



Meeting of the Board of Directors HELD IN PUBLIC Friday 7 September 2018 at 1000hrs Liverpool Women's Hospital Board Room

Item no.	Title of item	Objectives/desired outcome	Process	Item	Time	CQC Domain
2018/				presenter		
	Thank you	To provide personal and Team thank you – above and beyond			1000 (10mins)	caring
217	Apologies for absence Declarations of interest	Receive apologies	Verbal	Chair		-
218	Meeting guidance notes	To receive the meeting attendees' guidance notes	Written guidance	Chair		Well Led
219	Patient Story	To receive a patients story	Presentation	Patient's parent	1010 (20mins)	Safe, Experience, Well led
220	Minutes of the previous meeting held on 6 July 2018	Confirm as an accurate record the minutes of the previous meetings	Written	Chair	1030 (5mins)	Well Led
221	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair		Well Led
222	Chair's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chair	1035 (10mins)	Well Led
223	Chief Executive Report	Report key developments and announce items of significance not elsewhere	Written	Chief Executive	1045 (10mins)	Well Led

BOARD	COMMITTEE ASSURANCE					
224	Chair's Report from Finance, Performance and Business Development Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1055 (20mins)	Well Led
225	Chair's Report from Audit Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair		Well Led
226	Chair's Report from Quality Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair		Safe Well Led
227	Chair's Report from Charitable Funds Committee and approval of its terms of reference	For assurance, any escalated risks and matters for approval	Written	Committee Chair		Well Led
TO DEVI	ELOP A WELL LED, CAPABLE AND MOTIVATED V	VORKFORCE; TO DELIVER SAFE S	SERVICES; TO DELIVER	THE BEST POSSIBLE EXPERIE	NCE FOR OUR PA	ATIENTS AND OUR STAFF
228	Staff Listening Event Feedback – Fair and Just Culture Project	For assurance	Written	Director of Workforce and Marketing/ Chris McGhee, Speak up Guardian	1115 (15mins)	Experience Safe Well Led
229	Equality and Diversity	For Noting	Presentation	Director of Workforce and Marketing	1130 (15mins)	Well Led
230	Guardian of Safe Working Hours Report.	For Assurance	Written	Geoff Shaw, Guardian for safe working.	1145 (15mins)	
TRUST P	ERFORMANCE - TO DELIVER THE MOST EFFECT	TIVE OUTCOMES; TO BE EFFICIEN	NT AND MAKE BEST U	SE OF AVAILABLE RESOURCES	S	<u>.</u>
231	Safer Nurse/Midwife Staffing Monthly Report period 4 2018/19	For assurance and to note any escalated risks	Written	Director of Nursing and Midwifery	1200 (10mins)	Safe Well Led
232	Performance Report period 4, 2018/19	For assurance –To note the latest performance measures	Written	Director of Operations	1210 (10mins)	Well Led
233	Finance Report period 4, 2018/19	For assurance - To note the current status of the Trusts financial position	Written	Director of Finance	1220 (10mins)	Well Led



TRUST STE	TRUST STRATEGY						
234	Future Generations	For noting.	Verbal	Chief Executive	1230 (15mins)	Well Led	
BOARD GO	BOARD GOVERNANCE						
235	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair		Well Led	
HOUSEKEI	HOUSEKEEPING						
236	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	1245 Meeting ends	Well Led	

Date, time and place of next meeting Friday 5 October 2018

Meeting to end at 1245

1245-1255	Questions raised by members of the public	To respond to members of the public on	Verbal	Chair
	observing the meeting on matters raised at	matters of clarification and		
	the meeting.	understanding.		



Meeting attendees' guidance, April 2018

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

At the meeting

- Arrive in good time to set up your laptop/tablet for the paperless meeting
- Switch to silent mobile phone
- 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

^{*}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

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 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 Agenda item 2018/220

Board of Directors

Minutes of the meeting of the Board of Directors held in public on Friday 6 July 2018 at 1000 hrs at Liverpool Women's NHS Foundation Trust, Crown Street Liverpool.

PRESENT

Mr Robert Clarke Chair

Mrs Kathryn Thomson Chief Executive

Mr Tony OkotieNon-Executive Director/SIDMr Phil HuggonNon-Executive Director

Ms Jo Moore Non-Executive Director & Vice Chair
Mrs Michelle Turner Director of Workforce & Marketing

Mrs Jenny Hannon Director of Finance

Dr Andrew Loughney Medical Director & Deputy Chief Executive

Mr Jeff JohnstonDirector of OperationsDr Susan MilnerNon-Executive DirectorMr Ian KnightNon-Executive DirectorMr David AstleyNon-Executive Director

Mrs Clare Fitzpatrick Acting Deputy Director of Nursing and Midwifery

IN ATTENDANCE

Mr Colin Reid Trust Secretary

APOLOGIES

Mrs Julie King Acting Director of Nursing and Midwifery

2018

Thank You

The Chief Executive provided a thank you to Clare Fitzpatrick, acting Deputy Director of Nursing and Midwifery and Carmel Doyle, Enhanced Midwifery Team Leader for the work they undertook at Alder Hey Children's NHS Foundation Trust at a very difficult and often challenging time in providing support to a family whilst their child was receiving care at Alder Hey. Referring to Carmel the Chief Executive advised that she was able to adopt a very flexible approach to supporting the family to ensure the family received the best possible care, which had been recognised by the family.

The Director of Operations provided a thank you to Ed Millensted, Programme Manager in Clinical Genetics. He informed the Board that Ed would be joining the Innovation Agency following 6 years at the Trust and read out a couple of paragraphs on what his colleagues had said:

"Ed is a dynamic and experienced programme manager with excellent leadership and communication skills and a track record of successful programme management and delivery. Ed has strong interpersonal skills and has thrived in the challenge of leading programmes and delivering new organisational capability and change across the NW Coast. He is motivated to see clinical services improved and transformed, in order to deliver better patient care and improved health outcomes. Ed's role as Programme Manager working for the North West Coast Genomic Medicine Centre (NWC GMC), has demonstrated his ability to establish partnerships in delivering the 100,000 Genomes Project. Working within Liverpool Women's

Hospital, Ed has been an integral member of the team responsible for establishing and delivering the Project, creating new recruitment pathways and delivering the project objectives. Ed has worked to high standards and dedication, which is evident from the number of high performing recruitment pathways he has worked with clinicians to initiate in the genomes project, which have delivered, through successful recruitment, high patient numbers. Throughout the project Ed has been part of the spread of the Project across the NW Coast and worked with Clinicians to ensure we are embedding this technology into clinical services."

The Director of Workforce and Marketing provided a thank you to Lisa Masters and Nadia Alsafaar, fund raising managers in the Trust Charity. She advised that they both continually show great commitment to the Charity and as a small team of two they always go above and beyond to achieve excellent results. The Director of Workforce and Marketing referred to the recent Summer Fairy Fair and the enthusiasm and positivity both Lisa and Nadia had shown in getting the Fair off the ground and making it a success with only a very small budget to work with. She advised that the two represent the values of the Trust in their engagement with the members of staff and the public.

The Chief Executive provided a team thank you to the Infection Control Team who continued to go above and beyond in delivering the services across the Trust. She reported that they were a small team but perfectly formed team who impact in a very positive way on patient safety, providing the highest standards to minimise the infection risks to mother and babies.

186 Apologies – as above.

Declaration of Interests – None

Welcome: The Chair opened the meeting and welcomed members of the public to the meeting held in public.

187 Meeting guidance notes

The Board received the meeting attendees' guidance notes.

188 Patient Story

The Board received a patient story from the daughters of gynaecology patient Mariam Kassim. The daughters of Mariam were Maria and Nadia Kassim, both members of staff at the Trust and were supported by Gillian Walker, Deputy Matron in Gynaecology and Maternity.

The Board was told that Mariam was 71 years old and registered blind and was due to receive day case surgery in January 2018 following attendance at Rapid Access Clinic and Pre-op clinic in November 2017. A number of concerns were highlighted by the daughters that included:

- Interpreter booked for RAC clinic appointment but patient did not require or request this service. This was requested by the patients GP, even though Mariam could understand and speak excellent English and this was an embarrassment to their mum. This was something that the Trust needed to review so that all requests of this nature were a necessary requirement.
- When accompanying their mum to the admissions lounge, Maria and Nadia were advised they were not able to stay as there were no facilities for them to do this. The Board heard that Mariam did not wish to stay without her daughters support and following intervention from Gillian Walker arrangements were made for Maria to stay with Mariam in the forward waiting area to provide the personal re-assurance Mariam needed. Additional support was also provided in the recovery area and on the Ward until discharge.
- Upon return to the day case bay on the gynaecology unit there were no means of communicating to the staff Mariam had additional needs. Following the intervention of Gillian Walker, swift action was taken to address Mariam's additional needs and action was being taken to address any future additional needs of patients' by the inclusion of special needs on the outcome sheets at pre-op and the utilisation of universally recognised "disability" symbols for a patients records

and to display in an inpatient setting.

Maria and Nadia commented on the great care Mariam had received and read out a short letter from Mariam. They also commented that without Gillian Walker's help they did not think Mariam would have coped and may well not have gone through with the procedure.

The Chair thanked Maria and Nadia for their presentation and asked for any questions or comments.

Tony Okotie thanked Maria, Nadia and Mariam for sharing the experiences, he felt that in such circumstances staff should be empowered to do the right thing and should see people as individuals and be able to make decisions that were for the good of the patient. Maria agreed and felt that there needed to be an element of individualised care, particularly for patients with additional needs. Susan Milner commented that she was pleased that the concerns expressed had been resolved and that there was a good outcome. The Director of Operations felt that the story was very powerful and recognised that there were learnings that needed to be taken from it and disseminated across the Trust.

Nadia agreed with the comment regarding treating people as individuals advising that there was an assumption that Mariam could not speak English, when in fact she could and that speaking to Mariam directly would have helped to settle her and not feel anxious. Nadia and Maria advised that they both felt the hospital was a fabulous place to work and were very happy working here.

The Director of Workforce thanked Maria and Nadia and advised the Board that Nadia received employee of the year at the recent excellence awards but had been unable to attend the event.

The Chair on behalf of the Board thanked Maria, Nadia and Mariam for the story and Gillian Walker for bringing the story to the attention of the Board. He welcomed the learning from the story which he hoped would be disseminated across the services.

189 Minutes of previous meeting held on Friday 1 June 2018

The minutes of the board meetings held on 1 June 2018 were approved subject to typographical amendments.

190 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.

191 Chair's Announcements

The Chair reported on the following matters:

- Community midwifery The Chair reported that he had undertook further shadowing with a community midwife and advised on the positive comments from patients he had received whist attending home visits. The Chair also reported on the difficult working conditions experienced by midwives at the clinic due to the cramped rooms and lack of external windows or air conditioning. The Director of Operations noted that estates were already aware of the issues.
- Socialist Health Association The Chair reported on the meeting he and the Chief Executive had with Dr Alex Scott-Samuel and Dr Rebecca Smyth from the Socialist Health Association.
- NHS Providers Chairs Training The Chair advised that Jo Moore and Ian Knight had both attended the NHS Providers training for NHS Chair's.
- NHS at 70 The Chair thanked staff for organising the events on the day which he felt was a success. He reported on the national events that took place, one in York and the other at Westminster. The chair advised that he attended the York event along with midwife Sue Rixon on the evening of the 5 July which included some very powerful and emotional presentations from

- patients. The Chief Executive advised that she had attended the event at Westminster with Sarah McGrath, Manager MLU on behalf of the Trust and echoed the Chairs comments.
- Local Specialist Trusts NED meeting The Chair advised that a meeting of the local specialist trusts NEDs had been organised by the Walton Centre and was attended by Phil Huggon and Ian Knight. He advised that the Trust would be hosting the next meeting.
- Council of Governors
 - o The Chair reported on the resignation of Lead Governor, Sheila Gwynn Adams and thanked her for her support over last 2.5 years as Governor and Lead Governor. Adel Soltan, Staff Governor and Deputy Lead Governor had assumed the role until after the Governor elections take place.
 - o Council of Governors Meeting The Chair advised that the next meeting of the Council was on 25 July 2018 and asked for Board attendance.
 - o Governor elections The Chair reported on the Governor elections to be held during the summer and would commence at the end of July and be completed in time for the 2018 Annual Members Meeting.
 - o Annual members Meeting The Chair reported that the Annual Members meeting would be held on 13 October 2018 and would include a celebration of the NHS 70th birthday.
- Board of Directors The Chair advised that the next Board of Directors meeting would be held on 7 September 2018.

The Board noted the Chair's verbal update.

192 Chief Executive's report

The Chief Executive referred to her report and commented on the following:

Director of Nursing and Midwifery: The Chief Executive reported that Caron Lappin would be joining the Trust on 16 July 2018 to take up the role of Director of Nursing and Midwifery. Caron comes to the Trust with a wealth of experience working in the acute sector at the University Hospital of South Manchester NHS Foundation Trust. She thanked Julie King, the Deputy Director of Nursing and Midwifery who had been acting up into the role of Director of Nursing and Midwifery and advised that Julie would revert back to being the Deputy Director of Nursing and Midwifery on Caron's arrival.

Volunteers Annual Ceremony: The Chief Executive thanked the organisers of the Volunteers Annual Ceremony which she felt was a great success and a special day for everyone who had attended. She advised that the event was held as a thank you and to celebrate the hard work and contribution given by the Trust's dedicated volunteers' team. The event was also attended by the Lord Mayor of Liverpool, Councillor Christine Banks.

Honeysuckle Team: The Chief Executive congratulated the Honeysuckle Team who had recently been awarded the Knowsley Chamber of Commerce Women's Group Award at the 2018 Merseyside Women of the Year Awards.

Recent Press Coverage: The Chief executive asked the Director of Workforce and marketing to advise the Board on the recent press coverage regarding the arrest of a Neonatal Nurse who worked at the Countess of Chester. The Director of Workforce and Marketing advised that the Nurse had undertaken two training placements at the Trust and her time here was being looked into. She explained that to date there had been no concerns identified regarding patient care at the Trust during the time the Nurse had a training placement and that the Trust would continue to co-operate fully with the police whilst they gather evidence. The Director of Workforce and Marketing advised that NHS England had set up an incident team that she was a member of.

The Board noted the Report from the Chief Executive.

193 Chair's Report from Putting People First Committee

Tony Okotie, Chair of the Putting People First Committee (PPF) presented his report for the meeting held on 15 June 2018 and ran through the assurances received. With regards to the Bi-annual Safe Staffing Review Report, he advised that the Committee had a robust discussion on the report and had been assured that the Trust continued to operate safely with the right levels of staff. Tony Okotie advised that there was still some work to do on whether the headroom was sufficient to cover such requirements as mandatory training and this would be reported back to the Committee at its next meeting.

Referring to the Putting People First Strategy, Tony Okotie advised that the Committee would be receiving this at its next meeting and following which it would come to the Board for approval.

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

194 Chair's Report from Finance, Performance and Business Development Committee

Jo Moore, Chair of the Finance, Performance and Business Development Committee (FPBD) presented her report for the meeting held on 25 June 2018 and highlighted the following matters discussed at the meeting.

Jo Moore advised that the Committee had noted that recovery against the 18 week RTT and cancer targets was progressing against the recovery trajectory and would be discussed later in the meeting. Regarding Finance, she advised that the Trust was on target to deliver the Control total; high level contract discussions had commenced with Liverpool CCG regarding the 2019/20 commissioning contract.

Referring to matters approved at the meeting for recommendation to the Board, Jo Moore advised that the Committee had agreed: the request to extend the Meditech contract for a period of 12 months; and two purchase orders in relation to SLAs with other NHS bodies which exceed £500k each in accordance with the SFIs of the Trust. The Chair noted that both items had been approved by the Board out of meeting.

The Chair thanked Jo Moore for her report which was noted.

195 Chair's Report from Quality Committee

Susan Milner, Chair of the Quality Committee held on 25 June 2018, ran through the report speaking to each item. Referring to the Integrated Governance Assurance Report which had its first viewing at the Committee meeting, Susan Milner advised that the Report was in its infancy and would evolve to provide the assurances the Committee required. She explained that the Report would provide an early warning "radar" for any potential themes that may start to arise, which would then be managed before the matter became a concern.

Susan Milner advised that the Committee had, at the request of the Board, approved the submission to NHS Resolution regarding reducing stillbirths, neonatal and maternity deaths and brain injuries. She advised that the Trust was compliant with 9 out of the 10 safety outcomes and that the Trust had articulated why it could not meet the one outcome. The Director of Finance advised that it was unclear what impact non-compliance with one of the outcomes would have on the financial benefits of the submission. The Board noted the approval of the submission by the Quality Committee on its behalf.

