	(1,880)	76	(2,501)	(2,542)	41
Genetics									
Income	(600)	(586)	(15)	(4,803)	(4,743)	(60)	(7,204)	(7,097)	(108)
Expenditure	461	472	(11)	3,690	3,446	244	5,535	5,235	300
Total Genetics	(139)	(114)	(25)	(1,113)	(1,298)	185	(1,669)	(1,862)	192
Clinical Support									
Income	(23)	(27)	4	(199)	(240)	41	(295)	(334)	39
Expenditure	759	744	15	6,127	6,085	42	9,164	9,121	43
Total Clinical Support & CNST	736	716	19	5,928	5,845	83	8,869	8,787	82
Corporate & Trust Technical Items									
Income	(490)	(473)	(16)	(4,161)	(4,282)	122	(7,037)	(7,203)	167
Expenditure	3,715	3,677	38	29,828	30,066	(238)	44,702	44,726	(24)
Total Corporate	3,225	3,204	21	25,667	25,783	(117)	37,666	37,523	143
(Surplus) / Deficit	367	326	41	2,870	2,817	54	3,998	3,995	3

BALANCE SHEET £'000	YEAR TO DATE		
	Opening	M8 Actual	Movement
Non Current Assets	72,688	72,507	(181)
Current Assets			
Cash	4,897	3,121	(1,776)
Debtors	8,201	9,223	1,022
Inventories	366	451	85
Total Current Assets	13,464	12,795	(669)
Liabilities			
Creditors due < 1 year	(10,577)	(15,473)	(4,896)
Creditors due > 1 year	(1,717)	(1,696)	21
Loans	(17,175)	(14,507)	2,668
Provisions	(3,011)	(2,771)	240
Total Liabilities	(32,480)	(34,447)	(1,967)
TOTAL ASSETS EMPLOYED	53,672	50,855	(2,817)
Taxpayers Equity			
PDC	37,420	37,420	0
Revaluation Reserve	12,233	12,233	0
Retained Earnings	4,019	1,202	(2,817)
TOTAL TAXPAYERS EQUITY	53,672	50,855	(2,817)

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
CASHFLOW STATEMENT: M8
YEAR ENDING 31 MARCH 2018

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CASHFLOW STATEMENT £'000	YEAR TO DATE	
	M8 Actual	Forecast
Cash flows from operating activities	(1,671)	(2,286)
Depreciation and amortisation	3,031	4,532
Movement in working capital	3,282	1,290
Net cash generated from / (used in) operations	4,642	3,536
Interest received	11	25
Purchase of property, plant and equipment and intangible assets	(2,979)	(5,920)
Proceeds from sales of property, plant and equipment and intangible assets	133	133
Net cash generated from/(used in) investing activities	(2,835)	(5,762)
Loans from Department of Health - received	0	3,886
Loans from Department of Health - repaid	(2,668)	(2,974)
Interest paid	(138)	(260)
PDC dividend (paid)/refunded	(777)	(1,475)
Net cash generated from/(used in) financing activities	(3,583)	(823)
Increase/(decrease) in cash and cash equivalents	(1,776)	(3,049)
Cash and cash equivalents at start of period	4,897	4,897
Cash and cash equivalents at end of period	3,121	1,848

MEETING	Board of Directors	
PAPER/REPORT TITLE:	Board Assurance Framework	
DATE OF MEETING:	Friday, 12 January 2018	
ACTION REQUIRED	For Approval	
EXECUTIVE DIRECTOR:	Julie King, Interim Director of Nursing and Midwifery	
AUTHOR(S):	Alan Clark, Patient Safety Programme Manager	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <ol style="list-style-type: none"> To develop a well led, capable, motivated and entrepreneurial <i>workforce</i> <input checked="" type="checkbox"/> To be ambitious and <i>efficient</i> and make the best use of available resource <input checked="" type="checkbox"/> To deliver <i>safe</i> services <input checked="" type="checkbox"/> To participate in high quality research and to deliver the most <i>effective</i> Outcomes <input checked="" type="checkbox"/> To deliver the best possible <i>experience</i> for patients and staff <input checked="" type="checkbox"/> 	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <ol style="list-style-type: none"> Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust <input checked="" type="checkbox"/> The Trust is not financially sustainable beyond the current financial year <input checked="" type="checkbox"/> Failure to deliver the annual financial plan <input checked="" type="checkbox"/> Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input checked="" type="checkbox"/> Ineffective understanding and learning following significant events <input checked="" type="checkbox"/> Inability to achieve and maintain regulatory compliance, performance and assurance <input checked="" type="checkbox"/> Inability to deliver the best clinical outcomes for patients <input checked="" type="checkbox"/> Poorly delivered positive experience for those engaging with our services <input checked="" type="checkbox"/> 	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input type="checkbox"/></p> <p>ALL DOMAINS <input checked="" type="checkbox"/></p>	

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input checked="" type="checkbox"/>	4. NHS Constitution <input checked="" type="checkbox"/>
	2. Operational Plan <input checked="" type="checkbox"/>	5. Equality and Diversity <input checked="" type="checkbox"/>
	3. NHS Compliance <input checked="" type="checkbox"/>	6. Other: Click here to enter text.
FREEDOM OF INFORMATION (FOIA):	1. 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	
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	<i>The Board is asked to approve the proposed changes to BAF</i>	
PREVIOUSLY CONSIDERED BY:	Committee name	All Board Committees
	Date of meeting	Various

Executive Summary

Following the revision of the Board Assurance Framework (BAF), the Board sub-committees have considered the BAF risks within their remit to determine if any recently completed actions or changes in circumstances, mitigation and controls warrant an adjustment of the associated risk scores. They have also considered whether related Corporate and Service risks require escalation for monitoring or for enabling decisions or resources.

