

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

Board of Directors Meeting

HELD IN PUBLIC

6 February 2020



**Meeting of the Board of Directors
HELD IN PUBLIC
Thursday 6 February 2020 at 0930hrs
Liverpool Women's Hospital
Board Room**

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time
2019/20/					
231	Thank you	To provide personal and Team thank you – above and beyond			0930 (10mins)
232	Apologies for absence Declarations of interest	Receive apologies	Verbal	Chair	
233	Meeting guidance notes	To receive the meeting attendees' guidance notes	Written	Chair	
234	Liverpool Provider Alliance Agreement	For approval	Written	Cheryl Mould – Programme Director	0940 (20 mins)
235	Patient Story – Genomic Medicine	To receive a patient's story	Verbal	Director of Nursing & Midwifery	1000 (20 mins)
236	Minutes of the previous meeting held on 5 December 2019	Confirm as an accurate record the minutes of the previous meetings	Written	Chair	1020 (5 mins)
237	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
238	Chair's announcements	Announce items of significance not found elsewhere on the agenda	Verbal	Chair	1025 (5 mins)
239	Chief Executive Report	Report key developments and announce items of significance not found elsewhere on the agenda	Written	Chief Executive	1030 (5 mins)
BOARD COMMITTEE ASSURANCE					
240	Chair's Report from Quality Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1035 (5 mins)
241	Chair's Report from Finance, Performance and Business Development Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1040 (5 mins)
242	Chair's Report from Putting People First Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1045 (5 mins)
243	Chair's Report from Audit Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1050 (5 mins)
244	Chair's Report from Charitable Funds Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1055 (5 mins)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time
2019/20/					
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					
245	Serious Incidents & Learning Report	For assurance	Written	Director of Nursing & Midwifery	1100 (10 mins)
TRUST PERFORMANCE - TO DELIVER THE MOST EFFECTIVE OUTCOMES; TO BE EFFICIENT AND MAKE BEST USE OF AVAILABLE RESOURCES					
246	Safer Nurse/Midwife Staffing Monthly & Bi-Annual Reports	For assurance and to note any escalated risks	Written	Director of Nursing and Midwifery	1110 (10mins)
247	Operational Performance Report period M9, 2019/20	For assurance –To note the latest performance measures	Written	Director of Operations	1120 (10mins)
248	Finance Report period M9, 2019/20	For assurance - To note the current status of the Trusts financial position	Written	Director of Finance	1130 (10mins)
249	Trust Strategic Plan	Presentation for discussion	Presentation	Director of Finance	1140 (15mins)
BOARD GOVERNANCE					
250	Board Assurance Framework 2019/20	For assurance and approval	Written	Trust Secretary/ Executive Leads	1155 (10mins)
251	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	1205 (5mins)
HOUSEKEEPING					
252	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	1210 Meeting ends

Date of next meeting

Board in Public: 2 April 2020

Meeting to end at 1210

1210-1220	<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 2019

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. At all times the members should be cognisant of the meetings Terms of Reference.

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 for issue 7 days before the meeting (see bullet 2 below under Standards and Obligations)
- 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. Please check Terms of Reference of the Committee on each committees requirement.

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 should be issued 7 days before the meeting. Any changes to this timeframe require the agreement of the Chair of the meeting.
3. The draft minutes, Chair's Report and action schedule will be prepared and circulated to all members of the meeting within 7 days following the meeting.
4. Chair and members are also responsible for the committee/ subcommittee's compliance with relevant legislation and Trust policies
5. It is essential that meetings are chaired with an open and engaging ethos, where challenge is respectful but welcomed
6. 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
7. 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 members of the committee.
8. 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
9. 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 Secretary
10. 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 escalating the concern to their line manager or if this is not appropriate to the Trust Secretary or via the Trusts raising concerns policy
11. 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 raising concerns 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
12. 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, following 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

		Agenda Item
MEETING	Board of Directors	
PAPER/REPORT TITLE:	Liverpool Provider Alliance Agreement	
DATE OF MEETING:	Thursday, 06 February 2020	
ACTION REQUIRED	Approval	
EXECUTIVE DIRECTOR:	Kathy Thomson, Chief Executive	
AUTHOR(S):	Paul Buckingham, Interim Trust Secretary	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial workforce <input checked="" type="checkbox"/></p> <p>2. To be ambitious and efficient and make the best use of available resource <input checked="" type="checkbox"/></p> <p>3. To deliver safe services <input checked="" type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most effective Outcomes <input checked="" type="checkbox"/></p> <p>5. To deliver the best possible experience 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 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 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 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 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> <p>ALL DOMAINS <input type="checkbox"/></p>	

