

**Meeting of the Board of Directors
HELD IN PUBLIC
Thursday 5 September 2019 at 0930hrs
Liverpool Women's Hospital
Board Room**

Item no. 2019/	Title of item	Objectives/desired outcome	Process	Item presenter	Time
	Thank you	To provide personal and Team thank you – above and beyond			0930 (10mins)
128	Apologies for absence Declarations of interest	Receive apologies	Verbal	Chair	
129	Meeting guidance notes	To receive the meeting attendees' guidance notes	Written	Chair	
130	Patient Story	To receive a patient's story	Presentation	Fertility	0940 (20mins)
131	Minutes of the previous meeting held on 4 July 2019	Confirm as an accurate record the minutes of the previous meetings	Written	Chair	1000 (5mins)
132	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
133	Chair's announcements	Announce items of significance not found elsewhere on the agenda	Verbal	Chair	1005 (10mins)
134	Chief Executive Report	Report key developments and announce items of significance not found elsewhere on the agenda	Written	Chief Executive	
BOARD COMMITTEE ASSURANCE					
135	Chair's Report from Quality Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	
136	Chair's Report from Finance, Performance and Business Development Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	
137	Chair's Report from Audit Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1015 (20mins)
TO DEVELOP A WELL LED, CAPABLE AND MOTIVATED WORKFORCE; TO DELIVER SAFE SERVICES; TO DELIVER THE BEST POSSIBLE EXPERIENCE FOR OUR PATIENTS AND OUR STAFF					
138	Safeguarding Annual Report presentation – specific to Board responsibility	For assurance and Development	Presentation	Matthew O'Neill, Safeguarding Service Manager & Trust PREVENT Lead	1035 (25mins)
139	One2One (North West) Limited update report	For assurance	Written	Director of Nursing and Midwifery	1110 (10mins)
140	Single Neonatal Service Update	For assurance	Written	Director of Operations	1120 (10mins)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time
2019/					
TRUST PERFORMANCE - TO DELIVER THE MOST EFFECTIVE OUTCOMES; TO BE EFFICIENT AND MAKE BEST USE OF AVAILABLE RESOURCES					
141	Safer Nurse/Midwife Staffing Monthly Report period M4 2019/20	For assurance and to note any escalated risks	Written	Deputy Director of Nursing and Midwifery	1130 (05mins)
142	Operational Performance Report period M4, 2019/20	For assurance –To note the latest performance measures	Written	Director of Operations	1135 (10mins)
143	Finance Report period M4, 2019/20	For assurance - To note the current status of the Trusts financial position	Written	Director of Finance	1145 (10mins)
TRUST STRATEGY					
144	Future Generations – Clinical Sustainability of Services	For noting.	Verbal	Chief Executive	1155 (5mins)
BOARD GOVERNANCE					
145	Board Assurance Framework 2019/20	For assurance and approval	Written	Trust Secretary/ Executive Lead	1200 (10mins)
146	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	1210 (5mins)
HOUSEKEEPING					
147	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	1215 Meeting ends

Date of next meeting

Board in Public: 7 November 2019

Meeting to end at 1215

1215-1230	<i>Questions raised by members of the public observing the meeting on matters raised at the meeting.</i>	To respond to members of the public on matters of clarification and understanding.	Verbal	Chair
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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

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

At the meeting

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

Attendance

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

After the meeting

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

Standards & Obligations

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

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

Page 129 Handbook to the NHS Constitution 26th March 2013

Board of Directors

Minutes of the meeting of the Board of Directors
held in public on 4 July 2019
at Liverpool Women's NHS Foundation Trust, Crown Street Liverpool.

PRESENT

Mr Robert Clarke	Chair
Mrs Kathryn Thomson	Chief Executive
Mrs Michelle Turner	Director of Workforce & Marketing & Deputy Chief Executive
Mrs Jenny Hannon	Director of Finance
Dr Devender Roberts	Acting Medical Director
Mr Phil Huggon	Non-Executive Director
Mr Tony Okotie	Non-Executive Director/SID
Prof Louise Kenny	Non-Executive Director
Mrs Tracy Ellery	Non-Executive Director
Mr Ian Knight	Non-Executive Director
Dr Susan Milner	Non-Executive Director

IN ATTENDANCE

Mr Colin Reid	Trust Secretary
Mrs Janet Brennan	Deputy Director of Nursing and Midwifery
Mrs Clare Fitzpatrick	Head of Midwifery (item 2019/108)
Mr Tim Neal	Director of Infection Prevention and Control (item 2019/107)
Ms Sarah Sheringham	Interim Service Improvement & Business Manager (item 2019/110)

APOLOGIES:

Ms Jo Moore	Non-Executive Director & Vice Chair
Mrs Caron Lappin	Director of Nursing and Midwifery
Ms Loraine Turner	Interim Director of Operations

2019	<p>Thank You</p> <p>Alan Clarke, Risk and Patient Safety Manager. The Deputy Director of Nursing and Midwifery provided the thank you on behalf of the Board. The Deputy Director of Nursing and Midwifery advised the Board that Alan had joined the Trust in August 2002 joining the Cytogenetics Lab, as risk lead. In 2013 Alan moved to work in the Governance team as the Patient Safety Programme Manager and 12 months ago he took on the role of Risk and Patient Safety Manager.</p> <p>The Deputy Director of Nursing and Midwifery advised that during Alan's nearly 18 years in the Trust he has been a totally committed, dedicated team player, who has always been happy to assist anyone who needed his help. She advised that Alan had worked with staff from all levels during his time, from ward to board and throughout his career he has worked tirelessly to ensure that a detailed, constructive and supportive approach had been used when assisting staff with problems, going above and beyond his normal role and responsibility.</p>
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	<p>The Deputy Director of Nursing and Midwifery advised that Alan had been a dedicated advocate of patient safety and learning from mistakes to improve safety and the patient experience; his expert skills with Excel has also been an enormous help to different staff assisting in making their jobs, more efficient and less stressful. The Deputy Director of Nursing and Midwifery thanked Alan for his support to all members of staff, noting his kindness, dedication and compassion and in dedicated his career to improving systems and processes to help improve patient safety and experience.</p> <p>The Deputy Director of Nursing and Midwifery advised that Alan would be greatly missed and wished him well in his retirement.</p> <p>Security/Will Cowan, Security Guard: The Director of Workforce and Marketing provided the thank you on behalf of the Board to, not only the Security team, but to one individual of that Team Will Cowan. The Director of Workforce and Marketing reminded the Board that the Trust was lucky to be supported by teams, who may not necessarily be directly employed by the Trust, but who were just as important to the safe, kind and effective running of the hospital as any other member of staff.</p> <p>The Director of Workforce and Marketing advised the Board on a specific event that had occurred recently, where one of the Trust's Gynaecology staff was involved in a very distressing situation regarding a taxi journey whilst on work duties. The Director of Workforce and Marketing reported that the member of staff was extremely upset by an incident and that the Trust's wonderful Security Guard Will Cowan - who, she was reliably advised by Gillian Walker, Gynaecology Matron demonstrated the Trust values; he was kind, caring and concerned for the staff's wellbeing. Will dealt with the matter in a calm and professional manner whilst supporting the distressed member of staff and escalating to senior managers. The member of staff was really appreciative of Will's support and kindness as are the Board.</p> <p>The Director of Workforce and Marketing also said a thank you on behalf of the Board to the wider Security Team for their support, professionalism and commitment to patients, families and staff of the Trust.</p>
096	<p>Apologies – as above.</p> <p>Declaration of Interests – None</p> <p>Welcome: The Chair opened the meeting and welcomed everyone present, in particular he welcomed Gary Price who would be joining the Board as Director of Operations from 29 July 2019. Gary was attending as an observer only.</p>
097	<p>Meeting guidance notes</p> <p>The Board received the meeting attendees' guidance notes.</p>
107	<p>Director of Infection, Prevention and Control Annual Report 2018/19</p> <p>Tim Neal, Director of infection, Prevention and Control (DIPC) presented his Annual Report 2018/19 and provided a presentation on the key findings from the Report. 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. Tim Neal referred in particular to the work of the IPC team at the Trust, delivery against the work plan 2018/19 and the work plan for 2019/20. He 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.</p> <p>The Chair thanked Tim Neal, 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. The Chief Executive commented on the continued high performance in the prevention of</p>

	<p>infections in the Neonatal Unit given the continued risks the Unit faced which has been well documented and why the Unit was being re-developed.</p> <p>The Chair referring to the suspension of a surveillance system for surgical site infections, asked whether this created a risk to the Trust. Tim Neal responded that this was not a big risk to the Trust, the issue was linked to the pathology provider. He advised that not having the system did not hold back the Trust and reported that he did not believe it was a lack of funding or willingness to invest, it was how it was to be hosted.</p> <p>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. He advised that any concerns should be escalated through the Governance framework to the Quality Committee.</p>
099	<p>Minutes of previous meeting</p> <p>The minutes of the board meeting held on 2 May 2019 and 16 May 2019 were approved.</p>
100	<p>Matters arising and action log.</p> <p>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.</p>
101	<p>Chair's Announcements</p> <p>The Chair reported on the following matters:</p> <p>Learning from Excellence: The Chair reported on the Learning from Excellence innovation that focuses on capturing and learning from episodes of excellence in healthcare to further improve the quality and safety of care; and also provides an opportunity to thank and recognise staff for excellence. He was pleased that the Trust's People Strategy includes elements of the innovation.</p> <p>Royal Liverpool and Aintree Hospital Mergers: The Chair reported on the appointment of Sue Musson as Chair of the Royal Liverpool and who would assume the role of Chair of the merged entity; Neil Goodwin would remain Chair at Aintree until merger</p> <p>The Board noted the Chair's verbal update.</p>
102	<p>Chief Executive's report</p> <p>The Chief Executive commented on the marvellous work of the Trust staff some of which goes unnoticed. Referring to her report, the Chief Executive reported on the external recognition of a number of employees in her report, in particular referring to Sharon Owen who had been shortlisted in the 2019 Nursing Times Awards and who had also received the Chief Executives Outstanding contribution award at the recent dedication to excellence awards. The Chief Executive also referred to the recognition of Danika Heyes, who won maternity support worker of the year at the MAMA awards from over 800 nominations and Enhanced Team leader, Carmel Doyle received high praise when presented at Westminster for her work in Knowsley as an exemplar for joint working. The Chief Executive also referred to the breast-feeding team who had achieved results of 63% at initiation which prepares the maternity service for UNICEF BFI re- accreditation. The Chief Executive advised that she would be writing a letter of congratulations to each individual from herself and the Chair on behalf of the Board.</p> <p>The Chief Executive referred to the remainder of her report which was taken as read.</p> <p>The Chair thanked the Chief Executive for presenting her Report, which was noted.</p>

103	<p>The Chair, referring to the next four items noted that some of the Board Committees had met more than once since the last report and asked that the chair of each committee focus on the most recent meeting.</p> <p>Chair's Report from Audit Committee</p> <p>Ian Knight Chair of the Audit Committee presented his Chairs report from the meeting held on 16 May 2019. He advised that this was a special meeting of the Committee to consider the Trust's Annual Reports and Accounts 2018/19. Ian Knight advised each of the salient parts of the Annual Report and Accounts were considered and agreed by the Committee. He advised that the Committee also received the draft ISA 260 report from the external Auditors, KPMG and the final Audit Opinion from the internal Auditor, MIAA.</p> <p>Ian Knight reported that the Committee had approved the Annual Report and Accounts and recommended them for approval at a Board of Directors meeting which took place immediately following the meeting and referred to the approval of the board meeting minutes of 16 May 2019 earlier in the meeting.</p> <p>The Chair thanked Ian Knight for his report which was noted.</p>
104	<p>Chair's Report from Finance, Performance and Business Development Committee (FPBD)</p> <p>Due to Jo Moore being unavailable for the meeting the Chair asked Phil Huggon to present the Chairs Report from the FPBD meetings held on 20 May 2019 and 24 June 2019.</p> <p>Referring to operational performance for RTT and Cancer, Phil Huggon advised that the Committee had received further updates on the Trust's performance and recognised that challenges continued in achieving cancer and RTT targets. He advised that a regional approach to managing the gynae-oncology 62-day treatment target was underway with support from the Cancer Alliance and that the Committee was pleased to see that additional assurance had been provided by NHSI IST regarding the Trust's management of RTT performance. Phil Huggon advised that the meeting in July would receive the trajectory data requested and reported last month.</p> <p>Phil Huggon reported that the Committee had received a very good review of the post implementation cost improvement programme 2018/9; however, for 2019/20 the Committee wanted to see more detail surrounding phasing of individual cost improvement schemes, recognising the risks inherent in delivery of CIP given a number were only to be delivered towards the end of the financial year.</p> <p>The Chair thanked Phil Huggon for his report with was noted.</p>
105	<p>Chair's Report from Quality Committee (QC)</p> <p>Susan Milner presented the Chair Report from the Quality Committee meetings held on 20 May 2019 and 24 June 2019 and advised that the Committee continued to receive assurance from each of its sub-committees/senates on the work they had been carrying out.</p> <p>Referring to the CQC Action Plan, Susan Milner reported that the Committee received assurance on the progress being made. With regard to Cancer and RTT, Susan Milner reported that the Committee had received the same assurance as FPBD reported earlier in the meeting.</p> <p>Susan Milner advised that the Committee had received the Research and Development Annual Report 2018/19 and had noted that 2018/19 had been very successful in the delivery of the Trust's Research Strategy. The Committee was also assured that the Trust was working collaboratively with city wide partner organisations, in particular the Trust's participation in the Liverpool Health Partners (LHP) Starting Well programme. With regards to the Committee's support of an informal meeting of a</p>

research committee to enable better engagement across the Trust, the Chief Executive felt that further considerations needed to be given on formalising such a committee; she felt that given the continued focus of R&D it was very important that the Trust's activities were joined up both internally and with other organisations across the City through LHP and asked that the Acting Medical Director progress formalising of a Trust Research Committee.

Action 2019/105: Acting Medical Director to progress formalising of a Trust Research Committee.

The Chief Executive referred to the LHP Starting well project and the Trust's input into the 'Starting Well Trainline' and felt that this gave the Trust the opportunity to look at what it was doing day to day to make things better and achieve better outcomes for the women and babies using the services. The Chief Executive felt that the question the Trust needed to ask itself was 'what was it that we [the Trust] are doing that has an impact further down the line' such as pre-term births and breastfeeding. Susan Milner agreed with the comments and stated that it was the Board responsibility to make sure that the Trust was putting its efforts in the right places in the delivery of babies and outcomes.

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

098

Patient Story Presentation – Genetics

The patient story was provided by Emily and Phil Gregson and baby Beatrice Gregson relating to their experience in Genetics as part of the 100,000 Genomes Project. Emily and Phil were supported by Dr Emily Anderson, Registrar in Clinical Genetics and Emma McCann, Clinical Director, Division of Clinical Support Services.

Emily and her husband Phil were first referred to the Clinical Genetics team after the birth of their first daughter, Elsie. Elsie was born with a severe condition called profound congenital hypotonia, where she was unable to move or breathe for herself. Despite lots of investigations, no cause was found for this and the decision was made to change from active to end of life care on the neonatal unit. Elsie sadly died a short time later.

As part of Elsie's investigations, the family were recruited to the 100,000 Genomes Project. This was a national transformational project using detailed genetic technology called Whole Genome Sequencing to try to find the underlying genetic cause for rare diseases and certain types of cancer. As a result of the 100,000 Genomes Project, Elsie was found to have an alteration in both copies of her TBCD gene. Alterations in this gene had previously been described as causing a severe, progressive, neurological disorder affecting young children, although none of the other patients had exactly the same symptoms as Elsie. In addition, the particular combination of genetic alterations seen in Elsie had not been seen together in any individual before, which meant there was some uncertainty regarding whether or not they were definitely the cause of Elsie's problems. After extensive discussion between the Clinical Genetics team and the genetics laboratory, it was concluded that these genetic alterations were likely to be the cause of Elsie's condition.

Elsie's parents, Emily and Phil, became pregnant again shortly after Elsie's genetic alterations were found. Knowing the cause of Elsie's problems allowed the Trust to predict the risk of another baby having the same severe condition as Elsie. In addition, the Trust were able to offer a test in the pregnancy to find out if this baby had the same genetic alterations. Thankfully Beatrice did not have the same alterations as Elsie and was now a happy and healthy little girl.

108	<p>Emily explained the importance to her and Phil of knowing what the cause of Elsie’s condition was; why it has happened and if it would happen again given she fell pregnant with Beatrice.</p> <p>Dr Emily Anderson advised that Elsie’s diagnosis was very rare and was only made possible by the advent of Whole Genome Sequencing available through the 100,000 Genomes Project. She explained that as part of the legacy of this project, one of the consultant geneticists now does a weekly ward round with the neonatal intensivists to identify babies who would benefit from this testing which can be done urgently for very unwell babies with the potential to transform the care of families and answer their questions more readily, while allowing them to make difficult decisions with full knowledge.</p> <p>The Chief Executive thanked Emily, Phil and Beatrice for sharing their story with the Board and commented that a lot of the time when genomics was used it was to find out those unanswered questions of why such a condition had happened.</p> <p>The Chair on behalf of the Board thanked Emily, Phil and Beatrice for their attendance.</p> <p>National Maternity Review – Better Births</p> <p>Clare Fitzpatrick, Head of Midwifery joined the meeting to present the paper ‘Better Births compliance – Community Midwifery Update’. She referred to the executive Summary and reported that ‘Better births’ sets out a vision for safe, efficient models of Maternity care: safer care; joined up across disciplines; reflecting women’s choices; and offering continuity of care along the pathway. She explained that commissioners work across areas as local Maternity systems (LMS) with the aim to ensure women have equitable access to the services they choose and need, as close to home as possible.</p> <p>The Head of Midwifery reported on the two areas the Trust was not compliant: Multi professional working; and a payment system that fairly and adequately compensates providers for delivering high quality care to all women efficiently. She explained that with regards to the multi professional working requirement, the Trust was not fully compliant as it was unable at this time to provide for digital maternity hand-held notes due to delays in the implementation of the EPR project and further reported that with regards to the payment system, providers were awaiting clarification in relation to maternity tariff payments and the Trust had requested information regarding ‘continuity of care’ care streams for tertiary level maternity providers.</p> <p>Referring to the Midwife at Home Team, the Head of Midwifery reported that the response to the service had been fantastic and the uptake in women wanting home births had increased. With regards to the freestanding Midwife Led Unit (MLU) the Board noted the Trust had been successful with two external bids as part of the Cheshire and Merseyside work streams at St Chads, Kirkby; and as part of the Children’s Transformation Board, maternity services would be provided through bespoke midwife clinics in the designated areas of Garston/Speke and Aintree to provide care closer to home. Referring to the opening of the MLU at St Chads, the Chair asked that if possible this could coincide with a Board meeting in the community and asked the Trust Secretary to see if this was possible.</p> <p>The Board noted that there had been a significant number of developments made by the Trust to support the recommendations from the National Maternity Review as part of the community redesign. Referring to ongoing work across Cheshire and Merseyside partnership, the Head of Midwifery reported that this was intrinsically linked to the redesign of community services by the Trust and would continue to steer some of the work streams including: the implementation of continuity of care across the LMS; the development of community hubs; development of digital apps; and the implementation of the single point of access to allow women to exercise choice.</p>
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<p>106</p>	<p>The Chair thanked the Head of Midwifery for her report. The Board noted the National Maternity Review – Better Births Report and received assurance on the progress to date by the Trust of the Better Births project arising from the National Maternity Review.</p> <p>The Chair asked for a further update at the February 2020 Board meeting.</p> <p>Chair’s Report from Putting People First Committee</p> <p>Tony Okotie, Chair of the Putting People First Committee (PPF) updated the Board on the work of the Committee from the meeting held on 24 June 2019 and advised that he would pick out the salient parts of his report.</p> <p>Referring to the NHS Interim People Plan, Tony Okotie advised that the Committee was assured that the Trust’s People Strategy reflected the key proposals within the national plan. Tony Okotie referred to the section in the report on sickness absenteeism within the Workforce KPI dashboard and reported that a deep dive into Trust-wide Sickness Absence was scheduled for the September meeting which would be reported down to divisional level.</p> <p>Tony Okotie reported that the Committee had received an analysis of the disciplinary, grievance and dignity at work cases for the financial year 2018/19 and advised that the number of disciplinary cases had reduced from 20 to 12 in the last year, continuing a reducing trend since a peak of 27 cases in 2015. He explained that no trends had been identified in the seven grievances raised in the year and the number of dignity at work complaints remained very small. Referring to the Fair & Just project, Tony Okotie advised that work was underway to review the process for investigating and managing disciplinary cases in the context of the Fair & Just Culture and managers would be trained accordingly to ensure consistency across the Trust. Tony Okotie advised that the Committee had been assured that the annual review of Disciplinary/Grievance/Dignity at Work processes and cases met the requirements for NHS Board’s as set out by NHS Improvement’s Chair, Baroness Dido Harding, in her recent letter ‘Learning Lessons to improve our People Practices’.</p> <p>Referring to the Biannual Safe Staffing Review which was included as a separate item on the agenda later in the meeting, Tony Okotie reported that the Committee had received the report and was satisfied that nurse/midwife staffing levels were safe and appropriate. He advised that the committee had discussed the risks associated with the age profile of the nursing workforce at the Trust and the national shortage of nurses and midwives which did not, as yet, impact on staffing levels but may do so in the future.</p> <p>Tony Okotie reported on the interactive session the Committee had undertaken to inform the development of the new Nursing, Midwifery & Allied Health Professionals Strategy. He advised that the Committee had emphasised the importance of the connectivity between the proposed Strategy and the existing Putting People First and Quality Strategies. A further draft of the Strategy would be presented to the Committee in September and thereafter to the Board for approval. The Chair supported the view of the Committee and commented that all Trust strategies should speak to each other and not be drafted in isolation.</p> <p>The Chair thanked Tony Okotie for his report which was noted.</p>
<p>110</p>	<p>Operational Performance Report Month 2, 2019/20</p> <p>Sarah Sheringham, Interim Service Improvement & Business Manager joined the meeting to present the Performance Report for month 2 2019/20 and the Trust’s cancer recovery plan which was contained in the report at appendix 2. Sarah Sheringham referred to the recovery plan reporting on the factors affecting the cancer pathway, the specific issue and what mitigations had been or would be put in place. She explained that the recovery plan was supported by the commissioners and the</p>

cancer alliance who with the Trust were leading on specific actions to improve the Trust's performance.