Proposed changes are collated through the Trust Secretary and communicated to the Head of Governance, who ensures that these are reflected on the BAF dashboards presented to Board and the sub-committees in reports such as this, for their further review. The Governance team are also able to ensure alignment between these dashboards and the risk record on the Ulysses system.

Report

1. Introduction

Following revision of the Board Assurance Framework, this report seeks to assure and inform the Board of the process and outcomes from Board and sub-committee review of risks assigned to the Board Assurance Framework. Any changes in risk score or escalation / de-escalation proposals made by sub-committees after consideration of risks within their remit are conveyed via the Trust Secretary to the Head of Governance to ensure reflection of proposed and approved changes in both the BAF dashboards and the Ulysses Risk record.

The current BAF is embedded below; the proposed and effected changes are highlighted in yellow for ease of reference.

January BAF Risks:



2. Sub-Committee Changes to Risks

Since the last report to the Board, the sub-committees have further reviewed the risks within their remit and proposed changes as described below:

Sub-committee / Exec Lead	Risk No.	Description	Current Risk Score	Proposed Change	Rationale
Putting People First Exec Lead: Michelle Turner	Corporate 146 risk associated to BAF Risk No.1743	Risk: Risk of inability to maintain safe medical rotas due to inadequate numbers of doctors in training allocated to the Trust with the potential risk to delivery of safe care.	5x3	Risk closed with agreement of PPF.	PPF believe the risk to be covered and better described by the parent BAF risk in relation to the prevailing national shortage of junior doctors.
	Service level Risk No. 1444 associated with BAF risk No. 1744.	Risk to patient experience and outcomes associated with lower levels of engagement as evidenced by annual staff survey.	3x4	Risk closed with agreement of PPF	PPF resolved to close this separate risk and consolidate into parent BAF risk No. 1744.
Quality Committee (Formerly GACA) Exec Lead: Andrew Loughney	BAF Risk 1986	Condition: Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision. Cause: Deteriorating estate, off site ITU blood bank and diagnostic services, changing clinical standards, staffing levels, staff profile, changing demographics and co-morbidities, lack of co-located paediatric support. Consequence: Patient harm, poor continuity of care, poor patient experience due to transfer away from booking location, the trust service offer is less attractive to commissioners.	5x4	Target Score for 2017-18 revised from 16 to 20	The Committee considered that assurances and developments had been made, but had not materially changed the risk score. In discussion it was recognised that the target of 16 was probably not achievable within the 17-18 timeframe and should be revised to 20 for this financial year.

The FPBD sub-committee considered the BAF risks within its remit but proposed no changes. The committee did note however the objective description of the BAF Risk to deliver the financial plan for 2017-18 is fixed to the financial year timescale and will need to be replaced with a similar refreshed risk for the upcoming period.

3. New Risks and Closed Risks

Since the last report, no new BAF Risks have been identified, nor any service or corporate risks escalated to the BAF. No BAF risks have been closed since the last report to the Audit Committee.

4. Conclusions / Recommendations

The report reflects ongoing review of BAF Risks by the Board sub-committees and the resulting changes to scores mitigation and supporting corporate and service risks in accordance with the review and escalation and de-escalation processes.

The Board are asked to:

1. Note the assurance presented re process and proposal(s) within this report.
2. Advise the Governance team of approval /views in respect of the process, proposals and rationale.