The Chair thanked Susan Milner for her report which was noted.

Director of Infection Prevention and Control (DIPC) Annual Report 2017/18 Presentation

Tim Neal, Director of Infection Prevention and Control joined the meeting and provided a

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presentation on his annual report that was received and approved by the Board at the 1 June 2018 Meeting. He drew the Boards attention to their collective responsibilities to have in place the mechanisms to ensure that sufficient resources were available to secure effective prevention and control of infections and that there was a programme and infrastructure in place to detect and report infections. He referred in particular to the work of the IPC team at the Trust, delivery against the work plan 2017/18 and the work plan for 2018/19. Tim Neal went on to explain the different infections and the Trust's performance against its targets noting that the Trust's performance continued to be very good both in terms of managing and controlling infections.

The Chair thanked the DIPC for his presentation and felt it important to note that continuing to maintain standards and focus on all aspects of infection was important to patient safety and quality of care. David Astley also felt that it was important to note the impact not only on patients who get very sick through infections but also the families of the patients; the Trust staff had to be absolutely focussed on this and to never be complacent. The Chief Executive advised that the DIPC was aware that if he or his team does not get any traction on a particular matter within the Trust, clinically or otherwise, that he escalates the matter to the Director of Nursing and Midwifery or herself to provide the necessary traction.

The Chair thanked the infection Prevention and Control team for their hard work, focus and diligence in dealing with infection prevention and control across the Trust.

197 Fair and Just Culture Project – Overview and project plan

The Director of Workforce and Marketing introduced Chris McGhee, Freedom to Speak up Guardian who was project managing the implementation of the Fair and Just Culture project.

Chris McGhee provided a presentation on the project advising that in order for it to be a success it required the Board to be fully supportive of it and that its approval was clearly reported. She explained that the Board needed steady nerves as the project moves forward explaining that this would be a clear change in the culture of the staff which would be difficult to achieve. Chris McGhee advised that the project would take between 3 and 5 years, which was why the Board needed to be supportive of it.

Chris McGhee explained the three core behaviours of: human error; and at risk behaviours; and reckless behaviours and how these manifest within examples. The Chief Executive recognised the value of the project, looking at the root cause without specifically laying blame on individuals in the first instance and felt that for the project to be a success the culture of the whole organisation needed to change. The Director of Workforce and Marketing agreed with the comments and advised that the Trust had a very challenging culture and felt that the project would help to unlock the core cultural issues it currently had. She went on to advise that the staff survey found that staff had an inherent fear and belief that they would be treated unfairly if they reported incidents even though the Trust had always been open and transparent that no blame would be afforded to those who did report; she felt that this was not a healthy position for the Trust.

The acting Deputy Director of Nursing and Midwifery supported the project but felt that there needed to be some input from the professional bodies that have a strict code of conduct that required members to follow. She felt that the project may conflict with the codes. The Medical Director agreed with the comments and felt that the Fair and Just culture needed to fit within the regulatory frameworks, policies and disciplinary procedures the Trust operated within and that it was proactive rather than rea-active. He felt that the project needed strong medical leadership involvement and that he would look to see who from within the medical leadership he could ask to be involved when needed.

Tony Okotie was supportive of the project, he felt it offered the opportunity to challenge and change

the current culture within the Trust whilst not replacing an individual's accountability. He referred to the patient story heard earlier in the meeting and felt that there was a conflict between "process" and "doing the right thing" which needed to be unlocked for the good of patients. Chris McGhee agreed with the comments advising that core to the project and its delivery was accountability of individuals and doing the right thing.

The Chief Executive felt that the project goes back to how the Trust does things and advised that the Trust values were based on a fair and just culture and the project would help to re-enforce the values.

The Chair brought the discussion to a close and sought the Boards support of the project which was provided. The Chair felt that the project needed to be scoped well and felt it was a very important piece that required the Chief Executive to champion on behalf of the Board.

198(a &b)

Safer Nurse/Midwife Staffing Monthly Report Period 2 2018/19 & Bi Annual Safe Staffing Review 2018/19

The acting Deputy Director of Nursing and Midwifery agreed to take both papers at the same time and advised that the data presented in the report demonstrated the effective use of current Nursing & Midwifery resources for all inpatient clinical areas. Referring to the Bi Annual Safe Staffing Review report, the acting Director of Nursing and Midwifery referred to the comments made by Tony Okotie under the Chair report from the Putting People First Committee and advised that work was underway to look closely at the headroom requirements across the services, however it was her view that the staffing levels were robust. David Astley asked that all staff should be made aware of the robustness of the staffing levels.

The Board noted the content of the reports.

199 Performance Report Period 2 2018/19

The Director of Operations presented the Performance Report for period 2 2018/19 and reported that the Trust was continuing to deliver the national targets to date with the exception of RTT 18 weeks and a number of the cancer targets. For RTT, the Director of Operations advised that the Trust continued to be on target to deliver the performance target in July 2018; however it was his view that this was unlikely for 62 day cancer where it was anticipated that this would only be delivered in October 2018 and provided the biggest challenge. The Director of Operations advised on the external influences that make it difficult for the Trust to deliver the 62 day cancer target earlier than October.

The Director of Operations advised that Sickness levels had much improved from the last report and was at 3.5% against a target of 4.5%.

The Board noted the Performance Report for period 2 2018/19 and recognised that the recovery plan for RTT 18 week target was being met by the Trust; however with regards to the cancer targets the Board noted that this was more difficult to rectify. The Chair thanked the Director of Operations for his report.

200 Financial Report & Dashboard Period 2 2018/19

The Director of Finance presented the Finance Report and financial dashboard for month 2, 2018/19 and reported that at month 2 the Trust was reporting a deficit of £1.163m against a deficit budget of £1.197m, giving a year to date favourable variance of £0.034m. This delivered a 'finance and use of resources' rating of 3 in month which was planned, and the Trust continued to forecast delivery of the £1.6m deficit control total. The Director of Finance advised that the £1.6m deficit was complicit on the delivery of the £3.6m CIP for the year and receipt of £3.6m Provider Sustainability Funding (PSF).

Referring to the 2018/19 deficit profile, the Director of Finance advised that the monthly profile would improve as a result of some CIP schemes delivering benefits later in the year and that the Trust was still benefiting from the acting as one contract with Liverpool CCG (LCCG) and the NHS England block contract which collectively account for 72% of the Trust income. The Director of Finance reported that she was planning now for 2019/20 with regards to detailed discussions with the LCCG and the challenges faced in delivery of the CIP explaining the key risks to delivery.

The Chair thanked the Director of Finance for presenting the Financial Report & Dashboard Period 2 2018/19 which was noted.

201 Future Generations

The Chief Executive reported on progress on the public consultation and explained that LCCG had not as yet received approval from NHS England and advised that both LCCG and the Trust were continuing to lobby for approval to move to public consultation.

The Chief Executive advised that one of the challenges to get to public consultation was the availability of capital and an application had been made through the Cheshire and Mersey Partnership. She explained that all major capital projects that require external funding within the Cheshire and Mersey footprint have to go through the Partnership and be prioritised. She explained that this has resulted in a number of trusts vying for the same pot of money. The Chief Executive advised that the Trust had full support from across the city and there was support for the Trust to be prioritised to receive the funding from DH through the Partnership.

The Chief Executive reminded the Board that it had been over 4 years since the Trust started down the route it was on, raising the significant clinical sustainability concerns. With the delay in a decision to move to public consultation, clinicians at the Trust were becoming increasingly frustrated at the lack of progress. She explained that the difficulties raised 4 years ago continued to frustrate the Trust in terms of recruitment and retention of medical staff. The Chief Executive advised that as a result the Trust would be undertaking a review to look at the impact on the Trust's clinical wellbeing and sustainability and would be undertaken over the summer months and reported back to the Board. The Medical Director supported the comments and felt that the difficulties of recruitment and retention of staff was attributable to being on an isolated site away from an adult acute setting.

The Chair thanked the Chief Executive and Medical Director for the update which was noted.

202 Review of risk impacts of items discussed

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

- Safe staffing headroom
- Leadership in Gynaecology required actively managed
- EPR continued to be a risk which required to be actively managed
- Infection prevention and control on top of game but need to be vigilant.
- Fair and Just Culture this required pursuing as a way of addressing cultural risks#
- RTT and 62 day Cancer performance
- Recruitment and retention of medical staff becoming a real risk for the Trust.

203 Any other business & Review of meeting

The Board noted the honest, transparent, frank and challenging discussion on items presented.

Date of next meeting

The Chair reported that the next meeting of the Board in public would be 7 September 2018.



TRUST BOARD 7 September 2018 Action Plan

Meeting date	Minute	Action	Responsibility	Target Dates	Status
	Reference				
1 June 2018	2018/167	The acting Director of Nursing and	Director of Nursing and	2 November 2018	
		Midwifery to provide an update on progress	Midwifery		
		made on the implementation of the			
		National Maternity Review continuity of			
		care pathway at the Board meeting on 2			
		November 2018			

	Completed actions: concluded before the next board or on the agenda of the next Board
I	In Progress - either at Committee stage or awaiting presentation at Board or Board workshop
ı	in progress - missed original deadlines agreed at Board



		Agenda Item	2018/223
MEETING	Board of Directors		
PAPER/REPORT TITLE:	Chief Executive Report		
DATE OF MEETING:	Friday, 07 September 2018		
ACTION REQUIRED	For Noting		
EXECUTIVE DIRECTOR:	Kathy Thomson, Chief Executive		
AUTHOR(S):	Executive		
STRATEGIC OBJECTIVES:	Which Objective(s)?		
	1. To develop a well led, capable, motivated and entrepreneur	rial <i>workforce</i>	\boxtimes
	2. To be ambitious and <i>efficient</i> and make the best use of a	vailable resource	\boxtimes
	3. To deliver <i>safe</i> services		
	4. To participate in high quality research and to deliver the mo		
	5. To deliver the best possible <i>experience</i> for patients and	staff	
LINK TO BOARD	Which condition(s)?		
ASSURANCE	1. Staff are not engaged, motivated or effective in delivering		
FRAMEWORK (BAF):	aims of the Trust		
	2. Potential risk of harm to patients and damage to Trust's refailure to have sufficient numbers of junior medical staff wi		•
	capacity to deliver the best care		X
	3. The Trust is not financially sustainable beyond the current j		F
	4. Failure to deliver the annual financial plan		🛛
	5. Location, size, layout and accessibility of current services do		
	sustainable integrated care or quality service provision		🛛
	6. Ineffective understanding and learning following significan	t events	×
	7. Inability to achieve and maintain regulatory compliance, pe	erformance	
	and assurance		🛛
	8. Failure to deliver an integrated EPR against agreed Board p	olan (Dec 2016)	X
	9. Inability to deliver the best clinical outcomes for patients		\
	10. Potential for poorly delivered positive experience for those	engaging with our	r services 🛮
CQC DOMAIN	Which Domain?		
	SAFE- People are protected from abuse and harm		
	EFFECTIVE - people's care, treatment and support achieves goo		
	promotes a good quality of life and is based on the best availab	le evidence.	
	CARING - the service(s) involves and treats people with compass and respect.	sion, kindness, dig	nity 🔲
	RESPONSIVE – the services meet people's needs.		
	WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-cei		Ц



	supports learning and innovation, and promotes	an open and fair culture.
	ALL DOMAINS	
LINK TO TRUST	1. Trust Constitution	4. NHS Constitution
STRATEGY, PLAN AND	2. Operational Plan	5. Equality and Diversity ⊠
EXTERNAL REQUIREMENT	3. NHS Compliance ⊠	6. Other: Click here to enter text.
FREEDOM OF	1. This report will be published in line with the	he Trust's Publication Scheme, subject to
INFORMATION (FOIA):	redactions approved by the Board, within 3 v	weeks of the meeting
RECOMMENDATION: (eg: The Board/Committee is asked to:)	Board is asked to note the content of the re	port.
PREVIOUSLY CONSIDERED BY:	Committee name	Not Applicable
	Date of meeting	

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

Director of Nursing and Midwifery: Welcome to Caron Lappin who joined the Trust on 16 July 2018 to take up the role of Director of Nursing and Midwifery.

Letter of thanks from University Hospitals of North Midlands NHS Trust: The Director of Nursing and Midwifery received a letter of thanks from the Chief Nurse at University Hospitals of North Midlands NHS Trust for the care and compassion the LWH team had shown following the death of Samantha Eastwood (see letter attached)

Brexit: The Trust received a briefing regarding capital regime and the routes for accessing the limited capital funding currently available. This set out how capital investment decisions impact on the Department for Health and Social Care (DHSC) and the Treasury (HMT), as well as setting out the regimes trusts and foundation trusts. The briefing also reviewed what the future funding may look like noting that successful 'STP' capital bids will be announced in the autumn, but also that there will be further opportunities to access 'STP' capital in the future. Large schemes over



£100m will be assessed separately and are subject to longer decision making timescales. It should be noted that even if capital is approved, business case approval from NHSI, DHSC & HMT will subsequently be required.

The scoring criteria against which the capital bids were being assessed was also set out, and the Trust again noted its disappointment that safety did not feature as one of the stated criteria.

NHS Providers also published a briefing which informed providers of the publications so far in relation to preparations for Brexit. This largely focussed on the supply and stock of medicines, as well as organs, tissues, cells and blood. It is clear that there is still a vast amount of uncertainty regarding what the actual outcome will be and the Trust is considering the potential risks that may be faced on an individual basis.

Brexit Workforce pilot: In advance of the UK's exit from the EU on 29 March 2019, the UK government has committed to protect the rights of EU citizens and their family members currently living in the UK. This includes the right to live here, work here and access public services such as healthcare and benefits. To retain these rights after 31 December 2020, EU citizens must apply for UK immigration status under the EU Settlement Scheme. The Home Office has commenced a pilot of the new application process for the EU Settlement Scheme for NHS workers, university staff and students in the North West of England. As part of this pilot, they invited the Trust to participate and our staff who are EU nationals were invited to sessions held here on 28th August 2018.

Annual Members Meeting: the next Annual Members meeting of the Trust is to be held on 13 October 2018. Notifications of the meeting will be issued to members of the public in the usual way. Staff briefing can be found at Document 2.

Hospital: Series four of award-winning BBC documentary series 'Hospital' is coming to Liverpool and is filming at several hospitals across the city, including the Liverpool Women's. The series unveils the incredible work of the NHS and the day-to-day decision-making of those who work within the Trust, the challenges and pressures they face and the patients they care for at a time when the NHS continues to be under scrutiny. Filming will start on the 8th October for around seven weeks.

SECTION B - LOCAL

The Clatterbridge Cancer Centre NHS Foundation Trust: The Trust has appointed Dr Liz Bishop as chief executive and will join the Trust on 26 November 2018. Dr Bishop is currently Deputy Chief Executive and Chief Operating Officer at The Royal Marsden NHS Foundation Trust, where she has worked for eight years. A cancer nurse by background, Liz has also held a number of clinical and managerial positions over the years, including Nurse Consultant, Head of Nursing and General Manager for Oncology at Guy's and St Thomas' NHS Foundation Trust.

Liverpool Health Partners (LHP): Dr Dawn Lawson has been appointed as LHP Chief Executive and will start at LHP on 24 September. Dawn has extensive NHS and academic health partnership experience. She is currently Director of System Transformation and Leadership for the West Yorkshire & Harrogate Health and Care Partnership, and previously was Chief Operating Officer for the Yorkshire & Humber AHSN. In the past she also has worked for a CRN, and been an R&D manager and a researcher. LHP Summer Newsletter can be found at https://mailchi.mp/14f8c6ed41e5/your-summer-update-from-lhp-1499233?e=9bd40ca77e.

New Royal Liverpool University Hospital Update: The Trust received an update from Aidan Keogh, Chief Executive of Royal Liverpool and Broadgreen University Hospitals NHS Trust (please see attached - Document 3)

Cheshire and Merseyside Health & Care Partnership Newsletters Edition 4 – see Document 4 attached

SECTION C - NATIONAL



Ref: LR/AA/DM 24 August 2018

Caron Lappin
Director of Nursing & Midwifery
Liverpool Women's NHS Foundation Trust
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L8 7SS

caron.lappin@lwh.nhs.uk

Royal Stoke University Hospital

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Newcastle Road
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Tel: 01782 676620

Email: <u>elizabeth.rix@uhnm.nhs.uk</u> PA. jacky.johnson@uhnm.nhs.uk

Dear Caron,

I wanted to write to place on record our appreciation for all the support we have received from yourself and the team at Liverpool Women's NHS Foundation Trust over the past month. Ours is a profession where we support each other in our times of need and we have been grateful to colleagues across the country for the messages of condolence and floral tributes. However, the support from LWH has gone far beyond that which we would expect and has touched many of the nurses and midwives here at Royal Stoke.