Referring to the Trust's operational performance, Sarah Sheringham reported that there had been an improvement in sickness absenteeism; she explained that to support the management of sickness absence across the Trust, the Terms of Reference of the Sickness Action Group had been reviewed with the purpose of the Group to re-focussed on the new divisional structure and ownership. Sarah Sheringham explained that Divisional representation on the Group would improve escalation within the divisions and highlight key areas of concerns or trends.

Sarah Sheringham reported on Cancer performance and advised that the 2 Week Wait target was achieved again in April, however it dipped slightly in month as expected due an increase of Colposcopy referrals following the launch of a national screening campaign. This demand for high grade colposcopy appointments had meant that routine colposcopy work had to be diverted to weekend lists. Sarah Sheringham advised that the effect of the national campaign on referral numbers was being monitored closely to anticipate for any longer-term implications for the service and to enable future planning.

Sarah Sheringham referred to Referral to Treatment (RTT) and reported that RTT incomplete 18-week pathway performance dipped in the first two periods 2019/20 (April and May). She advised that this was anticipated due to the high influx of Colposcopy high grades referrals and the reduction in activity predicted due to: one locum Consultant being unavailable for a month; continued long-term sickness of Consultant staff; and the impact of the Easter and May bank holidays. Sarah Sheringham reported on capacity issues that continued to persist in Uro-Gynaecology which would be addressed following the recruitment of two Uro-gynaecology consultants in May, which should improve performance in June.

Sarah Sheringham advised that priority had been to treat the patients who had been waiting longest for treatment and more clinically urgent, whilst this had seen a reduction in performance against the 18 week RTT, it had seen a positive reduction the number of 52 week breaches.

Referring to the Recovery Plan for RTT, Sarah Sheringham advised that this continued to be in line with the best practice guidance from NHS Improvement IST; focusing on reducing the long waiting patients to reduce the clinical risk to those patients. Sarah Sheringham reported that in doing so, it was acknowledged that the 92% target may take longer to recover and referred to the 16 month recovery plan for RTT advised by NHS Improvement IST, due to the long-waiting patient backlog the Trust had, compounded with stabilising business as usual following the two Serious Untoward Incidents in February 2018 and initial demand and capacity modelling evidencing the current workforce was insufficient to meet the current referrals demand.

Sarah Sheringham referring to the national picture for RTT reported that NHS Improvement had recognised that nationally the 92% targets had not been consistently met since 2016 and in response to this and to ensure trusts were taking a clinical safety focussed approach to managing waiting lists, NHS Improvement were currently revising the 92% target with a view to abolishing it in favour of introducing a mean waiting time target; this new target was currently being piloted at test trusts nationally before implementation.

Sarah Sheringham advised that the Trust had received acknowledgement of good progress and practice in managing the RTT position by prioritising the management of long waiting patients; and reported that the Trust continued this work in line with the 16-month recovery plan to improve performance. Sarah Sheringham reported that in May NHS Improvement IST had withdrawn their involvement with the Trust assured that patients were being managed appropriately and safely in accordance to clinical priorities. She advised that trajectories were being developed to demonstrate

	<p>anticipated performance against target for the remainder of the year and the interdependencies of achieving the trajectory. These would be reported to FPBD and Quality Committee at their respective July meetings.</p> <p>Phil Huggon referring to the work in providing trajectory for RTT recovery asked that the output include those factors that were in the control of the Trust and those factors that were not, referring to LCL turnaround of pathology results and the Royal Liverpool theatre capacity.</p> <p>Louise Kenny referring to previous discussion at the Board regarding the recruitment of good quality Gynaecology consultants, commented that it was important that the Trust and the University of Liverpool look to support the recruitment processes for consultants through an offer of an academic position. The Acting Medical Director advised that she would take this forward with the University, however the Trust would also continue to look at the recruitment of substantive posts.</p> <p style="color: red;">Action 2019/108: The Acting Medical Director to take forward with the University of Liverpool the possibility of supporting academic posts in hard to recruit to specialties.</p> <p>The Board noted the Operational Performance Report for month 2, 2019/20 noting the risk of non-delivery of RTT and Cancer. The Chair thanked Sarah Sheringham for her report noting that the Board Committees would receive further assurance on delivery of RTT at their forthcoming meetings at the end of July.</p>
109	<p>(i) Safer Nurse/Midwife Staffing Monthly Report Period 2 2019/20</p> <p>The Deputy Director of Nursing and Midwifery presented the safer staffing report for month 2 which was taken as read.</p> <p>The Chair thanked the Director of Nursing and Midwifery for her report which was noted and received assurance that the Trust had the appropriate number of nursing and midwifery staff to manage the current activity.</p> <p>(ii) Safe Staffing – Bi Annual Report</p> <p>The Deputy Director of Nursing and Midwifery presented the Bi Annual Safe Staffing Report and reported that the report had been reviewed by the Putting People First Committee at its meeting on 24 June 2019.</p> <p>The Deputy Director of Nursing and Midwifery ran through the key areas within the Report and reported that: the Trust was able to demonstrate safe staffing levels through workforce reviews, actual versus planned data, CHPPD, acuity tools and professional judgement; vacancy rate for nursing and Midwifery was running at 1.9% compared to the national picture of 11.6 %; the Trust had a 7% turnover rate in April compared to 15% across Cheshire and Mersey; 32% of the nursing and midwifery workforce were over 50 years of age and therefore recruitment and retention remained a focus; and the new divisional triumvirate structure ensures workforce was monitored through KPI's at performance reviews.</p> <p>The Board, noting the Report had been reviewed by its assurance Committee, PPF, received the Bi-Annual Safe Staffing Report and the assurances and risks it presented.</p>
111	<p>Financial Report & Dashboard Month 2, 2019/20</p> <p>The Director of Finance presented the Finance Report and financial dashboard for month 2, 2019/20 and reported that at month 2 the Trust was reporting a deficit of £0.6m against a deficit budget of £0.4m, giving a year to date adverse variance of £0.2m. She advised that the forecast had been maintained at the breakeven plan at this early stage in the year. Referring to the Cost Improvement Plan, the Director of Finance reported that this was in track, recognising that the larger schemes</p>

	<p>would be delivered in the last 6 months of the year and advised that FPBD had requested additional details on delivery of the larger schemes.</p> <p>The Director of Finance reported that year to date income was £0.7m higher than would have been received under PbR; this had not been raised as a concern by Liverpool CCG at this time. Tracy Ellery referred to debtors increasing by £2.6m and asked if there was any concern regarding the movement. The Director of Finance reported that there were one or two debtors that were of a concern and that legal action was pending to recover the debt. Referring to the CNST incentivisation Scheme, Ian Knight noted that last year the one safety action the Trust could not confirm was the multi-disciplinary training and asked whether the Board would be able to confirm the action this year. In response the Director of Finance advised that considerable amount of work had been undertaken to address this safety action to make sure that the Trust would be compliant; and that evidence would be in place to provide assurance to the Board.</p> <p>The Chair thanked the Director of Finance for presenting the Financial Report & Dashboard month 2, 2019/20 which was received.</p>
112	<p>Future Generations – Clinical Sustainability of Services</p> <p>The Chief Executive reported on the recent Clinical Summit held at the Trust which was attended by Trust staff, other providers across Cheshire and Merseyside, Care Quality Commission, NHS Improvement and Commissioners. She advised that the Summit had highlighted the considerable clinical issues the Trust was now facing and would face in the future if it continued to remain on an isolated site separate from an adult acute provider. She reported that there was considerable engagement and challenge from delegates and advised that the output from the event would be collated and reported to the Board in September. The Chief Executive thanked all those who participated in the Summit and in particular the clinical teams who had articulated the issues to the delegates.</p> <p>The Chief Executive advised that there was considerable time spent on working with the Cheshire and Merseyside Health and Care Partnership to make sure that the Trust remained its number one priority for capital projects over £100m. She explained that it was important not only to the Trust, the City but also the whole of Cheshire And Merseyside that the Trust remained clinically sustainable and cited the period last year when the Trust had to close to maternity admissions for a short period of time, due to there being no beds available for mums to be admitted, and the impact this had had on other local trusts who also had to close their doors to admissions.</p> <p>The Chief Executive advised that one of the issues facing the NHS was the Capital Departmental Expenditure Limits (CDEL) which limits the amount of Capital Expenditure that could be spent in the NHS. She advised that this was the biggest issue facing the Trust, as the Trust may be able to find financing for the capital build it would be restricted from spending it due to the overall CDEL limits being exceeded. The Chief Executive advised that the Trust was focused on how this could be addressed given that NHS England would not proceed to public consultation on the future of the Trust's services without there being capital available.</p>
113	<p>Board Assurance Framework</p> <p>The Trust Secretary presented the Board Assurance Framework 2019/20. He explained the process that had been undertaken regarding the review by the Executives and Board Committees within their remit and no amendments have been proposed.</p> <p>The Board received the Board Assurance Framework and confirmed that the Board Assurance Framework adequately identified the principal risks to achieving the Trust's strategic objectives.</p>
114	<p>Review of risk impacts of items discussed</p>

115	<p>The Board noted the following additional risks identified during the meeting:</p> <ul style="list-style-type: none"> • CIP – Key risk to delivering the breakeven control total 2019/20. • R&D – better working together across the Trust and the City to deliver the LHP starting well initiative. • Better Births – delivery of the digital maternity hand-held notes due to delays in the implementation of the EPR project. <p>Any other business & Review of meeting</p> <p>There was no other business.</p> <p>The Chair thanked all the various guests for their attendance. The Board felt that the meeting met the objectives of the agenda items and assurance on the activities of the Trust. The Board agreed that there was honest, transparent, frank and challenging discussion on items presented.</p> <p>Date of next meeting</p> <p>The Chair reported that the next meeting of the Board in public would be 5 September 2019.</p>
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TRUST BOARD
5 September 2019
Action Plan

Meeting date	Minute Reference	Action	Responsibility	Target Dates	Status
4 July 2019	2019/105	The Acting Medical Director to progress formalising of a Trust Research Committee.	Acting Medical Director	In progress	Arrangements are currently being put in place with the Director of Research and Development. An update on progress will be made at the Quality Committee on 23 September 2019.
4 July 2019	2019/108	The Acting Medical Director to take forward with the University of Liverpool the possibility of supporting academic posts in hard to recruit to specialties.	Acting Medical Director	In progress	Initial discussions have progressed with University of Liverpool. Further report will be provided at the Board meeting on 5 September 2019.

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

MEETING	Board of Directors
PAPER/REPORT TITLE:	Chief Executive Report
DATE OF MEETING:	Thursday, 05 September 2019
ACTION REQUIRED	Information
EXECUTIVE DIRECTOR:	Kathy Thomson, Chief Executive
AUTHOR(S):	Colin Reid, Trust Secretary
STRATEGIC OBJECTIVES:	<p><i>Which Objective(s)?</i></p> <ol style="list-style-type: none"> To develop a well led, capable, motivated and entrepreneurial workforce <input checked="" type="checkbox"/> To be ambitious and efficient and make the best use of available resource <input checked="" type="checkbox"/> To deliver safe services <input checked="" type="checkbox"/> To participate in high quality research and to deliver the most effective Outcomes <input checked="" type="checkbox"/> To deliver the best possible experience for patients and staff <input checked="" type="checkbox"/>
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p><i>Which condition(s)?</i></p> <ol style="list-style-type: none"> Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input checked="" type="checkbox"/> Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input checked="" type="checkbox"/> The Trust is not financially sustainable beyond the current financial year..... <input checked="" type="checkbox"/> Failure to deliver the annual financial plan <input checked="" type="checkbox"/> Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input checked="" type="checkbox"/> Ineffective understanding and learning following significant events..... <input checked="" type="checkbox"/> Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/> Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input checked="" type="checkbox"/>
CQC DOMAIN	<p><i>Which Domain?</i></p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input type="checkbox"/></p>

	<i>ALL DOMAINS</i>		<input checked="" type="checkbox"/>
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input checked="" type="checkbox"/> 2. Operational Plan <input checked="" type="checkbox"/> 3. NHS Compliance <input checked="" type="checkbox"/>	4. NHS Constitution <input checked="" type="checkbox"/> 5. Equality and Diversity <input checked="" type="checkbox"/> 6. Other: Click here to enter text.	
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting		
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	<i>Board is asked to receive the content of the report.</i>		
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.

Report

SECTION A – Internal

NHS Staff Summer of Listening: Across the summer, staff working in the NHS are being asked a few questions to understand 'What would make the NHS the best place to work?'. At the Trust and across the country, thoughts from NHS employees are being gathered and it has been requested that feedback is provided back to NHS England in order to inform the full NHS People Plan which is due towards the end of 2019. The Trust is also taking this as an opportunity to gather feedback from staff on matters/experiences that they may wish to share regarding things that the Trust does well and things that could be improved upon. Staff are being asked to complete a short Survey which closes on Friday 6 September 2019.

BBC Hospital Programme: Following the success of the last series of BBC Two's Hospital which featured Liverpool Women's, the Trust is currently in talks with the show's producers (Label 1) about taking part in the next series.

Annual Remembrance Service – The Board are reminded that the Annual Remembrance Service is due to take place on 14th October 2019, at St George's Hall, in the Grand Hall. This year we are holding 2 services both on the same day following feedback gained from families who attend. There will be an earlier service for adults and children and a later service just for adults: the early service, doors will open at 4pm for families, refreshments and crafts prior to

service beginning at 5.30pm; and the late service, doors will open at 7.15pm for families, the service will begin at 8pm and refreshments will be served afterwards.

Division of Family Health:

- a) **CNST Maternity Incentive Scheme:** The Trust is in full compliance to all 10 safety steps within the CNST Maternity incentive scheme achieved following the successful completion of MPET training. The Board approved the Trust submission to the Scheme on 8th August in time for submission on 12 August 2019 (final submission date was 15 August 2019).
- b) **Maternity:** Maternity has secured funding for a national Advanced Maternity Practitioner programme. LWH will be the first maternity service to train ACP midwives. 6 midwives will be commencing the course in September 2019, with interviews scheduled for the 5th September 2019.
- c) **Staff award:** Julie Wilson, Julie received Maternity's second shining star award, for her ongoing enthusiasm and dedication in supporting Mums and Babies. Fabulous feedback was received from families saying what a difference Julie made, going above and beyond to create a wonderful network and social support group. This is testament to the dedication, commitment and care provided to ensure that women felt supported throughout pregnancy and in the early weeks as new mums
- d) **Neonatal Re-Development:** Work continues on the re-development of the Neonatal Unit and is running to programme and cost. A lot of building work has meant that access to the rear of the site on foot is restricted to construction worker only. Cars are able to access the rear car parks however.
- e) **NICU Summer Picnic in the park 2019:** Our Neonatal Nurses had an afternoon in the sun in Sefton Park on Thursday 26th July 2019. Staff enjoyed a picnic next to the beautiful boating lake with their families and friends

Clinical Support Services Division:

- a) **Genetic Laboratories:** The Genetics Laboratory tender process has now completed with Staff transferring to Manchester University Hospitals NHS Foundation Trust to form The North West Genomic Laboratory Hub (GLH) which is now operational. The Trust will continue to work closely with the Genetic lab colleagues based here at LWH and at Manchester.
- b) **Staff Awards:** John Shields (Theatre HCA) for being recognised as Trust Employee of the Month in May 2019
- c) **Our Health Heroes Awards 2019:** 100k Genomes Team for being nominated Integrated Team of The Year in the Skills For Health category.

Gynaecology:

- a) **Support Bags:** In September new support bags will be offered to patients who are admitted via an unplanned admission with pregnancy loss, this is supported by the Cradle charity. The bags contain toiletries and other items for both the patient and her partner
- b) **Red Cross Baskets:** Staff "Red Cross" baskets will be given to each clinical area, supported with thanks by the League of Friends Charity.

SECTION B – Local

NHS Liverpool CCG welcomes ‘good’ rating: NHS Liverpool Clinical Commissioning Group (CCG) has been rated as ‘good’ by health service regulators. NHS England has a duty to undertake an assessment of CCGs each year, which it does using the Improvement and Assessment Framework (IAF). CCGs are assessed on areas such as leadership capability and financial management, as well as performance against national standards and the health and wellbeing of local people. Each CCG receives an overall assessment that places their performance in one of four categories: outstanding, good, requires improvement, or inadequate. For 2016/17 and 2017/18 NHS Liverpool CCG was rated ‘requires improvement’.

Chair of NHS Liverpool CCG, Dr Fiona Lemmens, said: “We’re really pleased that our hard work over the past two years has been recognised in our latest IAF rating. “As a CCG we have put a real focus on reviewing and improving our governance, including strengthening our Governing Body with the appointment of additional lay members, as well as maintaining financial stability. “However our rating is not just about us as an organisation, it also reflects the work taking place across the wider health and care system to tackle the issues we face as a city and provide the highest quality care for local people. “It is by working together that we will start to address some of our challenges, including meeting national standards for A&E waiting times and referrals for treatment, improving mental health, and better supporting children with special educational needs and disability. “Last year we published a single plan for health and care – One Liverpool – setting out our vision for improving local services through greater collaboration, and we will continue this drive to break down barriers between organisations to deliver real benefits for our population.”

The latest IAF results for all CCGs, and more information against each of the measures assessed, are available on the MyNHS section of the NHS Choices website: <https://www.nhs.uk/service-search/Performance/Search>.

SECTION C – National

BREXIT: The EU exit response is again being stood up for leaving the EU on 31 October 2019. The EU exit SRO remains as the Director of Finance with subject matter experts available for critical areas such as procurement, pharmacy and estates. The business continuity plans continue to be led by the Trust’s Emergency Preparedness lead. The last readiness assessment did not raise any significant concerns however the Trust will continue to engage with the National and Local teams to ensure that the impact to the Trust is minimised, and respond to guidance as and when it is issued.

NICE Chief Executive: Sir Andrew Dillon has announced his intention to stand down as NICE chief executive next year. Sir Andrew has been at the helm of the institute since it was founded in April 1999. He will leave his post at the end of March 2020, having completed 21 years of service. The NICE board will make arrangements to advertise the chief executive’s post during the autumn.

CQC Deputy Chief Inspector: The Care Quality Commission has appointed Kevin Cleary as Deputy Chief Inspector of Hospitals and lead for mental health. Dr Cleary’s most recent post has been Deputy Director of Mental Health and Quality Improvement Lead for Mental Health at New Zealand’s largest District Health Board, Waitemata District Health Board. He will join CQC in September where he will report to the Chief Inspector of Hospitals, Professor Ted Baker.

NHS Providers: NHS Providers announced that Sir Ron Kerr will take over as the next chair of NHS Providers on 1 January 2020, when the term of the current Chair, Dame Gill Morgan, ends. Sir Ron has a long and distinguished career in health service management, including ten years as one of the country’s leading provider chief executives. His experience spans acute, community and primary care services, as well as mental health and social care, and he has worked in both provider and commissioning organisations. He was the chief executive of Guy’s and St Thomas’ NHS foundation Trust, one of England’s largest and most successful combined acute and community trusts. He has national level experience of the social care system and is currently independent chair of a sustainability and transformation partnership (STP).

Single Oversight Framework 2020: NHS England and NHS Improvement have set out a new approach to oversight with the publication of its [NHS Oversight Framework 2019/20](#). The Oversight Framework has replaced the provider Single Oversight Framework and the clinical commissioning group (CCG) Improvement and Assessment Framework (IAF) opens in a new window, and will inform assessment of providers in 2019/20. The Board will receive further information on the implementation of the oversight framework in due course.