Strategic Objective: To develop a well led, capable, motivated and entrepreneurial workforce Risk Appetite: Moderate	Objective: To deliver a well-led, engaged, motivated and effective workforce		CQC Domain: Well-Led		Enabling Strategy: Putting People First Strategy		
	Executive Lead: Michelle Turner		Operational Lead: Susan Westbury		Assurance Committee: PPF		
	Risks to objective	Controls	Gaps in controls	Sources of assurance	Assurance outcomes / gaps	Action plan	Timescales
Principal Risks - 1744 Condition: Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust Cause: Poor staff morale, lack of clarity around objectives, lack of ability to influence in the workplace, lack of organisational/job security, insufficient numbers of staff with appropriate skill mix, age profile of key workforce groups, behaviour contrary to the trust values Consequence: Failure to deliver high quality, safe patient care, impact on recruitment & retention, failure to achieve strategic vision, potential for regulatory action and reputational damage	<ul style="list-style-type: none"> Appraisal policy, paperwork and systems for delivery and recording are in place for medical and non-medical staff Consultant revalidation process Six monthly Safe Staffing Reviews Annual Workforce Planning exercise Retirement Intentions annual exercise Pay progression linked to appraisal and mandatory training compliance. Appraisal guides available for Managers and employees Targeted intervention for areas identified as under-performing Training programme for managers All new starters complete mandatory PDR training as part of corporate induction ensuring awareness of responsibilities. Extensive mandatory training programme available via classes, online resources and study days Value-based recruitment & induction Shared decision making with JLNC & Partnership Forum 	<ul style="list-style-type: none"> Quality of appraisal Poor attendance at non-mandatory training eg. leadership training Managerial confidence to make decisions Talent management programme is newly implemented and not yet fully embedded Quality Strategy goals need to be refreshed and developed and owned by all staff Difficulties and challenges of engaging effectively with all staffing groups 	Management assurance <ul style="list-style-type: none"> Executive Lead, Non-Executive Lead & Operational Lead assigned to Regulation 18 – Staffing (GACA - Sep'16, item 16/17/65) Pay progression policy Compliance with GMC & NMC Revalidation requirements (PPF - Sep'16, item 16/17/73) Annual Staff Survey (PPF - Apr'17, item 17/18/xx) Talent Management Programme (PPF - Jan'17, item 16/17/127) Theatres Retention Programme (TTC – 28 Nov'16, item 16/17/70) Metrics <ul style="list-style-type: none"> Increase in managers attending training programme Mandatory training data Absence data Turnover data Whistleblowing data Staff Engagement Score Sickness data 	Assurance Gaps <ul style="list-style-type: none"> Last CQC regulatory inspection was in 2015 CQC Whistleblowing 	<ul style="list-style-type: none"> PPF deep dive into service workforce risks Full implementation Self Service for managers and employees Fully implement talent management programme Work with Deloitte to complete a review of Executive working Putting People First Strategy – in year objectives Implement Quality Strategy objectives (experience domain) 	<ul style="list-style-type: none"> Ongoing Nov-17 Sep-17 Nov-17 Mar-18 Mar-18 	
Risks from Risk Register <ul style="list-style-type: none"> 8 x Service Risks 	<ul style="list-style-type: none"> Putting People First Strategy Quality Strategy Staff engagement programmes Freedom to Speak Up Guardian Whistleblowing Policy Guardian of Safe Working Reward and recognition processes 		Independent / semi-independent <ul style="list-style-type: none"> Review by Trust's internal auditors showed effective systems and processes (Audit – Jan '17, item 16/17/55) CQC visit (Sep-15) identified improvement in appraisal rates and recorded compliance with 'supporting workers'. 	Outcome Gaps <ul style="list-style-type: none"> Staff Survey Engagement score not improved in year Mandatory training currently below target PDR compliance currently below target Sickness absence above target 			

Inherent risk level			Current risk level			Target risk position by 31.3.18		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	5	25	3	5	15	2	5	10

Objective: Fully Resourced, Competent & Capable Junior Medical Workforce
CQC Domain: Well-Led
Enabling Strategy: Putting People First Strategy
Operational Lead: Susan Westbury
Assurance Committee: PPF
Executive Lead: Michelle Turner

Strategic Objective: To develop a well led, capable, motivated and entrepreneurial workforce
Risk Appetite: Moderate

Risks to objective	Controls	Gaps in controls	Sources of assurance	Assurance outcomes / gaps	Action plan	Timescales
<p>Principal Risks – 1743</p> <p>Condition: Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of junior medical staff with the capability and capacity to deliver the best care.</p> <p>Cause: HEN has the inability to recruit sufficient junior medical staff to cover all Trust rotas across the region due to the national shortage of junior doctors.</p> <p>Effect: Insufficient junior medical staffing numbers to ensure patient safety and workforce wellbeing. Insufficient numbers to facilitate all junior doctors training.</p> <p>Impact: May result in unsafe care to patients. May result in funding withdrawn from HEN if junior doctor training not met. May result in increased sickness absence and clinical incidents.</p>	<ul style="list-style-type: none"> Annually agreed funding contract with HEN Regional Training Programme Directors manage the junior doctor rotation programme and highlight shortages to the Lead Employer. Lead Employer notifies the Trust of gaps in local rotations, giving the Trust autonomy to recruit at a local level in to these gaps. Effective electronic rota management system implemented in 2015. Consultant Rota Leads appointed for management of junior doctor rotas within all specialties. Newly appointed Director of Medical Education to ensure training requirements are met, reporting to the Trust Medical Director and externally to HEN Guardian of Safe Working Hours appointed in 2016 under new Junior Doctor Contract (2016). Exception Reporting system implemented under the new Junior Doctor Contract (2016) in relation to hours worked, training and safety College Tutors in each specialty to ensure junior doctors have sufficient opportunities to meet their training objectives. Escalation system in place to DME or Guardian of Safe Working Hours. Junior Doctor Forum held quarterly for concerns to be 	<ul style="list-style-type: none"> Further utilisation of the rota management system 	<p>Management assurance</p> <ul style="list-style-type: none"> Quarterly reporting by Guardian of Safe Working to JLNC, PPF and the Lead Employer. Annual report to Board by the Guardian of Safe Working. Escalation process in place for Exception Reporting to the Medical Director DME reports to HEENW on an annual basis in relation to junior doctor training Junior Doctor Forum with Executives Junior Doctor Contract (2016) fully implemented with Lead Employer Junior Medical Staff – annual internal staff survey Compliance with GMC Revalidation requirements (PPF - Sep'16, item 16/17/73) Key Workforce Risks & Mitigating Actions paper to PPF 09/2017. <p>Metrics</p> <ul style="list-style-type: none"> Exception reporting data Monitoring exercise data Absence data from Lead Employer Whistleblowing reports 	<p>Assurance Outcomes /Gaps</p> <ul style="list-style-type: none"> New Exception Reporting system and process working effectively. Action plan from Key Workforce Risks & Mitigating Actions paper 09/2017 being progressed 	<ul style="list-style-type: none"> HEN Action Plan 2016 being implemented Clinical & nursing roles being developed and enhanced to mitigate the gaps in the junior doctor workforce. Roles include; Physician Assistants, Surgical Assistants, ANP's, Consultant Nurses, ER Practitioners. Potential development of a regional Trust grade rotation programme 	<ul style="list-style-type: none"> Ongoing Ongoing Ongoing