We will be working with Sam's family and friends over the coming months to put in place plans to recognise her work and leave a lasting legacy. With your permission, I will update you later this year or early next year with how these are progressing with a view to including a delegation from LWH to any service that we may hold to remember Sam.

My thanks on behalf of the whole UHNM family for the care and compassion you and your team have shown to us here. It really has been a source of strength from which have drawn from.

Warmest wishes

LIZ RIX (MRS)
CHIEF NURSE





Annual Members Meeting 2018

Save the Date: Saturday 13th October 2018

Liverpool Women's Hospital along with other national healthcare services are celebrating 70 years of NHS achievements this year, and appreciating the vital role the service plays in our lives.

Here at Liverpool Women's we are also looking forward to the future, a future in which the care that we provide, the way that we provide it, and the facilities we provide our care from keeps evolving.

The Annual Members Meeting will look back at the Trusts achievements during 2017/18, members and guests can also find out about some of our recent developments and plans for the future.

There will be a complimentary 1940s style afternoon tea for all guests and members, and there will also be something special planned on the day which is not to be missed for anyone interested in time travel. Get your camera ready!

Annual Members Meeting - Event Timetable

- 11.00 Arrival of members and guests
- 12.00 1940s style afternoon tea
- 13.00 Art competition winners announced
- 13.30 Annual Members Meeting
- 14.30 Finish

Children's Art Competition

As you know Liverpool Women's opened nearly 25 years ago in 1995 and a lot has changed since then. So what will our hospitals be like in 2043?

With this in mind, we would like to invite children aged between 4 and 15 years old across Merseyside and the surrounding area to take part in an art competition. All the children need to do is use their creativity to show us what Liverpool Women's will look like in the future. They can be as imaginative as they want, but they should include features that they think will help our patients in the future.

Everyone who enters the competition is invited to attend Liverpool Women's on the day of our Annual Members Meeting event along with their friends and family, on Saturday 13th October from 11am-2:30pm where the winners and runners up will be announced. A contact email will be sent to everyone who enters the competition a week or so before the event to include specific times and arrival instructions.

The deadline for entries is Friday 28th September.

Please visit our website for further information on the AMM and how to enter the art competition.





Art competition

What will our hospitals be like in 2043?

We are inviting children aged 4-15 across Merseyside and the surrounding area to take part in an Art competition.

If you would like to enter all you need to do is use your creativity to show us what Liverpool Women's will look like in the future. You can be as imaginative as you want, but make sure that you think about things that will help people who are in our hospital in the future.

Deadline for entries is Friday 28th September 2018

ENTER NOW

Send electronically by emailing to: communications@lwh.nhs.uk as an attachment. Or post your entry to: Communications Team, Liverpool Women's NHS Foundation Trust, Crown Street, Liverpool, L8 7SS

Please include the name of the artist, age, school and a contact number and email address for an adult parent or guardian.





Board of Directors

Committee Chair's report of Finance, Performance and Business Development Committee meeting held 23 July 2018

1. Was the quorate met? Yes

2. Agenda items covered

- Operational Performance Month 3 2018/19 including RTT and Cancer Targets: The Committee received Month 3 performance dashboard. The Committee noted that recovery actions against 18 week RTT and cancer targets continue to be closely monitored weekly by the Access Board. It was noted that the trajectory for managing backlogs for new patients is being revised due to a recent resignation of a consultant gynaecologist and proposed changes to consultant on-call arrangements.
- ~ Finance Performance Review Month 3 2018/19 including CIP: The Committee received Month 3 2018/19 finance position. It was noted that at Month 3, the Trust is reporting a year to date deficit of £1.342m against a deficit budget of £1.624m. It was confirmed that the Trust delivered a 'finance and use of resources' rating of 3 in month which is equivalent to plan. It was highlighted that the Trust had been informed of an allocation of funding to pay directly employed staff as per the NHS pay deal agreement. The impacts are still being assessed, but it appears that this funding will not be sufficient to cover actual expected costs.
- Preparing for 2019/20 Commissioning Negotiations: Right Size: The Committee received a detailed review of services activity, demand and capacity planning to support business planning for 2019/20. The Committee was satisfied with the early planning demonstrated.
- ~ NHSI Enforcement Undertaking Quarterly Review: The Committee received an update of progress made against the actions set by NHSI (formerly Monitor) in April 2016.
- Strategic Outline Case Update: The Committee received a status update noting that the Cheshire and Mersey Health and Care Partnership (formerly the STP) had reviewed and prioritised the capital bids received. An announcement is expected in November 2018.
- ~ Treasury Management Quarterly Report: The Committee received assurance that there is adequate treasury management in place. It was noted that the Trust has a stronger cash position than planned, as such the finance team would recommend repayment of some borrowings.
- Emergency Planning Resilience and Response Bi-Annual Review: The Committee noted significant progress made against EPRR requirements supported by the provision of the Emergency Planning and Business Continuity Manager from Aintree Trust.
- ~ IM&T Update including Electronic Patient Records (EPR): The Committee noted that a draft EPR programme plan had been generated but that this needed further scrutiny. Discussions would take place between Chief Executives of the three organisations to accelerate progress.
- ~ **Neonatal Single Services Update:** The Committee received a verbal update position noting the business case had been submitted to NHS England.
- Neonatal Redevelopment Project: The Committee noted the progression of the design phase. Subject to assurance from the Neonatal Programme Board in relation to the total scheme cost, the Committee supported the funding request to bring forward enabling works which would reduce the overall project life, reduce project costs and reduce clinical risks. The Committee would request Board approval in accordance with the SFIs of the Trust once this was received.
- ~ **Genetics Services Tender Update:** The Committee was informed that NHS England had awarded the contract bid however some details and timescales remain unclear.
- Liverpool Women's Health Consultancy Business Development Update: The Committee received a brief update.





- ~ **Liverpool Provider Alliance Memorandum of Understanding:** The Committee noted the update with regards to the Trust's participation with the Liverpool Provider Alliance.
- Sub Committee Chairs reports received
 - o Turnaround and Transformation Committee held 18 June & 9 July 2018
 - o Emergency Planning Resilience and Response Committee held 2 July 2018
 - o Digital Hospital Sub-Committee held 29 June 2018

The Committee noted and approved the above Chairs reports of its reporting sub-committees.

3. Board Assurance Framework (BAF) risks reviewed

~ The Committee reviewed the BAF risks it is responsible for on behalf of the Board and recommended no changes.

4. Escalation report to the Board on FPBD Performance Measures

~ None.

5. Issues to highlight to Board

- ~ EPR Programme risks
- ~ 2019/20 income and activity
- ~ NHS Pay deal shortfall

6. Action required by Board

~ The Board of Directors is asked to approve the funding of enabling work, which exceeds £500k, for the neonatal redevelopment project to bring forward enabling works.

Jo Moore Chair of FPBD July 2018





Board of Directors

Committee Chair's report of Audit Committee meeting held 23 July 2018

1. Was the quorate met? Yes

2. Agenda items covered

- Follow up of Internal Audit and External Audit Recommendations: The Committee received an updated position on audit recommendations from 2017/18. It was noted that there are currently six outstanding but not yet due audit recommendations, one of which had had an agreed extension to the due date by the executive team. No concerns were raised.
- Internal Audit Agency Progress Reports: The Committee approved the amended audit plan for 2018/19.
- MIAA Follow Up of Audit Report Recommendations: The Committee noted MIAA had reviewed 32 internal audit recommendations that were recorded as completed between December to May 2018. Of these it was confirmed that 26 audits had been fully implemented, 3 partially implemented and 3 superseded. MIAA noted good governance is being demonstrated by the Trust to achieve recommendations.
- ~ MIAA Insights Briefing: The Committee noted the events and benchmarking update.
- Counter Fraud Progress Report: The Committee received the progress report and was asked to note the proposed actions with regards to the bribery act compliance self-assessment and the national Fraud, Bribery and Corruption e-learning module.
- ~ Anti-Fraud Annual report 2017/18 Final: The Committee approved the final version of the Anti-Fraud Annual Report 2017/18.
- External Audit Technical Update: The Committee noted the update for information. The external auditor confirmed that he would be attending the next Council of Governor meeting in July 2018 to present the ISA260 report.
- Register of Waivers of standing orders: The Committee received the register of waivers covering
 the period quarter 4 2017/18 and quarter 1 2018/19. No concerns were raised. The procurement
 team will continue to benchmark waivers on a quarterly basis and review usage in line with Trust
 SOPs.
- Settlement Agreement Annual Report 2017/18: The Committee received the annual review of settlement agreements entered into by the Trust during 2017/18 and was assured that appropriate procedures had been followed.
- Corporate Governance Manual: The Committee received the annual review noting minor changes and approved the corporate governance manual.
- ~ Audit Committee Workshop Proposal: It was agreed that MIAA should facilitate an audit committee workshop to review the effectiveness of the Committee.
- Review of effectiveness of internal and external audit: The Committee considered the
 effectiveness of the internal and external audit providers privately with the auditors and privately
 with Trust representatives. It was agreed that performance is satisfactory.
- Any Other Business: The Committee noted an increasing risk with regards to contracting in 2019/20 and noted that the Finance, Performance and Business Development Committee would be closely monitoring.
 - The Committee also noted that the Trust CQC report published on the CQC website remains to be the incorrect version, which has been the position for a number of months. The Committee was concerned about the length of time being taken to correct a published document.





- 3. Board Assurance Framework (BAF) risks reviewed
 - Board Assurance Framework (BAF): The Committee received the latest BAF report and was assured by the review process undertaken by executive leads, Board Committees and the Board of Directors.
- 4. Escalation report to the Board on Audit Performance Measures
 - ~ None
- 5. Issues to highlight to Board
 - ~ None
- 6. Action required by Board
 - ~ None

lan Knight Chair of Audit Committee





Board of Directors

Committee Chair's report of Quality Committee meeting held 24 July 2018

- 1. Was the quorate met? Yes
- 2. Agenda items covered
 - ~ Subcommittee Chairs reports:
 - o Experience Senate held 10 July 2018
 - o Effectiveness Senate held 15 June 2018
 - o Safety Senate held 13 July 2018

The Committee noted and approved the above Chairs reports of its reporting sub-committees.

- Quality & Regulatory Improvement Requirements: The Committee noted that the published inspection report on the CQC website remains to be the incorrect version, despite being notified. This has been raised as an incident with the CQC. The action plan post CQC inspection was tabled and noted at the meeting.
- ~ Mortality Quarterly Report Quarter 1 2018/19: The Committee received the Mortality quarterly report noting that there had been two in-hospital expected gynaecology oncology deaths during quarter 1, and rates are within expected low levels for a speciality hospital.
- Quality Committee Performance Dashboard Report Month 3: The Committee received Month 3 performance dashboard. It was noted that recovery against the 18 week RTT and cancer targets is progressing however a revised recovery trajectory is being devised due to a recent resignation of a consultant gynaecologist and proposed changes to consultant on-call arrangements, both of which reduce capacity to treat patients.
- ~ Integrated Governance Assurance Report Quarter 1 2018/19 (Previously SEE report): The Committee received the report noting the highlights within the executive summary and the addition of a litigation section as requested. The Committee provided further comments to strengthen the new report.
- Research and Development Annual Report 2017/18: The Committee received and considered the content of the research and development annual report. The Committee acknowledged and congratulated the successful performance demonstrated by the R&D team and the strong position the department holds within the local health and education community. It was agreed that the Marketing team should work more closely with the R&D department to promote these achievements.
- NICE Guidance Annual Report: The Committee was assured that all NICE guidelines are reviewed by the Associate Medical Director of Governance and by the Effectiveness Senate. The Committee considered the process followed if the Trust made a decision to not comply with a NICE guideline. It was agreed that this information would be reported by exception within the Effectiveness Senate Chair report and included within the Annual report.
- ~ Review of Quality Strategy Quarter 1 2018/19: The Committee noted progress made against the Quality Strategy and the revised action plan.
- ~ Review of Equality and Human Rights Goals 1&2, Quarter 1 2018/19: The Committee noted the quarter 1 2018/19 position. Two key areas currently being developed was highlighted to the Committees attention, one relating to transitions from one service to another and one relating to accessibility standards.

3. Board Assurance Framework (BAF) risks reviewed

The Committee reviewed the quality related BAF risks it is responsible for on behalf of the Board.





The Committee recommended an increase to the target risk score for BAF risk 2184 Failure to deliver an integrated EPR against agreed Board plan to 25.

4. Escalation report to the Board on Quality Committee Performance Measures See section 2, within Quality Key Performance Indicator Report Month 3.

5. Issues to highlight to Board

~ EPR Programme risks remain: Committee recommend an escalation of the EPR BAF target risk score to 25.

6. Action required by Board

None.

Susan Milner Chair of Quality Committee July 2018





Board of Directors

Committee Chair's report of Charitable Funds Committee held on 10 July 2018

- 1. Was the quorate met? Yes
- 2. Agenda items covered
 - Charity Funds Strategy Update: The Committee noted the appointment of Sylvia Pearl, Head of Fundraising as per one of the recommendations from the commissioned charity fundraising feasibility review.
 - Fundraising Update report: The Committee received an update of activities by the Fundraising Team and noted the work undertaken to meet GDPR rules. There was a discussion with regards to different systems of recording fundraising financial information used by the fundraising team and the finance team. The Committee supported an approach towards implementing one method of recording financial information to prevent discrepancies.
 - ~ Financial Position & Investment Reports, Quarter 4 2017/18: The Committee noted the Charitable Funds income and expenditure position as of Quarter 4 2017/18. It was confirmed that more funds are being spent than saved as per Committee strategy however it was highlighted that income had continued to reduce across all funds. Action would be undertaken to review the accounts and identify any issues behind the reduction of income and agree a clear strategy for income generation going forward. A summary of the performance of the investments during quarter 4 was also noted as decreasing in value.
 - Authorisation of funding applications expenditure: After consideration the Committee refused the funding application for a patent for IP parenteral nutrition product as not a charitable trust matter and more relevant to research and development. The Committee agreed an alternative budget should be identified. The Committee approved the Fundraiser Salaries application and agreed to continue to fund the PhD fellowship for 2 years from the Neonatal fund.
 - ~ Charitable Funds Impact report 2017/18: The Committee noted the report and agreed that the positive impact made by charitable spends should be communicated publically.
 - Volunteer Strategy Achievements 2017/18: The Committee noted achievements made during the year against the Volunteer Strategy.
 - Charitable Funds Committee Terms of Reference and Business Cycle: The Committee approved the terms of reference and business cycle.
- 3. Risk Register risks reviewed

Yes

- 4. Issues to highlight to Board of Directors
 - ~ None
- 5. Risk Register recommendations
 - ~ None
- 6. Action required by Board of Directors
 - To approve the Charitable Funds Terms of Reference (enclosed)

AUTHOR NAME: Phil Huggon - Chair of Charitable Funds Committee

DATE: July 2018





CHARITABLE FUNDS COMMITTEE TERMS OF REFERENCE

Constitution:	The Board hereby resolves to establish a Committee of the Board of Directors to be known as the Charitable Funds Committee (the Committee)
Duties:	The Committee's responsibilities fall broadly into the following areas:
	Charitable Legislation a. To ensure funds are managed in accordance with the latest legislation and regulations pertaining to charities.
	Income & Expenditure b. To review the fund's performance and ensure all expenditure is in line with the charitable objectives of the fund.
	 Fundraising c. To oversee fundraising activities and approve all plans for the expenditure of the fund. d. To receive a periodical and annual fundraising reports.
	Investment Management e. To oversee the performance of the fund managers, compare with peer groups and periodically review the fund management function.
	Reports f. To receive periodical and annual reports regarding fundraising. g. To review and approve Trust Annual Report & Accounts.
	Strategy h. To set the strategy regarding Charitable Funds
Membership:	 A Chairman who shall be a Non-executive director One other Non-executive Director Deputy Director of Finance (or nominated deputy) Director of Workforce and Marketing Director of Nursing and Midwifery Financial Accountant
	Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to



	constitute presence in person at the meeting and count towards the quorum.
	The Board of Directors will appoint a Non-Executive Director as Chair of the Committee. Should the Chair be absent from a meeting of the Committee, the Committee may appoint a Chair of the meeting from amongst the Non-Executive Directors present.
Quorum:	A quorum shall be three members which must include one Non-executive director.
Voting:	Each member will have one vote with the Chair having a second and casting vote, if required. Should a vote be necessary a decision will be determined by a simple majority.
Attendance:	a. Members Members will be required to attend a minimum of 75% of all meetings.
	 b. Officers The non-executive Chairman shall normally attend meetings. Other Board members shall also have right of attendance subject to invitation by the Chairman of the Committee.
	The Fundraiser to attend as required at request of the Committee.
	Other officers and staff of the Trust will be invited to attend the meeting as appropriate when an issue relating to their area of operation or responsibility is being discussed.
	Representatives from partner organisations or other external bodies may be invited to attend as appropriate. Such representatives will not have voting rights.
Frequency:	Meetings shall be held on a bi-annually basis. Additional meetings may be arranged from time to time, if required, to support the effective functioning of the Trust.
Authority:	The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