Appendix

1. **Key messages from the Liverpool Health Partners Board:** See appendix 1
2. **The Clatterbridge Cancer Centre NHS Foundation Trust:** Please see appendix 2 update on the progress of the new hospital in Liverpool, opening May 2020.
3. **University of Liverpool E-Newsletter:** Please see appendix 3

[View this email in your browser](#)



Key messages from the Board

At its meeting in July 2019, the Board received a progress report on the LHP Cardiovascular theme (including Liverpool Centre for Cardiovascular Science) and an update on the application for Strategic Investment Funding from Liverpool Combined Authority to create a Liverpool City Region Civic Data Trust.

LHP Cardiovascular Theme Update

The Board received and noted the good progress being made under LHP's CVD theme, including that of the work of the Liverpool Centre for Cardiovascular Science (LCCS). It was noted that Professor Lip, LHP Programme Director for CVD, and colleagues are running a number of global health trials in Atrial Fibrillation, several NIHR studies are open in the EU and there are now studies in Thailand and Korea. There is also work in progress to align with CRN, Innovation Agency, LHP and LCCS to ensure wider system working. Finally, it was noted that Professor Lip is inviting the British Heart Foundation for another visit to see progress.

The Board received and noted the BRC Operational and Communications Plan and a further update on the BRC will be brought to the September meeting.

Liverpool City Region Civic Data Trust

The Board received and noted the update from Professor Iain Buchan and Professor Tony Marson regarding the Liverpool City Region Civic Data Trust (LCR CDT). It was agreed that members will support the critical tasks that are now required to complete the full business case for and to establish the Civic Data Trust, including exploring governance of data.

As part of the update on the LCR CDT, a proposal for a Joint Intelligence Service was agreed, and nominated data analysts from across LHP will be convened to discuss the concept will feed back to the Board.

LHP SPARK

The Board noted that LHP needs to adopt the right culture for SPARK to be successful and that research can underpin “The Triple Win” of HEIs/NHS. The Board agreed that the R&D Directors forum would be an appropriate vehicle to discuss this.

A series of future commitment statements were presented to members, who agreed these would be taken back to their respective Boards to discuss incorporation into research strategies.

LHP Strategy: Business Planning Process and LHP Communications Plan

The Board approved the further development of LHP’s strategy and business planning process in addition to the LHP Communications Plan.

After an Invitation to Tender process, led by MIAA, the Board approved the recommendation from LHP's Governance Committee for Liverpool Heart and Chest Hospital NHS Foundation Trust to become the new NHS host of LHP.



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info@liverpoolhealthpartners.org.uk

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**The Clatterbridge
Cancer Centre**
NHS Foundation Trust

LB050/19/SJ

12 August 2019

To: Chairs, Chief Executives, Members of Parliament,
Clinical Commissioning Groups and Key Contacts across
Cheshire and Merseyside

Clatterbridge Road
Bebington
Wirral
CH63 4JY

Tel: 0151 556 5000
Web: www.clatterbridgecc.nhs.uk

Dear Colleague

Clatterbridge Cancer Centre-Liverpool; opening May 2020

We are writing to give you an update on our progress in the plans to transform cancer care across Cheshire & Merseyside,

As you know we are building a new specialist cancer hospital in Liverpool. The *Clatterbridge Cancer Centre – Liverpool* will be an 11-floor specialist cancer hospital located in the heart of Liverpool, next to The Royal Liverpool University Hospital and The University of Liverpool and it forms part of the Knowledge Quarter development. The development of the new hospital is progressing to plan and we are making preparations to take control of the building in February 2020 before beginning to deliver services to patients from May 2020.

The new hospital will be in addition to our existing Clatterbridge Cancer Centres in Wirral and Aintree and is part of the plan to bring ambulatory cancer care closer to home, alongside co-locating to an acute site for our sickest patients. The new hospital will provide inpatient cancer care for Cheshire & Merseyside as well as ambulatory cancer care for Liverpool.

The move date for haemato-oncology in-patients to our new build has yet to be determined but we will keep you informed of the plans.

We estimate that around 90% of patients from Wirral and West Cheshire will continue to attend our Wirral site. Patients will only need to travel to Liverpool for inpatient care, the more complex treatments or if their treatment is part of an early-stage clinical trial. All outpatient chemotherapy will continue at Wirral, as well as radiotherapy for common cancers.

Our satellite radiotherapy unit at Aintree will continue, with radiotherapy for common cancers and the specialist stereotactic radiosurgery service for brain tumours. Chemotherapy clinics at Aintree and other locations across Merseyside and Cheshire will also continue, as will out-patient clinics.

If you would like any further detail on any of the above then please contact us through Thomas Pharaoh, Associate Director of Strategy, on thomas.pharaoh@nhs.net or 07734 683085.

Best wishes

Kathy Doran
Chair

Dr Liz Bishop
Chief Executive

University of Liverpool Monthly E-Newsletter

July Review



£9m boost to tackle health inequalities across the region

The University is part of a pioneering collaboration between NHS, local government, third sector partners and universities, to tackle health inequalities across the North West Coast.



Vice-Chancellor reflects on her UUK Presidency

At the end of her time in office as President of Universities UK, the Vice-Chancellor Professor Dame Janet Beer reflects on a busy couple of years.



Call The Midwife duo receive honorary degrees

Call the Midwife creator Heidi Thomas and actor Stephen McGann returned to their home city to collect honorary degrees from the University.



New Liverpool School of Architecture winning design revealed

Dublin-based architects, O'Donnell + Tuomey were chosen unanimously as the winner for the £23m scheme to extend University's School of Architecture.



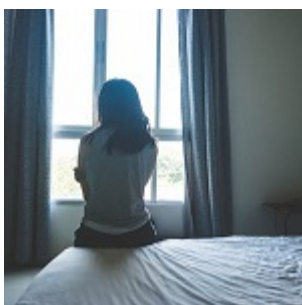
Liverpool: huge tidal power plant on the Mersey could make city a renewable energy hotspot

In an article published by 'The Conversation', Dr Amani Eva Becker explores whether a tidal barrage would be suitable for the region.



Changes in food industry salt regulations negatively impact disease rates

A new study links the relaxation of UK industry regulation of salt content in food in 2011 with over 9,900 additional cases of cardiovascular disease, and 1,500 cases of stomach cancer.



Centre for Study of International Slavery partner in UK's new modern slavery research hub

The University's Centre for the Study of International Slavery is a partner in a new £10m Policy and Evidence Centre for Modern Slavery and Human Rights based in Leeds.

Board of Directors

Committee Chair's report of Quality Committee meeting held 22 July 2019

1. Was the quorate met? Yes

2. Agenda items covered

- ~ **Board Assurance Framework – Quality Related Risks:** The Committee reviewed the Quality related BAF risks and received assurance that the risks attributed to the Committee were being managed appropriately. The Committee received assurance that consideration was being given by the Acting Medical Director to the inclusion of Maternal Medicine on the BAF and any proposal would be presented to the Committee at its meeting in September 2019.
- ~ **Subcommittee Chairs reports:** The Committee received a chairs report from the Corporate Risk Committee. The Committee had noted that there were no matters that had been escalated to the Committee for review. The Committee was assured that the reporting Corporate Risk Committee was discharging its duties and responsibilities.
- ~ **CQC Inspection Action Plan:** The Committee received assurance on the progress being made against the CQC inspection action plan. The Committee noted that one area of noncompliance continued to be in the delivery of PDR and mandatory training and had noted the actions being taken Trust wide to address the risk.
- ~ **Monthly Quality Performance Review M3 2019/20:** The Committee received an update on Operational Performance at Month 3 2019/20. The Committee noted that challenges continued in achieving Cancer and RTT targets. The Committee received a presentation on 2019/20 RTT trajectories requested at the June meeting and noted that by month 12 the Trust would reach 88-89% performance levels. The Committee received assurance that the levels were in line with those NHS IST recommended in November 2018, who had stated that the Trust required a 16month recovery plan. The Committee had received assurance against the agreed recovery plan and had requested that the trajectory is taken forward into 2020/21 for completeness.
- ~ **NICE Annual Report 2018/19:** The Committee received the NICE Annual Report 2018/19, noting that the Effectiveness Senate had monitored on behalf of the Committee the effectiveness of the processes in place at the Trust to implement guidelines and standards in place by NICE during the year that related to the Trust (30 out of 203).
- ~ **Serious Incidents Combined Report:** The Committee received the Serious Incidents Combined Report noting the additional information requested at the Board of Directors, capturing historical SIs of the same type identified.
- ~ **Seven Day Services:** The Committee noted the 4 priority standards that related to the Trust, relating to: emergency admissions; inpatients must have scheduled seven-day access to diagnostic services; inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions; and all patients with high dependency needs should be seen and reviewed by a consultant twice daily. The Committee was assured that there had been significant improvement in meeting the standards noting that two of the four required the Trust

to be co-located with an adult acute site. The Committee had requested an action plan to provide mitigation against those standards that the Trust was unable to comply with. This would be provided at the October 2019 meeting.

- ~ **Integrated Governance Report:** The Committee received Integrated Governance Assurance Report 2019/20 – Quarter1 and was assured that appropriate system of governance was in place within Trust and that staff were being open by reporting incidents, clinical and non-clinical, to ensure patients and staff safety was maintained. The Committee had noted that the Trust continued to address lessons learned from Serious Incidents and Never Events and that the Trust still had some way to go to make sure that the lessons learned was disseminated across the Trust.
- ~ **Review of the Quality Strategy Q1 of Year 3:** The Committee noted that the clinical indicators for each of the three divisions was all in place. The Committee received assurance from the Head of Governance that all actions arising from the Strategy would be delivered by March 2020.
- ~ **NHS Patient Safety Strategy:** The Committee had noted that a new NHS Patient Safety Strategy had been published on 2 July 2019 and the key development areas from the strategy related to: safety culture; safety systems; insights; and involvement. The Committee was advised that the report would go to the next Safety Senate sub-committee.

3. Board Assurance Framework (BAF) risks reviewed

No new risks identified. No changes to existing risks identified, noting that one may be proposed in the future relating to Maternal Medicine.

4. Escalation report to the Board on Performance Measures

None.

5. Issues to highlight to Board

None.

6. Action required by Board

None

Phil Huggon

Chair of Quality Committee

July 2019

Board of Directors

Committee Chair's report of Finance, Performance and Business Development Committee meeting held
22 July 2019

1. Was the quorate met? Yes

2. Agenda items covered

- ~ **Operational Performance Month 3 2019/20 including RTT and Cancer Targets:** The Committee received an update on Operational Performance at Month 3 2019/20. The Committee noted that challenges continued in achieving Cancer and RTT targets. The Committee received a presentation on 2019/20 RTT trajectories requested at the June meeting and noted that by month 12 the Trust would reach 88-89% performance levels. The Committee received assurance that the Trust's performance was in line with NHS IST recommendation in November 2018, who had stated that the Trust required a 16month recovery plan. The Committee had received assurance against the agreed recovery plan and had requested that the trajectory is taken forward into 2020/21 for completeness.
- ~ **Finance Performance Review Month 3 2019/20 including CIP:** The Committee received Month 3 2019/20 finance position noting that at Month 3 the Trust was reporting a deficit of £0.5m against a deficit budget of £0.7m. The Committee noted that the over-performance related to the PSF funding received in 2019/20 relating to 2018/19 and would adjusted out of the control total calculation. The Committee was assured that at this stage in the year the Trust was forecasting delivery of the breakeven control total, after taking into consideration central funding. The Committee noted that the Trust was in a very strong cash position and had supported the proposal of repaying all its historic deficit support borrowings. The Committee noted that underperformance continued in Gynaecology however it was planned that activity and therefore income would increase later in the year as new consultants were recruited. The Committee recognised the continued strength of the financial position was through the Trust management and control processes for 2019/20, although noted that the underlying position remained under pressure.
- ~ **Cost Improvement Programme 2019/20:** The Committee received the Cost Improvement Programme 2019/20 and noted that to date the programme remained on track to deliver the planned cost improvements. The Committee received an update on mitigating schemes in place to cover areas where there was a potential for schemes to under delivery. The Committee was pleased to note each scheme had a Project Lead accountable for its delivery and that each scheme would be monitored through the divisional structure at monthly divisional review meetings with the Executive and at Senior Management Team. The Committee was assured that each scheme had been quality assessed, workforce impacts addressed and financially validated.
- ~ **Strategic Outline Case:** The Committee received an update on the work being undertaken to review the business case to bring it in line with current clinical assessments following the Clinical Summit in June.
- ~ **IM&T Update:** The Committee received a verbal update from the interim Chief Information Officer on the development of the Trust's IM&T strategy and was assured that actions were being taken to mitigate and manage IM&T risks. The Committee had noted the work being

undertaken to revigorate the Information Governance Committee with emphasis on clinical engagement through the membership of the committee.

- ~ **Genetics Update:** The Committee noted the current actions being taken with regards to the transfer of staff to Manchester University NHS Foundation Trust which would take place by 1 August 2019. The Committee noted that financial risks of the transaction had been mitigated and that the transfer would proceed without a detrimental impact to the Trust.
 - ~ **Neonatal Capital Build Update:** The Committee received an update on progress against the plan, noting that the project continued to be on track.
 - ~ **Single Neonatal Surgical Service:** The Committee received an update on the current status of the Service noting that arrangements were now being made to put in place the leadership team. The Committee noted that funding from Neonatal Specialist Commissioners was not secured on a recurrent basis and that discussions were ongoing with them. As the development of the Service continued there would be a requirement to update the memorandum of understanding between the Trust and Alder Hey.
 - ~ **Revised Treasury Management Policy & Treasury Management Quarterly Report Q1 2019/20:** The Committee reviewed and approved the revised Treasury Management Policy and received the Treasury Management Quarterly Report for Q1 2019/20. The Committee was assured that the Trust operated its Treasury Management appropriately.
 - ~ **Electronic Patient Records Liverpool (EPRL):** The Committee received an update on the current status of the EPR project and the risks to implementation. The Director of Finance agreed to write to the Board setting out the current position.
 - ~ **Board Assurance Framework:** The Committee reviewed the risk that it was accountable for within the BAF and agreed that there were no amendments that needed to be made to the text or risk scores.
 - ~ **BREXIT:** The Committee noted that the Trust continued to be compliant with recommendations made from the Centre.
 - ~ **Sub Committee Chairs reports received:**
 - o Digital Hospital Sub-Committee.
3. **Board Assurance Framework (BAF) risks reviewed**
No new risks identified. No changes to existing risks identified.
 4. **Escalation report to the Board on Performance Measures**
None –note RTT and Cancer referred above.
 5. **Issues to highlight to Board**
~ EPR above
 6. **Action required by Board**
No actions required.

Phil Huggon
Chair of the meeting – FPBD, July 2019

Board of Directors
Committee Chair's report of Audit Committee meeting held 22 July 2019

1. Meeting Quorate: Yes

2. Agenda items covered

- ~ **Minutes of Meeting:** The Committee agreed to recommend to the Board of Directors an amendment to the Trust's standardised terms of reference relating to the invitation of individuals external to the Trust to a meeting of a committee. The recommended change can be found at appendix 1.
- ~ **Follow up of Internal Audit and External Audit Recommendations:** The Committee received an updated position on audit recommendations, noting that there were no overdue outstanding actions. The Committee noted that there were twelve outstanding actions that were not due for completion and was assured that actions were being implemented and followed up in a timely manner.
- ~ **Internal Audit Progress Reports:** The Committee received assurance on four reports that had been undertaken since the last meeting: Quality Spot Checks audit; Data Security and Protection Toolkit audit; Consultant Nurses / Midwife Job Planning audit; and Ward Accreditation Review audit. Of the four, limited assurance was provided for the Quality Spot Checks audit for Bedford, the other audits had received moderate or substantial assurance. and the Committee was assured that actions were being taken to address all areas of concerns raised. The Committee further noted that there were three additional audits currently being undertaken in relation to Safety Standards for Invasive Procedures, Baby Tagging System Implementation and Mandatory Training
- ~ **Anti-Fraud Annual Report 2018/19 & Progress Report 2019/20:** The Committee received two reports from the MIAA Anti-Fraud Specialist, the Annual Report 2018/19 and the Anti-Fraud Progress Report 2019/20: The Committee received the Annual Report noting that it had reviewed the draft of the report at its March 2019 meeting and that there were no significant changes made since the Draft was reviewed. The Committee received assurance on the work of Anti-Fraud Specialist for the year and actions taken to engage with staff at the Trust to highlight Anti-Fraud measures.
- ~ **KMPG Health Sector Technical Update Update:** The Committee received the Health Sector Technical Update from the Audit Manager that highlighted the main technical issues which were currently having an impact on the health sector; these included the DHSC Group Accounting Manual 2019/20; NHS Trusts control over their own property; and CQUIN guidance 2019/20.
- ~ **Audit Waiver Report Quarter One 2019/20:** The Committee received the Audit Waiver Report Quarter One 2019/20 report that included waivers for Q4 2018/19. The Committee was concerned with the increase in the number of waivers over the two periods and sought assurance that all the waivers were appropriate, recognising the rigorous process in place. It was agreed that a deep dive into waivers would be presented at the next Committee meeting.

- ~ **Repayment of Revenue Loans:** The Committee receive a paper setting out proposals for the repayment of revenue loans with the Department of Health and Social Care. The Committee noted that the Trust was in a strong cash position and supported the proposal of repaying all its remaining revenue loans of £6.3m, noting the level credibility that this would bring.
 - ~ **Settlement Agreement Report 2018/19:** The Committee received the Settlement Agreement Report 2018/19, noting that there was a total of four settlement agreements entered into in 2018/19. The Committee was assured that all four followed guidance from NHS Employers, two related to the Mutually Agreed Resignation Scheme (MARS) that was originally run in the previous year, one related to a senior member of staff where only normal contractual entitlements applied one related to a COT3 agreement which is a legally binding contract facilitated by ACAS where both parties agree to settle an actual or potential complaint which has been submitted to an Employment Tribunal.
 - ~ **Revised Treasury Policy:** The Committee reviewed and approved the revised Treasury Management Policy and noted that the policy also related to the Trust's Charity. The Committee sought assurance surrounding the transactional processes that exist between the Trust and the Charity. This would be provided at the next meeting of the Committee.
 - ~ **Corporate Governance Manual:** The Committee agreed the amendments made to the Corporate Governance Manual.
 - ~ **Chairs Reports:** The Committee received and reviewed the Chairs reports for each of the Board Committees, Finance Performance and Business Development Committee, Quality Committee and Putting People First Committee; noting that the committees were working effectively with no areas of concerns regarding the processes and procedures in place to support the committees work.
3. **Board Assurance Framework (BAF) risks reviewed**
- ~ **Board Assurance Framework:** The Committee was assured of the processes in place to review the BAF, consistent with the outcome from the completed internal audit report earlier in the meeting.
4. **Escalation report to the Board on Audit Performance Measures**
- ~ None
5. **Issues to highlight to Board**
- ~ None
6. **Action required by Board**
- ~ Approval of the amendment to the Trust's standardised terms of reference relating to the invitation of individuals external to the Trust to a meeting of a committee. The recommended change is attached at appendix 1.

Ian Knight
Chair of Audit Committee
July 2019

TERMS OF REFERENCE:

Generic amendment:

Authority:	<p>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.</p> <p>The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of <u>representatives from partner organisations or other external bodies or organisations</u> outsiders—with relevant experience and expertise if it considers this necessary, subject always to compliance with Trust delegated authorities.</p>
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		Agenda Item	2019/140
MEETING	Board of Directors		
PAPER/REPORT TITLE:	One to One (North West) Ltd update report		
DATE OF MEETING:	Friday, 06 September 2019		
ACTION REQUIRED	Assurance		
EXECUTIVE DIRECTOR:	Caron Lappin, Director of Nursing and Midwifery		
AUTHOR(S):	Click here to enter text.		
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <ol style="list-style-type: none"> To develop a well led, capable, motivated and entrepreneurial <i>workforce</i> <input checked="" type="checkbox"/> To be ambitious and <i>efficient</i> and make the best use of available resource <input checked="" type="checkbox"/> To deliver <i>safe</i> services <input checked="" type="checkbox"/> To participate in high quality research and to deliver the most <i>effective</i> Outcomes <input checked="" type="checkbox"/> To deliver the best possible <i>experience</i> for patients and staff <input checked="" type="checkbox"/> 		
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <ol style="list-style-type: none"> Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input type="checkbox"/> Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input checked="" type="checkbox"/> The Trust is not financially sustainable beyond the current financial year..... <input checked="" type="checkbox"/> Failure to deliver the annual financial plan <input type="checkbox"/> Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/> Ineffective understanding and learning following significant events..... <input type="checkbox"/> Inability to achieve and maintain regulatory compliance, performance and assurance..... <input type="checkbox"/> Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/> 		
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input checked="" type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input checked="" type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input checked="" type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, <input checked="" type="checkbox"/></p>		

	<i>supports learning and innovation, and promotes an open and fair culture.</i> ALL DOMAINS ☒	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/> 2. Operational Plan <input type="checkbox"/> 3. NHS Compliance <input type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other: response to the local health authority requirements
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: <i>(eg: The Board/Committee is asked to:-....)</i>	<i>The Board is asked to receive the report and note assurance on actions taken to support women previously registered with One to One</i>	
PREVIOUSLY CONSIDERED BY:	Committee name	<i>Choose an item.</i> Or type here if not on list: <i>Click here to enter text.</i>
	Date of meeting	<i>Click here to enter a date.</i>

Executive Summary

LWH received a letter on Monday 29th July 2019 from NHS Wirral CCG informing us that One to One (North West) Ltd would cease trading and that the Company would be placed into administration with effect from 5 pm Wednesday 31st July.