	Risks from Risk Register <ul style="list-style-type: none"> • 1731 - Insufficient clinical staff to meet recommended staffing levels (Corporate Risk) • 146 - Inability to maintain safe medical rotas (Corporate Risk) • 1709 - Insufficient consultant or senior medical cover (Corporate Risk) • 9 x Service Risks 	raised. <ul style="list-style-type: none"> • Remediation Policy. • Monitoring exercises undertaken on annual basis to ensure compliance on junior doctor rotas • Acting-down policy and process in place to cover junior doctor gaps • National Medical Revalidation process ensuring competent doctors • Annual Workforce Planning exercise with operational and clinical teams • Shared decision making and review of risks with JLNC • Putting People First Strategy • Quality Strategy 		Independent / semi-independent <ul style="list-style-type: none"> • GMC Revalidation process. • HEN visit – regular (next due 2019 due to satisfactory report in 2016). • GMC Medical Staff survey - annual 	Outcome Gaps Junior Medical Staff GMC survey reported to Education Governance & PPF – no areas of specific concern identified		
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Inherent risk level			Current risk level			Target risk position by 31.3.18		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	5	25	4	5	20	2	5	10

Strategic Objective: To be ambitious and efficient and make the best use of available resources Risk Appetite: Moderate	Objective: Long-term financial sustainability		CQC Domain: Well-Led / Effective		Enabling Strategy: Strategic Options Appraisal		
	Executive Lead: Vanessa Harris		Operational Lead: Jenny Hannon		Assurance Committee: FPBD		
Risks to objective	Controls	Gaps in controls	Sources of assurance	Assurance outcomes / gaps	Action plan	Timescales	
<p>Principal Risks - 1986</p> <p>Condition: The Trust is not financially sustainable beyond the current financial year</p> <p>Cause:</p> <ul style="list-style-type: none"> Ongoing requirement for annual CIPs Significant CNST premium Overhead costs <p>Consequence: Lack of financial stability, invocation of NHSI sanctions, special measures. Continued borrowing to meet operational expenses resulting in significant debt.</p> <p>Risks from Risk Register</p> <ul style="list-style-type: none"> 1749 – National re-commissioning of genetics (Corporate Risk) 7 x Service Risks 	<ul style="list-style-type: none"> 5 year financial model produced giving early indication of issues Business case to Trust Board which identified a solution which minimised deficit, including relocation to an acute site and merger Early and continuing dialogue with NHS Improvement Active engagement with CCG through the Healthy Liverpool Programme and Women and Neonatal Oversight Board, resulting in a Pre Consultation Business Case Agreement for merger proposals with partner Trusts approved by three BoDs Establishment of governance procedures to manage the merger transaction Advisors with relevant experience (PWC) engaged early to review strategic options Clinical engagement and support for proposals 	<ul style="list-style-type: none"> Implementation of business case is dependent on decision making external to the trust (CCG, NHSI, NHSE) Uncertainty regarding availability of capital funding necessary to implement business case 	<p>Management assurance</p> <ul style="list-style-type: none"> 5 year plan approval (BoD – Nov 2014) Future Generations Clinical Strategy and Business Plan (BoD Nov15) Sustainability & Transformation Plan (FPBD – Jul' 16) PCBC Approval (FPBD – Oct' 16) Strategic Outline Case for merger approved by three Trust Boards (BoD Jun 16) <p>Metrics</p> <ul style="list-style-type: none"> <p>Independent / semi-independent</p> <ul style="list-style-type: none"> CCG Pre Consultation Business Case, approved by CCG Committees in Common 	<p>Gaps</p> <ul style="list-style-type: none"> <p>Outcomes</p> <ul style="list-style-type: none"> Delivery of a surplus NHS I use of resources rating above 2 over a five year time period 	<ul style="list-style-type: none"> Public consultation by CCG following development of preferred option Further discussion with key stakeholders following outcome of consultation exercise Decision making business case produced by CCG and final decision following outcome of public consultation Business Case to support the application for capital to support the relocation Merger transaction Implementation of changes 	<ul style="list-style-type: none"> Sep-17 Oct-17 Dec-17 Apr-18 Apr-18 Apr-18 to Apr 23 	