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution	<input checked="" type="checkbox"/>	4. NHS Constitution	<input checked="" type="checkbox"/>
	2. Operational Plan	<input checked="" type="checkbox"/>	5. Equality and Diversity	<input checked="" type="checkbox"/>
	3. NHS Compliance	<input checked="" type="checkbox"/>	6. Other: Click here to enter text.	
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting			
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	<i>The Board of Directors is recommended to approve completion of the Liverpool Provider Alliance Agreement.</i>			
PREVIOUSLY CONSIDERED BY:	Committee name		Not Applicable	
	Date of meeting			

Executive Summary

Ms Cheryl Mould, Programme Director, will attend the Board of Directors meeting on 6 February 2020 to brief the Board on development of the Liverpool Provider Alliance Agreement. Included with this report is a briefing paper on the Agreement document which has been prepared by the legal advisors to the LPA. Also included is a copy of the draft version of the Liverpool Provider Alliance Agreement.

The Board of Directors is recommended to consider the documentation provided in the report, in the context of the briefing to be delivered at the Board of Directors meeting and approve completion of the Liverpool Provider Alliance Agreement by the Chief Executive.

Liverpool Provider Alliance

Liverpool Provider Alliance Agreement: Briefing Note v3-3 October

1. Background

- 1.1 The Liverpool Provider Alliance (LPA) was initially developed under the terms of a non-binding memorandum of understanding (the MOU) which was intended to be further developed in the future as the relationships changed between providers and commissioners. This agreement represents the further development of the relationships between the providers and replaces the MOU.
- 1.2 It is a more formal approach which the parties should take account of in determining their organisational strategies – in terms of how it relates to governance and the scope of joint working and decision making around services to support greater integration across Liverpool.
- 1.3 The Liverpool Provider Alliance Agreement (LPAA) is a form of alliance agreement which formalises the LPA arrangements from a legal and governance perspective. It is more detailed than the MOU arrangements and accommodates the revised and refined provider structure though the LPA is still not itself a decision-making body (decisions are made by the organisational members through their own governance). There is greater potential for aligned provider decisions across the system and refinement of the current system governance groups to work in line with the LPA.
- 1.4 ***This briefing is by its nature a summary of a number of complex areas around the LPAA so if you have any queries or would like more detail on any area please do let us know.***

2. Key Aspects of the LPAA approach

Key areas from the LPAA which should be considered by the signatories include:

- a. **Parties to the LPAA – how do we deal with the wide number of stakeholders (Parties)**
(Page 1): There are a number of groups which have complex relationships and large numbers of their own members (for example the third sector and primary care networks). It would be impractical to have each individual entity entering into the LPAA.
- b. The current proposal is that the Third Sector Leadership Alliance will represent the wider views of its stakeholders through its 4 representatives on the LPAA.
- c. In terms of primary care – given the recent formation of the Primary Care Networks there is not yet a representative structure that would sign up to the LPAA at this stage. The parties intend that a new representative structure for primary care can be admitted to the LPAA once it has been settled in due course. Primary Care is represented in the governance structure and

one of the key elements of the early review of the LPA Agreement will be to determine which entities may execute the Agreement on behalf of primary care in Liverpool.