The decision, according to One to One, was based on the lack of viable solutions available to support the continuation of the services it provided, in particular the proposed new service specification would not be viable or sustainable for the company. This placed the Company in an insolvent position, unable to make all payments due.

Following its decision to enter into administration One to One sent letters to patients requesting that they seek maternity care provision from an alternative provider.

On receipt of the above information LWH main drive was making sure that we had robust internal plans in place to keep the women safe during this period of uncertainty.

The Board is asked to receive assurance from the actions taken by the Trust to provide safe services to women presenting to the Trust who had previously been registered with One to One.

Report

1.0 Summary of immediate actions

- Incident room set up at NHS Wirral CCG, with initially twice daily conference calls. All calls attended by either the Director of Nursing and Midwifery and or the Head of Midwifery from LWH.
- Staff briefing sent to all staff explaining the processes that was in place at LWH.
- Patient information sent via social media with clear details of who patients should contact at LWH

depending on their stage of pregnancy.

- A midwifery operational lead was identified to monitor and record the volume of women transferring their care and to plan for additional workload.
- Process put in place to capture increased activity.
- Immediate advert for Bank staff placed.
- Provision put in place to provide extra sonography services.

2.0 Initial concerns

- Delay in receiving demographic information so initially unsure how many women would be presenting at LWH and at what stage in their pregnancy.
- Unable to access any medical records, held by One to One, other than the women's hand-held notes, from one to one so no information provided related to screening results, scans etc.
- Some unrealistic expectations from women accessing NHS maternity services to continue with mode of delivery planned by one to one, as standards variable and do not comply with LWH standards and criteria for certain plans such as home births.
- Safeguarding concerns raised throughout the immediate phase as LWH waited for safeguarding information from Wirral CCG. Once this information was received 22 cases were initially identified as having safeguarding involvement, with an additional 10 cases that had come to light which LWH were unaware of as they were not on the list provided by Wirral CCG. Safeguarding undertook a robust review of all patients following a strict proforma and in line with LWH policy.
- One to one midwives who were still employed by One to One were not responding to telephone requests from providers.

2.0 Current position

As of 22nd August, 354 women had been contacted by LWH and of those, 258 women were now receiving care from LWH. Of the 258 women, 208 have chosen to birth at LWH and 67 women have chosen a home birth. The women that were solely booked by one to one have had a completed booking appointment by LWH midwives providing provision for both antenatal and post-natal care for those women that had already birthed.

Following the booking appointments, it was identified that 69 women attributed to an immediate maternity pathway, 19 attributed to an intensive pathway and 170 a standard pathway.

3.0 Changes

- We would anticipate that there will be an increase in bookings as women will choose LWH as their provider of choice due to the unavailability of the one to one midwifery services.
- One to One collapsed owing LWH nearly £0.5m and was the subject of legal action by LWH and other NHS Trusts in the area. LWH is working with the Administrators and commissioners to try to recover these funds.
- Adverts have gone out for the appointment of 9 additional midwives and 2 additional Health care support workers. There is currently no additional funding for these posts.
- The birth at home team have seen an increase in the number of women on their caseload which has taken them to full capacity. Consequently, an inpatient midwife has been transferred into the community team. Anticipated home births have doubled from previous monthly figures with 31 births in August and 26 expected in September and 28 in October.
- Heads of Midwifery across Cheshire and Mersey have been meeting weekly at LWH, putting in place contingency measures to support not only the women impacted because of One to One's collapse but also to address any capacity issues arising from the collapse.
- Head of safeguarding from LWH in her role as Safeguarding lead for the Cheshire and Mersey LMS has been

asked to review the approaches to safeguarding across C&M and introduce standardised safeguarding processes providing assurance should this situation ever happen again that there is consistency of approach, support and communication across the network.

4.0 Success

- First home birth 12 hours after the collapse of One to One
- Positive feedback from women around the transfer of care
- Surprise from women that we support and offer home births
- Positive feedback from Liverpool CCG on LWH proactive approach

5.0 Summary

The initial requirements to contact women and provide appropriate and safe care was undertaken at LWH. All women have been booked in at LWH and a named midwife identified with appropriate plans of care for the continuation of their pregnancy. Postnatal women and babies have been and continue to receive care by the community midwifery service.

NHS Wirral will be undertaking a post incident review with the support from NHS England/Improvement. There is also an intention to commission an independent clinical and contracting review of One to One (North West) Ltd covering the seven years of their operation in Cheshire and Merseyside to identify any lessons learnt.

6.0 Recommendation

The Board is asked to receive assurance from the actions taken by the Trust to provide safe services to women presenting to the Trust who had previously been registered with One to One



MEETING	Board of Directors	
PAPER/REPORT TITLE:	Single Neonatal Service Update	
DATE OF MEETING:	Thursday, 05 September 2019	
ACTION REQUIRED	Assurance	
EXECUTIVE DIRECTOR:	Gary Price, Director of Operations	
AUTHOR(S):	Click here to enter text.	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <ol style="list-style-type: none"> To develop a well led, capable, motivated and entrepreneurial <i>workforce</i> <input checked="" type="checkbox"/> To be ambitious and <i>efficient</i> and make the best use of available resource <input checked="" type="checkbox"/> To deliver <i>safe</i> services <input checked="" type="checkbox"/> To participate in high quality research and to deliver the most <i>effective</i> Outcomes <input checked="" type="checkbox"/> To deliver the best possible <i>experience</i> for patients and staff <input checked="" type="checkbox"/> 	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <ol style="list-style-type: none"> Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input checked="" type="checkbox"/> Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input checked="" type="checkbox"/> The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/> Failure to deliver the annual financial plan <input type="checkbox"/> Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/> Ineffective understanding and learning following significant events..... <input type="checkbox"/> Inability to achieve and maintain regulatory compliance, performance and assurance..... <input type="checkbox"/> Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/> 	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input checked="" type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input checked="" type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input checked="" type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, <input checked="" type="checkbox"/></p>	

	<i>supports learning and innovation, and promotes an open and fair culture.</i> ALL DOMAINS <input checked="" type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/> 2. Operational Plan <input checked="" type="checkbox"/> 3. NHS Compliance <input type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input checked="" type="checkbox"/> 6. Other: Click here to enter text.
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: <i>(eg: The Board/Committee is asked to:-....)</i>	<i>The Board is asked to receive the update on the current status of the Single Neonatal Service and receive assurance on progress to date.</i>	
PREVIOUSLY CONSIDERED BY:	Committee name	<i>Choose an item.</i> Or type here if not on list: Click here to enter text.
	Date of meeting	Click here to enter a date.

Liverpool's Neonatal Partnership- Update for Boards

August 2019

<u>Partnership Highlights</u>	<u>Quality and Governance</u>
<p>The Delivery Group proposed the partnership and service be named the 'Liverpool's Neonatal Partnership' moving forward</p> <p>The Leadership team have been appointed to work across both organisations:</p> <ul style="list-style-type: none"> ➤ Director of the Neonatal Services- Dr Chris Dewhurst ➤ Clinical Lead for Neonatal Surgery – Ms Jo Minford ➤ Head of Nursing– Jennifer Deeney ➤ Partnership Manager – Sian Calderwood 	<p>Memorandum of Understanding revised to reflect the partnership's name, brand and governance structure. The document is undergoing partnership approval, completion estimated Sept'19</p>
	<u>Communication and Engagement</u>
	<ul style="list-style-type: none"> • Leadership team announcement drafted • Q&A document regarding service and development under way • Communication Strategy under development • Meet and Greet of leadership team to be established • Agreed 4 weekly updates to both Trust's Boards
<u>Finance</u>	<u>Recruitment</u>
<ul style="list-style-type: none"> • Negotiation with NHSE Specialist Commissioners to confirm funding of £1.2m for 19/20 and an agreement to de-risk the £300k shortfall of committed costs • Acknowledgement that the FYE of committed costs is £1.89m which is required by the Trust's by April 2020 • £11.869 m of capital funding for the new NICU development contained in Alder Hey's 5 year capital plan 	<ul style="list-style-type: none"> • Consultant Neonatologist recruited to support additional cover at Alder Hey • Applications received and interviews organised for two additional ANNP's • Initial recruitment of Neonatal Nurses, 10 wte to work across both Trust's • Recruitment of Partnership Leadership Team
<u>Estates</u>	<u>Key deadlines within the next 4 weeks</u>
<ul style="list-style-type: none"> • Clinical specification brief for the NICU at Alder Hey complete • Liz Harley, Estates Advisor/ Consultant, has joined the Estates Team at AH to support the NICU project team • Artist previously used at Alder Hey in discussions with the design team at Liverpool Women's to support with the estate development at LWH 	<ul style="list-style-type: none"> • Establish Alder Hey NICU Design Team and finalise full brief • Leadership team to deliver face-to-face briefing sessions • Comms Strategy drafted • Financial negotiations with specialist commissioners agreed • Next Neonatal Partnership Board scheduled for December 2019.

MEETING	Board of Directors	
PAPER/REPORT TITLE:	Safer Nurse/Midwife Staffing Monthly Report	
DATE OF MEETING:	5 th September 2019	
ACTION REQUIRED	For Assurance	
EXECUTIVE DIRECTOR:	Caron Lappin, Director of Nursing and Midwifery	
AUTHOR(S):	Janet Brennan, Deputy Director of Nursing and Midwifery	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial <i>workforce</i> <input type="checkbox"/></p> <p>2. To be ambitious and <i>efficient</i> and make the best use of available resource <input type="checkbox"/></p> <p>3. To deliver <i>safe</i> services <input checked="" type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most <i>effective</i> Outcomes <input type="checkbox"/></p> <p>5. To deliver the best possible <i>experience</i> for patients and staff <input checked="" type="checkbox"/></p>	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input checked="" type="checkbox"/></p> <p>2. Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input checked="" type="checkbox"/></p> <p>3. The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/></p> <p>4. Failure to deliver the annual financial plan <input checked="" type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></p> <p>8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/></p>	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input checked="" type="checkbox"/></p>	

	ALL DOMAINS <input type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/> 2. Operational Plan <input type="checkbox"/> 3. NHS Compliance <input checked="" type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other: NHS England Compliance
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	The Board is asked to receive the report, note the content and be assured appropriate information is being provided to meet the national and local requirements and that the Trust has the appropriate number of nursing & midwifery staff on its inpatient wards to manage the current clinical workload as assessed by the Director of Nursing & Midwifery	
PREVIOUSLY CONSIDERED BY:	Committee name	<i>Choose an item.</i> Or type here if not on list: Click here to enter text.
	Date of meeting	

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.

Where there is a variance against planned rates the reallocation of nursing and midwifery resources are implemented where necessary to maintain safe staffing levels.

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 and July 2019 remained appropriate to deliver safe and effective high-quality family centred patient care day and night.

**Ward Staffing Levels – Nursing and Midwifery
Report June and July 2019**

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. It has been agreed that maternity can over establish by 10 midwives to cover maternity leave.
- The trust has introduced a ward accreditation system which is required to support the collection of quality indicators alongside real time patient safety flags. Ward accreditation baseline assessment was rolled out to 5 areas in April 2019.
- 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;
 - Pressure Ulcers grade 1&2/Grades 3&4
 - Falls resulting in harm / not resulting in physical harm
 - Medication errors resulting in harm/ not resulting in harm
 - Babies requiring thermo cooling resulting in an Each Baby counts report
 - 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 safe fill rates during the month of **June and July 2019**.

- Gynaecology has seen a slight decrease in June but an increase in July.
- Delivery suite and maternity base have seen an increase in fill rates for RM but a slight decrease of care staff.
- MLU and Jeffcoate has seen an increase in overall fill rate
- Neo- natal has remained static with a very good fill rate.

Staffing is monitored across maternity every 2 hours by the 104-bleep holder who has an over view of the whole of maternity service. Staff are moved between areas depending on activity. The Neo-natal unit uses an acuity model of staffing which is used every 12 hours. It should be noted that Jeffcoate ward is sometimes closed due to staffing and they are re-deployed to other areas in maternity.

2.2 Red Flags

In June and July there were 27 red flags reported. Out of these 7 were for staffing shortfalls. Investigations into these concluded that staffing levels and skill mix were safe at the time and did not contribute directly to any incidents.

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 circa 43 ,000 nursing vacancies and 3,500 midwives in the NHS in England.

It should also be noted that with one to one going into administration in Liverpool this has had and will have a further impact on maternity services at LWH. Following a comprehensive review of the additional activity it is apparent that 252 women who have elected to transfer care to LWH, and of that number 242, intend to birth at LWH. A risk assessment of each of these women has been undertaken and it has been established which clinical pathway is required. 19 are intermediate, 69 intensive and the remaining, 154 being low risk, so this changes the staffing profile required to care for these women.

This will require 9 additional midwives and 2 additional support staff to care for these women.

4.0 Vacancies-

Not including the increased requirement following the one to one closure, there are currently 6 vacancies across Maternity with 9.5 wte in the recruitment process to start and 8.24 fixed term contracts in the pipeline to cover maternity leave. 5.5 WTE vacancies on the Gynaecology Ward with, 4.0 WTE in the pipeline to start. 9.0 WTE band 5 vacancies in Neonates. There are robust recruitment plans to appoint into these posts.

Retaining staff is a key element in addressing the workforce position and we commenced a retention programme with NHSI starting in Nov 2018 to review our data and processes around recruitment and retention. The action plan has been submitted and is being monitored through NPF and PPF.

Further work is currently being undertaken 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 month of **June 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. 1:1 care in established labour remains a green KPI, and midwifery indicators such as Breast-feeding rates have seen an improvement in performance.

Gynaecology continues to remain the focus for monitoring recruitment and retention, due to the National shortages of Registered Nurses and a recent increase in leavers. Reporting of incidents are encouraged ensuring that red flags are discussed and acted on within all divisions.

Following the closure of one to one an increased establishment of 9 Midwives and 2 support workers is required.

6.0 Recommendations

The Board is asked to receive the report, note the content and be assured appropriate information is being provided to meet the national and local requirements and that the Trust 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

June 2019

WARD	Fill Rate Day% RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff
Gynae Ward	92.4%	93.2%	100%	100%
Delivery Suite	89%	67.8%	90.5%	45.3%
Mat Base	92.5%	66%	93.8%	75%
MLU	99.2%	70%	94.2%	60%
Jeffcoate	173.6%	166.4%	166.4%	108.5%
Neo-nates	108.8%	115%	108.8%	108.3%

July 2019

WARD	Fill Rate Day% RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff
Gynae Ward	100%	100%	100%	100%
Delivery Suite	89.4%	64.5%	89.4%	78.5%
Mat Base	90.7%	87.1%	94%	88.4%
MLU	102.4%	103.2%	99.2%	96.8%
Jeffcoate	100%	100%	199%	107.1%
Neo-nates	109.5%	111.8%	110.9%	108.1%

MEETING	Board of Directors	
PAPER/REPORT TITLE:	Performance Report Month 4, 2019/20	
DATE OF MEETING:	Thursday, 05 September 2019	
ACTION REQUIRED	Assurance	
EXECUTIVE DIRECTOR:	Gary Price, Director of Operations	
AUTHOR(S):	Sarah Sherrington, Interim Service Improvement and Business Manager	
STRATEGIC OBJECTIVES:		
	Which Objective(s)?	
	1. To develop a well led, capable, motivated and entrepreneurial <i>workforce</i>	<input checked="" type="checkbox"/>
	2. To be ambitious and <i>efficient</i> and make the best use of available resource	<input checked="" type="checkbox"/>
	3. To deliver <i>safe</i> services	<input checked="" type="checkbox"/>
	4. To participate in high quality research and to deliver the most <i>effective</i> Outcomes	<input checked="" type="checkbox"/>
	5. To deliver the best possible <i>experience</i> for patients and staff	<input checked="" type="checkbox"/>
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):		
	Which condition(s)?	
	1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust.....	<input type="checkbox"/>
	2. Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care.	<input checked="" type="checkbox"/>
	3. The Trust is not financially sustainable beyond the current financial year.....	<input type="checkbox"/>
	4. Failure to deliver the annual financial plan	<input type="checkbox"/>
	5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision	<input checked="" type="checkbox"/>
	6. Ineffective understanding and learning following significant events.....	<input type="checkbox"/>
	7. Inability to achieve and maintain regulatory compliance, performance and assurance.....	<input checked="" type="checkbox"/>
	8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016)	<input type="checkbox"/>
CQC DOMAIN		
	Which Domain?	
	SAFE- People are protected from abuse and harm	<input checked="" type="checkbox"/>
	EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.	<input checked="" type="checkbox"/>
	CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect.	<input type="checkbox"/>
	RESPONSIVE – the services meet people's needs.	<input checked="" type="checkbox"/>
	WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care,	<input type="checkbox"/>

	<i>supports learning and innovation, and promotes an open and fair culture.</i> ALL DOMAINS <input type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/> 2. Operational Plan <input checked="" type="checkbox"/> 3. NHS Compliance <input checked="" type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other: Click here to enter text.
FREEDOM OF INFORMATION (FOIA):	<i>Choose an item.</i>	
RECOMMENDATION: <i>(eg: The Board/Committee is asked to:-....)</i>	<i>To receive the content and be assured that every effort is being made to improve access targets</i>	
PREVIOUSLY CONSIDERED BY:	Committee name	<i>Choose an item.</i> Or type here if not on list: Click here to enter text.
	Date of meeting	Click here to enter a date.

Executive Summary

This report has been produced to provide a performance position and for the committee to be assured of the measures taken to improve the access targets.

Challenges continue in achieving the RTT 18 week target as focus continues on the clinical priority of long waiting patients as evidenced by a sustained 52 week position and significant reduction in overdue follow-ups across subspecialties.

The Cancer 62 day target remains a challenge with regional work with the Cheshire and Mersey Cancer Alliance due to commence in September as in the NHS Long Term Plan.




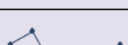


RTT training is on track to commence in August with an external provider.

Report

1. Introduction

This report will provide an overview of the Trust's performance against the Trusts Key Performance Indicators, highlighting those where the targets have not been met in month and subsequent actions taken to improve this position.

2. Performance

INDICATOR		METRIC	THRESHOLD		ACTUALS							Δ	TREND
					Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19		
Cancer	2WW for suspected cancer	%	≥93%	Higher values are better	97.1	99.0	96.4	94.2	97.7	93.3	94.6	▲	
	31 Days from Diagnosis to 1st Definitive Treatment	%	≥96%	Higher values are better	93.3	90.3	91.3	83.3	90.3	60.0		▼	
	62 Days for First Treatment from urgent GP Referral (After re-allocation) Final Reported Position	%	≥85%	Higher values are better	58.3	47.4	78.6	54.3	80.9	22.2		▼	
	104d Referral to First Definitive Treatment	Count	0	Zero tolerance	3	4	1	0	1	3		▼	
RTT	RTT Incomplete Pathways <18 weeks	%	≥92%	Higher values are better	85.5	84.9	85.1	84.6	83.0	81.5	81.95	▲	
	Incomplete Pathway > 52 Weeks	Count	0	Zero tolerance	5	3	3	6	3	3	1	▲	

RTT: All Trusts release the RTT data to the CCG at the end of the third week of the month for scrutiny with final upload to NHSE when this is then released publicly by the end of that month. Dates will vary according to calendar month and months with a bank holiday in them.

Cancer: for all Trusts data every month is submitted to the national data base (CWT) 5 weeks after the month end to ensure the accurate reallocation of the breaches. July 19 data shown in grey is the **unvalidated** position and subject to change due to on-going data validation Trends therefore cannot incorporate or reflect the July data until the formal submissions are made.

2.1 Cancer

The 2 week wait target was achieved again in June, however, colposcopy referrals continued to see an increase in month (~52% high grades, 36% direct referrals) likely as a response to the national campaign. The effect of the national campaign on colposcopy referral numbers has been escalated to PHE and the CCGs with continual operational monitoring and diversion of activity to accommodate demand.

Meeting the 62 day target was challenging in June, with performance decreasing to 22%. However, the quarterly position (50.6%) remains higher than the corresponding 18/19 quarterly performance, carrying on the general improvement from Q4 (18/19: Q1 47.5% | Q2 40.9% | Q3 38.1% | Q4 59.7%). 10 patients were not treated within the 62 day target. Patients were not treated within the timeframe for 3 main reasons, either medical issues in terms of not being fit for surgery, late referrals from other Trusts or issues with capacity.

There were 3 104 day patients recorded in June. All 104 day breach patients undergo a clinical harm review process which is undertaken on a case by case basis and underlying issues which are resolvable will be actioned. A preliminary review has identified that:

- 1 patient was not fit for surgery
- 1 patient was a late referral received from Arrowse Park (day 65), further complicated by requiring complex anaesthetic reviews prior to treatment
- 1 patient needed anaesthetic review and other investigations prior to being able to list for surgery. This patient's surgery date was also cancelled twice as they were unwell.