Inherent risk level			Current risk level			Target risk position by 31.3.18		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	5	25	5	5	25	5	5	25

Strategic Objective: To be ambitious and efficient and make the best use of available resources
Risk Appetite: Moderate

Objective: Deliver the annual financial plan

CQC Domain: Well-Led / Effective

Enabling Strategy: Operational Plan

Executive Lead: Vanessa Harris

Operational Lead: Jenny Hannon

Assurance Committee: FPBD

Risks to objective	Controls	Gaps in controls	Sources of assurance	Assurance outcomes / gaps	Action plan	Timescales	
<p>Principal Risks - TBC</p> <p>Condition: Failure to deliver the annual financial plan</p> <p>Cause:</p> <ul style="list-style-type: none"> Slippage against CIP targets Hewitt Fertility Centre loss of patient numbers resulting in reduced contribution Increases in patient activity as contracts are largely on a block basis <p>Consequence: Breach of license conditions resulting in financial special measures</p>	<ul style="list-style-type: none"> Robust budget setting process Turnaround process adopted to identify robust CIP schemes Quality Impact Assessments of all CIPs and post evaluation reviews Sign off of budgets by accountable officers FPBD & Board approval of budgets Budget holder training programme in place Monthly reporting to all budget holders with variance analysis Monthly reporting to FPBD & Trust Board Monthly reporting to and feedback from NHS I Internal audit reviews of systems and controls 	<ul style="list-style-type: none"> None 	<p>Management assurance</p> <ul style="list-style-type: none"> 2017/18 budget approval (BoD – Apr' 2017) Budget holder training manual and attendance records Performance & Finance Report (monthly to FPBD and BoD) Finance & CIP achievement (monthly to FPBD) Executive Team & Board oversight 	<p>Gaps</p> <ul style="list-style-type: none"> Assurance is available re: controls but not on delivery 	<ul style="list-style-type: none"> Ongoing review of position 	<ul style="list-style-type: none"> April 18 	
<p>Risks from Risk Register</p> <ul style="list-style-type: none"> 1663 – Operational grip on the creation and delivery of a financially sustainable plan (Corporate Risk) 			<p>Metrics</p> <ul style="list-style-type: none"> Monthly financial data 				<p>Outcomes</p> <ul style="list-style-type: none"> Delivery of £4m deficit in 17/18 Delivery of £3,7m CIP for 2017/18 NHS I Use of Resources Risk Rating – 3
			<p>Independent / semi-independent</p> <ul style="list-style-type: none"> Monthly reports to NHSI with feedback Internal audit review of budgetary controls External audit opinion 				

Inherent risk level			Current risk level			Target risk position by 31.3.18		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	5	25	4	5	20	2	5	10

Strategic Objective: To deliver safe services Risk Appetite: Low	Objective: Long-term clinical sustainability		CQC Domain: Safe		Enabling Strategy: Risk Management Strategy / Pre-Consultation Business Case		
	Executive Lead: Andrew Loughney		Operational Lead: Devender Roberts		Assurance Committee: GACA		
	Risks to objective	Controls	Gaps in controls	Sources of assurance	Assurance outcomes / gaps	Action plan	Timescales
Principal Risks - 1986 Condition: Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision. Cause: Deteriorating estate, off site ITU blood bank and diagnostic services, changing clinical standards, staffing levels, staff profile, changing demographics and co-morbidities, lack of co-located paediatric support Consequence: Patient harm, poor continuity of care, poor patient experience due to transfer away from booking location, the trust service offer is less attractive to commissioners	<ul style="list-style-type: none"> Clinical engagement in case for change through Future Generations Strategy and PCBC Advisors with relevant experience (PWC) engaged to review strategic options Early and continuing dialogue with regulators Active engagement with CCGs through the Healthy Liverpool Programme Putting People First Strategy Facilities Improvement Programme Contract Environmental risk assessments Professional standards Leadership & Management Development Programme Acuity exercises Clinical risk assessments 	<ul style="list-style-type: none"> Clinical case for change is dependent on decision making external to the trust (CCG, NHSI, NHSE) Financial constraints for delivery of facilities improvements Not all clinical staff have been/ can be engaged with Lack of Staff Retention Policy Capacity and access to Leadership & Management Development Programme Non-inclusion of babies in acuity tools No formal SLA for complex cancer patients 	Management assurance <ul style="list-style-type: none"> PCBC Approval (FPBD – Oct' 2016, item 16/17/90) Operational Plan (FPBD – Apr' 2016, item 16/17/10) Sustainability & Transformation Plan (FPBD – Jul' 2016, item 16/17/44) Performance Report (from ward up through GACA and BoD) Reports to NHS I (FPBD – Jul' 2016, item 16/17/48) PCBC Oversight Board (BoD – Apr' 2017, item 17/18/xx) Thematic review of SIs (GACA – Jul' 2017, item 17/18/xx) Neonatal Update (GACA – Nov' 2016, item 16/17/xx) 	Gaps <ul style="list-style-type: none"> Most recent CQC inspection was 2 years ago and Safe domain required improvement Gaps in fire provision 	<ul style="list-style-type: none"> Capital plan re: fire provision Review the best model of care for complex cancer patients Implement Operational Plan actions following NHS I approval Agree a business case for a new build Commence public consultation 	<ul style="list-style-type: none"> May-17 Sep-17 Mar-18 Aug-17 Sep-17 	
Risks from Risk Register <ul style="list-style-type: none"> 12 x Corporate Risks (1597, 1736, 1737, 1936, 1964, 2084, 2085, 2086, 2087, 2089, 2090, 2092) 28 x Service Risks 			Metrics <ul style="list-style-type: none"> Performance monitoring of patient experience and clinical outcomes Incident Data (including SIs / Never Events) Safe staffing levels Transfers out 	Outcomes <ul style="list-style-type: none"> Failure to meet BAPM standards Non-compliance of HBN accommodation standards on Neonatal Unit Consultant presence on Delivery Suite Transfers of complex cancer patients 			
			Independent / semi-independent <ul style="list-style-type: none"> CQC Inspection (2015) Review of fire provision Vanguard review of Maternity Base Neonatal ODM Maternity SCN Dashboard 				