Accountability and reporting arrangements:	The Committee is authorised by the Board to obtain independent professional advice or to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. This includes seeking the advice of specialists from within and outside the NHS as appropriate. The minutes of the Charitable Funds Committee shall be formally recorded and a Chair's Report will be submitted to the subsequent Board of Directors for assurance. Approved minutes will be made available to all Board members upon request.
Reporting Committees/Groups	The Charitable Funds Committee has no reporting committees/groups.
Monitoring effectiveness:	The Committee will undertake an annual review of its performance against its duties in order to evaluate its achievements.
Review:	These terms of reference will be reviewed at least annually by the Committee.
Reviewed by: Charitable Funds Committee Subcommittee:	10 July 2018
Approved by: Board of Directors	[September 2018]
Review date:	June 2019
Document owner:	Colin Reid, Trust Secretary Email: Colin.reid@lwh.nhs.uk Tel: 0151 702 4033



	Agenda Item 2018/2	28
MEETING	Board of Directors	
PAPER/REPORT TITLE:	Listening Event Safe and Just Culture	
DATE OF MEETING:	Friday, 07 September 2018	
ACTION REQUIRED	For Assurance	
EXECUTIVE DIRECTOR:	Michelle Turner, Director of Workforce and Marketing	
AUTHOR(S):	Jean Annan/ Chris McGhee	
STRATEGIC OBJECTIVES:	Which Objective(s)?	
	1. To develop a well led, capable, motivated and entrepreneurial <i>Workforce</i>	\boxtimes
	2. To be ambitious and <i>efficient</i> and make the best use of available resource	\boxtimes
	3. To deliver <i>Safe</i> services	\boxtimes
	4. To participate in high quality research and to deliver the most <i>effective</i>	
	Outcomes	\boxtimes
	5. To deliver the best possible <i>experience</i> for patients and staff	\boxtimes
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	 Which condition(s)? Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust	🔲
	sustainable integrated care or quality service provision	🛚
	9. Inability to deliver the best clinical outcomes for patients 10. Potential for poorly delivered positive experience for those engaging with our service	
CQC DOMAIN	Which Domain?	zs 🔼
	SAFE- People are protected from abuse and harm	
	EFFECTIVE - people's care, treatment and support achieves good outcomes,	
	promotes a good quality of life and is based on the best available evidence.	_
	CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect.	
	RESPONSIVE – the services meet people's needs.	



	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.		
	ALL DOMAINS	\boxtimes	
LINK TO TRUST	1. Trust Constitution	4. NHS Constitution	
STRATEGY, PLAN AND	2. Operational Plan □	5. Equality and Diversity	
EXTERNAL	3. NHS Compliance □	6. Other: Click here to enter text.	
REQUIREMENT			
FREEDOM OF	1. This report will be published in line with the Trust's Publication Scheme, subject to		
INFORMATION (FOIA):	redactions approved by the Board, within	3 weeks of the meeting	
RECOMMENDATION:	1. Receive and consider the feedback from the Fair and Just Culture Listening Event;		
(eg: The Board/Committee is asked to:)	2. Endorse the approach and continue to support the Fair and Just Culture project; and		
	3. Provide challenge into the organisation	on and gain assurance that the feedback from	
	staff is being acted upon		
PREVIOUSLY	Committee name	Choose an item.	
CONSIDERED BY:		Or type here if not on list:	
		Click here to enter text.	
	Date of meeting	Click here to enter a date.	

Executive Summary

As an acknowledgement of the success of previous Listening Events as a welcome opportunity for all staff to share views and ideas, the Trust has committed to hosting Listening Events every quarter, supported by Board attendance. The July event coincided with the launch of the Fair and Just Culture project and the interactive nature of the Listening Event provided an excellent forum to engage and to gather information. This paper provides a review of the event

In broad terms, the feedback from the Fair and Just Culture Listening Event was

- Staff again welcomed the time to speak freely away from the workplace with very senior leaders
- Staff appreciated the opportunity to contribute and be heard at an early stage to the project
- They enjoyed the opportunity to spend time with colleagues from other areas/disciplines
- There was a desire to work together to create a fair and just culture

In conjunction with other information gathering exercises, Feedback from the event will be used to inform the project going forward

Board is asked to

- Receive and consider the feedback from the Fair and Just Culture Listening Event
- Endorse the approach and continue to support the Fair and Just Culture project



 Provide challenge into the organisation and gain assurance that the feedback from staff is being acted upon

Report

1. Background

How we think about workplace accountability is inherently important. The concept of justice is the foundation of our society, no one likes to feel they have been unfairly treated and that includes how they are treated in the workplace.

To understand more about what goes wrong we need to establish a culture that encourages open and honest reporting of adverse events and risky situations; however people will not report incidents nor will they be fully honest if they feel they will suffer blame or detriment as a result. At Liverpool Women's Hospital we are committed to developing a culture that supports honest disclosure in at atmosphere that is Fair and Just, yet holds people accountable for their behaviors fairly, without blame or detriment, unless the intent was malicious. The challenge lies in understanding how events have occurred and the drivers for adverse incidents, to do this well we need staff to be open and honest when we investigate, they will only do this if they feel it is safe to do so.

As the result of the work started in the airline industry, there is an increasing realization that a Fair and Just Culture does transfer into healthcare and the effects prove it can dramatically improve patient safety as real learning is achieved which means the likelihood of repetition decreases.

A Fair and Just Culture reshapes our understanding of accountability, the role of the systems in which we and our staff work and the role of human behavior, to help us arrive at a consistent way to establish a safe environment by better design and management of our work systems, and staff behaviors within those system. For this project to be a success it is essential that staff are engaged and involved meaningfully right from the start as they will need to believe and trust in the new way of responding to incidents, we need to hear their voices in respect of what is currently going wrong and build with them that a Fair and Just culture is not only possible but will be a reality for them. The listening event was an ideal first step in the conversation we need to begin with staff, to identify ways to communicate, listen to how staff want to be communicated with and to introduce the concept of a Fair and Just Culture to begin a wider conversation with staff.

The Trust is being supported by David Marx, a leading US expert on safe and fair culture. David is visiting the Trust in August 2018 to meet with the Executive Team, senior leaders and staff in the organization.

2. Outcomes from Listening Event 4: Fair and Just Culture.

The key messages were:

- The importance of commencing and maintaining discussion groups for sharing learning and information
- Building a caring community that encourages and supports speaking out and learning
- Multi-media approach to sharing information to ensure the maximum impact
- The need to balance communicating errors and mistakes with celebrating what went well
- The importance of the manager's role in creating a just and fair culture
- The need for consistency, safety and transparency
- A focus on addressing issues in the system rather than blaming an individual
- Managers trained and courageous to focus on the incident not the outcome



Walking the talk

Once again, the event evaluated very well and the greatest positive was that staff enjoyed the opportunity to contribute at the start of the project. Due to annual leave and sickness absence, attendance was low; however, for staff that were present, it was easier for their voices to be heard and to complete longer discussions. Engagement in conversation was evident throughout the session with a good a mixture of returnees and new attendees.

Building on the reputation of previous Listening Events as a productive space for sharing ideas and voicing concerns across the system, the creative relationships that result from these discussions provided the perfect forum for beginning Trust wide discussions and engaging staff with the piece of work that will lead to the Trust becoming an exemplar in Fair and Just Culture.

Key Actions

Theme	Actions
How can staff be Engaged to help change the culture at	Series of meetings which will be small and confidential to
LWH to become Fair and Just	begin in September 2018 with staff being invited personally
	to learn about Fair and Just Culture and contribute their
Shared responsibility for incidents	feelings and ideas.
Value everyone	
Transparency about process	Consider a newsletter approach to educate about the project
Regular meetings / updates	its progress and milestones of the project, annual listening
Clear objectives	event for the duration of the project
	Development of pilot sites to test and evaluate processes
	and education materials before full launch,
	Be honest and realistic with staff about timescales for change (3-5 years).
Working with Managers at all levels to improve the	Development of an education program for managers and
culture to become Fair and Just.	supervisors in how Fair and Just culture will work in LWH and
	what tools will be available to manager to support this
Treat people how you would want to be	change.
treated	
Support for everyone involved in an incident	Visit Neonatal to identify the purple heart scheme and how it
 Showing appreciation to staff (purple hearts in 	works to recognise staffs contribution
Neo)	
Don't micromanage , give support	Work with HR and Governance to review policies relevant to
	incidents and investigations to improve the language to
	better reflect the new culture and show respect to staff.
What instances and evidence of good / useful practice	Visit Neonatal to identify the purple heart scheme and how it
have you seen either here or elsewhere that have	works to recognise staffs contribution
contributed to a just and fair culture that you think we	
should use or do more of?	Work with Managers and supervisors as part of the
	educational program of a Fair and Just Culture to encourage
Purple Heart in Neonatal unit	them to praise staff.
Thanks from Manager at end of a shift	
Excellence awards / team awards	Work with Communications team to simplify and encourage
	use of the awards system already in place
We need to engage widely with the workforce to	Series of meetings which will be small and confidential to
explain the Fair and Just Culture project and to listen to	begin in September 2018 with staff being invited personally



staff views – how best can this be done to maximise staff engagement?

to learn about Fair and Just Culture and contribute their feelings and ideas.

- Feedback after incidents
- Celebrate the good
- Using a multimedia approach to engage staff
- Regular meetings/ updates
- Feedback from F2SUG

Engaging with Communications Team to create a multimedia platform for sharing information and feedback to staff for the project, regular briefings to keep staff engaged in the project and its progress.

Review with HR and Governance teams how we can better celebrate good news and excellence

3. Summary

There is considerable potential to provide a positive start for the Fair and Just Culture project through early engagement and acknowledging the importance of the Staff voice. A. The feedback from this event will be used alongside additional data gathering exercises and will provide a well-informed project base-line highlighting issues that staff feel impede the organisation from consistently demonstrating fair and just culture, and using their suggestions as a way forward. The establishment of Listening Exercises as a vehicle for engaging staff continues to be well received and of value to staff who welcome the opportunity to exchange open and honest views with the Board.

The value of the listening event was that staff present were obviously engaged and interested in the Fair and Just Culture Project, they felt this was a positive approach and one they would engage with. There was a real appetite in the room for a cultural change which will encourage all staff to be kinder and have greater understanding and respect for each other and there was plenty of energy for change given that it was a Friday afternoon.

To maintain this we need to continue and spread the message and keep a momentum in place to educate and inform staff on progress and how they can get involved, the small group meetings with the project manager and staff will hopefully further engage staff, and a newsletter will keep staff informed and updated. Revision of policies with kinder language and the development of better support mechanisms for staff involved with incidents will hopefully demonstrate the Trust's commitment to change. The visit by David Marx next week will give impetus to the project, for those present in the room at the engagement event will hopefully look back and be proud to say they were there at the start of the cultural change at LWH and hopefully we can spread this message to the wider NHS.

4. Board Actions

The Board is asked to

- Receive and consider the feedback from the Fair and Just Culture Listening Event;
- Endorse the approach and commit to supporting the Fair and Just Culture Project; and
- Provide challenge into the organisation and gain assurance that the feedback from staff is being acted upon



	Agenda Item 2018/230)
MEETING	Board Meeting	
PAPER/REPORT TITLE:	Guardian of Safe working Hours Annual Report	
DATE OF MEETING:	Friday, 07 September 2018	
ACTION REQUIRED	For Assurance	
EXECUTIVE DIRECTOR:	Andrew Loughney, Medical Director	
AUTHOR(S):	Geoff Shaw, Guardian for Safe Working Hours Rochelle Collins, Medical Staffing Manager	
STRATEGIC OBJECTIVES:	Which Objective(s)?	
STRATEGIC OBJECTIVES.	1. To develop a well led, capable, motivated and entrepreneurial workforce	
	 To be ambitious and <i>efficient</i> and make the best use of available resource 	
	3. To deliver <i>safe</i> services	
	4. To participate in high quality research and to deliver the most effective Outcomes	П
	_	
LINK TO BOARD	5. To deliver the best possible experience for patients and staff Which condition(s)?	
ASSURANCE FRAMEWORK (BAF):	 Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust	. 🛛
	capacity to deliver the best care	\boxtimes
	3. The Trust is not financially sustainable beyond the current financial year	
	4. Failure to deliver the annual financial plan5. Location, size, layout and accessibility of current services do not provide for	
	sustainable integrated care or quality service provision	
	6. Ineffective understanding and learning following significant events7. Inability to achieve and maintain regulatory compliance, performance	
	and assurance	
	8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016)	\boxtimes
	9. Inability to deliver the best clinical outcomes for patients	\boxtimes
	10. Potential for poorly delivered positive experience for those engaging with our services.	. 🛛
CQC DOMAIN	Which Domain?	
	SAFE- People are protected from abuse and harm	\boxtimes
	EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.	\boxtimes
	CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect.	
	RESPONSIVE – the services meet people's needs.	\boxtimes



	WELL-LED - the leadership, manag organisation assures the delivery of supports learning and innovation,					
	ALL DOMAINS	LL DOMAINS 🛛				
LINK TO TRUST	1. Trust Constitution		4. NHS Constitution			
STRATEGY, PLAN AND	2. Operational Plan		5. Equality and Diversity	\boxtimes		
EXTERNAL	3. NHS Compliance		6. Other: Click here to enter	rtext.		
REQUIREMENT						
FREEDOM OF	1. This report will be published	1. This report will be published in line with the Trust's Publication Scheme, subject to				
INFORMATION (FOIA):	redactions approved by the Bo	ard, within 3	weeks of the meeting			
RECOMMENDATION: (eg: The Board/Committee is asked to:)	The Board is to receive the Gud	ardian of Saj	fe Working Hours Annual Repor	t		
PREVIOUSLY CONSIDERED BY:	Committee name Putting People First Committee			ee		
	Date of meeting		Presented quarterly to PPF			

Executive Summary

Under the 2016 terms and conditions for doctors and dentists in training introduced by the Department of Health nationally on 5th October 2016, there is a requirement for the guardian of safe working hours (GSWH) to submit a quarterly report to a sub board committee and an annual report to the Trust Board. The Putting People First Committee has received these reports quarterly.

The new contract highlights three functions, which oversee the safety of doctors in the training and service delivery domains of their working experience:

- a. The employer or host organisation designs schedules of work that are safe for patients and safe for doctors, and ensures that work schedules are adhered to in the delivery of services.
- b. The Director of Medical Education (DME) overseas the quality of the educational experience.
- c. The Guardian of Safe Working Hours provides assurances to the employer, and host organisation if appropriate on the compliance with safe working hours by the employer and the doctor.

The GWSH supports safe care for patients and the health and wellbeing of doctors in training through the management of exception reporting. The role ensures any issues of compliance with safe working are addressed as appropriate by the Trust. The guardian has the authority to impose sanctions such as a doctor taking time back in lieu of working additional hours or levy financial penalties against the departments where safe working hours are breached.



The Guardian is confident that doctors in training receive appropriate work schedules and compliant rotas. This is evident in the number of exception reports received by the Guardian in the reporting year, a total of 8 exception reports were lodged, 7 of these in O&G and 1 in Neonates. There were no work schedules review requests.

Due to the majority of the exception reports relating to theatre overruns, the Anaesthetic and O&G service are addressing this by extending the working day by 30 minutes.

The national shortage of junior doctors is proving to be a significant challenge to the Trust. The most affected specialty is O&G who host a number of female trainees who work less than full time, this is a national trend and not unique to Liverpool Women's.

During this reporting period, the services ran with a number of rota gaps resulting in the following shifts requiring locum cover. Obstetrics and gynaecology 285, Neonates 49 and Anaesthetics 86 shifts requiring cover by either a doctor in training, an agency doctor or a consultant. Of the 285 shifts requiring cover in O&G 12 shifts were unfilled. However, it should be noted, that at no point did the Trust consider the staff levels to be in adequate as the unfilled shifts were during the hours on 17:00 - 21:00 when there was senior medical representatives on site.