Late referrals into our service make it particularly challenging to treat within the 104 day target. Late referral data is being collated and shared with the CCGs to enable discussions with frequently late referring Trusts.

As per the NHS Long Term Plan the Cheshire and Mersey Cancer Alliance will now be held to account for improving cancer performance with a view to addressing the regional failure to achieve the 62 day target. The Trust is

engaged in this work which begins in September. This proposes to move to a system level cancer improvement plan. For June 2019 the Cheshire and Mersey 62 day position was 78.47%. with 129 62 day breaches. Ongoing updates on this work will be provided to board sub committees.

2.2 RTT

RTT incomplete 18-week pathway performance dipped in June as anticipated and improved in July. One significant pressure associated with the increase in cancer screening referrals is seen within the ambulatory service. Demand for this service has increased significantly due to the influx of 2 week wait patients affecting routine work. Additional lists have been scheduled in June, July and August

The priority of the service continues to be to treat the patients who have been waiting longest for treatment and more clinically urgent, whilst this has seen a reduction in performance against the 18 week RTT target, it has seen a sustained reduction the number of 52 week breaches. The two newly appointed Uro-Gynaecology consultants who commenced in post in May have delivered the anticipated improvement in Uro-Gynaecology capacity. This service now has no ASI list and has successfully reduced the overdue Uro-Gynae follow-ups patients (May=220, August=29). General Gynaecology have also continued to reduce their ASI list to minimal numbers (4) with a reduction in the overdue follow-up patients also (May = 483, August=186).


Three 52 week breaches occurred in June. These breaches were due to pop ons experienced through tighter management and validation of follow-up queues/waiting lists. These patients were all either treated or discharged from the service in month. Focus continues to be aimed, in line with NHSI guidance, on prioritising treating those clinically urgent, longest waiting patients for in both our admitted and non-admitted RTT pathways.

It has been recognised by both NHSI IST and the independent CCG SI Action Plan for RTT and Cancer that RTT training is required across clinical and administrative teams within the Trust. As a consequence, this has created significant data validation pressures within the Trust and operational challenges of meeting waiting time targets for patients with prior incorrect RTT outcomes applied.

An external RTT provider has been sought to provide online training for relevant staff over a 10 week period (August-October), followed by classroom sessions as required for those struggling to complete. The plan to rollout the RTT training is on track to be delivered.

RTT trajectories for 2020/21 will be provided to the September FPBD and QC. This will also include how the Trust is internally assuring itself concerning data quality.

2.3 Sickness Absence Rates

INDICATOR		METRIC	THRESHOLD	ACTUALS							Δ	TREND
				Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19		
Sickness Absence Rate	Sickness Absence Rate	%	≤4.5% Lower values are better	5.2	5.8	5.6	5.5	5.1	4.3	5.0	▲	

From February to June there was a distinct downward trend in the single month sickness absence figure, falling from 5.75% to 4.27%, however, the sickness rate increased by 0.7% in July.

In the largest clinical areas, sickness increased by 0.76% in Gynaecology, by 0.60% in Maternity and by 0.17% in Neonates. However overall there was little change in the proportion of short term/long term absence (Month 3 = 39%, 61% | Month 4 = 38%, 62%). The most common reason stated for sickness in month are:

1. Anxiety/stress/depression
2. Gastrointestinal problems remained
3. Pregnancy related disorders (replacing cold/cough/flu as the third most frequent).

The NHSi Sickness Improvement project is now being incorporated as part of the Health & Wellbeing Group. They are developing a calendar of health & wellbeing events throughout the year, and they also looking at how we record and audit return to work interviews to ensure that they are happening in a timely manner.

The HR teams are actively supporting line managers to ensure that individual cases are managed appropriately and that staff are supported in returning to work as soon as is appropriate. Training is also available for new and existing managers to ensure they have the skills and knowledge to effectively manage sickness absence. Further support is available from Occupational Health, particularly in guiding managers in ensuring colleagues who are returning from long term sick leave are supported in the most appropriate way. An ongoing Health & Well-being programme is accessible for staff.

Conclusion:

Challenges continue in achieving the RTT 18 week target as focus continues on the clinical priority of long waiting patients as evidenced by a sustained 52 week position and significant reduction in overdue follow-ups across subspecialties

Collaboration with the Cancer Alliance will increase from September to address cancer performance across the region.

Appendix 1









Board Dashboard -
July 2019.pdf

Board Performance Report



August 2019

Workforce

KPI ID	Source	Service	Target < or >	Target	Value	Trend	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Sickness Absence Rate																			
KPI101T	NHSI	Trust	<=	4.5%	Numerator		1613	1682	1620	1450	1917	2013	2080	2093	2278	2162	2083	1700	2041
					Denominator		39478	39406	38270	39929	38600	39871	39868	36383	40680	39457	41042.01	39805	41056
					Performance		4.09%	4.27%	4.23%	3.63%	4.97%	5.05%	5.22%	5.75%	5.60%	5.48%	5.07%	4.27%	4.97%
					Trend		▼	▲	▼	▼	▲	▲	▲	▲	▼	▼	▼	▼	▲
					Target %		4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
					Qtrly Performance		4.20%	4.20%	4.20%	4.54%	4.54%	4.54%	5.52%	5.52%	5.52%	4.94%	4.94%	4.94%	4.97%










[illegible]

KPI ID	Source	Service ID	Target < or >	Value	Trend	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	
Never Events Owner - Head of Governance																			
KPI181T	NHSI	Trust	=	0	Performance Value		0	0	0	0	1	0	0	0	0	0	0	0	
					Trend		0	0	0	0	0	0	0	0	0	0	0	0	
					Target Value		0	0	0	0	0	0	0	0	0	0	0	0	
					Qtrly Performance Value		0	0	0	1	1	1	0	0	0	0	0	0	
NHSE / NHSI Safety Alerts Outstanding Owner - Head of Governance																			
KPI193	NHSI	Trust	=	0	Performance Value		0	0	0	0	0	0	0	0	0	0	0	0	
					Trend		0	0	0	0	0	0	0	0	0	0	0	0	
					Target Value		0	0	0	0	0	0	0	0	0	0	0	0	
Infection Control: Clostridium Difficile Owner - Infection Control Lead																			
KPI104T	Quality Schedule	Trust		0	Performance Value		0	0	0	0	0	0	0	0	0	0	0	0	
					Trend		0	0	0	0	0	0	0	0	0	0	0	0	
					Target Value		0	0	0	0	0	0	0	0	0	0	0	0	
					Qtrly Performance Value		0	0	0	0	0	0	0	0	0	0	0	0	
Infection Control: MRSA Owner - Infection Control Lead																			
KPI105T	Quality Schedule	Trust		0	Performance Value		0	0	0	0	0	0	0	0	0	0	1	0	
					Trend		0	0	0	0	0	0	0	0	0	0	0	0	
					Target Value		0	0	0	0	0	0	0	0	0	0	0	0	
					Qtrly Performance Value		0	0	0	0	0	0	0	0	1	1	1	0	
Neonatal Deaths (All Live Births within 28 Days) - all booked births Owner - Clinical Director Neonates																			
KPI168a	Trust Objectives	Neonates	<=	4.6%	Numerator		1	0	3	2	3	1	1	2	1	1	2	2	0
					Denominator		757	689	717	697	666	704	689	595	659	649	659	662	694
					Performance		0.13%	0.00%	0.42%	0.29%	0.45%	0.14%	0.15%	0.34%	0.15%	0.15%	0.30%	0.30%	0.00%
					Trend		0.13%	0.00%	0.42%	0.29%	0.45%	0.14%	0.15%	0.34%	0.15%	0.15%	0.30%	0.30%	0.00%
					Target %		4.6%	4.6%	4.6%	4.6%	4.6%	4.6%	4.6%	4.6%	4.6%	4.6%	4.6%	4.6%	4.6%
					Qtrly Performance		0.18%	0.18%	0.18%	0.29%	0.29%	0.29%	0.21%	0.21%	0.21%	0.25%	0.25%	0.25%	0.00%
Neonatal Deaths (All Live Births within 28 Days) - all live births Owner - Clinical Director Neonates																			
KPI168b	Trust Objectives	Neonates	<=	6.1%	Numerator		1	0	4	2	3	1	1	2	1	1	4	2	0
					Denominator		765	696	719	703	680	715	698	597	665	656	673	668	699
					Performance		0.13%	0.00%	0.56%	0.28%	0.44%	0.14%	0.14%	0.34%	0.15%	0.15%	0.59%	0.30%	0.00%
					Trend		0.13%	0.00%	0.56%	0.28%	0.44%	0.14%	0.14%	0.34%	0.15%	0.15%	0.59%	0.30%	0.00%
					Target %		6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
					Qtrly Performance		0.23%	0.23%	0.23%	0.29%	0.29%	0.29%	0.20%	0.20%	0.20%	0.35%	0.35%	0.35%	0.00%

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Intensive Care Transfers OutOwner - Clinical Director Gynaecology																			
KPI107T	Trust Objectives	Trust			Performance Value		0	0	0	0	0	0	0	1	0	0	0	0	0
					Trend														
					Target Value														
					Qtrly Performance Value		0	0	0	0	0	0	1	1	1	0	0	0	0

KPI ID	Source	Service ID	Target < or >		Value	Trend	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	
18 Week RTT: Incomplete Pathways			Owner - Divisional Manager Gynaecology																	
KPI003T	NHSI	Trust	>=	92.0%	Numerator		4288	4377	4615	4523	4580	4551	4481	4626	4715	4881	4973	5033		
					Denominator		4888	5059	5294	5193	5251	5298	5242	5452	5539	5769	5990	6173		
					Performance		87.73%	86.52%	87.17%	87.10%	87.22%	85.90%	85.48%	84.85%	85.12%	84.61%	83.02%	81.53%		
					Trend		▼	▼	▲	▼	▲	▼	▼	▲	▼	▼	▼			
					Target %		92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%		
Qtrly Performance						87.13%	87.13%	87.13%	86.74%	86.74%	86.74%	85.15%	85.15%	85.15%	83.02%	83.02%	83.02%	92%		
18 Week RTT: Incomplete Pathway > 52 Weeks			Owner - Divisional Manager Gynaecology																	
KPI002T	Quality Schedule	Trust	=	0	Performance Value		25	21	12	15	14	11	5	3	3	6	3	3		
					Trend															
					Target Value		0	0	0	0	0	0	0	0	0	0	0	0		
18 Week RTT: Admitted Completed Pathways			Owner - Divisional Manager Gynaecology																	
KPI001	Trust Objectives	Trust	>=	90.0%	Numerator		436	455	456	420	381	342	304	291	361	305	353	334		
					Denominator		469	525	526	497	471	390	403	355	409	348	397	396		
					Performance		92.96%	86.67%	86.69%	84.51%	80.89%	87.69%	75.43%	81.97%	88.26%	87.64%	88.92%	84.34%		
					Trend		▼	▼	▲	▼	▼	▲	▼	▲	▲	▼	▲	▼		
					Target %		90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
Qtrly Performance						88.62%	88.62%	88.62%	84.17%	84.17%	84.17%	81.92%	81.92%	81.92%	86.94%	86.94%	86.94%	90%		
18 Week RTT: Non-Admitted Completed Pathways			Owner - Divisional Manager Gynaecology																	
KPI004T	Trust Objectives	Trust	>=	95.0%	Numerator		1742	1354	1450	1652	1817	1208	1834	1429	1508	1441	1786	1615		
					Denominator		1921	1667	1639	1830	2023	1312	2032	1576	1717	1598	2021	1869		
					Performance		90.68%	81.22%	88.47%	90.27%	89.82%	92.07%	90.26%	90.67%	87.83%	90.18%	88.37%	86.41%		
					Trend		▼	▼	▲	▲	▼	▲	▼	▲	▼	▲	▼	▼		
					Target %		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
Qtrly Performance						86.97%	86.97%	86.97%	90.55%	90.55%	90.55%	89.60%	89.60%	89.60%	88.23%	88.23%	88.23%	95%		
All Cancers: 62 day wait for first treatment from urgent GP Referral for suspected cancer (After Re-allocation)			Owner - Divisional Manager Gynaecology																	
KPI030	NHSI	Gynaecology	>=	85.0%	Numerator		8.5	2	4	5	3	4	7	4.5	5.5	9.5	8.5	3		
					Denominator		17	7	11.5	13.5	13	5	12	9.5	7	17.5	10.5	13.5		
					Performance		50.00%	28.57%	34.78%	37.04%	23.08%	80.00%	58.33%	47.37%	78.57%	54.29%	80.95%	22.22%		
					Trend		▼	▼	▲	▲	▼	▲	▼	▼	▲	▼	▲	▼		
					Target %		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%		
Qtrly Performance						40.85%	40.85%	40.85%	38.10%	38.10%	38.10%	59.65%	59.65%	59.65%	50.60%	50.60%	50.60%	85%		
Cancer: 62 Day Screening Referrals (Numbers)			Owner - Divisional Manager Gynaecology																	
KPI033	NHSI	Gynaecology	<=	5	Performance Value		7.0	1.0	1.0	2.0	0.5	2.0	2.0	1.5	2.0	0.0	4.5	0.5		
					Trend		▲	▼	▶	▲	▼	▲	▶	▼	▲	▼	▲	▼		
					Target Value		5	5	5	5	5	5	5	5	5	5	5	5		
					Qtrly Performance Value		9	9	9	4.5	4.5	4.5	5.5	5.5	5.5		5	5		
Cancer: 62 Day Screening Referrals (Percentage)			Owner - Divisional Manager Gynaecology																	
KPI034	NHSI	Gynaecology	>=	90.0%	Numerator		7	1	1	1	0	2	2	1	2	0	4	0		
					Denominator		7	1	1	2	0.5	2	2	1.5	2	0	4.5	0.5		
					Performance		100.00%	100.00%	100.00%	50.00%	0.00%	100.00%	100.00%	66.67%	100.00%		88.89%	0.00%		
					Trend			▶	▶	▼	▼	▲	▶	▼	▲		▼	▼		
					Target %		90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
Qtrly Performance						100.00%	100.00%	100.00%	66.67%	66.67%	66.67%	90.91%	90.91%	90.91%	80.00%	80.00%	80.00%	90%		
Cancer: 104 Day Breaches			Owner - Divisional Manager Gynaecology																	
KPI352	Trust Objectives	Gynaecology	=	0	Performance Value		3	2	5	2	5	0	3	4	1	0	1	3		
					Trend		▲	▼	▲	▼	▲	▼	▲	▲	▼	▼	▲	▲		
					Target Value		0	0	0	0	0	0	0	0	0	0	0	0		
					Qtrly Performance Value		10	10	10	7	7	7	8	8	8		4	4		
A&E: Total Time Spent in department (95th Percentile)			Owner - Divisional Manager Gynaecology																	
KPI012	Trust Objectives	Gynaecology	<=	240	Performance Value		225	236	229	238	217	229	229	232	260	236	222	221	226	
					Trend		▶	▲	▼	▲	▼	▲	▶	▲	▲	▼	▼	▼		
					Target Value		240	240	240	240	240	240	240	240	240	240	240	240		
					Qtrly Performance Value		690	690	690	684	684	684	721	721	721	679	679	679		

Experience

KPI ID	Source	Service ID	Target < or >	Target Value	Trend	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19		
Complaints: Number Received			Owner - Head of Audit, Effectiveness and Patient Experience																	
KPI038T	NHSI / Quality Strat Trust		<=	15	Performance Value		6	3	2	8	5	7	9	7	10	6	6	7	3	
					Trend		▼	▼	▼	▲	▼	▲	▲	▼	▲	▼	▶	▲	▼	
					Target Value		15	15	15	15	15	15	15	15	15	15	15	15	15	15
					Qtrly Performance Value		11	11	11	20	20	20	26	26	26	19	19	19	19	3
Friends & Family Test (Upper quartile will recommend)			Owner - Head of Nursing Gynaecology																	
KPI089T	Quality Schedule	Trust	>=	75.0%	Numerator		375	204	371	370	418	315	343	493	545	852	1128	1281	1362	
					Denominator		387	227	381	385	425	317	347	526	574	911	1188	1363	1445	
					Performance		96.90%	89.87%	97.38%	96.10%	98.35%	99.37%	98.85%	93.73%	94.95%	93.52%	94.95%	93.98%	94.26%	
					Trend		▼	▼	▲	▼	▲	▲	▼	▼	▲	▼	▲	▼	▲	
					Target %		75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
					Qtrly Performance		95.48%	95.48%	95.48%	97.87%	97.87%	97.87%	95.44%	95.44%	95.44%	94.19%	94.19%	94.19%	94.19%	94.26%

MEETING	Board of Directors
PAPER/REPORT TITLE:	Finance Performance Review Month 4 2019/20
DATE OF MEETING:	Thursday, 05 September 2019
ACTION REQUIRED	For Assurance
EXECUTIVE DIRECTOR:	Jenny Hannon, Director of Finance
AUTHOR(S):	Claire Scott, Head of Management Accounts Eva Horgan, Deputy Director of Finance
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <ol style="list-style-type: none"> To develop a well led, capable, motivated and entrepreneurial workforce <input type="checkbox"/> To be ambitious and efficient and make the best use of available resource <input checked="" type="checkbox"/> To deliver safe services <input type="checkbox"/> To participate in high quality research and to deliver the most effective outcomes <input type="checkbox"/> To deliver the best possible experience for patients and staff <input type="checkbox"/>
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <ol style="list-style-type: none"> Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input type="checkbox"/> Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of junior medical staff with the capability and capacity to deliver the best care. <input type="checkbox"/> The Trust is not financially sustainable beyond the current financial year..... <input checked="" type="checkbox"/> Failure to deliver the annual financial plan <input checked="" type="checkbox"/> Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/> Ineffective understanding and learning following significant events..... <input type="checkbox"/> Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/> Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/> Inability to deliver the best clinical outcomes for patients..... <input type="checkbox"/> Potential for poorly delivered positive experience for those engaging with our services. <input type="checkbox"/>
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, <input type="checkbox"/></p> <p>promotes a good quality of life and is based on the best available evidence.</p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity <input type="checkbox"/></p> <p>and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p>

	WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input checked="" type="checkbox"/>	
	ALL DOMAINS <input type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/>	4. NHS Constitution <input type="checkbox"/>
	2. Operational Plan <input checked="" type="checkbox"/>	5. Equality and Diversity <input type="checkbox"/>
	3. NHS Compliance <input checked="" type="checkbox"/>	6. Other:
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION:	<i>The Board is asked to note the Month 4 Financial Position.</i>	
PREVIOUSLY CONSIDERED BY:	Committee name	Not Applicable
	Date of meeting	

Executive Summary

The 2019/20 Board-approved budget is a breakeven position, after the delivery of £3.6m CIP, and receipt of £4.6m Provider Sustainability Funding (PSF), Financial Recovery Fund (FRF) and central Marginal Rate Emergency Threshold (MRET). The control total includes £0.3m of agreed investment in the costs of the clinical case for change identified in the 2019/20 operational plan, in addition to the £1.5m 2017/18 and 2018/19 investments, as well as investment in other clinical areas for safety and quality reasons.

At Month 4 the Trust is reporting a YTD deficit of £0.4m against a deficit budget of £0.6m, giving a year to date favourable variance of £0.2m. The key areas of financial performance are summarised below.¹

	Plan	Actual	Variance	RAG
Surplus/(Deficit) YTD	-£0.6m	-£0.4m	£0.2m	↔
Surplus/ (Deficit) FOT	£0.0m	£0.2m	£0.2m	↔
NHSI Rating	3	3	0	↔
Cash	£4.6m	£13.8m	£9.2m	↑
Total CIP Achievement YTD	£0.3m	£0.3m	-£0.0m	↔
Recurrent CIP Achievement YTD	£0.3m	£0.3m	-£0.0m	↔
Capital Spend YTD	£8.0m	£5.1m	-£2.9m	↑

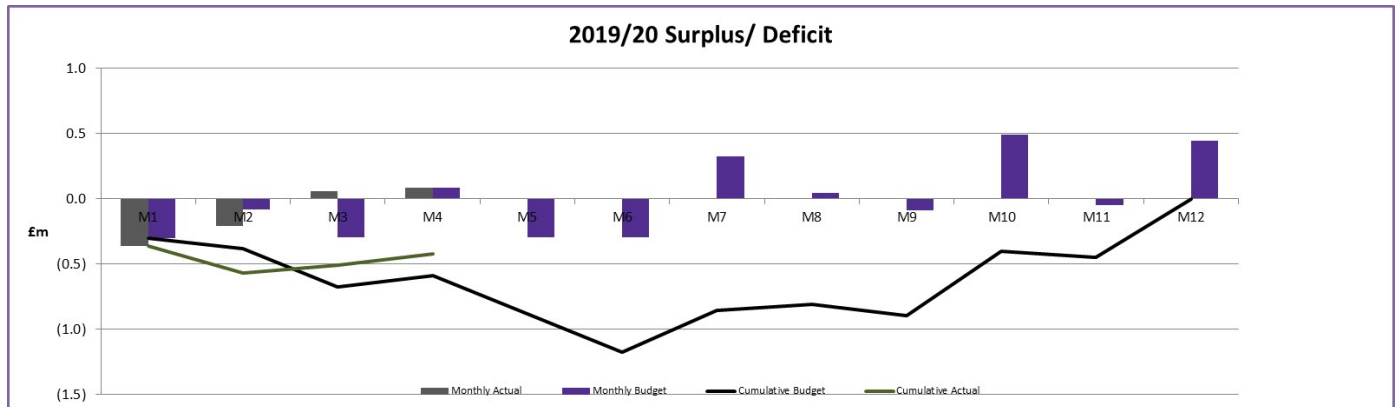
The Month 4 financial submission to NHSI is consistent with the contents of this report.