Inherent risk level			Current risk level			Target risk position by 31.3.18		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	5	25	4	5	20	4	5	20

Objective: Learning from events

CQC Domain: Safe

Enabling Strategy: Risk Management Strategy

Executive Lead: Andrew Loughney

Operational Lead: Julie King

Assurance Committee: GACA

Strategic Objective: To deliver safe services
Risk Appetite: Low

Risks to objective	Controls	Gaps in controls	Sources of assurance	Assurance outcomes / gaps	Action plan	Timescales	
<p>Principal Risks - 1742</p> <p>Condition: Ineffective understanding and learning following significant events</p> <p>Cause: Failure to identify root cause, system structures and process, failure to analyse thematically, failure to respond proportionately</p> <p>Consequence: Patient harm, failure to learn and improve the quality of service and experience, poor quality services, loss of income and activity, reputational damage, increased staff turnover</p>	<ul style="list-style-type: none"> Regular dialogue with regulators and CCGs Incident reporting and investigation policies and procedures. MDT involvement in safety projects HR policies in relation to issues relating to professional and personal responsibility. Mandatory training in relation to safety and risk. Staffing level acuity exercises Scoping for relevant national reports Quality Strategy Risk Management Strategy Governance structure SI Feedback Form SI Panels 	<ul style="list-style-type: none"> Inconsistent completion and dissemination of actions and improvement plans. Limited evidence of Patient Safety walkarounds. Inconsistent implementation of lessons learnt Pace of implementing change Lack of opportunity to deliver bespoke training for staff groups in relation to risk management and patient safety. Quality Strategy is new and a 3 year programme for improving 	<p>Management assurance</p> <ul style="list-style-type: none"> CQPG (Apr' 2017) CQC Engagement Meeting (Mar' 2017) Performance Report (BoD – Apr' 2017, item 17/18/xx) Mock Inspection Report (GACA – Jan' 2017, item 16/17/xx) Never Events (BoD – Mar' 2017, item 16/17/xx) 	<p>Gaps</p>	<ul style="list-style-type: none"> Individual assessment of culture across the organisation (risk maturity). Increase involvement with regional and local safety collaborative Review local governance practice Additional support and training for risk management Introduce immediate challenge and action following serious incident declarations Develop a never event assurance framework Stakeholder engagement for quality improvement Deliver the Executive visibility programme 	<ul style="list-style-type: none"> Sep-17 Oct-17 Sep-17 May-17 Apr-17 Jun-17 May-17 Mar-18 	
<p>Risks from Risk Register</p> <ul style="list-style-type: none"> 1734 – Repeat and costly patient safety incidents (Corporate Risk) 1966 – Safety incidents during invasive procedures (Corporate Risk) 2018 - Safe and effective Gynaecology Emergency Service (Corporate Risk) 11 x Service Risks 			<p>Metrics</p> <ul style="list-style-type: none"> Safe domain performance metrics Incident reporting Levels of patient harm 				<p>Outcomes</p> <ul style="list-style-type: none"> 4 x Never Events Latest mock inspection assessed the trust as 'Requires Improvement' overall
<p>Independent / semi-independent</p> <ul style="list-style-type: none"> Internal audit of Risk Management (Oct-16) External audit of risk maturity by Gorisa Ltd (Nov-16) CQC Report (2015) NRLS Incident Reporting Report 							