Report

Introduction

The Guardian of Safe Working Hours is a new role created as part of the 2016 contract. The Trust appointed Mr Geoff Shaw (Consultant Obstetrician) to the role in July 2016. The Guardian is responsible to the Medical Director and should not be involved in management roles within the Trust, but have a fully independent role with access to the Board as required.

The role of the Guardian is to;

- Act as a champion of safe working hours
- Record and monitor compliance of exception report management and review cases escalated by a doctor in training
- Escalate issues for action where not addressed locally
- Will request work schedule reviews to be undertaken where necessary
- Oversea safety-related exception reports and monitor compliance with the system
- Intervenes as required to mitigate safety risks
- Intervenes where issues are not being resolved satisfactory
- Provide assurances on safe working and compliance with TCS
- Submits a quarterly report to the Trust Board on the functioning of the contract and exception reporting

By way of context, based on the national implementation schedule the number of doctors on the new contract has increased from 8 in 2016, to 47 by August 2018. The 2018 rotation for O&G, Anaesthetics and Genetics changed over on 3rd August and the Neonates rotation changed over on 4th September.

By way of context, The Trust has seen an increase from 8 doctors in training

Work Schedules

NHS Employers recommend that doctors in training should be made aware of their next placement 12 weeks before commencement. They should receive work schedules 8 weeks prior to commencement and a finalised rota 6 weeks before. This is to enable doctors to request annual leave in advance.



Although the majority of work schedules have been completed within the 8-week timeline, this has not always been possible due to conflicting information from Health Education inaccurate or missing information from the college tutors and / or changes in the rota due to unexpected gaps. This information is currently reported quarterly to NHSI data collection.

Rota compliance

All rotas are complainant with both 2002 and 2016 terms and conditions. This is relevant as doctors training at the trust are on different terms and conditions yet work on the same rota. Therefore, it is paramount that all rotas remain compliant with both sets of terms and conditions.

Staffing Levels

Due to the national shortage of junior doctors, and as detailed on the trusts Risk Register, the Trust usually runs with a number of gaps on the rotas across all services. The majority of these gaps are in the main covered as locum shifts by the current cohort of doctors in training. However, there is an increasing reliance on agency locum shifts in O&G, managed within the current framework agreement.

Obstetrics and Gynaecology has consistently ran with gaps between 3-5.5 throughout the year. Anaesthetics, 1 gap as the service is excellent at workforce planning and there are more anaesthetists available to fulfil a trust grade doctor post within the rota. However, maternity leave has been a constant issue for the service. Neonates has ran with an average of 2 WTE gaps again due to maternity leave.

Due to the specialist nature of each service, rota gaps are covered in a different manner. For example, Neonates only use doctors in training or advanced neonatal nurse practitioners; the service covers a mixture of daytime and out of hour's shifts. Anaesthetics only use doctors in training to cover gaps; again, the service covers a mixture of daytime and out of hour shifts. This is due to the specialist training required for obstetrics and the equipment used in this particular specialty. However, O&G, use a mixture of doctors in training, bank doctors, trust grade doctors and agency doctors. There has also been an increase in Consultants 'acting down' to become resident on call when a shift cannot be filled.

As detailed in the executive summary, during this reporting period the services required locum cover for 285 shifts in O&G, 49 in Neonates and 86 in Anaesthetics. Of the 285 shifts requiring cover in O&G 12 shifts were unfilled. However, it should be noted, that at no point did the Trust consider the staff levels to be in adequate as the unfilled shifts were during the hours on 17:00 - 21:00 when there was senior medical representatives on site.

Exception Reporting

Doctors in training are expected to electronically submit exception reports via the doctors rostering system (DRS) detailing if they have worked over their scheduled hours, missed breaks or educational opportunities. These exceptions are managed by the doctor's educational supervisors, and where appropriate the GSWH and or the Director of Medical Education (DME).

As detailed in the table below, the number of exception reports has been minimal with the majority of them being reported in quarter 2 and quarter 3.

Numbers of exception reports recoded on the electronic reporting system are listed below; between April – July 17 no exception reports recorded.



Month	Specialty	Grade	Reason	No: hours	Out come
August	O&G	ST1	Hours	1	Time back in lieu
August	O&G	GPST2	Hours	1	Time back in lieu
August	O&G	ST1	Hours	3.5	Time back in lieu
September	O&G	ST1	Hours	0.45	Time back in lieu
September	O&G	ST1	Hours	1	Time back in lieu
October	O&G	GPST	Education	n/a	Details discussed
October	Neonates	ST1	Hours	1	Not agreed
November	O&G		Hours	2	Time back in lieu

The majority of the recoded exception reports relate to theatre overruns. Due to the increasing complexity of patients being cared for at the Trust, this is often the case and as described in the exception report, doctors in training have noted that the overrun was due to a complicated case / patient as opposed to the scheduling of the rotas or inappropriate work schedules.

The educational supervisor did not agree with the exception report as lodged in October as the doctor in training had worked an additional hour due to the change in the clocks.

Engagement of junior Doctors

The GSWH continues to attend doctor in training inductions and offers support to all doctors. The doctors are aware of the GSWH and the role. There is also an encouragement for doctors to complete exception reports as it is a useful tool when looking at workforce planning. Doctors are offered exception reporting training as and when they need it, however to date no one has taken up this offer nor advised the GSWH or HR of any issues when using the system.

The doctors are also encouraged to discuss any issues relating to safe working, practices or behaviours with their educational supervisors. They also have access to the Freedom to Speak Up Guardian.

The Junior doctor forums have been poorly attended. The Trust is aware that this is not necessarily a local issue but is apparent in trusts across the region. However, the GSWH is confident that the attendance will increase as the number of doctors on the 2016 terms and conditions increases. The GSWH is looking to reformat the meetings to include a 'topic of the quarter' as the forum recently discussed a legal case regarding a doctor in training (Leicester) which engaged the doctors and gave them a platform to discuss their thoughts around this.

Fines

There are no fines to report.

Issues for Consideration

The GSWH continues to be concerned about the number of rota gaps particularly at the ST5 plus grade and the trend for doctors to apply for an out of programme period to complete research in neighbouring Trusts such as Manchester.



Although there are not many exception reports lodged the GSWH believes that there is a trend for doctors not to report exceptions as they have advised in forums and outside of forums that they value the exposure and experience they gain from complex cases / patients. The Trust will continue to encourage doctors to submit exception reports.

Actions Taken

The Trust has implemented a Medical Workforce Group to help mitigate the junior doctor shortages and looking into alternative roles and opportunities to support the medical workforce.

Recommendation

The Board is asked to receive the report from the Guardian of safe Working Hours.



		Agenda Item	2018/231			
MEETING	Board of Directors					
PAPER/REPORT TITLE:	Safer Nurse/Midwife Staffing Monthly Report					
DATE OF MEETING:	Friday, 07 September 2018					
ACTION REQUIRED	For Assurance					
EXECUTIVE DIRECTOR:	Caron Lappin, Director of Nursing and Midwifery					
AUTHOR(S):	Caron Lappin Director of Nursing and Midwifery Clare Fitzpatrick Head of Midwifery					
STRATEGIC OBJECTIVES:	Which Objective(s)?					
	1. To develop a well led, capable, motivated and entrepreneu	urial <i>workford</i>	re			
	2. To be ambitious and <i>efficient</i> and make the best use of	available resourd	ce			
	3. To deliver <i>Safe</i> services			\boxtimes		
	4. To participate in high quality research and to deliver the m	ost <i>effective</i>				
	Outcomes					
	5. To deliver the best possible <i>experience</i> for patients and	d staff		\boxtimes		
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	 Which condition(s)? Staff are not engaged, motivated or effective in delivering aims of the Trust	eputation as a re vith the capability financial year	sult of y and	_		
	sustainable integrated care or quality service provision 6. Ineffective understanding and learning following significant in the service and maintain regulatory compliance, part and assurance	nt events performance plan (Dec 2016)				
CQC DOMAIN	Which Domain?					
	SAFE- People are protected from abuse and harm			\boxtimes		
	EFFECTIVE - people's care, treatment and support achieves god promotes a good quality of life and is based on the best availab					
	CARING - the service(s) involves and treats people with compart and respect.		dignity			
	RESPONSIVE – the services meet people's needs.					



	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.				
	L DOMAINS				
LINK TO TRUST	1. Trust Constitution	4. NHS Constitution			
STRATEGY, PLAN AND	2. Operational Plan □	5. Equality and Diversity □			
EXTERNAL REQUIREMENT	3. NHS Compliance	6. Other: Click here to enter text.			
FREEDOM OF	1. This report will be published in line wit	h the Trust's Publication Scheme, subject to			
INFORMATION (FOIA):	redactions approved by the Board, withir	3 weeks of the meeting			
RECOMMENDATION:	The Board is asked to note:				
(eg: The Board/Committee is asked to:)	 The content of the report and be assigned provided to meet the national and leading. 	sured appropriate information is being ocal requirements.			
	The organization has the appropria	te number of nursing & midwifery staff on its			
	inpatient wards to manage the c	urrent clinical workload as assessed by the			
	Director of Nursing & Midwifery				
PREVIOUSLY	Committee name	Choose an item.			
CONSIDERED BY:		Or type here if not on list:			
	Click here to enter text.				
	Date of meeting	Click here to enter a date.			

Executive Summary

Data presented in this report demonstrates the effective use of current Nursing & Midwifery resources for all inpatient clinical areas. The monthly report identifies staffing fill rates to demonstrate nursing and midwifery and care support levels. Fill rates of 100% mean that all planned staff were on duty. Fill rates of greater than 100% represent increased staffing levels to meet unplanned demand to meet patient care needs.

Fill rates of less than 100% reflect unplanned sick leave, vacancy or when staff are moved to work in another clinical area of greater clinical needs, due to low occupancy rates on their own area, or where by demands are greater in another clinical area.

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 June 2018 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 the safe staffing exception report related to staffing levels, incidents and red flags which are triangulated with a range of quality indicators for both nursing and midwifery.

2.0 Safer staffing exception report

The safer staffing fill rate (appendix 1) provides the established versus actual fill rates on wards split by registered and unregistered staffing hours and by day and night shifts. 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, a growing trend is maternity leave, especially within maternity division, and this is being closely monitored.
- The monthly audit of nursing indicators was suspended in September 2017 by the previous DON. The trust
 has been developing a ward accreditation system which is required to support the collection of quality
 indicators alongside real time patient safety flags. This work is currently being reviewed by the new
 DON&M It is envisaged that this work will need to be reviewed, adapted and then re launched across the
 organisation.
- ACE incident submissions related to staffing and red flags, are monitored daily at the huddle
- Nurse sensitive indicators demonstrate outcome for patients measuring harm these include;
 - o 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
 - o Babies requiring thermo cooling resulting in an Each Baby counts report
 - o Cases of Clostridium Difficile (CDT)
 - In line with the National Quality Board 2016 the trust publishes nursing and midwifery staffing data on a daily basis at entrances to wards, staffing data is also submitted on a monthly basis through a unify submission to the NHS choices site.

2.1 Summary of fill rates

The inpatient wards have been able to maintain fill rates during the month of June and July 2018.

June 2018 the average fill rate for registered staff was greater than 90.9% day time, 93.5% night time, and the average fill rate non registered staff 82.9% day time, 86.7% night time. Maternity division displayed the lowest fill rate due to a seasonal spike in short term sickness, coupled with long term sick and maternity leave, agreements in place to recruit to cover maternity leave, recruitment plans underway to address this shortfall across maternity services.

July 2018 the average fill rate for registered staff day time, 102.68%, 96.48% for unregistered staff, the average fill rate for registered staff night time 101.58%, unregistered 93.46%, maternity displayed the greatest increase in fill rates for registered staff due to recent recruitment drives within maternity services.

Safe staffing for each ward is assessed on a daily basis by the relevant Divisional Matrons. The duty manager is responsible for the evenings and weekends within the divisions and, the on call senior manager has the responsibility for ensuring safe staffing of all ward areas across the Trust.



2.2 Red Flags

June 2018 - Red Flags

There were a total of 6 incidents, reported under the Nursing/Midwifery red flag staffing criteria:

- 5 incidents from staffing shortfalls across gynaecology, OPD, and Maternity.
- Maternity also reported a red flag in relation to a delay greater than 30 mins in an elective procedure, (Delay in induction of labour).

July 2018- Red Flags

There were a total of 11 incidents reported under the Nursing/Midwifery red flag staffing criteria:

- 2 from gynaecology, relating to omission of a medication, in relation to unavailability of prescriber;
- 5 from Neonatology in relation to a delay in medication administration; and
- 4 from Maternity in relation to a delay in planned clinical activity greater than 30 ins (2 delays in elective Induction of Labour, 3 delays in admittance to theatre for repair of a third degree tear).

Investigations into these concluded that staffing levels and skill mix were safe at the time and did not contribute directly to any incidents. All incidents were reviewed within the recommended timeframes and action plans commenced if appropriate.

3.0 National information

There is no nationally agreed measure of the shortfall in the nursing and midwifery workforce in England, however, Health Education England state that there are 36,000 nursing vacancies in the NHS in England equating to a vacancy rate of 11%

4.0 Actual vacancies at LWH

June 2018

Registered Nurse	Budget	Actual	Vacancy	Bank used	% vacancy
substantive	330.83	303.28	27.56	11.52	8.33%

Registered Midwives	Budget	Actual	Vacancy	Bank used	% vacancy
substantive	282.89	268.23	14.66	5.18	5.18%

Non Registered	Budget	Actual	Vacancy	Bank used	% vacancy
substantive	161.49	151.35	10.14	6.73	6.38%



July 2018

Registered Nurse	Budget	Actual	Vacancy	Bank used	% vacancy
substantive	330.84	301.83	29.01	12.14	8.77%

Registered Midwives	Budget	Actual	Vacancy	Bank used	% vacancy
substantive	282.89	269.10	13.79	5.85	4.87%

Non Registered	Budget	Actual	Vacancy	Bank	% vacancy
substantive	161.49	152.25	9.24	9.97	5.72%

There are currently 16.52 WTE midwives and 5 WTE registered nurses that have been offered a conditional job offer and are being progressed through the Trusts recruitment process.

Retaining staff is a key element in addressing the workforce position and the preceptorship of registered nurses is currently being addressed to support all new starters.

Further work is planned over the next 6 months to improve the quality of the staff rosters via the Health Roster system which will then provide more detailed accurate information that will assist in supporting safer staffing across the organisation.

5.0 Summary

During the months of June 2018 and July all wards were considered safe with low/no levels of harm and positive patient experience across all inpatient areas indicating that safe staffing has been maintained. There has been a noted slight decrease in fill rate within inpatient maternity services, due to long term sickness, a spike in short term sickness, seasonal demands, maternity leave and vacancy rate. Recruitment within maternity is ongoing to address vacancy and maternity leave cover, 1:1 care in established labour remains a green KPI, and midwifery indicators such as Breast-feeding rates have seen no decline in performance.

Gynaecology will remain the focus for monitoring recruitment and reporting of incidents ensuring that red flags are discussed and acted on with the Gynaecology Head of Nursing and Management team.

6.0 Recommendations

The Board is asked to note:

- 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



Appendix 1

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 (%)
Jun-18	Gynaecology	97.9%	91.97%	97.70%	94.74%

Safer Staffing Fill Rate - Maternity

		D	Day Night		
	Ward name	staff (%)		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Induction&Delivery Suites	80.4%	82.2%	82.2%	86.7%
Jun-18	Maternity Base	82.5%	70.7%	94.8%	87.8%
Juli-10	MLU & Jeffcoate	72.8%	100.0%	75.6%	100.0%
	Maternity Total	79.4%	77.8%	83.9%	89.0%

Safer Staffing Fill Rate - Neonatal Care

		D	ay	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 (%)					
Jun-18	Neonatal Care	110.8%	90.0%	109.6%	73.3%					



Appendix 2

Safer Staffing Fill Rate - Gynaecology

		D	ay	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 (%)				
Jul-18	Gynaecology	95.8%	101.85%	95.45%	103.09%				

Safer Staffing Fill Rate - Maternity

		D	ay	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 (%)					
	Induction&Delivery Suites	129.1%	136.8%	112.9%	113.4%					
Jul-18	Maternity Base	87.1%	76.8%	97.2%	96.7%					
Jui-18	MLU & Jeffcoate	73.7%	100.0%	75.8%	100.0%					
	Maternity Total	103.9%	95.7%	100.2%	103.9%					

Safer Staffing Fill Rate - Neonatal Care

		D	ay	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 (%)				
Jul-18	Neonatal Care	108.1%	91.9%	109.1%	72.6%				



		Agenda Item	2018/232	
MEETING	Board of Directors			
PAPER/REPORT TITLE:	Performance Dashboard Month 4			
DATE OF MEETING:	Friday, 07 September 2018			
ACTION REQUIRED	For Assurance			
EXECUTIVE DIRECTOR:	Jeff Johnston, Director of Operations			
AUTHOR(S):	Cath Barton, General Manager			
STRATEGIC OBJECTIVES:	Which Objective(s)?			
	1. To develop a well led, capable, motivated and entreprener	urial <i>Workforc</i>	re	
	2. To be ambitious and <i>efficient</i> and make the best use of	available resourc	ce	\boxtimes
	3. To deliver <i>Safe</i> services			\boxtimes
	4. To participate in high quality research and to deliver the m	nost <i>effective</i>		
	Outcomes			
	5. To deliver the best possible <i>experience</i> for patients an	d staff		\boxtimes
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	 Which condition(s)? Staff are not engaged, motivated or effective in delivering aims of the Trust	reputation as a rewith the capability t financial year do not provide format events	sult of y and	_
COC DOMAIN	10. Potential for poorly delivered positive experience for those	e engaging with c	our services	
CQC DOMAIN	Which Domain?		ı	
	SAFE- People are protected from abuse and harm			ᆜ
	EFFECTIVE - people's care, treatment and support achieves go promotes a good quality of life and is based on the best availa			\boxtimes
	CARING - the service(s) involves and treats people with compa and respect.		dignity	
	RESPONSIVE – the services meet people's needs.			