¹ NHSI Rating: Red is 4 or 5, Amber 3 and Green 2 or 1. Cash: Red is <£1m, Amber £1m-£4m and Green £4m+. Capital is not RAG rated. All other KPIs: Red is >10% off plan, Amber 0-10% off plan and Green at plan or better. Arrows denote movement from the prior month.

Report

1. Summary Financial Position

At Month 4 the Trust is reporting a deficit of £0.4m against a deficit budget of £0.6m. The over-performance relates to PSF funding received in 2019/20 relating to 2018/19 and is adjusted out of the control total calculation. The Trust is forecasting delivery of the breakeven control total, after £4.6m of central funding. The actual forecast is a £0.2m surplus which is favourable to plan due again to the additional PSF.



In 2019/20, Liverpool CCG, Southport & Formby CCG and South Sefton CCG remain under an “Acting as One” arrangement. The Trust is under-performing against this plan as outlined in Section 4 below.

CIP is on track for Month 4, although note that the target was relatively low, with more schemes coming on line later in the year.

2. Divisional Summary Overview

The divisional positions are similar to Month 3, when a full bottom up forecast was undertaken. Other than Gynaecology, all areas are close to plan and forecasting delivery of their financial targets. The Gynaecology division forecast has deteriorated further at Month 4. The year to date adverse variance is £1.1m (deteriorated from £0.7m at Month 3) and the division is now forecasting an overspend of £2m in the full year (up from £1.6m at Month 4).

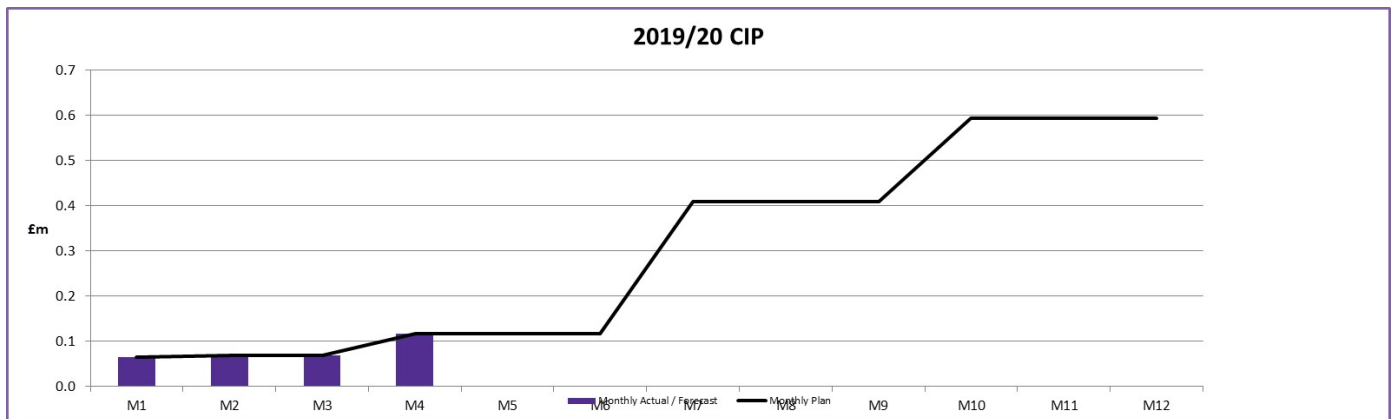
A further bottom up forecast with divisional sign off will be undertaken at Month 5 and reported to the Finance, Performance and Business Development Committee.

Agency: Agency costs were significantly above budget at £0.8m year to date, and cannot continue at the current rate as the cap of £1.8m would be breached. These largely relate to Gynaecology, where there is a plan underway to reduce agency costs, and finance, where recruitment is largely complete for substantive staff, following a restructure.

3. CIP

The Trust is on plan YTD and expects to deliver required level of CIP, although with some mitigating schemes as not all of the planned schemes will fully deliver. There is more certainty over the position now as the submission has been made to NHS Resolution indicating achievement of all of the Maternity Incentive KPIs. This is nearly £1m of the total £3.6m plan.

The graph below shows current performance and plan.



4. Contract Performance

Income YTD is £1.2m higher than would have been received under PbR. This is driven by both Gynaecology and Maternity, but proportionately, Gynaecology again has the most support from this arrangement. This is not unexpected, as further consultants are needed in order to deliver additional activity. Two new recruits have recently started, and a Business Case has been approved for a further four posts, so activity should increase later in the year, reducing this underperformance.

Directorate	CCG	Block	Month 4		YTD Block			YTD % Variance	GBP(£000's) at Risk	
			Actual	Variance	Block	Actual	Variance			
Maternity	Liverpool	2,394	2,368	(25)	9,427	9,078	(349)	-4%	-	145
Maternity	South Sefton	544	460	(84)	2,151	2,047	(104)	-5%	-	43
Maternity	Southport & Formby	55	44	(10)	216	169	(47)	-22%	-	19
Maternity Total		2,993	2,873	(120)	11,794	11,294	(500)	-4%	-	208
Gynaecology	Liverpool	1,195	1,065	(130)	4,305	3,978	(326)	-8%	-	136
Gynaecology	South Sefton	331	259	(73)	1,193	983	(210)	-18%	-	87
Gynaecology	Southport & Formby	41	34	(8)	149	120	(28)	-19%	-	12
Gynaecology Total		1,568	1,357	(211)	5,647	5,081	(565)	-10%	-	235
Hewitt	Liverpool	165	153	(12)	592	493	(100)	-17%	-	41
Hewitt	South Sefton	44	50	6	158	133	(24)	-15%	-	10
Hewitt	Southport & Formby	25	19	(6)	90	72	(19)	-20%	-	8
Hewitt Total		234	222	(13)	840	698	(142)	-17%	-	59
Other	Liverpool	21	40	19	75	85	10	14%	-	4
Other	South Sefton	5	30	25	18	50	32	177%	-	13
Other	Southport & Formby	1	8	7	3	16	12	345%	-	5
Other Total		27	78	51	97	151	54	56%	-	22
Total		4,821	4,529	(292)	18,378	17,225	(1,153)	-6.28%	-	479

As can be seen above, performance is 6.3% below plan on average, in line with earlier months, but it is anticipated this will improve over the coming months. Note that there is a risk against £0.5m of this, which potentially could have to be returned to the CCGs under the terms of the 2019/20 arrangement. However it is anticipated this will not be the case, as activity is set to improve.

5. Forecast Out-turn

A full forecast was undertaken at Month 3. A desktop review and update was undertaken at Month 4, which left the position still on plan, although the deterioration of the Gynaecology position noted above has been offset by the (non recurrent) release of a provision which is no longer required. This shows that although the Trust as a whole will be able to meet its control total, there are significant areas of over-spend.

A further full bottom up forecast with divisional sign off will be undertaken at Month 5. This will be the basis for the starting point of the Trust's long term plan.

6. One to One Midwives

The company One to One Midwives who had been operating midwifery services in Liverpool and surrounding areas went into administration on 31st July 2019. The full impact of this is still being assessed, with the focus being on ensuring that all women who were under the care of One to One are safely transferred to LWH or another NHS provider.

There will be a number of financial impacts to the Trust of this situation, as follows:

- **Debt:** The Trust is owed almost £0.5m by One to One. The Trust is in communication with the administrators in the case, although given the financial position of One to One, it is highly unlikely that there will be sufficient assets remaining to pay this sum. The Trust has raised this previously to both Liverpool and Wirral CCGs for support.
- **Income and Activity:** Initial assessment has been that c250 women are transferring to the Trust who were on the caseload of One to One. The Trust is also in discussion with Liverpool CCG about this impact.
- **Workforce and Costs:** The Maternity team has assessed their requirement for additional staff which will be triangulated with existing establishment. There may also be incremental costs in other areas, particularly Safeguarding.

7. Cash and Borrowings

The cash position at the close of the month was much higher than planned at £13.9m. This was because both the Q4 PSF and the Neonatal loan drawdown were received in month. This will reduce in Month 5 when the historic deficit loans are repaid.

8. Capital Expenditure

Although it remains significantly (£2.9m) behind plan year to date, capital expenditure has started to increase, with spend mainly concentrated on the Neonatal redevelopment and the Global Digital Exemplar Fast Follower programmes.

9. Provider Sustainability Fund (PSF) 2018/19

The additional £165k advised as the possible additional PSF for 2018/19 in Month 2 has now been confirmed. The Trust will be expected to over-perform by this amount and was required to account for it in Month 3.

10. BAF Risk

The BAF risk relating to delivering the financial plan was set back to the maximum score of 25 at Month 1 and has not changed since then. No changes are proposed in Month 4.

11. Conclusion & Recommendation

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

Appendix 1 – Board Pack



Board Finance Pack
M4.xlsx

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

FINANCE REPORT: M4

YEAR ENDING 31 MARCH 2020

Contents

- 1** NHSI Score
- 2** Income & Expenditure
- 3** Expenditure
- 4** Service Performance
- 5** CIP
- 6** Balance Sheet
- 7** Cashflow statement
- 8** Capital

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
NHS IMPROVEMENT RATIOS: M4
YEAR ENDING 31 MARCH 2020

1

USE OF RESOURCES RISK RATING	YEAR TO DATE		YEAR	
	Budget	Actual	Budget	FOT
CAPITAL SERVICING CAPACITY (CSC)				
(a) EBITDA + Interest Receivable	1,631	1,873	6,661	7,272
(b) PDC + Interest Payable + Loans Repaid	5,274	651	7,262	9,289
CSC Ratio = (a) / (b)	0.31	2.88	0.92	0.78
NHSI CSC SCORE	4	1	4	4
Ratio Score 1 = > 2.5 2 = 1.75 - 2.5 3 = 1.25 - 1.75 4 = < 1.25				
LIQUIDITY				
(a) Cash for Liquidity Purposes	(13,645)	(9,065)	(13,172)	(12,766)
(b) Expenditure	37,472	37,220	110,554	108,594
(c) Daily Expenditure	307	305	303	298
Liquidity Ratio = (a) / (c)	(44.4)	(29.7)	(43.5)	(42.9)
NHSI LIQUIDITY SCORE	4	4	4	4
Ratio Score 1 = > 0 2 = (7) - 0 3 = (14) - (7) 4 = < (14)				
I&E MARGIN				
Deficit (Adjusted for donations and asset disposals)	587	563	(4)	(7)
Total Income	(39,087)	(38,903)	(117,167)	(115,644)
I&E Margin	-1.5%	-1.4%	0.0%	0.0%
NHSI I&E MARGIN SCORE	4	4	2	2
Ratio Score 1 = > 1% 2 = 1 - 0% 3 = 0 - (-1%) 4 = < (-1%)				
I&E MARGIN VARIANCE FROM PLAN				
I&E Margin (Actual)		-1.40%		0.00%
I&E Margin (Plan)		-1.50%		0.00%
I&E Variance Margin	0.00%	0.10%	0.00%	0.00%
NHSI I&E MARGIN VARIANCE SCORE	1	1	1	1
Ratio Score 1 = 0% 2 = (1) - 0% 3 = (2) - (1)% 4 = < (2)%				
<p>Note: NHSI assume the score of the I&E Margin variance from Plan is a 1 for the whole year and year to date budget. This is because NHSI recognise the fact that an organisation would not "plan" to have a variance from plan and have not applied a calculated ratio to the budgeted columns of this metric.</p>				
AGENCY SPEND				
YTD Providers Cap	596	596	1,792	1,792
YTD Agency Expenditure	396	762	1,188	1,708
	-33.6%	27.9%	-33.7%	-4.7%
NHSI AGENCY SPEND SCORE	1	3	1	1
Ratio Score 1 = < 0% 2 = 0% - 25% 3 = 25% - 50% 4 = > 50%				
Overall Use of Resources Risk Rating	3	3	3	3

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

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
INCOME & EXPENDITURE: M4
YEAR ENDING 31 MARCH 2020

2

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Income									
Clinical Income	(8,848)	(9,146)	298	(35,515)	(35,315)	(200)	(104,520)	(103,684)	(836)
Non-Clinical Income	(937)	(914)	(22)	(3,572)	(3,753)	181	(12,647)	(12,125)	(522)
Total Income	(9,785)	(10,060)	275	(39,087)	(39,068)	(18)	(117,167)	(115,809)	(1,358)
Expenditure									
Pay Costs	5,737	5,713	24	23,678	23,565	113	70,862	71,038	(176)
Non-Pay Costs	2,254	2,545	(291)	9,119	8,980	139	26,628	24,497	2,131
CNST	1,169	1,169	(0)	4,675	4,676	(0)	13,064	13,059	5
Total Expenditure	9,159	9,427	(267)	37,472	37,220	252	110,554	108,594	1,960
EBITDA	(625)	(634)	8	(1,614)	(1,848)	234	(6,613)	(7,215)	602
Technical Items									
Depreciation	376	379	(3)	1,574	1,622	(48)	4,641	4,830	(189)
Interest Payable	31	23	8	105	90	15	402	345	57
Interest Receivable	(4)	(7)	3	(17)	(25)	8	(48)	(57)	9
PDC Dividend	135	130	5	539	561	(21)	1,617	1,682	(64)
Profit / Loss on Disposal	0	0	0	0	0	0	0	250	(250)
Total Technical Items	537	524	13	2,201	2,248	(47)	6,613	7,050	(437)
(Surplus) / Deficit	(88)	(110)	22	587	400	187	0	(165)	165
Control Total Adjustments									
18/19 Additional PSF					165	(165)		165	(165)
Remove capital donations/grants I&E impact					-2	2		-7	3
Adjusted Control Total	(88)	(110)	22	587	563	24	(4)	(7)	3

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

EXPENDITURE: M4

YEAR ENDING 31 MARCH 2020

3

EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Pay Costs									
Board, Execs & Senior Managers	379	205	174	1,529	1,195	334	4,558	4,203	355
Medical	1,434	1,388	46	5,738	5,598	140	17,682	17,433	249
Nursing & Midwifery	2,486	2,573	(87)	9,980	10,275	(295)	30,634	31,619	(986)
Healthcare Assistants	447	408	39	1,779	1,649	130	5,393	4,931	462
Other Clinical	354	382	(28)	2,090	2,061	29	4,934	4,935	(0)
Admin Support	178	165	13	712	643	69	2,140	2,023	117
Corporate Services	360	353	7	1,457	1,384	73	4,340	4,185	155
Agency & Locum	98	238	(140)	393	760	(367)	1,180	1,708	(528)
Total Pay Costs	5,737	5,713	24	23,678	23,565	113	70,862	71,038	(176)
Non Pay Costs									
Clinical Supplies	651	703	(51)	2,693	2,856	(163)	7,853	7,971	(118)
Non-Clinical Supplies	509	484	25	2,037	1,877	160	6,116	5,569	547
CNST	1,169	1,169	(0)	4,675	4,676	(0)	13,064	13,059	5
Premises & IT Costs	485	453	33	1,953	1,962	(9)	5,931	5,952	(20)
Service Contracts	608	905	(297)	2,435	2,285	150	6,727	5,005	1,722
Total Non-Pay Costs	3,423	3,713	(291)	13,794	13,655	139	39,692	37,556	2,136
Total Expenditure	9,159	9,427	(267)	37,472	37,220	252	110,554	108,594	1,960

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Maternity									
Income	(3,815)	(3,871)	56	(14,993)	(15,091)	98	(44,985)	(44,912)	(73)
Expenditure	1,823	1,856	(33)	7,339	7,441	(102)	22,290	22,433	(143)
Total Maternity	(1,992)	(2,015)	23	(7,654)	(7,650)	(4)	(22,695)	(22,479)	(216)
Neonatal									
Income	(1,439)	(1,414)	(26)	(5,666)	(5,505)	(161)	(16,972)	(17,232)	260
Expenditure	1,079	1,089	(10)	4,320	4,210	110	13,041	12,714	327
Total Neonatal	(361)	(325)	(36)	(1,346)	(1,294)	(52)	(3,932)	(4,519)	587
Division of Family Health - Total	(2,353)	(2,340)	(13)	(9,000)	(8,944)	(56)	(26,626)	(26,998)	372
Gynaecology									
Income	(2,593)	(2,305)	(288)	(9,331)	(8,663)	(667)	(27,996)	(27,327)	(669)
Expenditure	913	950	(37)	3,675	3,771	(97)	11,444	11,544	(100)
Total Gynaecology	(1,680)	(1,355)	(325)	(5,656)	(4,892)	(764)	(16,552)	(15,783)	(769)
Hewitt Centre									
Income	(972)	(880)	(93)	(3,636)	(3,452)	(185)	(11,108)	(10,434)	(674)
Expenditure	659	719	(59)	2,708	2,909	(201)	8,130	8,640	(510)
Total Hewitt Centre	(313)	(161)	(152)	(928)	(543)	(385)	(2,978)	(1,794)	(1,184)
Division of Gynaecology - Total	(1,993)	(1,517)	(477)	(6,585)	(5,435)	(1,149)	(19,530)	(17,577)	(1,953)
Theatres									
Income	(39)	(39)	(0)	(157)	(168)	11	(472)	(488)	16
Expenditure	698	631	67	2,796	2,690	106	8,411	8,544	(133)
Total Theatres	658	592	67	2,638	2,522	117	7,938	8,056	(117)
Genetics									
Income	(662)	(600)	(62)	(2,529)	(2,457)	(72)	(7,589)	(5,007)	(2,582)
Expenditure	494	459	35	1,976	1,842	133	5,928	3,310	2,618
Total Genetics	(168)	(142)	(27)	(554)	(615)	61	(1,661)	(1,697)	36
Other Clinical Support									
Income	(31)	(28)	(4)	(119)	(106)	(13)	(357)	(308)	(48)
Expenditure	675	613	63	2,701	2,522	179	8,121	7,747	374
Total Clinical Support & CNST	644	585	59	2,582	2,417	165	7,764	7,438	326
Division of Clinical Support - Total	1,134	1,035	99	4,667	4,323	343	14,041	13,797	245
Corporate & Trust Technical Items									
Income	(231)	(924)	692	(2,655)	(3,626)	971	(7,687)	(10,100)	2,413
Expenditure	3,355	3,635	(280)	14,160	14,082	77	39,802	40,713	(910)
Total Corporate	3,124	2,712	412	11,505	10,457	1,049	32,115	30,613	1,503
(Surplus) / Deficit	(88)	(110)	22	587	400	187	0	(165)	165

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
CIP: M4
YEAR ENDING 31 MARCH 2020
5

NHSI SCHEME REFERENCE	SCHEME NAME	ACCOUNTING	RISK RATING	MONTH 4			YTD			YEAR			FYE	
				TARGET	ACTUAL	VARIANCE	TARGET	ACTUAL	VARIANCE	TARGET	FOT	VARIANCE	FYE	VARIANCE
Trust scheme 1	Car Parking Consumables	Non-Pay	Medium	1	1	0	4	4	0	12	12	0	12	0
Trust scheme 2	CNST Maternity Incentive	Non-Pay	Medium	0	0	0	0	0	0	960	960	0	960	0
Trust scheme 3	Estates Income Generation	Income	Low	3	3	0	12	12	0	36	36	0	36	0
Trust scheme 4	Contract Savings	Pay	Low	14	14	0	56	56	0	168	168	0	168	0
Trust scheme 5	Coding & Counting	Income	Low	13	13	0	52	52	0	156	156	0	156	0
Trust scheme 6	Decontamination Contract	Non-Pay	Low	3	3	0	12	12	0	36	36	0	36	0
Trust scheme 7	Meeting Utilisation	Income	Low	1	1	0	3	2	(1)	11	10	(1)	12	1
Trust scheme 8/9	HFEA Tender	Income/Pay	Medium	2	2	0	8	8	0	24	24	0	24	0
Trust scheme 10	HTE Contract Fees	Non-Pay	Low	3	3	0	12	12	0	36	36	0	36	0
Trust scheme 11	Imaging Income Opportunit	Income	Low	2	2	0	8	8	(0)	24	24	(0)	24	0
Trust scheme 12	Midwifery Productivity	Pay	Medium	23	23	0	44	44	0	228	228	0	228	0
Trust scheme 13	Pharmacy Review	Non-Pay	Medium	31	12	(19)	31	12	(19)	279	180	(99)	311	32
Trust scheme 14	Private Patient Fees	Income	Low	0	0	0	0	0	0	198	198	0	198	0
Trust scheme 15	Procurement (various)	Non-Pay	Medium	0	0	0	0	0	0	570	570	0	570	0
Trust scheme 16	Rateable Value Review	Non-Pay	Medium	0	0	0	0	0	0	30	30	0	30	0
Trust scheme 17	CQC Fees	Non-Pay	Low	7	7	0	28	28	0	84	84	0	84	0
Trust scheme 18	Restructuring	Pay	Low	7	7	0	28	28	0	84	84	0	84	0
Trust scheme 19	Section 106	Income	High	0	0	0	0	0	0	501	0	(501)	75	(426)
Trust scheme 20	Job Planning	Pay	Medium	4	4	0	12	12	0	44	44	0	48	4
Trust scheme 21	Sperm Bank	Non-Pay	High	0	0	0	0	0	0	51	51	0	204	153
Trust scheme 22	Sutures	Non-Pay	Low	2	2	0	8	8	0	24	24	0	24	0
Non-recurrent Mitigation	Gynaecology	Non-Pay	Low	0	0	0	0	1	1	0	1	1	0	0
Recurrent Mitigation	Genetics Overheads	Income	Low	0	0	0	0	0	0	0	137	137	137	137
Recurrent Mitigation	Contracts Review	Non-Pay	Low	0	19	19	0	19	19	0	343	343	100	100
Non-recurrent Mitigation	IT Contracts Review	Non-Pay	High	0	0	0	0	0	0	0	120	120	0	0
TOTAL				116	116	0	318	318	0	3,556	3,556	0	3,557	1