Inherent risk level			Current risk level			Target risk position by 31.3.18		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	4	20	3	4	12	2	3	6

Strategic Objective: To deliver safe services Risk Appetite: Low	Objective: Regulatory compliance		CQC Domain: Safe / Well-Led		Enabling Strategy: Risk Management Strategy		
	Executive Lead: Doug Charlton		Operational Lead: Julie King		Assurance Committee: GACA		
	Risks to objective	Controls	Gaps in controls	Sources of assurance	Assurance outcomes / gaps	Action plan	Timescales
Principal Risks - 1739 Condition: Inability to achieve and maintain regulatory compliance, performance and assurance Cause: Lack of robust processes and management systems to provide evidence and assurance to regulatory agencies Consequence: Enforcement action, prosecution, financial penalties, reputational damage, loss of commissioner and patient confidence in provision of services	<ul style="list-style-type: none"> Regular meetings with NHS Improvement CQC engagement meetings Maintenance of CQC registration All Fundamental Standards allocated an Executive, Non-Executive and Operational lead; Regulatory information provided to staff in update sessions. Committee structures in place to monitor compliance. Board assurance visits. An integrated approach between corporate, operational and governance teams. Quality Impact Assessments for all service changes and CIPs that are considered Professional standards Trust policies and procedures Risk Management Strategy and culture Corporate secretariat function National audits Local audits 	<ul style="list-style-type: none"> Benchmarking data can make the trust appear an outlier due to the specialist nature of the services provided and attract regulatory attention Quality and independence of QIAs Lack of a ward accreditation scheme 	Management assurance <ul style="list-style-type: none"> Statement of Purpose (GACA – xxx' 2016, item 16/17/xx) Fundamental Standards Report (GACA – xxx' 2016, item 16/17/xx) NHS Improvement monthly returns Mock Inspection Report (GACA – Jan' 2017, item 16/17/xx) 	Gaps <ul style="list-style-type: none"> Regular internal monitoring of professional and regulatory standards 	<ul style="list-style-type: none"> Regular review of compliance position Commence ward accreditation scheme Maintain CQC rating of 'Good' 	<ul style="list-style-type: none"> May-17 Mar-18 Mar-18 	
Risks from Risk Register <ul style="list-style-type: none"> 1836 – Inaccurate reporting of clinical outcome data. (Corporate Risk) 1895 – Safeguarding of patients (Corporate Risk) (Corporate Risk) 8 x Service Risks 			Metrics <ul style="list-style-type: none"> Internal audit metrics High level performance metrics 	Outcomes <ul style="list-style-type: none"> 4 x Never Events Latest mock inspection assessed the trust as 'Requires Improvement' overall 			
			Independent / semi-independent <ul style="list-style-type: none"> Internal Audit Report (Mar-17) CQC Inspection Report (2015) 				

Inherent risk level			Current risk level			Target risk position by 31.3.18		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	4	20	3	4	12	2	4	8

Strategic Objective: To participate in high quality research and to deliver the most effective outcomes Risk Appetite: Moderate	Objective: Best clinical outcomes		CQC Domain: Effective		Enabling Strategy: Quality Strategy		
	Executive Lead: Doug Charlton		Operational Lead: Devender Roberts		Assurance Committee: GACA		
	Risks to objective	Controls	Gaps in controls	Sources of assurance	Assurance outcomes / gaps	Action plan	Timescales
Principal Risks - TBC Condition: Inability to deliver the best clinical outcomes for patients Cause: Clinical capabilities and competence, recruitment and retention problems, trust location and estate Consequence: Increased patient safety incidents, increased levels of patient harm, loss of commissioner and patient confidence in provision of services, enforcement action, prosecution, financial penalties, reputational damage.	<ul style="list-style-type: none"> Management of NICE guidance and clinical audit Automated compliance reports Regular programme of divisional reports to Safety and Effectiveness Senates Training programme (mandatory and non-mandatory) Clinical revalidation Biannual internal inspection regime Application of guidelines /policy led practice. Governance processes around policies and guidelines Clinical Audit Strategy including full involvement in relevant National Audit Programmes and reviews. Mortality Strategy All medical staff have work plans agreed with CDs and MD. Analysis of patient feedback Application of Patient Safety and other safety alerts. Analysis of incidents, complaints and claims to identify areas of risk. Case note reviews, morbidity and mortality reviews. Supervision and education of clinical staff across all professions. Application of clinical pathways and guidelines. Increasing R&D involvement across the organisation 	<ul style="list-style-type: none"> Clinical understanding of and use of overall and individual performance data Inconsistent application of clinical pathways. Appropriate support for clinical teams to be involved in clinical audit Need to further enhance the shared learning across relevant directorates from audits Availability of allocated time and people to undertake and provide clinical and educational supervision. Quality Strategy outcomes monitoring not yet in place 	Management assurance <ul style="list-style-type: none"> Internal Audit Programme Clinical Effectiveness audit programme MDT approach to patient management Directorate performance reviews Case reviews and analysis Research participation Quarterly Mortality Reports Annual Trust Mortality Report 	Gaps <ul style="list-style-type: none"> Difficult to gain consistent assurance that clinicians are following best practice Some national audits / studies do not provide benchmarking of data, if they do this is in an inconsistent format making it difficult to accurately assess and compare trust status. Lack of testing of action plans following audits to ensure they lead to embedded change. 	<ul style="list-style-type: none"> Introduce Adult Mortality Strategy Introduce Perinatal Mortality Strategy Introduce audit sheet for all adult deaths Restate and rearticulate research vision with Liverpool Health Partners Explore potential for direct research relationships with other local trusts Improve data quality provision and oversight Implement effective domain of the quality strategy 	<ul style="list-style-type: none"> Jun-17 Jun-17 Jul-17 Jul-17 Mar-18 Jan-18 Mar-18 	
Risks from Risk Register <ul style="list-style-type: none"> 1733 – Failure to comply with NICE guidance (Corporate Risk) 1738 – Failure to meet statutory and mandatory audit and CPD requirements (Corporate Risk) 1740 – Failure to maintain policies & guidance (Corporate Risk) 1741 – Failure to link research to strategic aim (Corporate Risk) 14 x Service Risks 			Metrics <ul style="list-style-type: none"> Mortality metrics Never events Incident data Quality Strategy metrics 	Outcomes <ul style="list-style-type: none"> MBRRACE outlier SHMI outlier 			
			Independent / semi-independent <ul style="list-style-type: none"> GMC / NMC Reports Royal College Reports / Visits. NCEPOD Reports MBRRACE Reports SHMI / RAMI CQC Outlier Alerts National Audits Peer Reviews and accreditation. R&D Performance and initiation data via DoH 				