- d. The CCG is not a signatory but under the governance arrangements they may be invited to attend meetings and engage with the LPA.
- e. **Legal Status (Pages 3-4):** The LPAA is not intended to conflict with or take precedence over the terms of the services contracts or funding arrangements for its members *unless expressly agreed*. The LPAA will also not affect the terms of the core primary care contracts (GMS, PMS and APMS) in Liverpool.
- f. The Parties enter into the LPAA intending to honour all their obligations in good faith though it is not intended to be legally binding (enforceable in the courts) other than for specific limited elements, key ones to note are: Clauses 12 (Information Sharing and Conflicts of Interest), 15 (Exclusion and Termination), 17 (Liability), 20 (Assignment and Novation), 21 (Confidential Information), 22 (Freedom of Information), 23 (Intellectual Property).
- g. Also Clause 11 sets out that parties will not be required to act in breach of law or their own governance/contractual obligations under the LPAA.
- h. It has a three year term and its operation will be reviewed by the Strategic Oversight Group after 6 months.
- i. **Vision / Objectives and Principles (Pages 5-7):** These are (save for some of the specific working principles) taken from the One Liverpool Strategy and whilst they are not legally binding the parties intend to work towards the joint delivery of the vision and objectives.
- j. Principles for financial working and the workforce are to be developed for agreement and insertion into the LPAA.
- k. **When things go wrong / disputes (Page 8 and Schedule 4):** LPA members make commitments to act in good faith and work together towards shared objectives, as part of the LPA principles. The intent would be that any issues are managed initially between the parties concerned with escalation into the formal process and the LPAA governance if it becomes a substantive dispute. There is a mechanism for the removal of members if they fail to operate within the terms of the LPAA though this is very much seen as a last resort.
- l. **Governance (Pages 10-12):** From the meetings of the governance group a revised framework of governance has been proposed in the LPAA. This reflects discussions over how the main group is reformed through the use of common terms of reference and agendas to develop how it works rather than changing the membership.

- m. The core group is the Strategic Oversight Group Group which is responsible for overseeing the collaborative approach to services and working across the Liverpool system. The Strategic Oversight Group will report to the Health and Wellbeing Board as well as the Overview and Scrutiny Committees of the Council. The Strategic Delivery Group then co-ordinates and manages the Delivery Groups and deals with day to day matters around the priorities of the LPAA, feeding up into the Strategic Oversight Group.
- n. Terms of reference for these groups are annexed to Schedule 2 of the LPAA.
- o. **Strategic Oversight Group and Strategic Delivery Group Terms of Reference:** Both groups have a chair and vice chair voted for by members for a maximum term of 3 years. Both groups will look to operate by consensus rather than a voting/majority approach. The groups will have a quorum of 75% of members.
- p. Neither group is a separate legal entity or has the power to bind other parties without agreement. LPA member organisations will need to delegate authority to their representatives to act on their behalf. Their representatives should also be required to report back to their host organisation.
- q. The Strategic Oversight Group ('SOG') will have bi-monthly meetings but can change the frequency of these. The SOG has several key responsibilities around strategic decision making. It reports to the Integrated Care Partnership Group and receives reports from the Strategic Delivery Group.
- r. The Strategic Delivery Group (SDG) will meet monthly. Delivery Groups will report to the SDG and the SDG will report up to the SOG. They will manage: the input of the parties to the LPA, the operational infrastructure of the LPAA and the progress of the other Delivery Groups.
- s. **Introducing new parties (Page 16):** There is a mechanism for the introduction of new parties to the LPA through the Strategic Oversight Group.
- t. **Liability (Page 16):** As the LPAA stands at this point (not being legally binding in the main part) there is no liability under the agreement itself save for breach of the legally binding elements (set out in (f) above e.g. confidentiality) and no financial risk or gain sharing between the parties. Each party remains accountable for delivery under their own services and contracts.
- u. Potential next stages to the LPAA approach could be the commissioners requiring membership of the LPAA in their contracts and the parties revising their own internal governance to reflect the principles and culture of the LPAA in their organisation.

- v. **Intellectual Property (Page 17 – Clause 23):** The approach to intellectual property used in the LPAA is that to the extent that it is created outside of the LPAA the owner grants a licence to relevant parties to use it for the fulfillment of obligations under the LPAA. If there is new intellectual property developed via the LPAA then it is also licensed to the LPAA parties to be used to meet their obligations.
- a. **Scope of Services – what is in? (Schedule 3):**

There was some discussion as to the scope of the LPAA and what services are included. Any services related to the One Liverpool Strategy that the Parties agree to bring within the governance and operating framework of the LPAA will be included. The LPAA parties will determine their priorities through the Strategic Oversight Group and form Delivery Groups to facilitate these where applicable with their own Services Development Plan.