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
BALANCE SHEET: M4
YEAR ENDING 31 MARCH 2020

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BALANCE SHEET £'000	YEAR TO DATE		
	Opening	M04 Actual	Movement
Non Current Assets	79,968	83,439	3,471
Current Assets			
Cash	9,066	13,762	4,696
Debtors	7,273	5,484	(1,789)
Inventories	489	493	4
Total Current Assets	16,828	19,739	2,911
Liabilities			
Creditors due < 1 year	(17,436)	(19,503)	(2,067)
Creditors due > 1 year	(1,654)	(1,644)	10
Loans	(13,635)	(18,913)	(5,278)
Provisions	(4,631)	(4,078)	553
Total Liabilities	(37,356)	(44,138)	(6,782)
TOTAL ASSETS EMPLOYED	59,440	59,040	(400)
Taxpayers Equity			
PDC	40,088	40,088	0
Revaluation Reserve	14,503	14,503	0
Retained Earnings	4,849	4,449	(400)
TOTAL TAXPAYERS EQUITY	59,440	59,040	(400)

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

CASHFLOW STATEMENT: M4

YEAR ENDING 31 MARCH 2020

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CASHFLOW STATEMENT £'000	YEAR TO DATE		
	Budget	Actual	Variance
Cash flows from operating activities	39	226	(187)
Depreciation and amortisation	1,574	1,621	(47)
Movement in working capital	(61)	2,150	(2,211)
Net cash generated from / (used in) operations	1,552	3,997	(2,445)
Interest received	17	25	(8)
Purchase of property, plant and equipment and intangible assets	(8,010)	(4,573)	(3,437)
Proceeds from sales of property, plant and equipment and intangible assets	721	0	721
Net cash generated from/(used in) investing activities	(7,272)	(4,548)	(2,724)
PDC Capital Programme Funding - received	612	0	612
Loans from Department of Health Capital - received	5,374	5,278	96
Loans from Department of Health Capital - repaid	0	0	0
Loans from Department of Health Revenue - received	0	0	0
Loans from Department of Health Revenue - repaid	(4,630)	0	(4,630)
Interest paid	(36)	(31)	(5)
PDC dividend (paid)/refunded	0	0	0
Net cash generated from/(used in) financing activities	1,320	5,247	(3,927)
Increase/(decrease) in cash and cash equivalents	(4,400)	4,696	(9,096)
Cash and cash equivalents at start of period	9,000	9,066	(66)
Cash and cash equivalents at end of period	4,600	13,762	(9,162)

LOANS SUMMARY			
£'000	Loan		
	Principal Drawdown	Principal Repaid	Principal Outstanding at M4
Loans from Department of Health Capital (ITFF) - 2.0% Interest Rate	5,500	(2,140)	3,360
Loans from Department of Health Capital (Neonatal) - 2.54% Interest Rate	8,903	0	8,903
Loans from Department of Health Revenue - 1.50% Interest Rate	14,612	(7,962)	6,650
Total	29,015	(10,102)	18,913

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
CAPITAL EXPENDITURE: M4
YEAR ENDING 31 MARCH 2020

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CAPITAL EXPENDITURE			
£'000	Year to Date Budget	Year to Date Actual	Year to Date Variance
Neonatal New Building	5,374	4,049	1,325
Estates Schemes	320	132	188
Global Digital Exemplar Fast Follower Project	393	403	(10)
Medical Equipment	1,040	65	975
IT Schemes	887	460	427
Total	8,014	5,109	2,905

Note: The Capital Expenditure is shown on an "Accruals" basis based on the date of receipt of the capital item by the Trust. This figure differs to the capital expenditure figure shown in the cashflow statement which is on a "Cash" basis.

MEETING	Board of Directors	
PAPER/REPORT TITLE:	Board Assurance Framework	
DATE OF MEETING:	Thursday, 05 September 2019	
ACTION REQUIRED	For Assurance	
EXECUTIVE DIRECTOR:	Colin Reid, Trust Secretary	
AUTHOR(S):	Christopher Lube, Head of Governance and Quality	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial <i>workforce</i> <input type="checkbox"/></p> <p>2. To be ambitious and <i>efficient</i> and make the best use of available resource <input type="checkbox"/></p> <p>3. To deliver <i>safe</i> services <input checked="" type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most <i>effective</i> Outcomes <input type="checkbox"/></p> <p>5. To deliver the best possible <i>experience</i> for patients and staff <input checked="" type="checkbox"/></p>	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input checked="" type="checkbox"/></p> <p>2. Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input checked="" type="checkbox"/></p> <p>3. The Trust is not financially sustainable beyond the current financial year..... <input checked="" type="checkbox"/></p> <p>4. Failure to deliver the annual financial plan <input checked="" type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input checked="" type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input checked="" type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></p> <p>8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input checked="" type="checkbox"/></p>	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input type="checkbox"/></p> <p>ALL DOMAINS <input checked="" type="checkbox"/></p>	

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution	<input checked="" type="checkbox"/>	4. NHS Constitution	<input checked="" type="checkbox"/>
	2. Operational Plan	<input checked="" type="checkbox"/>	5. Equality and Diversity	<input checked="" type="checkbox"/>
	3. NHS Compliance	<input checked="" type="checkbox"/>	6. Other: Click here to enter text.	
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting			
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	The Trust Board members are requested to review the contents of the paper and gain assurance as to the BAF management process and identify any changes they consider necessary for consideration by the sub-committees.			
PREVIOUSLY CONSIDERED BY:	Committee name	The Committees of: Finance, Performance and Business Development, Putting People First Quality Committee		
	Date of meeting	During July 2019		

Executive Summary

The Board Assurance Framework (BAF) is one of the tools that the Trust uses to track progress against the organisations Strategic Aims. As part of the development of the BAF, each financial year, the Key priorities of the year are identified and the potential risks to achieving these assessed for inclusion on the framework. As such, all risk on the BAF are set out under strategic aims.

The BAF is based on based on seven key elements:

- Clearly defined Key Priorities for 2019/20 (aligned to the Trust Strategic Aims)
- Clearly defined principle risks to the key priorities together with an assessment of their potential impact and likelihood.
- Key controls by which these risk can be managed.
- Potential and positive assurance that risk are being reasonably managed.
- Board reports detailing how risk are being managed and objectives met, together with the identification of gaps in assurances and gaps in control.
- Risk reduction plans, for each risk, which ensures the delivery of the objectives, control of risk and improvements in assurances.
- A target risk rating.

Process: The Head of Governance and Quality meets with each of the Executive Director leads on a monthly basis to ensure the BAF is maintained and updated as a live document.

Each committee of the Board which has accountability for the risks on the BAF, reviews the BAF at its meetings to receive assurance that the risks continue to be managed appropriately and that controls and mitigations are in place to reduce the impact of the risk on the Trust.

Report

1. Introduction

This report seeks to assure the Board of the process and outcomes from the Executive and Board committee review of risks assigned to the Board Assurance Framework.

Any changes in risk score or escalation / de-escalation proposals made by a Board committee after consideration of risks within their remit are conveyed via the Head of Governance and Quality to ensure reflection of proposed and approved changes in the BAF dashboards.

Move to Ulysses database system

Following discussions with the Executive Directors and the completion of a sample test, it has been agreed that the BAF would move back onto the Ulysses system, as this provides a more robust secure method for the maintenance of the BAF.

With the BAF on Ulysses, it is no longer incumbent on one person to make the changes to the BAF document, as has been the case, which is a single point of weakness. Placing the BAF on Ulysses allows the BAF risk owners to have the ability to make changes and update directly and also the ability to produce a BAF report when required.

The BAF report which is generated from Ulysses has a different appearance to the Word document which has previously been used. The same key areas are used for description and monitoring of controls and assurances, but there is greater detail in relation to each action. A new section on the BAF allows for an update narrative to be provided at the top of each risks.

The new template allows for the controls identified, to be assessed as to whether they are effective, not effective or not tested, this allows for greater scrutiny and clarity about the controls identified.

Independent and semi independent assurance sections have now been included into the overall assurance column with an added ability to identify if the assurance identified is inconclusive, positive or negative, once again this allows for greater scrutiny and clarity.

At this time the only section which was in the word format and has not been accommodated in the Ulysses format is the metrics section. Work will continue to identify how this information can be included in the Ulysses version of the BAF.

BAF Risks – August 2019: Appendix 1

2. Sub-Committee Changes to Risks

Since the last report to the Board, the Board Committees have reviewed the risks within their remit (July Committee meetings) and there have been no changes or alteration identified.

3. New Risks and Closed Risk

Since the last report to the Board there have been no new risk added to or closed on the BAF.

4. Conclusions

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

The Board are asked to:

The Trust Board members are requested to review the contents of the paper and gain assurance as to the BAF management process and identify any changes they consider necessary for consideration by the committees.

Listing For: 4. BAF		Risk Register Level: 4. BAF		Directorate: Financial Services		Service / Department: Finance		Position at: 29/08/20 10:46:57	
Risk Number: 1986		Version: 5		Domain: Finance Including Claims		Executive Lead: Jenny Hannon		Operational Lead: Eva Horgan	
Strategic Objective: To Be Ambitious & Efficient & Make Best Use Of Available Resources						Assurance Committee: Finance, Performance &		Review Due: 28/09/2019	
Risk Appetite: 3.Moderate									
Risk Description:									
Condition: The Trust is not financially sustainable beyond the current financial year						Last Review Narrative:		Date: 29/08/2019 Reviewed By: Christopher Lube	
Cause: Ongoing requirement for annual CIPs; Significant CNST premium; Overhead costs; Impact of service change									
Consequence: Lack of financial stability, invocation of NHSI sanctions, special measures. Continued borrowing to meet operational expenses resulting in significant debt.									
Control(s)		Gaps in Control		Effectiveness		Internal Assurance		External Assurance	
								Gaps in Assurance	
								Adequacy of Assurance	

5 Year financial model produced giving early indication of issues Business case to Trust Board which identifies a solution which minimised deficit, including relocation to an acute site and merger Early and continuing dialogue with NHSE/I Active engagement with CCG resulting in a pre-consultation Business Case Agreement for merger proposals with partner Trusts approve by three BoD's Advisors with relevant experience (PWC) engaged early to review strategic options Clinical Engagement and support for proposals Review of open claims and legal processes Engagement in place with Cheshire and Mersey Partnership to review system solutions Update review against clinical standards and financial consequences. Reduction in CNST Premium Reduction in back office overheads costs.	Implementation of business case is dependent on decision making external to the Trust (CCG, NHSE/I) Uncertainty regarding availability of capital funding necessary to implement business case Establishment of governance procedures to manage the merger transaction Merger dependent on external partners National CDEL Issue.	Not Yet Tested	5 Year plan Approval (BoD, Nov 2014) resubmission due Sept 19 Future Generations Clinical Strategy and Business Plan (BoD Nov 15) Sustainability and Transformation Plan (FPBD, Jul 16) PCBC Approval (FPBD, Oct 16) Strategic Outline Case for merger approved by three Trust Boards (BoD, Jun 16) SCO for preferred option approved by Board - Sept 17 Submission of Cheshire and Mersey STP capital bid Summer 2018 ranked no1 Clinical Senate report -Sept 17	CCG Pre Consultation Business Case approved by CCG Committees in common Northern Clinical Senate Report supporting preferred option Cheshire and Mersey Partnership Support	Final approval for business case Lack of capital nationally Delivery of surplus NHSE/I use of resources rating above 3 over a five year period	Inconclusive
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Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
4	Revision of SOC following unsuccessful STP capital bid	01/04/2019	31/12/2019	Eva Horgan	Work ongoing	Ongoing	/ /
	Target has been put back based on initial feedback from TU readiness assessment - system buy in to be initial focus ahead of SOC update.				Date Entered : 09/08/2019 14:11 Entered By : Christopher Lube		
5	Approval of revised capital route	01/04/2019	30/11/2019	Eva Horgan	Work ongoing	Ongoing	/ /
					Date Entered : 09/08/2019 14:12 Entered By : Christopher Lube		
6	Public consultation by CCG following development of preferred option (Subject to capital bid)	01/04/2019	30/04/2020	Eva Horgan	Dependent on external influences and agencies	Ongoing	/ /
					Date Entered : 09/08/2019 14:14 Entered By : Christopher Lube		
7	Decision making business case produced by CCG and final decision following outcome of public consultation required	01/04/2019	31/12/2020	Eva Horgan	Closely linked to other actions and external influences	Ongoing	/ /
					Date Entered : 09/08/2019 14:16 Entered By : Christopher Lube		
8	Business case to support the application for capital to support the relocation required	01/04/2019	31/03/2020	Eva Horgan	Timescale TBC - requirements to be confirmed, subject to outcome of bid.	Ongoing	/ /
					Date Entered : 09/08/2019 14:18 Entered By : Christopher Lube		
9	Merger Transaction	01/04/2019	01/04/2020	Eva Horgan	Actual timescale is April 2021 -	Ongoing	/ /

10	Implementation of changes	01/04/2019	01/04/2020	Eva Horgan	<p>subject to NHSI approval. Monitor monthly as part of ongoing overall risk review</p> <p>Date Entered : 09/08/2019 14:21 Entered By : Christopher Lube Actual timescale April 2021-2026, monitor as part of overall monthly risk review</p> <p>Date Entered : 09/08/2019 14:22 Entered By : Christopher Lube</p>	Ongoing	/ /
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Initial Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	5 Almost	25

Current Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	5 Almost	25

Target Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	5 Almost	25

Listing For: 4.BAF

Risk Register Level: 4. BAF

Directorate: IM & T

Service / Department: IM & T

Position at: 29/08/20 10:46:57

Risk Number: 2184

Version: 3

Domain: Impact On The Safety Of Patien

Executive Lead: Andrew Loughney

Operational Lead: Steve Chokr

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Assurance Committee: Quality Committee

Review Due: 28/09/2019

Risk Description:

Condition: Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) by the proposed schedule May 2020 which may lead to the implementation of a system that is not fit for purpose

Cause: Poor programme management and product design

Consequence: Impact on Patient Safety, Quality and Experience; Impact on patient clinical services, such as e-prescribing, staff documentation and consent; Unable to meet contractual reporting arrangements linked to performance and finance; Financial impact on delivery of control total leading to inability to deliver annual plan.

Last Review Narrative:

Date: 29/08/2019

Reviewed By: Christopher Lube

Risk reviewed with Director of Finance, operational lead for actions updated as Interim CIO has Left and New Interim CIO commencing whilst recruitment process for permanent CIO takes place. No other changes made.

Control(s)	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
EPR programme board chaired by AUHT CEO and attended by LWH Exec Dir, CIO and CCIO. Governance structure for project in place with independent reviews LWH Digital sub-committee review of project in place with DoF chairing Oversight of programme by FPBD (inc NEDs) Monthly IM&T managers operational meetings in place PID in Place Testing programme for system in place prior to implementation Communication plan in place Benefit Strategy Clinical leadership identified Training and engagement plan in place	Concern as to supplier management and product functionality UK market Programme board ineffectiveness Lack of confidence in plan Test cycle may be ineffective and if not signed off will impact on programme Unable to train staff until system has been signed off which may lead to a delay Key partner waiting NHSI approval and has not agreed contract with supplier	Effective	Executive sign off initial programme plan Clinical (operational) sign off Exec team briefing from CIO Oversight from digital hospital sub-group Regular reporting to FPBD Clinician engagement undertaken	MIAA Gateway reviews MIAA Report (limited assurance) 2017 Gateway process in place with external verification NHS Digital review (March 19) Independent review to Director of Finance (April 19)	Ability to influence supplier Functionality of modules for Maternity, Theatres and e-prescribing Appetite of other Trust to prioritise the program Effectiveness of program Board in delivering the solution Effectiveness of supplier and product as evidenced by Digital and Independent reports. Subjectivity of progress	Negative

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
2	Recommendations of NHS Digital follow up report	21/02/2018	31/10/2019	Steve Chokr	NHS Digital report suggested a go.no go decision be postponed until Oct pending further actions to address the outstanding issues. Date Entered : 13/08/2019 14:01 Entered By : Sandra Goulden ----- Action reviewed and updated in line with moving BAF back onto Ulysses. Date Entered : 08/08/2019 15:52 Entered By : Christopher Lube ----- Integrated EPR remains a key issue for LWH. Programme Board notes and is managing the delays in implementation. Date Entered : 15/02/2019 13:11 Entered By : Andrew Loughney	Ongoing	/ /
4	Delivery of live system against design and configuration through the programme and clinically signed off	21/02/2018	31/05/2020	Andrew Loughney	Action reviewed and updated in line with moving BAF back onto Ulysses. Date Entered : 08/08/2019 15:57 Entered By : Christopher Lube ----- Action plan and sub logs are available and viewed by Programme Board. Achieving set	Ongoing	/ /

5	Test system built and tested against clinically approved script with additional scrutiny and assurances around areas highlighted as a concern.	21/02/2018	30/04/2020	Andrew Loughney	<p>targets remains problematic.</p> <p>Date Entered : 15/02/2019 13:13 Entered By : Andrew Loughney Action reviewed and updated in line with moving BAF back onto Ulysses.</p> <p>Date Entered : 08/08/2019 15:55 Entered By : Christopher Lube ----- Test cycles in several steps, progress being monitored by Programme Board.</p>	Ongoing	/ /
6	Completion of business intelligence strategy to enable the successful delivery of statutory and operational reporting post deployment	21/02/2018	31/05/2020	Steve Chokr	<p>Date Entered : 15/02/2019 13:14 Entered By : Andrew Loughney Business Intelligence functionality remains unproven, Programme Board is monitoring.</p>	Ongoing	/ /
8	Recommendation to Trust Boards from EPRL Programme Board following review of Digital report and actions to continue or not	01/09/2018	31/10/2019	Steve Chokr	<p>Date Entered : 15/02/2019 13:15 Entered By : Andrew Loughney SG 13/8/19 NHS Digital report suggested that there was not enough evidence to cease or to approve, Oct Board is the next decision point for go/no go.</p> <p>Date Entered : 13/08/2019 13:59 Entered By : Sandra Goulden ----- Action reviewed and updated in line with moving BAF back onto Ulysses.</p> <p>Date Entered : 08/08/2019 15:58 Entered By : Christopher Lube ----- EPR being managed at Exec and Board level. New EPR go-live date for LWH now May 2020. Red line items for Pharmacy and Theatres still being managed a progress being monitored. Any impact to new go-live date will be articulated through FPBD and onto Board.</p> <p>Date Entered : 05/03/2019 16:12 Entered By : Steve Chokr</p>	Ongoing	/ /

Initial Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	4 Likely	20

Current Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	5 Almost	25

Target Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	5 Almost	25

Listing For: 4.BAF

Risk Register Level: 4. BAF

Directorate: Governance

Service / Department: Governance

Position at: 29/08/20 10:46:57

Risk Number: 2266

Version: 1

Domain: Impact On The Safety Of Patien

Executive Lead: Devender Roberts

Operational Lead: Christopher Lube

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Risk Description:

Condition: Ineffective understanding and learning following significant events

Cause: Failure to identify root cause, system structures and process, failure to analyse thematically, failure to respond proportionately.

Consequence: Patient harm, failure to learn and improve the quality of service and experience, poor quality services, loss of income and activity, reputational damage, increased staff turnover.

Last Review Narrative:

Date: 29/08/2019

Reviewed By: Christopher Lube

Risk reviewed with Interim Medical Director, no changes made, actions currently ongoing.