	WELL-LED - the leadership, management organisation assures the delivery of high-couponts learning and innovation, and pro-	quality and person-centred care,
	ALL DOMAINS	
LINK TO TRUST	1. Trust Constitution	4. NHS Constitution
STRATEGY, PLAN AND	2. Operational Plan	5. Equality and Diversity □
EXTERNAL	3. NHS Compliance ☑	6. Other: Click here to enter text.
REQUIREMENT		
FREEDOM OF	1. This report will be published in line	with the Trust's Publication Scheme, subject to
INFORMATION (FOIA):	redactions approved by the Board, wi	thin 3 weeks of the meeting
RECOMMENDATION: (eg: The Board/Committee is asked to:)	The Board is asked to note the condelivering local and national perform	ontent of the report and receive assurance in ance measures
PREVIOUSLY	Committee name	Choose an item.
CONSIDERED BY:		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 dashboard is attached in **Appendix 1** below.

2. Performance

The four areas to highlight to the Committee are as follows:-

2.1 NHSI Targets – Access Targets including Cancer targets

2.1.1 18 weeks RTT

The Trust has reported the RTT 18 week target as 88% for June with a provisional figure for July at also 88%. As reported in FPBD in July reduced consultant capacity will delay the recovery of the target. Since that meeting there has been further reduction in clinical capacity with regard to locum consultant resignation, long term sickness of a consultant and a phased return for another consultant. It is also evident and expected that the newly appointed consultants do not provide the same level activity as there more experienced colleagues.

A revised projection has been completed based on these factors and also assumptions on timescales to recruit to consultant vacancies both in terms of permanent and temporary basis. It should be noted that there is a risk that not all posts will be recruited which again will impact the recovery. The management team is exploring every possible source for clinical workforce to increase capacity in the short and long term.

The revised projection highlights that with these assumptions compliance to target will not be achieved in this financial year.

The number of 52 week breaches in June is 19. This has increased to 25 in July. It is anticipated that this will now start to reduce each month eventually to zero by the end of quarter 4.



With limited capacity (32 clinical sessions per week below capacity) the focus will be to continue to eradicate 52 week waiters, maintain the queue length and reduce the time to wait for new patients. We are currently exploring outsourcing options and have asked other local trusts to help.

See appendix 2 for projections.

2.1.2 Backlogs

The management of the backlog queues continues but with reduced capacity it is no longer possible to eradicate them in the previously stated timeframes. At the beginning of August, the queues were 506 for new appointments and 800 for follow up appointments. The follow up backlog has reduced to 472 as of 22^{nd} August. As in previous months the backlog number will increase on the first of the month as the following months patients are added. The new patients have been validated and 221 and the team are exploring opportunities to outsource these or redirect to Whiston. In September two new locums will join the team. It is projected that backlogs will start to improve again in October.

See projections in appendix 2 that predicts RTT and queue compliance and improvement by end of Q4.

2.1.3 Cancer Targets

All figures for May remain provisional until final sign off via Open Exeter (beginning July 2018) and potential of further impact of diagnosed patients and shared breach allocations with other Trusts.

Confirmed performance for June 2018 was as follows:-

- 2 week wait Target 93% performance 99.53% (211 out of 212 patients seen within 2 weeks) achieved
- 31 days DTT **Target 96% performance 74.07%** (20 out of 27 patients treated within 31 days of decision) marginally failed 96% standard due to availability of operating time and patient availability.
- 62 days Target 85% performance 56.76% (10.5 out of 18.5 patients treated within 62 days of urgent referral.)— significant failure due to delays in diagnostics meaning late diagnosis on pathway and complexity of patients requiring input from outside the Trust before being optimised for surgery. This is the post breach reallocation position, and includes 2 patients who breached 104 days (RCA undertaken.)
- 62 day upgrade **local Target 90% performance 50.0%** (2 out of 4 patients treated within 62 days of upgrade decision) reasons as above.

Performance against all of the above cancer standards provisional July 2018 position:-

- 2 week wait 99.56% (264 out of 268 patients seen within 2 weeks) achieved.
- 31 days DDT 85.71% (36 out of 42 patients treated within 31 days of decision) still **short** of the 96% standard as a result of limited operating session availability and patient availability.
- 62 days 45.83% (5.5 out of 12 patients treated within 62 days of urgent referral). This is subject to change as a result of reallocation between Trusts and delays in histopathology reports confirming or excluding a cancer diagnosis of patients treated in month.
- 62 day upgrade 92.31% (6.0 out of 6.5 patients treated within 62 days of upgrade decision)

The performance for June has continued to improve and July is highlighting further improvement in some of the targets. The 62 day target continues to be the significant challenge due to the overall delays to diagnosis and the



capacity issues. All patients are being tracked as robustly and treatment is being provided quickly when diagnosis is made as demonstrated by the consultant upgrade and the 31 day to treat metrics.

In summary, the key challenges are shortages in consultant manpower increase in referrals on 2 week rules compounding the pressure on pathways and the complexity of patients covered by the 62 day standard who require pre-operative intervention that is not covered within LWH's portfolio of services (pathology, echo, MRI, CT).

It is evident looking forward that August will be a challenge to achieve targets due to both patient choice and consultant availability in holiday season. Projections in appendix 2 have been revised and it is unlikely that the 62 day target will not be achieved in this financial year.

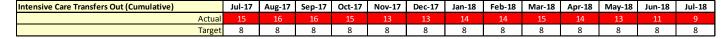
These projections have been shared with CCG, NHSI and NHSE and discussed at Cancer Alliance conference calls and all parties understand the significant challenges and are supportive

2.1.4 NHSI/NHSE Elective care expectations

As a result poor performance nationally against RTT and 52 week targets all Trusts have been required to submit trajectories to hit both targets. In addition it is expected that Trusts will achieve overall waiting list sizes as at March 2018 by March 2019. The Trust submitted their return to NHSE on 29th August and an additional submission to NHSI will be made on 5th September. Based on the assumptions that: there is no change in referral patterns; the Trust is successful in the recruitment to vacant consultant posts; the Trust is able to outsource approx. 500 patients the Trust expects to achieve all three targets within the time frame.

2.1.5 Intensive Care Transfers 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.





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 colocated with an adult intensive care unit. This is unachievable whilst services are run on the Crown street site.

3 Conclusion

The 18 week RTT and Cancer recovery plans have improved and the backlog queues have also significantly reduced. Due to further reductions in capacity there are delays and risks in the recovery of these targets back to compliance. It must be recognised that recovery plans assume that consultant appointments will be made in October and there is a risk that this may not be achieved and depends on quality of candidates.



4 Recommendation

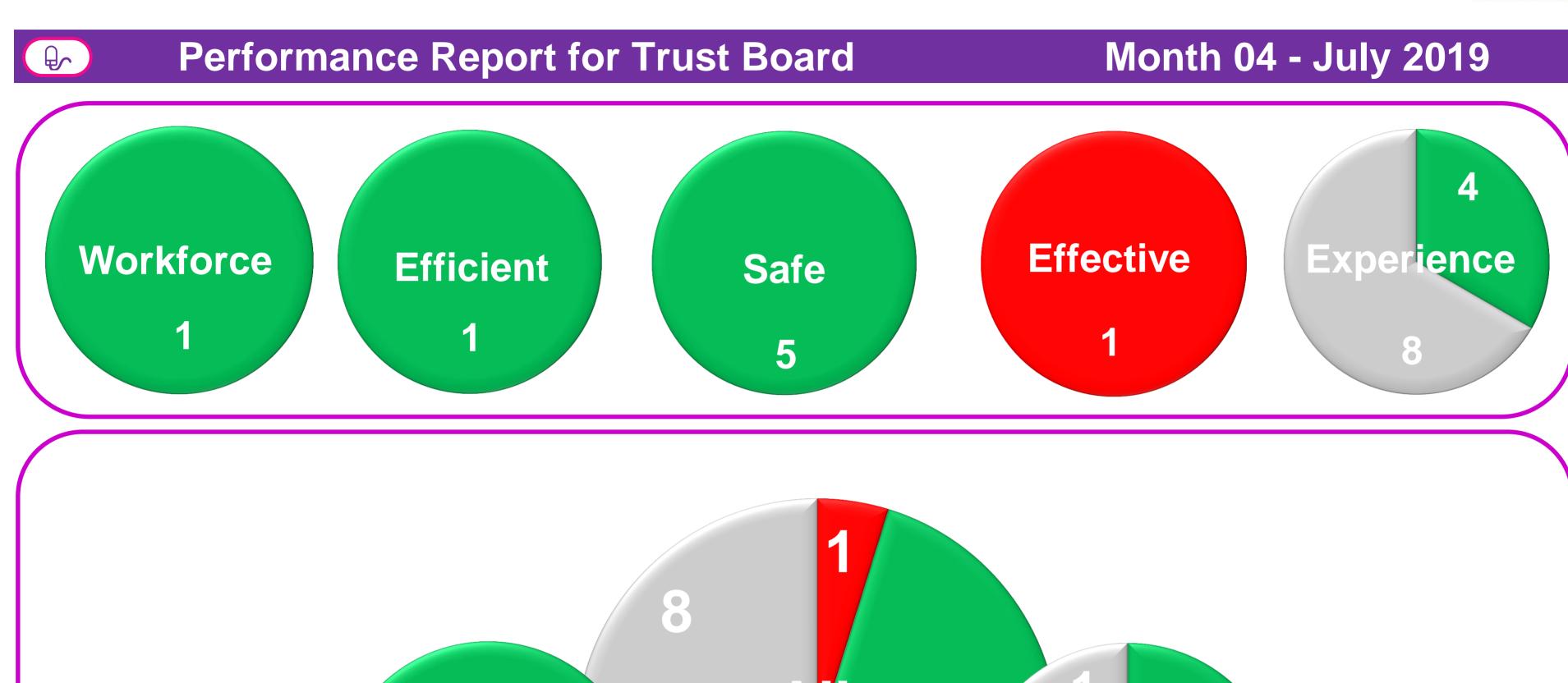
The committee is requested to note the contents of this report.

5



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ectives



Metrics

Quality

Schedule

Quality

Strategy

^{*} 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 Foundat	cion Trust
NHS Improver	nent	2018	8/19	Mon	th 0	4 - J	luly	2019											
To be EFFICIENT and make the best use of available resources																			
Indicator Name	Ref	Owner of KPI	Target	Apr-18	May-18	Jun-18	Qtr1	Jul-18	Aug-18	Sep-18	Qtr2	Oct-18	Nov-18	Dec-18	Qtr3	Jan-19	Feb-19	Mar-19	Qtr4
Financial Sustainability Risk Rating: Overall Score	KPI087	Head of Finance	3	3	3	3		3											
To deliver SAFER services																			
Indicator Name	Ref	Owner of KPI	Target	Apr-18	May-18	Jun-18	Qtr1	Jul-18	Aug-18	Sep-18	Qtr2	Oct-18	Nov-18	Dec-18	Qtr3	Jan-19	Feb-19	Mar-19	Qtr4
Infection Control: Clostridium Difficile (Number)	KPI104 (EAS5)	Infection Control Lead	Refer to Infection Control	Reported in	n separate	report by	Infection	Control											
Infection Control: Clostridium Difficile - infection rate (12-month rolling) 1 Qtr Behind	KPI320	Infection Control Lead	Refer to Infection Control	Reported in	n separate	report by	Infection	Control											
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate (12-month rolling) 1 Qtr Behind	KPI351	Infection Control Lead	Refer to Infection	Reported in	n separate	report by	Infection	Control											
Meticillin-sensitive Staphylococcus aureus (MSSA) rates (12-month rolling) 1 Qtr Behind	KPI335	Infection Control Lead	Refer to Infection Control	Reported in	n separate	report by	Infection	Control											
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) rates (12-month rolling) 1 Qtr Behind	KPI336	Infection Control Lead	Refer to Infection Control	Reported in	n separate	report by	Infection	Control											
Never Events	KPI181	Head of Governance	0	0	0	0		0											
NHSE / NHSI Safety Alerts Outstanding	KPI193	Head of Governance	0	0	0	0		0											
Mortality Rates: Hospital Standardised Mortality Rates (HSMR) Gynaecology (1 Month Behind)	KPI321	Medical Director	Refer to qtrly Mortality report	′															
Mortality Rates: Summary Hospital Mortality Indicator (SHMI) (1 Month behind)	KPI322	Medical Director	Refer to qtrly Mortality report	/															
To develop a well led, Capable, Motivated and Entrepreneurial WOR	KFORCE																		
Indicator Name	Ref	Owner of KPI	Target	Apr-18	May-18	Jun-18	Qtr1	Jul-18	Aug-18	Sep-18	Qtr2	Oct-18	Nov-18	Dec-18	Qtr3	Jan-19	Feb-19	Mar-19	Qtr4
HR: Sickness Absence Rate	KPI101	Head of Workforce	4.5%	4.52%	3.6%	4.3%		4.1%											
To deliver the best possible EXPERIENCE for patients and staff																			
Indicator Name	Ref	Owner of KPI	Target	Apr-18	May-18	Jun-18	Qtr1	Jul-18	Aug-18	Sep-18	Qtr2	Oct-18	Nov-18	Dec-18	Qtr3	Jan-19	Feb-19	Mar-19	Qtr4
Maximum time of 18 weeks from point of referral to treatment in aggregate - Incompletes	KPI003 (EB3)	Access Turnaround Manager	92%	89.41%	89.09%	87.80%													
KPI003 Numerator		Manager		4137	4130	4238													
KPI003 Denominator				4627	4636	4827													
All Cancers: 62 day wait for first treatment from urgent GP Referral for suspected cancer (Before re-allocation) Final Reported Position	KPI031 (EB12)	Access Turnaround Manager	>= 85%	52.63%	34.78%	63.64%													
KPI1031 Final Numerator		managor		5.0	4.0	10.5													
KPI1031 Final Denominator				9.5	11.5	16.5													
All Cancers: 62 day wait for first treatment from urgent GP Referral for suspected cancer (After Re-allocation) Final Reported Position	KPI030 (EB12)	Access Turnaround Manager	85%	31.58%	33.33%	56.76%													
KPI1030 Final Numerator				3.0	4.0	10.5													
KPI1030 Final Denominator				9.5	12.0	18.5													
All Cancers: 62 day wait for first treatement from NHS Cancer Screening Service referral - Numbers (if > 5, the target applies)	KPI033 (EB13)	Access Turnaround Manager	< = 5	0	1	0													
All Cancers: 62 day wait for first treatement from NHS Cancer Screening Service referral - Percentage Final Position	KPI034 (EB13)	Access Turnaround	>= 90%	N/A	N/A	N/A													
KPI1034 Numerator		Manager		0	1	0									***************************************				
KPI1034 Denominator				0	1	0													
Complaints: Number Received	KPI038	Head of Nursing /	<= 15	10	4	8		6											



LWH Quality Schedule 2018/19

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-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19			
HR: Sickness Absence Rate	KPI101 (KPI_27)	Head of Workforce	<= 4.5%	4.52%	3.6%	4.34%	4.1%											
To deliver the best possible EXPERIENCE for patients and staff																		
In all a at an Mana a	Def	0	Tames 0047/40	A 40	M - 40	1 . 40	11.40	A	0 40	0-1.40	Nov. 40	D	Jan. 40	Fals 40	M 40			