Ultimately under this approach there should be a collective responsibility for performance of the services across the city through the members of the LPA. The LPAA seeks to align the parties with a common vision, objectives and working principles but the members remain independent statutory bodies. It is also accepted that some parties also focus on population groups outside of Liverpool so need to ensure that they do not act to the detriment of other populations in working with the LPA.
- b. **Finance Principles - Payment structure – risk and gain sharing:** As mentioned above there is no “risk and reward regime” or structure for the sharing or movement of finance between the parties currently.
- c. The suggested starting point to develop this aspect is the “Acting as one” group of Directors of Finance who may be asked to develop and agree a set of system financial principles as well as setting up a finance group which can link into the governance of the LPA through its review of and prioritisation of projects.
- d. The principles for the finance group would be expected to be inserted into the LPAA and would include an open book approach to finances with transparency and adopting the LPA principles of working.
- e. Similar points arise with the development and use of a workforce group across the LPA which may want to meet and confirm any specific principles for the development of the LPA workforce.
- f. **Variations – changing the LPAA (Schedule 5):** The current LPAA is not the final point for development of the LPA and it will need to be reviewed and updated as the LPA evolves further. We have proposed a review after 6 months and annually thereafter to ensure that it

can be refined as the nature of the LPA changes.

- g. One potential complexity is that when a contract variation is required, this would normally require the written approval of all parties to the contract. Operation of “vetoes” and/or protection of interests are a particularly tricky area and it is essential to consider them in advance.
 - h. **Conflict of Interest Protocol:** This applies to all members of Strategic Oversight Group, Strategic Delivery Group and supporting delivery groups and is designed to be followed alongside your own organisation’s conflict of interest policies. Group members will have their entry in to their own organisation’s conflicts of interest register shared with the LPA and will also be asked to declare any other interests relevant to their role. The LPAA provides for conflicts to be declared at the start of meetings, for the chair of a group to decide how the conflict should be managed and for records of this to be kept.
 - i. **Confidentiality:** LPAA parties and signatories to this agreement will keep any commercially sensitive information which has been shared with them by the other parties secure and confidential. The agreement allows for the development of data sharing agreements between the parties.
3. As stated above this briefing is by its nature a summary of a number of complex areas around alliance contracts so if you have any queries or would like more detail on any area please do let us know.

Hill Dickinson LLP

24 October 2019

Contact:

Robert McGough

E: Robert.McGough@hildickinson.com

LIVERPOOL PROVIDER ALLIANCE AGREEMENT
V3-3 (22/10/19)

Date

2019

- 1. Alder Hey Children's NHS Foundation Trust**
- 2. The Clatterbridge Cancer Centre NHS Foundation Trust**
- 3. Liverpool City Council**
- 4. Liverpool Heart and Chest Hospital NHS Foundation Trust**
- 5. Liverpool University Hospitals NHS Foundation Trust**
- 6. Liverpool Women's NHS Foundation Trust**
- 7. Mersey Care NHS Foundation Trust**
- 8. Merseyside Youth Association Limited**
- 9. North West Ambulance Service NHS Trust**
- 10. Primary Care 24**
- 11. PSS (UK) Ltd**
- 12. Steve Biko Housing Association Limited**
- 13. The Walton Centre NHS Foundation Trust and**
- 14. The Women's Organisation**



LIVERPOOL PROVIDER ALLIANCE AGREEMENT

**FOR THE TRANSFORMATION AND BETTER INTEGRATION OF HEALTH AND CARE
SERVICES FOR THE POPULATION OF LIVERPOOL**

No	Date	Version Number	Author
V2	16/08/19	2	HD/RM – governance meeting
V2-2	16/09/19	2-2	HD/RM governance meeting
V3	06/10/19	3	HD/input from Alliance
V3-3	22/10/19	3-3	HD/Hpn

LIVERPOOL PROVIDER ALLIANCE AGREEMENT

V3-3 (22/10/19)

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LIVERPOOL PROVIDER ALLIANCE AGREEMENT

V3-3 (22/10/19)