Inherent risk level			Current risk level			Target risk position by 31.3.18		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	3	4	12	2	3	6

Strategic Objective: To deliver the best possible experience for patients and staff Risk Appetite: Low	Objective: A positive patient experience			CQC Domain: Experience		Enabling Strategy: Quality Strategy / Patient Experience Strategy		
	Executive Lead: Doug Charlton			Operational Lead: Julie King		Assurance Committee: GACA		
	Risks to objective	Controls	Gaps in controls	Sources of assurance	Assurance outcomes / gaps	Action plan	Timescales	
Principal Risks - TBC Condition: Poorly delivered positive experience for those engaging with our services Cause: Capacity and capability of staff, environment and estate, high turnover of staff, poor staff morale, non-acceptance of personal and professional responsibility, excessive waiting time, ineffective complaints/PALS system, poor food standard, poor staff attitude and behaviour Consequence: Failure to be the provider of choice, failure to achieve the strategic vision, loss of income and activity, reputational damage, regulatory intervention.	<ul style="list-style-type: none"> Professional Codes of Conduct Mandatory training and development for all staff groups. Engagement with third party stakeholders, including Healthwatch and hard to reach groups Complaints and compliments are reported and managed locally but with oversight by Board. Application of policies, guidelines, procedures and strategies Revalidation and clinical supervision Trust values and objectives. Attendance management policy Appropriate skill mix across staff groups. Peer support groups Quality Strategy Low level informal action and PALS Patient engagement 	<ul style="list-style-type: none"> The Patient Experience Strategy is a 3 year strategy and is currently only in draft Environment and estates issues require implementation of the PCBC Confirmation of sustainability of changes and improvements is required Consistent application of supporting staff policy Consistent management of complaints and concerns across all areas Consistent and accurate data regarding skill mix Removal of statutory supervision with no agreed model in place Limited patient engagement 	Management assurance <ul style="list-style-type: none"> Patient stories to Board (BoD – May' 2017, item 17/18/xx) Staffing levels Staffing red flags Patient Opinion (BoD – Apr' 2017, item 17/18/xx) Quality Report (BoD – May' 2017, item 17/18/xx) PLACE Assessment 	Gaps	<ul style="list-style-type: none"> Consider how to enhance assurance levels around the involvement of hard to reach groups. Introduce governor and volunteer exit surveys Implement experience domain of the quality strategy Appropriate use of acuity tools to ensure appropriate staffing levels Respond to the findings of the CQC's national surveys (Maternity / Inpatient) 	<ul style="list-style-type: none"> Jun-17 Oct-17 Mar-18 Nov-17 Mar-18 		
Risks from Risk Register <ul style="list-style-type: none"> 1863 – Breach of 18 week genetics targets (Corporate Risk) 2088 – Inability to provide continuity of care (lack of co-location of all necessary support and clinical services) (Corporate Risk) 13 x Service Risks 			Metrics <ul style="list-style-type: none"> Complaints data PALS data FFT Results Staff survey engagement score Vacancy / turnover levels Safe staffing levels 	Outcomes <ul style="list-style-type: none"> Staff survey engagement score – 3.77 				
			Independent / semi-independent <ul style="list-style-type: none"> National Maternity Survey National Inpatients Survey Regulatory inspection 					

Inherent risk level			Current risk level			Target risk position by 31.3.18		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	4	20	3	4	12	2	4	8