To deliver the best possible EXPERIENCE for patients and staff															
Indicator Name	Ref	Owner of KPI	Target 2017/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
18 Week RTT: Incomplete Pathway > 52 Weeks	KPI002 EBS4)	Head Of Operations Gynaecology	0	19	20	19									
A&E: Total Time Spent in A&E 95th percentile	KPI012 (KPI_62)	Head of Nursing	<= 240	230	235	225	225								
Friends & Family Test (Upper quartile will recommend)	KPI089	Head of Nursing	>= 75%	94.6%	96.4%	98.7%	96.9%								

Complaints: Number Received



LWH Quality Strategy	ty Strategy 2018/19					LWH Quality Strategy										
To develop a well led, Capable, Motivated and Entrepreneurial WORK	ORCE			Key: TBA = T	o Be Agreed. T	BC = To Be (Confirmed, TB	D = To Be De	termined, IE	= In Develo	opment					
Indicator Name	CCG Ref	Owner of KPI	Target 2017/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Sickness & Absence Rate	KPI101	Head of Workforce	<= 4.5%	4.52%	3.61%	4.34%	4.09%									
To deliver SAFER services																
Indicator Name	Ref	Owner of KPI	Target 2017/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Never Events	KPI181	Head of Governance	0	0	0	0	0									
Mortality Rates: Summary Hospital Mortality Indicator (SHMI) (1 Month behind)	KPI322		Refer to qtrly Mortality report													
To deliver the best possible EXPERIENCE for patients and staff																
Indicator Name	Ref	Owner of KPI	Target 2017/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	

10

KPI038

Head of Nursing

<= 15

KPI1001 Denominator

KPI1004 Numerator

KPI1004 Denominator

18 Week RTT: Non-Admitted



LWH Trust Objectives		2018/19		M	onth	04 -	July	/ 201	9						
To deliver SAFER services															
Indicator Name	Ref	Owner of KPI	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Deaths (All Live Births within 28 Days) All live births	KPI168	Head of Operations & Nursing Neonates	/ h 1 1/2	0.0%	0.42%	0.28%	0.13%								
Deaths (All Live Births within 28 Days) Booked births	KPI168	Head of Operations & Nursing Neonates	/ / h \%	0.0%	0.28%	0.14%	0.13%								
To deliver the most EFFECTIVE outcomes															
Indicator Name	Ref	Owner of KPI	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Intensive Care Transfers Out (Cumulative)	KPI107	HDU Lead	8 per year (Rolling year)	14	13	11	9								
To deliver the best possible EXPERIENCE for patients and staff															
Indicator Name	Ref	Owner of KPI	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Cancer: Patients waiting 104 days or more from referral to the first definitive treatment	KPI352	Access Turnaround Manager	0	1	3	2									
18 Week RTT: Admitted	KPI001	Access Turnaround Manager	>= 90%	85.3%	90.6%	93.1%									
KPI1001 Numerator				412	465	416									

483

91.0%

1580

1737

>= 95%

Access Turnaround

Manager

KPI004

513

94.6%

1684

1781

447

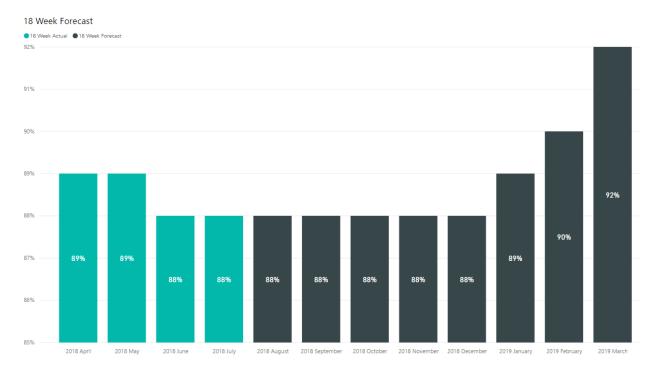
91.9%

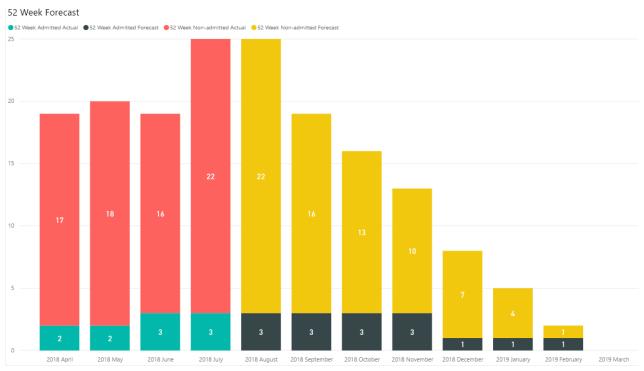
1551

1687

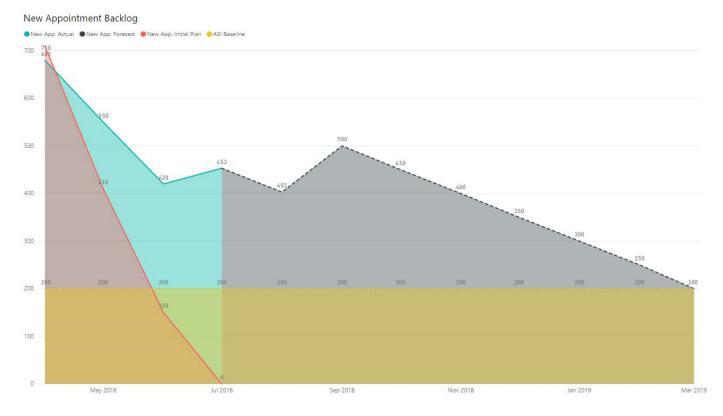


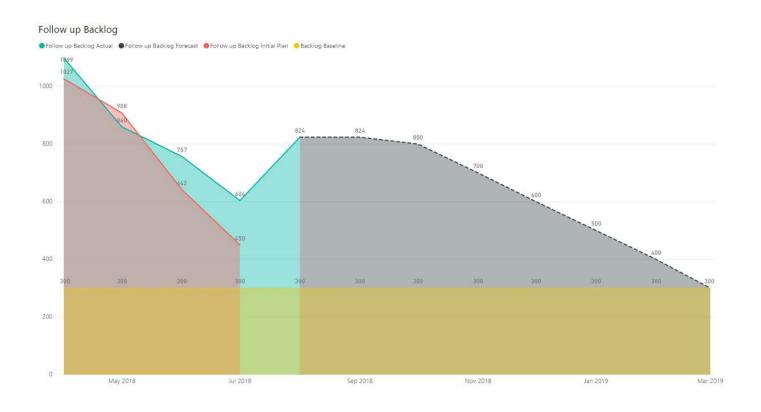
Appendix 2 - RTT, backlog and Cancer trajectory & actual







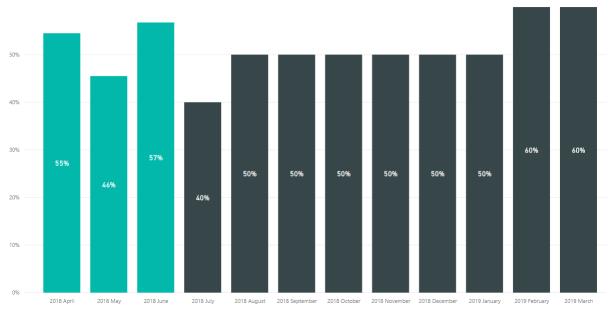






Cancer 62 Day Forecast







		Agenda Item	2018/233	3
MEETING	Trust Board			
PAPER/REPORT TITLE:	Finance Performance Review Month 4 2018/19			
DATE OF MEETING:	Friday, 07 September 2018			
ACTION REQUIRED	For Noting			
EXECUTIVE DIRECTOR:	Jenny Hannon, Director of Finance			
AUTHOR(S):	Claire Scott, Head of Management Accounts Eva Horgan, Deputy Director of Finance			
CTRATECIC ORIECTIVES.	Miliah Ohioshiya/al2			
STRATEGIC OBJECTIVES:	Which Objective(s)?	: Lucarlefone		
	1. To develop a well led, capable, motivated and entrepren			
	2. To be ambitious and <i>efficient</i> and make the best use of	of available resourd	ce	\boxtimes
	3. To deliver <i>safe</i> services			
	4. To participate in high quality research and to deliver the	most <i>effective</i>	outcomes	
	5. To deliver the best possible <i>experience</i> for patients a	nd staff		
LINK TO BOARD	Which condition(s)?			
ASSURANCE	1. Staff are not engaged, motivated or effective in delivering	_		
FRAMEWORK (BAF):	aims of the Trust			Ш
	2. Potential risk of harm to patients and damage to Trust's failure to have sufficient numbers of junior medical staff		-	
	capacity to deliver the best care	•	-	П
	3. The Trust is not financially sustainable beyond the currer			
	4. Failure to deliver the annual financial plan			\boxtimes
	5. Location, size, layout and accessibility of current services	-		
	sustainable integrated care or quality service provision			
	6. Ineffective understanding and learning following signific			Ш
	7. Inability to achieve and maintain regulatory compliance,	-		\boxtimes
	and assurance			
	8. Failure to deliver an integrated EPR against agreed Boar	d plan (Dec 2016)		
	9. Inability to deliver the best clinical outcomes for patients	······		Ш
	10. Potential for poorly delivered positive experience for tho	se engaging with o	our services.	
CQC DOMAIN	Which Domain?			_
	SAFE- People are protected from abuse and harm			Ш
	EFFECTIVE - people's care, treatment and support achieves g			
	promotes a good quality of life and is based on the best avail			_
	CARING - the service(s) involves and treats people with comp	assion, kindness, d	dignity	Ш
	and respect.			
	RESPONSIVE – the services meet people's needs.			
	WELL-LED - the leadership, management and governance of			\boxtimes
	organisation assures the delivery of high-quality and person-	centred care,		



	supports learning and innovation,	and promotes	an open and fair culture.	
	ALL DOMAINS			
LINK TO TRUST	1. Trust Constitution		4. NHS Constitution]
STRATEGY, PLAN AND	2. Operational Plan	\boxtimes	5. Equality and Diversity □	
EXTERNAL	3. NHS Compliance	\boxtimes	6. Other:	
REQUIREMENT				
FREEDOM OF	1. This report will be published	in line with t	the Trust's Publication Scheme, sub	ject to
INFORMATION (FOIA):	redactions approved by the Boa	ard, within 3	weeks of the meeting	
RECOMMENDATION:	The Board is asked to note the	Month 4 Fin	ancial Position.	
(eg: The Board/Committee is asked to:)				
PREVIOUSLY	Committee name		Not Applicable	
CONSIDERED BY:				
	Date of meeting			

Executive Summary

The 2018/19 budget was approved by Trust Board in April 2018. This set out a control total deficit of £1.6m for the year after the delivery of £3.6m CIP, and receipt of £3.6m Provider Sustainability Funding (PSF).

The control total includes £0.5m of agreed investment in the costs of the clinical case for change identified in the 2018/19 operational plan, in addition to the £1.0m 2017/18 investment.

At Month 4 the Trust is reporting a year to date (YTD) deficit of £1.2m against a deficit budget of £1.8m, giving a year to date favourable variance of £0.6m. This is an improvement on prior months and there is reasonable assurance that the control total will be met for the year, despite the known risks to the cost improvement program. However the underlying position going into future years remains a cause for concern.

The Trust delivered a 'finance and use of resources' rating of 3 in month which is as planned, and continues to forecast delivery of the £1.6m deficit control total.

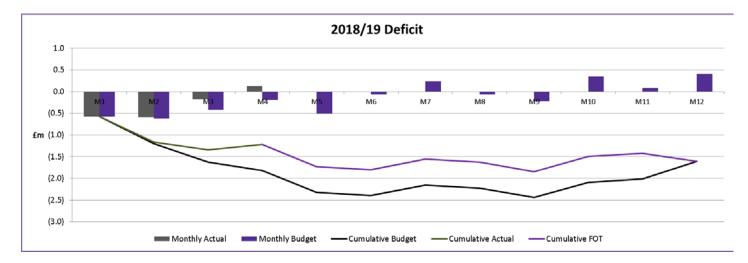
The Month 4 financial submission to NHSI is consistent with the contents of this report.



Report

1. Summary Financial Position

At Month 4 the Trust is reporting a deficit of £1.2m YTD against a deficit budget of £1.8m. The Trust is forecasting delivery of the £1.6m control total assuming receipt of £3.6m PSF.



In 2018/19 the Trust continues to benefit from a level of financial stability secured through the 'Acting as One' contract arrangement with main CCG Commissioners, and the NHSE block contract, which collectively account for 72% of total Trust income.

During 2017/18, the 'Acting as One' block payment was £3.8m higher than would have been received under Payment by Results (PbR). This has continued into 2018/19 with £1.1m additional income earned YTD to Month 4, than would have been earned under PbR. This continued contract under-performance presents a significant financial risk to the Trust from 2019/20, and work is underway to address this, through the 'Right Size' programme.

Achievement of CIP remains a key risk. Failure to deliver CIP and any subsequent failure to achieve the control total would result in the loss of £3.6m PSF. The Trust has a £3.7m CIP target for 2018/19 which is on track as at Month 4, but there are risks to full year achievement.

Note that the Agenda for Change (AfC) pay award was finalised in July 2018. This has left a small financial pressure (i.e. the funding will not cover the full costs of implementation). This is being mitigated through vacancies against the plan.

2. Service Summary Overview

Financial grip and control across the organisation remains strong, with most divisional expenditure budgets showing an overall underspend at Month 4. Note that this underspend is related in significant part to activity being behind plan.

Maternity income was again improved in Month 4 and was slightly higher than plan before the block adjustment in month. Expenditure continued to be behind plan, particularly on pay, leading to an overall favourable variance for Maternity of £0.1m in month and £0.4m YTD.



Gynaecology income was favourable in month, primarily driven by CQUIN achievement (£0.2m). It is now also favourable to plan YTD (£0.2m), supported by a £0.5m block adjustment benefit. Modest underspends in both pay and non-pay mean that the overall YTD position is also favourable to plan (£0.3m favourable), although with additional CIP planned into later months, possible continued use of agency, and recruitment to consultant posts, there is a significant risk that the service will over-spend in the full year; this is reflected in the forecast.

Neonatal income was slightly above plan in Month 4, primarily driven by cost per case Intensive Care and Transitional Care activity being higher than plan. There are a number of vacancies in the service leading to a favourable pay variance, and an overall underspend YTD (£0.2m). Further nurse recruitment and potential risks to Transitional Care income mean that the full year position is forecast to be overspent.

Income in the Hewitt Fertility Centre was again below plan in Month 4 at both the Crown Street and Knutsford sites (by £0.2m in month and £0.3m YTD). Expenditure was slightly overspent in month. The forecast has been amended to show an underachievement against plan in the full year, although work is ongoing to mitigate this position.

Theatres continue to underspend on both pay and non-pay and are £0.2m favourable to plan YTD, reflective of lower activity in both Gynaecology and Obstetrics. Genetics services were again delivered within budget for Month 4 in month and YTD. Clinical Support services were within plan in month although overspent YTD (driven by agency usage). This area is forecast to overspend due to continued overspends on agency, and an expected reduction in the CNST Maternity Incentive, estimated at a £0.2m shortfall as at Month 4. [NB: Subsequent to the month end, the Trust has been advised that this shortfall is much higher, a decision which has been appealed by the Trust. Nine out of ten of the standards were achieved; however no incentive was attributed to this].

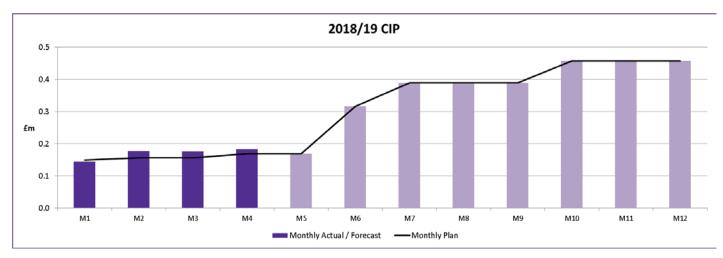
Overall corporate services and technical items are overspent in month, YTD and in the forecast, although this represents a prudent position in relation to both income and expenditure, covering risks or unresolved items (e.g. estimate of late notification of Waiting List Initiative payments, or commissioner income challenges). Also it should be noted that the full impact of the pay award in both income and pay is forecast centrally pending the finalisation of this in Month 5.

Expenditure against agency staff remains well within the limits set by NHSI, with £0.3m incurred to date against the £1.8m annual cap. The Trust forecasts that it will continue to operate within this limit in 2018/19.