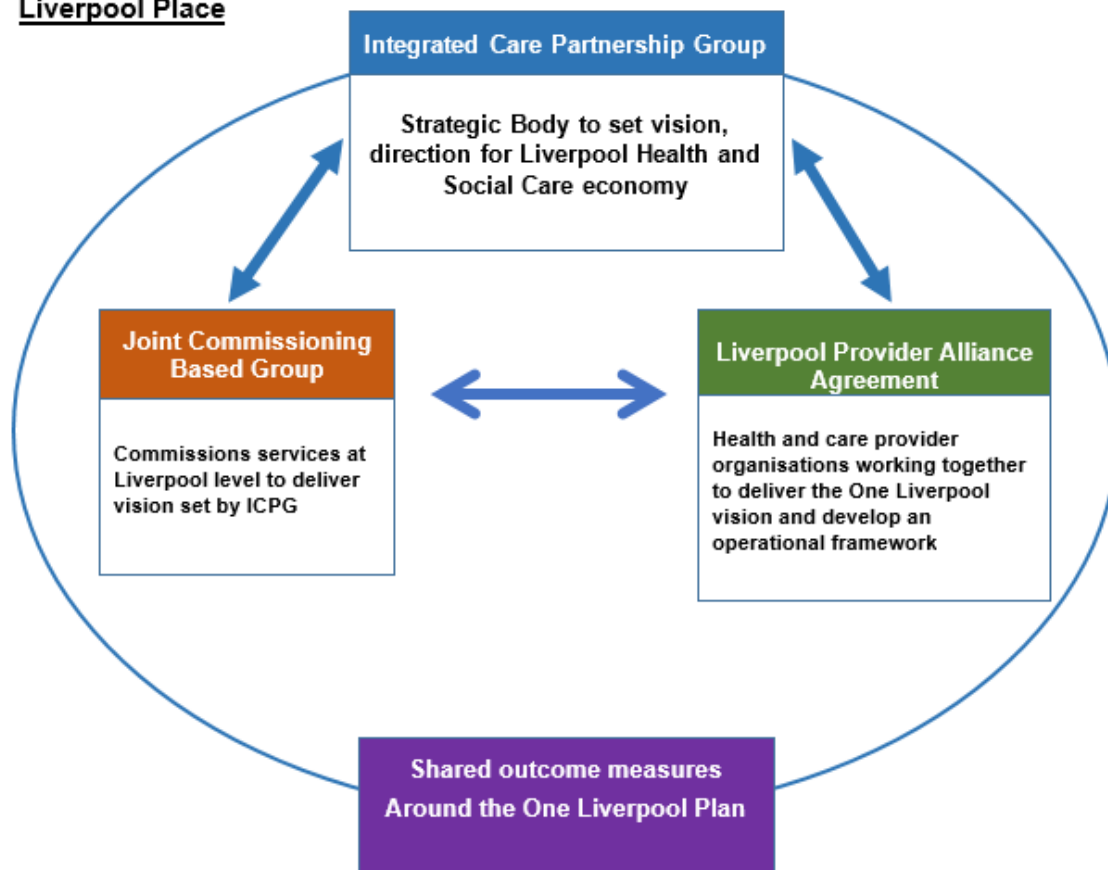
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Overarching Note – Liverpool Provider Alliance Agreement for the transformation and better integration of Health and Care Services

This Agreement looks to provide an operating framework arrangement which governs integrated multi-party solutions for providers of health and social care across the geographical area covered by Liverpool CCG.

This fits into the wider Liverpool structures as follows:

Liverpool Place



Date:**2019**

This Liverpool Provider Alliance Agreement (LPAA) is made between:

1. **ALDER HEY CHILDREN'S NHS FOUNDATION TRUST** of Eaton Road, Liverpool L12 2AP;
2. **THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST** of Clatterbridge Road, Bebington, Wirral CH63 4JY;
3. **LIVERPOOL CITY COUNCIL** of Cunard Building, Brunswick Street, Liverpool L3 1AH ;
4. **LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST** of Thomas Drive, Liverpool L14 3PE;
5. **LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST** of Prescot Street, Liverpool L7 8XP;
6. **LIVERPOOL WOMEN'S NHS FOUNDATION TRUST** of Crown Street, Liverpool L8 7SS;
7. **MERSEY CARE NHS FOUNDATION TRUST** of V7 Building, Kings Business Park, Prescot, Liverpool L34 1PJ;
8. **MERSEYSIDE YOUTH ASSOCIATION LIMITED** of 65-67 Hanover Street, Liverpool, L1 3DY,
9. **NORTH WEST AMBULANCE SERVICE NHS TRUST** of Ladybridge Hall, Chorley New Road Bolton BL1 5DD;
10. **PRIMARY CARE 24** of Unit 4-6, Enterprise Way, Liverpool L13 1FB;
11. **PSS (UK) LIMITED** of Eleanor Rathbone House, Connect Business Village, 24 Derby Road, Liverpool L5 9PR;
12. **STEVE BIKO HOUSING ASSOCIATION LIMITED** of 3 Yanwath Street, Liverpool L8 0XP; and
13. **THE WALTON CENTRE NHS FOUNDATION TRUST** of Lower Lane, Liverpool, Merseyside L9 7AL; and
14. **THE WOMEN'S ORGANISATION** of 54 James Street, Liverpool L1 0AB;