Control(s)	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Regular dialogue with regulators. Incident reporting and investigation policies and procedures. MDT involvement in safety HR policies in relation to issues relating to professional and personal responsibility Mandatory training in relation to safety and risk Staffing level acuity exercises Scoping for relevant national reports Quality strategy 3yr programme in place Risk Management Strategy Governance structure Serious Incident Feedback form Serious Incident panels Corporate level engagement by Trust Board Listening events Never events reported though Safety Senate and BoD 2nd Year of Quality strategy delivered Safety is included as part of executive walk rounds.	Inconsistent completion and dissemination of actions and improvement plans Inconstant implementation of lessons learnt and lack of evidence Pace of implementing change Lack of opportunity to deliver bespoke training for staff groups in relation to risk management and patient safety.	Effective	CQPG Meetings Reporting of incidents and management of action plans through Safety Senate Reflection of risks and Corporate Risk Register and Board Assurance Framework CQC Assessment Annual Quality Account Report	Internal Audit of Risk Management External Audit or Risk Maturity CQC Assessment, safe as 'Good' across all areas of the Trust NRLS Incident Reporting MIAA Report on Duty of Candour Safety Senate Reports	Inconsistent use of benchmarking tools Difficult to gain consistent assurance that clinicians are following best practice Some national audits/studies do not provide benchmarking of data if they do, this is in an inconsistent format making it difficult to accurately assess and compare Trust status Lack of testing of action plans following audits to ensure they lead embedded change External and internal reporting structures.	Inconclusive

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
1	Introduction of Fair and Just Culture process	01/04/2019	31/10/2024	Chris McGhee	Initial stages of training staff via book clubs in progress. Mapping exercise of SI ongoing Date Entered : 31/07/2019 10:57 Entered By : Christopher Lube	Ongoing	/ /
2	Maintain close involvement with regional and local safety collaborative	01/04/2019	01/04/2020	Alan Clark	Working is ongoing in this area. New NHS Patient safety strategy published which highlights this action. Trust local implementation plan in development Date Entered : 31/07/2019 10:58 Entered By : Christopher Lube	Ongoing	/ /
3	Develop better reporting from the Ulysses System	01/04/2019	31/10/2019	Christopher Lube	Governance team currently working with Ulysses to develop the current system and implement new modules to support RCA investigation, Action Planning and CQC compliance monitoring, Audit module to come later in year. Date Entered : 31/07/2019 10:56 Entered By : Christopher Lube	Ongoing	/ /
4	New divisional structure to review implementation of lessons learnt and provision of evidence	01/04/2019	30/09/2019	Christopher Lube	Review of SI learning and complaint learning requested via divisional performance meetings. Date Entered : 31/07/2019 10:58 Entered By : Christopher Lube	Ongoing	/ /

5	Divisions to undertake gap analysis of risk management resources	01/04/2019	30/09/2019	Christopher Lube	<p>Review being led buy Head of Governance in line with new divisional structures.</p> <p>Date Entered : 31/07/2019 10:59 Entered By : Christopher Lube</p>	Ongoing	/ /
6	Business case for the provision of Human Factors Training to be developed and submitted to education governance committee	01/04/2019	30/09/2019	Jonathan Hurst	<p>As we discussed on the phone, there is currently no trust lead for simulation / human factor training provision. I understood that Linda Watkins, in her position as Director of Medical Education, had put a proposal together for this role, though it is still awaiting approval.</p> <p>As such there is no one person who oversees this / can complete this action. I am, however, able to provide some update on this training as this is my area of interest, and can definitely provide an update from a neonatal point of view.</p> <p>Regarding training provisions around human factor training, the MPMET course that was devised and facilitated chiefly by Alice Bird and Emma Pimblett (plus colleagues), to which I had some involvement as a facilitator, delivers human factors training as part of a wider interprofessional session around maternal emergencies. This training was to cover the midwifery, obstetric (both trainees and permanent staff at all levels), anaesthetic (likewise) and theatre staff involved in obstetrics. I understand that compliance figures for this training can be obtained from Emma Pimblett or Alison Murray.</p> <p>Regarding neonatal staff provisions, we are currently delivering human factor training at the junior doctors' induction, to ensure 100% compliance with this group. The same input has also been delivered at the department clinical governance day (May 2019) and also at the 'blockbuster day' which provides some face-to-face mandatory training to our nursing staff. We have recognised as a team that this interprofessional training is not currently uniform in its current format and from January 2020 are devising a half-day short course to accommodate all of the neonatal staff to receive human factor</p>	Ongoing	/ /

					<p>training as well as interprofessional simulation. I have attached the summary of the drivers and brief plan to this e-mail.</p> <p>I am unsure of the provisions for fetal medicine, gynaecology and genetics regarding access to human factor training at this time.</p> <p>On an additional note, we have recognised across the network that there is a lack of a course for training the trainer in terms of human factor provisions that does not have a large financial component or is specific to healthcare. I am working closely with the North West Simulation and Education Network manager, Mark Hellaby, and Obstetric Anaesthetist (from Manchester Foundation Trust), Dr Kirsty MacLennan, who both have significant experience in human factor training as well as simulation delivery, to put together a Human factory training for simulation facilitators study day. The pilot course is planned for October 2019, and is to be delivered here at LWH, aiming to accommodate 30 people (15 from each trust) - this is still being finalised, in terms of the programme and logistics. The plan is that this training will act as a 'train the trainer' for those delivering simulation-based education and can enhance the human factor teaching that they deliver. (from an email sent to Elaine Eccles 14/08/19)</p> <p>Date Entered : 14/08/2019 14:19 Entered By : Elaine Eccles -----</p> <p>Initial paper presented to Ed Gov and Safety Senate, acting Medical Director requested further information</p> <p>Date Entered : 31/07/2019 11:01 Entered By : Christopher Lube Head of Governance in planning stages. May be affected by new national training system and curriculum which is due to be published in 2019-20.</p> <p>Date Entered : 31/07/2019 11:00 Entered By : Christopher Lube</p>		
7	New risk management and patient safety training package to be developed	01/04/2019	30/09/2019	Christopher Lube		Ongoing	/ /

Initial Assessment		
Severity	Likelihood	Risk Score
4 Major	5 Almost	20

Current Assessment		
Severity	Likelihood	Risk Score
4 Major	3 Possible	12

Target Assessment		
Severity	Likelihood	Risk Score
3 Moderate	2 Unlikely	6

Listing For: 4.BAF

Risk Register Level: 4. BAF

Directorate: Human Resources

Service / Department: HR

Position at: 29/08/20 10:46:57

Risk Number: 2293

Version: 1

Domain: HR/Organisational Development/

Executive Lead: Michelle Turner

Operational Lead: Jeanette Chalk

Strategic Objective: Develop A Well-Led, Capable, Motivated And Entrepreneurial Workforce

Risk Appetite: 3.Moderate

Risk Description:

Condition: Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust.

Cause: Poor staff morale, lack of clarity around objectives, lack of ability to influence in the workplace, lack of organisational/job security, lack of leadership, behaviour contrary to the Trust values.

Consequence: Failure to deliver high quality, safe patient care, impact on recruitment and retention, failure to achieve strategic vision, potential for regulatory action and reputational damage.

Assurance Committee: Putting People First

Review Due: 28/09/2019

Last Review Narrative:

Date: 29/08/2019

Reviewed By: Christopher Lube

No changes made to current risk, actions ongoing.

Control(s)	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Appraisal policy, paperwork and systems for delivery and recording are in place for medial and non-medical staff. Consultant revalidation process. Reward and recognition processes linked to values. Pay progression linked to mandatory training compliance. Targeted OD intervention for areas in need to support. Management development training programme. Aspirant talent programme for aspiring ward managers and matrons. Programme of health and wellbeing initiatives. All new starters complete mandatory PDR training as part of corporate induction ensuring awareness of responsibilities. Extensive mandatory training programme available. Value based recruitment and induction. Workforce planning processes in place to deliver safe staffing. Shared decision making with JLNC and Partnership Forum. Putting People First Strategy. Quality Strategy. Guardian of Safe Working. People strategy revised and agreed	Quality of appraisal. Poor attendance at non-mandatory training e.g. leadership training. Requirement for further development of middle managers. Talent management programme is newly implemented and not yet fully embedded.	Effective	Quarterly internal staff survey (Go Engage System). Monthly KPI's for controls. Performance Repots (monthly) Quarterly Learning events. Bi-annual Speak UP Guardian Reports. Report form Guardian of Safe Working	National Staff Survey(annual). POPPY study RCM culture survey findings CQC regulatory inspection in 2018. National Workforce and Wellbeing Charter - 2018	Staff survey engagement score not improved in year. Mandatory training currently below target. Sickness absence above target.	Positive
Recruitment intentions annual exercise. Staff engagement programmes. Two Freedom to Speak Up Guardians. Whistle Blowing Policy Engagement Tool Implemented.	Ongoing challenges of engaging effectively with all staffing groups due to rota patterns.	Effective				

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
1	PPF deep dive into service level workface risks	01/04/2019	31/03/2020	Jeanette Chalk	To be completed on a monthly basis	Ongoing	/ /
2	Aspirate managers programme being rolled out	01/04/2019	31/03/2020	Jeanette Chalk	Date Entered : 08/08/2019 11:31 Entered By : Christopher Lube To be monitored monthly	Ongoing	/ /
3	Executive team and staff side walkabouts	01/04/2019	31/03/2020	Jeanette Chalk	Date Entered : 08/08/2019 11:33 Entered By : Christopher Lube To be monitored monthly	Ongoing	/ /
4	Launch of Fair and Just Culture Project	01/04/2019	31/03/2020	Chris McGhee	Date Entered : 08/08/2019 11:35 Entered By : Christopher Lube Initial development work and staff training in progress		/ /
					Date Entered : 09/08/2019 15:24 Entered By : Christopher Lube		

Initial Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	5 Almost	25

Current Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	2 Unlikely	10

Target Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	2 Unlikely	10

Risk Number: 2294

Version: 1

Domain: HR/Organisational Development/

Executive Lead: Michelle Turner

Operational Lead: Jeanette Chalk

Strategic Objective: Develop A Well-Led, Capable, Motivated And Entrepreneurial Workforce

Risk Appetite: 3.Moderate

Risk Description:

Condition: Insufficient numbers of clinical staff resulting in a lack of capability to deliver safe care and effective outcomes.

Cause: Insufficient numbers of doctors in training; Aging workforce; National shortage of nurses and midwives; Isolated site and associated clinical risk impacting on recruitment and retention of specialist consultant staff; pension tax changes impacting on the retention of consultant medical staff (early retirement or reduction in working time).

Consequence: Gaps on junior doctor rotas; Loss of highly experienced nursing staff due to retirement; Impact on the quality of junior doctors in training; This may result in unsafe patient care and less effective outcomes, status of teaching hospital and impact on retention of specialist services.

Last Review Narrative:

Date: 29/08/2019

Reviewed By: Christopher Lube

No changes made to risk, actions ongoing

Control(s)	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Annually agreed funding contract with HEN. Regional Training Programme Directors manage the junior doctor rotation programme and highlight shortages to the Lead Employer. Lead Employer notifies the Trust of Gaps in local rotations, giving the Trust autonomy to recruit at a local level into these gaps. Effective electronic rota management system implemented. Director of medical Education (DME) to ensure training requirements are met, reporting to the Trust Medical Director and externally to HEN. Guardian of Safe Working Hours appointed in 2016 under new Junior Doctor Contract. Acting down policy and process in place to cover junior doctor gaps. National Revalidation process ensuring competent staff. Shared decision making and review of risk with JLNC. Putting People First Strategy. Quality Strategy. Strategic Workforce Group established. Aspirational Ward Manager Programme. Succession Planning and Talent Programme NHSE Retention Improvement Programme NHSI Sickness Improvement Programme GMC Survey 018 - action plan in place	Further utilisation of the rota management system. E-Roistering System not fully utilised	Effective	Quarterly reporting by Guardian of Safe Working. Strategic Workforce reporting to PPF. Leadership Development programme Review (annual to PPF). Exception Reporting System and process working effectively. Junior Medical Staff GMC survey reporting to Education Governance and PPF - No concerns areas of specific concerns identified. Clinical and nursing roles being developed and enhanced to mitigate the gas in junior doctor workforce. Roles include: Physicians Assistants, Surgical assistants, ANP's, Consultant Nurses, ER Practitioners.	DME reports to HEN on an annual basis in relation to junior doctor training. Annual GMC Survey. Annual Staff survey NHS Ed SAR. DME Annual Report GMC Revalidation Process HEN Visit - Regular (next due 2019 due to satisfactory report in 2016) GMC Medical Staff survey - annual.	None identified at this time	Positive

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
1	Action plan from strategic group	01/04/2019	31/03/2020	Jeanette Chalk	To be monitored monthly	Ongoing	/ /
2	DDoN to undertake e-rostering utilisation challenge, report to Divisional Data Meeting.	01/04/2019	30/09/2019	Janet Brennan	Date Entered : 08/08/2019 12:14 Entered By : Christopher Lube Work is progressing	Ongoing	/ /
3	Business case to go to NHSI to develop E-Rostering System Collaborative work with CMHRD Network.	01/04/2019	30/06/2019	Janet Brennan	Date Entered : 09/08/2019 15:24 Entered By : Christopher Lube Work is ongoing	Ongoing	/ /
					Date Entered : 09/08/2019 15:25 Entered By : Christopher Lube		

Initial Assessment			Current Assessment			Target Assessment		
Severity	Likelihood	Risk Score	Severity	Likelihood	Risk Score	Severity	Likelihood	Risk Score
5 Catastrophic	5 Almost	25	5 Catastrophic	4 Likely	20	5 Catastrophic	2 Unlikely	10

Risk Number: 2295

Version: 1

Domain: Impact On The Safety Of Patien

Executive Lead: Caron Lappin

Operational Lead: Christopher Lube

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Assurance Committee: Quality Committee

Review Due: 07/09/2019

Risk Description:

Condition: Inability to achieve and maintain regulatory compliance, performance and assurance.

Cause: Lack of robust processes and management systems to provide evidence and assurance to regulatory agencies.

Consequence: Enforcement action, prosecution, financial penalties, reputational damage, loss of commissioner and patient confidence in provision of services.

Last Review Narrative:

Date: / /

Reviewed By:

Control(s)	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Board Assurance visits NED walk rounds National Audits Local Audits Ward accreditation scheme H&S Executive inspections Human Tissue and Embryology Authority Inspections External Peer reviews CQC inspections	None identified	Effective		MIAA Audits Collaborative meetings with CCG CQC Inspections NHSE/I reviews with LWH	None identified	Positive
Regular meetings with NHSE/I CQC engagement meetings Maintenance of CQC registration Regulatory information provided to staff at induction Committee structures in place to monitor regulatory compliance An integrated approach between corporate operational and governance teams Quality impact assessments for all service changes and CIP's that are considered. Professional Standards Trust Policies and Procedures Risk Management Strategy and culture Quality and Independence of QIA's by DoN and MD Completion and submission of Annual Quality Report	Benchmarking data can make the Trust appear an outlier due to specialist nature of the services provided and attract regulatory attention	Effective	Executive Walk rounds Matron walk rounds Ward accreditation Internal H&S walk rounds and annual audits Internal Fire Safety Inspection's	MIAA Audits CQC Visits CCG Meetings HFEA Inspections H&S Executive inspections Fire Service Inspections Safeguarding regulatory Inspections	Monitoring of regulatory reports and action plans to completion	Positive

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
1	Provide assurance to CQC in relation to risk with appropriate information	01/04/2019	31/03/2020	Christopher Lube	Information provided to CQC on request and at quarterly engagement meetings. Action to be monitored monthly Date Entered : 08/08/2019 14:57 Entered By : Christopher Lube	Ongoing	/ /
2	Ward accreditation to be rolled out following completion of pilot	01/04/2019	31/03/2020	Janet Brennan	Meeting with Ward Accreditation providers due on 08/08/19. Progress on pilot to be discussed and review of software to log data. Date Entered : 08/08/2019 15:00 Entered By : Christopher Lube	Ongoing	/ /
3	To embed process for monitoring of regulatory reports and action plans at divisional boards	01/04/2019	31/03/2020	Christopher Lube	New CQC compliance monitoring module being developed by Ulysses. Due for implementation in September 2019. Date Entered : 08/08/2019 15:02 Entered By : Christopher Lube	Ongoing	/ /
4	Report regulatory exceptions form Divisional Boards to Quality	01/04/2019	31/03/2020	Christopher Lube	Once CQC compliance module in	Ongoing	/ /

	Committee				place in Ulysses Divisions will be able to provide exception report to Quality Committee on status and planned actions.		
5	Undertake intermittent deep dive reviews into specialist services	01/04/2019	31/03/2020	Christopher Lube	<p>Date Entered : 08/08/2019 15:05 Entered By : Christopher Lube</p> <p>Reviews to be completed as and when identified by sub-committee of the board or at divisional board level.</p> <p>Date Entered : 08/08/2019 15:08 Entered By : Christopher Lube</p>	Ongoing	/ /

Initial Assessment		
Severity	Likelihood	Risk Score
4 Major	5 Almost	20

Current Assessment		
Severity	Likelihood	Risk Score
4 Major	3 Possible	12

Target Assessment		
Severity	Likelihood	Risk Score
4 Major	2 Unlikely	8

Listing For: 4.BAF

Risk Register Level: 4. BAF

Directorate: Governance

Service / Department: Executive Office

Position at: 29/08/20 10:46:57

Risk Number: 2297

Version: 1

Domain: Impact On The Safety Of Patien

Executive Lead: Andrew Loughney

Operational Lead: Devender Roberts

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Risk Description:

Condition: Location , size, layout an accessibility of current services do not provide for sustainable integrated care or safe and high quality service provision.

Cause: Lack of onsite multidisciplinary provision, no ITU or Blood bank on site, very limited diagnostic imaging on site; Failure to meet multiple clinical standards; Senior staff recruitment and retention very difficult, lack of colocated paediatric surgical support.

Consequence: Patient harm, poor continuity of care, poor patient experience due to transfer away for booking location.

Assurance Committee: Quality Committee

Review Due: 08/09/2019

Last Review Narrative:

Date: 09/08/2019

Reviewed By: Christopher Lube

Following review of BAF risk by Electives decision made to move BAF from Word format onto Ulysses. Updates made to risk as part of this processes.

Control(s)	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
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Early and continuing dialogue with regulators Active management with CCG's Putting People First Strategy Environmental risk assessments Leadership and Management development programme Programme for the establishment of single service for Neonates with AHCH.	STP submission for capital bid completed in Nov 18 - not successful Clinical case for change is dependent on decision making external to the Trust (NHSE/I, CCG) Financial constraints for delivery of facilities on site. Development of crown site impracticable in relation to imaging, ITU, blood back and staffing unlikely to be achievable.	Not Effective	Corporate Objectives 2019-20 Board performance reports DIPC Reports Staffing reports to board Incident and SI reports to Safety Senate and Board. Mortality and Morbidity reviews Performance monitoring of patient experience and clinical outcomes Incident Data Staff staffing levels Transfers out Data reviewed regularly and reported through HDU and Sepsis Group.	CQC inspection (2018) - Good Review of Fire Safety Provision Van giard review of Maternity Base Neonatal ODM Maternity SCN Dashboard Clinical Senate Report NICU SOC Neonatal Peer review Jan 18.	Gaps in fire prevention (SLA with Aintree estates in place, review completed and risk assessed with generation of priorities , presented to execs Dir - Jan 18) Failure to meet BAPM standards Non-compliance with HBN accommodation standards on NNU Consultant presence on delivery suite Transfers of complex cancer patients Failure to meet RCOA Standards for Care of Women Critically Ill and Women in Childbirth - Aug 18.	Negative
Adult services Access to RLBUHT for diagnostic services such as imaging. Blood product provision by motorised vehicle from near by facility. Well established methods for detecting deterioration in patients and arranging escalation/transfer Access to RLBUHT for surgery for women with advanced pelvic cancers and severe co-morbidities.						
Neonatal services Early detection of neonates with deteriorating condition Close contacts with AHCH Transfer Arrangements well established Adult services Longstanding/historical support fro RLBUHT and AUH (senior medial and surgical) clinicians to provide acute, elective support when required. Attendance of RLBUHT to LWH site in acute case or need Abilities to transfer actually ill patient to RLBUHT for care						

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
1	To commence public consultation (external control of this action by NHSE/I)	01/04/2019	31/03/2020	Devender Roberts	To be monitored monthly Date Entered : 09/08/2019 13:40 Entered By : Christopher Lube	Ongoing	/ /
2	Agree Business Case for new build	01/04/2019	31/03/2020	Devender Roberts	To be monitored monthly Date Entered : 09/08/2019 13:41 Entered By : Christopher Lube	Ongoing	/ /
3	Await and review outcome of clinical summit (June 19)	01/04/2019	31/10/2019	Devender Roberts	Issue discussed at Medical Staffing Committee following summit. Interim Medial Director reviewing outcome of Summit Date Entered : 29/08/2019 10:38 Entered By : Christopher Lube ----- Clinical Summit has taken place Date Entered : 09/08/2019 13:44 Entered By : Christopher Lube	Ongoing	/ /
4	Divisional plans to be developed to support long term clinical sustainability	01/04/2019	31/12/2019	Devender Roberts	Work ongoing in Divisions Date Entered : 09/08/2019 13:46	Ongoing	/ /

Initial Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	5 Almost	25

Current Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	4 Likely	20

Target Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	4 Likely	20