3. CIP

At Month 4 the Trust has delivered £0.2m against the in-month target of £0.2m, and is forecasting full delivery of the £3.7m CIP, albeit with significant non-recurrent elements (increased to £1m in the full year forecast). The 2018/19 CIP has been profiled in line with planned delivery, which shows the target increasing throughout the year as follows.





Key profile changes relate to CNST Maternity incentive (£1m planned from M6, although this is expected to under-perform and possibly not deliver at all pending the results of the appeal), and Electronic Patient Record (EPR) from M10 (£0.2m planned, although this is now not expected to be delivered due to project slippage). It is anticipated that under-delivery in these areas will be offset by non-recurrent mitigations.

The Trust delivered £20m of CIP in the 5 years leading up to 2017/18, with a further £3.7m in 2017/18. The target of £3.7m in 18/19 represents 3.3% of operational expenditure and is recognised as difficult to deliver. Scheme performance and continued CIP delivery into future financial years remains the focus of the Turnaround and Transformation Committee, which will continue to report into Finance, Performance and Business Development Committee on a monthly basis.

4. Contract Performance

Income YTD is £1.1m higher than would have been received under PbR. This is driven by both Gynaecology and Maternity, which accounted for 92% of the block contract under-performance at Month 4 as set out below. Proportionately, gynaecology has the most support from this arrangement.



			Month 4			YTD Block	
Directorate	CCG	Block	Actual	Variance	Block	Actual	Variance
Maternity	Liverpool	2,526	2,537	11	9,954	9,668	(286)
Maternity	Knowsley	361	408	48	1,426	1,366	(59)
Maternity	South Sefton	601	562	(39)	2,367	2,168	(198)
Maternity	Southport & Formby	49	51	1	194	193	(1)
Maternity To	otal	3,537	3,559	21	13,940	13,396	(545)
Gynaecology	Liverpool	1,046	984	(63)	4,101	3,878	(224)
Gynaecology	Knowsley	227	189	(37)	886	720	(166)
Gynaecology	South Sefton	278	257	(21)	1,088	1,020	(69)
Gynaecology	Southport & Formby	40	48	9	154	134	(20)
Gynaecology	/ Total	1,590	1,478	(113)	6,230	5,751	(479)
Hewitt	Liverpool	122	108	(14)	433	422	(12)
Hewitt	Knowsley	36	23	(13)	129	109	(19)
Hewitt	South Sefton	32	18	(14)	114	109	(4)
Hewitt	Southport & Formby	23	9	(14)	81	66	(15)
Hewitt Total		213	157	(55)	757	706	(51)
Other	Liverpool	35	33	(3)	138	124	(14)
Other	Knowsley	8	5	(2)	31	22	(8)
Other	South Sefton	8	7	(1)	33	21	(12)
Other	Southport & Formby	2	2	(0)	8	7	(1)
Neonates To	tal	54	47	(6)	211	175	(36)
Total		5,394	5,241	(153)	21,138	20,028	(1,110)

Block contract under-performance represents a significant financial risk to the Trust from 2019/20, when the existing 'Acting as One' contract will come to an end. Action plans to address this are under development through Turnaround & Transformation Committee.

5. Cash and Borrowings

The cash balance at the end of Month 4 was £11.3m compared to a 2017/18 year end position of £6.0m. This was positively impacted by the receipt of Quarter Four and Bonus Sustainability and Transformation (STF) payments relating to 2017/18. This was paid in July 2018 (£3.5m).

Given the confirmation of the receipt of this amount, and the favourable cash position, the Trust has indicated early repayment of the 2015/16 revenue loan of £5.6m. This was originally due in March 2018 but was deferred to March 2019; payment was made in August 2018. This will save the Trust £50k in interest payable.

The Trust has a planned operational cash borrowing requirement of £1.6m for 2018/19. The Trust continues to submit 13 week cash flow statements each month to the Department of Health & Social Care. There was no requirement for a cash drawdown in Month 4 or YTD.

6. BAF Risk

No changes to the BAF scores are proposed at Month 4 which remains at 25.



7. Conclusion & Recommendation

The Board are asked to note the Month 4 financial position.



LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

FINANCE REPORT: M4

YEAR ENDING 31 MARCH 2019



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- 1 NHSI Score
- 2 Income & Expenditure
- Expenditure
- Service Performance
- CIP
- Balance Sheet
- Cashflow statement



LIVERPOOL WOMEN'S NHS FOUNDATION TRUST NHS IMPROVEMENT RATIOS: M4 YEAR ENDING 31 MARCH 2019

USE OF RESOURCES RISK RATING	YEAR TO	O DATE	YEAR		
	Budget	Actual	Budget	FOT	
CAPITAL SERVICING CAPACITY (CSC)					
(a) EBITDA + Interest Receivable	329	923	5,053	5,036	
(b) PDC + Interest Payable + Loans Repaid	671	642	2,684	8,173	
CSC Ratio = (a) / (b)	0.49	1.44	1.88	0.62	
NHSI CSC SCORE	4	3	2	4	
Ratio Score 1 = > 2.5 2 = 1.75 - 2.5 3 = 1.25 - 1.75 4 = < 1.25					

LIQUIDITY				
(a) Cash for Liquidity Purposes	(5,141)	(4,730)	(2,385)	(7,973)
(b) Expenditure	37,760	36,549	111,627	110,882
(c) Daily Expenditure	310	300	306	304
Liquidity Ratio = (a) / (c)	(16.6)	(15.8)	(7.8)	(26.2)
NHSI LIQUIDITY SCORE	4	4	3	4
Ratio Score $1 = > 0$ $2 = (7) - 0$ $3 = (14) - (7)$ $4 = < (14)$				

&E MARGIN				
Deficit (Adjusted for donations and asset disposals)	1,816	1,220	1,601	1,601
Total Income	(38,081)	(37,455)	(116,656)	(115,887)
I&E Margin	-4.8%	-3.3%	-1.4%	-1.4%
NHSI I&E MARGIN SCORE	4	4	4	4
Ratio Score $1 = > 1\%$ $2 = 1 - 0\%$ $3 = 0 - (-1\%)$ $4 < (-1\%)$				

I&E MARGIN \	/ARIANCE	FROM PLAN							
I&E Margin	(Actual)					-3.30%			-1.40%
I&E Margin	(Plan)					-4.80%			-1.40%
I&E Variance	e Margin				0.00%	1.50%	'	0.00%	0.00%
NHSI I&E MAR	GIN VARI	ANCE SCORE			1	1		1	1
Ratio Score	1 = 0%	2 = (1) - 0%	3 = (2) - (1)%	4 = < (2)%					

Note: NHSI assume the score of the I&E Margin variance from Plan is a 1 for the whole year and year to date budget. This is because NHSI recognise the fact that an organisation would not "plan" to have a variance from plan and have not applied a calculated ratio to the budgeted columns of this metric.

/TD Providers Cap	602	602	1,805	1,805
YTD Agency Expenditure	428	345	1,284	1,075
	-28.9%	-42.7%	-28.9%	-40.4%
NHSI AGENCY SPEND SCORE	1	1	1	1
Ratio Score 1 = < 0% 2 = 0% - 25% 3 = 25% - 50% 4 = > 50%				

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

Overall Use of Resources Risk Rating



LIVERPOOL WOMEN'S NHS FOUNDATION TRUST INCOME & EXPENDITURE: M4 YEAR ENDING 31 MARCH 2019

INCOME & EXPENDITURE		MONTH		YE	AR TO DAT	ГЕ		YEAR	
£'000	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Income									
Clinical Income	(8,958)	(8,473)	(485)	(34,997)	(34,212)	(786)	(106,086)	(104,051)	(2,035)
Non-Clinical Income	(830)	(930)	100	(3,083)	(3,244)	160	(10,570)	(11,836)	1,266
Total Income	(9,789)	(9,403)	(386)	(38,081)	(37,455)	(625)	(116,656)	(115,887)	(769)
Expenditure									
Pay Costs	5,794	5,264	530	23,233	22,178	1,055	69,491	68,600	891
Non-Pay Costs	2,370	2,170	200	9,428	9,271	157	27,868	27,783	84
CNST	1,275	1,275	(0)	5,099	5,100	(0)	14,268	14,499	(230)
Total Expenditure	9,438	8,709	730	37,760	36,549	1,212	111,627	110,882	745
EBITDA	(350)	(694)	344	(321)	(907)	586	(5,029)	(5,005)	(24)
Technical Items									
Depreciation	376	419	(43)	1,475	1,502	(27)	4,586	4,680	(94)
Interest Payable	26	25	1	99	96	3	356	325	31
Interest Receivable	(2)	(5)	3	(8)	(16)	8	(24)	(31)	7
PDC Dividend	143	135	8	572	545	27	1,716	1,636	80
Profit / Loss on Disposal	0	0	0	0	0	0	0	0	0
Total Technical Items	543	573	(30)	2,138	2,128	10	6,634	6,610	24
(Surplus) / Deficit	193	(121)	314	1,817	1,221	597	1,605	1,605	0



LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

EXPENDITURE: M4

YEAR ENDING 31 MARCH 2019

EXPENDITURE		MONTH		YEA	R TO DAT	E		YEAR	
£'000	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Pay Costs									
Board, Execs & Senior Managers	361	307	54	1,444	1,367	77	4,331	4,164	167
Medical	1,377	1,154	222	5,507	5,181	326	16,521	15,761	760
Nursing & Midwifery	2,484	2,385	99	9,988	9,653	335	29,768	30,051	(283)
Healthcare Assistants	390	363	27	1,567	1,515	53	4,690	4,791	(101)
Other Clinical	558	449	108	2,232	2,105	127	6,696	6,502	193
Admin Support	192	173	19	671	625	46	1,914	1,902	12
Corporate Services	324	326	(2)	1,396	1,388	8	4,286	4,355	(68)
Agency & Locum	107	105	2	428	346	83	1,285	1,075	210
Total Pay Costs	5,794	5,264	530	23,233	22,178	1,055	69,491	68,600	891
Non Pay Costs									
Clinical Suppplies	759	675	84	2,984	2,863	120	8,930	8,749	181
Non-Clinical Supplies	508	350	158	2,038	1,888	150	6,009	5,726	283
CNST	1,275	1,275	(0)	5,099	5,100	(0)	14,268	14,499	(230)
Premises & IT Costs	458	473	(15)	1,837	1,926	(90)	5,303	5,690	(387)
Service Contracts	644	672	(28)	2,570	2,594	(24)	7,626	7,618	8
Total Non-Pay Costs	3,644	3,445	199	14,527	14,371	156	42,136	42,282	(146)
Total Expenditure	9,438	8,709	730	37,760	36,549	1,212	111,627	110,882	745





LIVERPOOL WOMEN'S NHS FOUNDATION TRUST BUDGET ANALYSIS: M4 YEAR ENDING 31 MARCH 2019

INCOME & EXPENDITURE		MONTH		YE	AR TO DAT	Έ		YEAR	
£'000	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Maternity									
Income	(4,042)	(4,099)	57	(15,935)	(15,760)	(176)	(47,997)	(47,239)	(758)
Expenditure	1,780	1,690	90	7,112	6,567	545	21,332	20,080	1,252
Total Maternity	(2,262)	(2,409)	147	(8,823)	(9,192)	369	(26,665)	(27,159)	494
Gynaecology									
Income	(2,225)	(2,443)	218	(8,700)	(8,876)	176	(26,139)	(26,180)	41
Expenditure	893	862	31	3,579	3,470	109	10,557	10,701	(144)
Total Gynaecology	(1,332)	(1,581)	249	(5,121)	(5,406)	286	(15,582)	(15,480)	(102)
Theatres									
Income	(39)	(39)	(0)	(156)	(157)	1	(467)	(472)	5
Expenditure	673	597	76	2,684	2,471	213	8,036	7,661	375
Total Theatres	634	559	75	2,529	2,314	215	7,569	7,189	379
Neonatal									
Income	(1,370)	(1,401)	31	(5,473)	(5,484)	11	(16,388)	(16,155)	(232)
Expenditure	1,015	940	75	4,051	3,848	203	12,148	12,066	82
Total Neonatal	(355)	(461)	106	(1,422)	(1,636)	213	(4,240)	(4,089)	(151)
Hewitt Centre									
Income	(939)	(775)	(164)	(3,467)	(3,167)	(301)	(10,555)	(10,258)	(297)
Expenditure	633	642	(9)	2,520	2,484	37	7,556	7,469	87
Total Hewitt Centre	(305)	(133)	(173)	(947)	(683)	(264)	(2,999)	(2,789)	(210)
Genetics									
Income	(604)	(616)	12	(2,415)	(2,479)	65	(7,246)	(7,280)	35
Expenditure	468	470	(2)	1,873	1,841	32	5,620	5,445	175
Total Genetics	(136)	(146)	10	(541)	(638)	97	(1,625)	(1,835)	209
Clinical Support									
Income	(29)	(26)	(3)	(106)	(95)	(11)	(330)	(311)	(19)
Expenditure	784	775	8	3,036	3,059	(24)	8,813	9,115	(302)
Total Clinical Support & CNST	755	749	5	2,930	2,964	(34)	8,483	8,804	(321)
Corporate & Trust Technical Items									
Income	(540)	(5)	(535)	(1,829)	(1,438)	(392)	(7,534)	(7,991)	457
Expenditure	3,735	3,305	430	15,043	14,935	108	44,199	44,954	(755)
Total Corporate	3,195	3,300	(105)	13,213	13,498	(284)	36,665	36,962	(298)
(Surplus) / Deficit	193	(121)	314	1,817	1,221	597	1,605	1,605	0





LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

CIP: M4

YEAR ENDING 31 MARCH 2019

		MONTH 4			YTD			YEAR		
SCHEME	TARGET	ACTUAL	VARIANCE	TARGET	ACTUAL	VARIANCE	TARGET	FOT	VARIANCE	
Legal Premium Reduction	0	0	0	0	0	0	1,030	800	(230)	
Patient Flow & Demand	0	0	0	0	0	0	95	65	(30)	
Service Development Income	11	4	(7)	36	18	(17)	124	74	(50)	
Service Development Non Pay	32	31	(1)	125	124	(2)	483	382	(101)	
Service Development Pay	9	4	(5)	21	17	(5)	240	50	(190)	
System & Environmental Income	7	7	0	20	20	0	73	73	0	
System & Environmental Non Pay	6	6	0	14	12	(1)	147	147	0	
Technology	26	26	0	104	97	(6)	515	307	(208)	
Workforce	80	62	(18)	312	242	(70)	949	745	(203)	
Non-recurrent Mitigation	0	44	44	0	149	149	0	1,012	1,012	
TOTAL	170	183	13	632	679	47	3,656	3,656	0	



LIVERPOOL WOMEN'S NHS FOUNDATION TRUST BALANCE SHEET: M4 YEAR ENDING 31 MARCH 2019

BALANCE SHEET	Υ	EAR TO DATE	<u> </u>
£'000	Opening	M04 Actual	Movement
Non Current Assets	76,313	78,389	2,076
Current Assets			
Cash	6,013	11,332	5,319
Debtors	8,407	6,616	(1,791)
Inventories	452	508	56
Total Current Assets	14,872	18,456	3,584
Liabilities			
Creditors due < 1 year	(11,257)	(17,756)	(6,499)
Creditors due > 1 year	(1,686)	(1,675)	11
Loans	(17,221)	(17,221)	0
Provisions	(4,514)	(4,907)	(393)
Total Liabilities	(34,678)	(41,559)	(6,881)
TOTAL ASSETS EMPLOYED	56,507	55,286	(1,221)
Taxpayers Equity			
PDC	38,451	38,451	0
Revaluation Reserve	15,367	15,367	0
Retained Earnings	2,689	1,468	(1,221)
TOTAL TAXPAYERS EQUITY	56,507	55,286	(1,221)



LIVERPOOL WOMEN'S NHS FOUNDATION TRUST CASHFLOW STATEMENT: M4 YEAR ENDING 31 MARCH 2019

CASHFLOW STATEMENT	
£'000	M04 Actual
Cash flows from operating activities	(596)
Depreciation and amortisation	1,502
Movement in working capital	8,061
Net cash generated from / (used in) operations	8,967
Interest received	16
Purchase of property, plant and equipment and intangible assets	(3,633)
Proceeds from sales of property, plant and equipment and intangible assets	0
Net cash generated from/(used in) investing activities	(3,617)
PDC Capital Programme Funding - received	0
Loans from Department of Health Capital - received	0
Loans from Department of Health Revenue - received	0
Loans from Department of Health - repaid	0
Interest paid	(31)
PDC dividend (paid)/refunded	0
Net cash generated from/(used in) financing activities	(31)
Increase/(decrease) in cash and cash equivalents	5,319
Cash and cash equivalents at start of period	6,013
Cash and cash equivalents at end of period	11,332

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