together referred to in this LPAA as the "**Parties**" and each individually a "**Party**".

PSS (UK) Limited, The Women's Organisation, Steve Biko Housing Association Limited and Merseyside Youth Association Limited are parties to this LPAA for themselves and as the representative organisations for the **Third Sector Leadership Alliance** in Liverpool. The Parties will also look to engage with wider third sector providers in Liverpool outside of the Third Sector Leadership Alliance and will review how best to engage and involve third sector providers in the LPAA.

In addition, the **Liverpool Primary Care Networks** are represented in the Strategic Oversight Group and Strategic Delivery Group as well as the Delivery Groups under this LPAA. Whilst they are not signatories to the LPAA at its inception, they have agreed to operate in accordance with the LPAA in good faith and the Parties intention is that appropriate primary care signatories to the LPAA will be admitted as members during the term of the LPAA. This LPAA has been developed with input of primary care organisations and the LMC as well as the Parties. Primary care members of the governance groups will be expected to confirm that they will operate in accordance with the Vision, Objectives and Principles of this LPAA.

RECITALS

1. The NHS Long Term Plan (LTP) published in January 2019 builds upon the Five Year Forward View (the Forward View) and sets out to tackle the pressures faced by the health service. It aims to accelerate the redesign of patient care to future-proof the NHS for the decade ahead including the move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. It also places a focus on taking action to strengthen the NHS contribution to prevention and health inequalities.
2. In entering into and performing their obligations under this LPAA, the Parties are working towards the implementation of the integrated care models highlighted in the Forward View and the LTP. In particular, this agreement sets out the values, principles and shared ambition of the Parties in supporting work towards the transformation and better integration of health and care services for the people who live in Liverpool.
3. Liverpool has a diverse and complex health and care system.
4. The purpose of the formation of the Liverpool Provider Alliance in 2018 was to support the delivery of the One Liverpool Plan and the commissioners in Liverpool are pressing for a more integrated approach to the provision of health and care services which will put an increasing focus on the work and role of the LPA.
5. The Liverpool Provider Alliance was initially developed under the terms of a non-binding memorandum of understanding (the MOU) which was intended to be further developed in the future as the relationships changed between providers and commissioners. This LPAA represents the further development of the relationships between the providers and replaces the MOU.
6. The Parties to the LPAA are together all material providers of social care and NHS funded healthcare services to the population across Liverpool.
7. The Council has a role within this LPAA as both a commissioner of social care services but also as a provider of social care services either through direct delivery or through various subcontracts. In its role as commissioner of social care services the Council shall be a Commissioner and its role as provider of social care services shall be a Provider. The Council recognises the need to ensure that any potential internal or external conflicts of interest are appropriately identified and managed.
8. This LPAA contains the operating framework that sets out how the Providers will work together in a collaborative and integrated way for the delivery of health and care services in Liverpool. Under this LPAA, the Parties will collaboratively agree and develop the approach to the Services in pursuit of the Vision and Objectives and in accordance with the Principles.
9. Specific new services and initiatives may be added by agreement and inserted into this

LPAA as required to further the collaborative work of the Parties.

10. This LPAA has been drafted to work alongside:
 - (a) the Services Contracts between the Commissioners and the Providers for the delivery of the Services
 - (b) other organisational arrangements for Services such as grant and charity funded services from the third sector; and
 - (c) the updated One Liverpool Strategy 2019-24.

IT IS AGREED AS FOLLOWS:

1. DEFINITIONS AND INTERPRETATION

- 1.1 In this LPAA, capitalised words and expressions shall have the meanings given to them in Schedule 1.
- 1.2 In this LPAA, unless the context requires otherwise, the following rules of construction shall apply:
 - 1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);
 - 1.2.2 a reference to a “Provider” or “Commissioner” includes its personal representatives, successors or permitted assigns;
 - 1.2.3 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted;
 - 1.2.4 any phrase introduced by the terms “including”, “include”, “in particular” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms;
 - 1.2.5 documents in “**agreed form**” are documents in the form agreed by the Providers and initialled by them for identification and attached to this LPAA; and
 - 1.2.6 a reference to writing or written includes faxes and e-mails.

2. STATUS AND PURPOSE OF THIS AGREEMENT

- 2.1 The Parties will together form an alliance on the terms set out in this LPAA in order to develop an improved operating framework for providers across financial, governance and contractual working to deliver better health outcomes for the population of Liverpool.
- 2.2 This LPAA sets out the key terms that the Parties have agreed in how the Parties will work together in a collaborative and integrated way on a Best for Liverpool basis and

with the Commissioners across the Services Contracts. This LPAA is not intended to conflict with or take precedence over the terms of the Services Contracts unless expressly agreed by the Parties to the respective Services Contract with the Commissioners.

- 2.3 The Parties agree that, notwithstanding the good faith consideration that each Party has afforded the terms set out in this LPAA save as provided in Clause 2.4 below, this LPAA shall not be legally binding. The Parties enter into this LPAA intending to honour all their obligations. Certain aspects of this LPAA are not relevant to particular types of organisation due to their differing legal and statutory status. These are indicated in the table at Annex 1 to this LPAA as may be amended from time to time.
- 2.4 Clauses 12 (Information Sharing and Conflicts of Interest), 15 (Exclusion and Termination), 17 (Liability), 20 (Assignment and Novation), 21 (Confidential Information), 22 (Freedom of Information), 23 (Intellectual Property), 24 (Notices), 25 (Severance), 26 (Waiver), 27 (No Partnership), 28 (Counterparts), 29 (Third Party Rights), 30 (Entire Agreement) and 31 (Governing Law and Jurisdiction) shall come into force from the date hereof and shall give rise to legally binding commitments between the Parties.
- 2.5 Where Parties either have entered or will enter into individual Services Contracts (or where appropriate combined Services Contracts) with one or more of the Commissioners for Services. This LPAA will be referred to in, supplement and work alongside these arrangements as the overarching operating framework for the Providers across Liverpool. The LPAA will not affect the terms of the core primary care contracts (GMS, PMS and APMS) in Liverpool.

3. ACTIONS TAKEN PRIOR TO AND POST THE COMMENCEMENT DATE

- 3.1 Each Party shall provide to each of the other Parties on or prior to the Commencement Date confirmation that it has approved entry into this LPAA.

4. DURATION

- 4.1 This LPAA shall take effect on the Commencement Date and will continue in full force and effect and will expire after a term of 3 years ("**the Initial Term**"), unless and until terminated in accordance with the terms of this LPAA.
- 4.2 The terms and operation of the LPAA will be reviewed by the Strategic Oversight Group after six months and then annually thereafter. The Parties may by agreement in writing extend the Initial Term of the LPAA by a further additional period of up to three (3) years (the "**Extended Term**").

SECTION A: VISION, OBJECTIVES AND PRINCIPLES

Whilst the terms of Clauses 5, 6, 7, 8 and 9 are not legally binding the Parties all enter into this LPAA intending to honour their obligations within them and to work towards the delivery of the vision and the objectives.

5. ONE LIVERPOOL VISION

- 5.1 The Parties have agreed to work towards a common vision along with other partners in Liverpool that they will: adopt an ethos of collaboration rather than competition, harnessing collective resources and pulling in the same direction for better health outcomes.

“One Liverpool Strategy 2019-2024” Liverpool CCG and Liverpool Council

The One Liverpool Vision has four transformational themes:

- Targeted action on inequalities;
- Empowerment and support for wellbeing;
- Radical upgrade in prevention and early intervention; and
- Integrated and sustainable health and care services.

6. ONE LIVERPOOL OBJECTIVES

- 6.1 The Objectives agreed by the Parties are to deliver improved population health through integrated health, care and support.
- 6.2 The Parties have agreed to work together to achieve the Objectives with a particular focus on those parts of Liverpool that have the worst health outcomes.
- 6.3 The Parties will look to halve the projected life expectancy gap with England to 1.7 years by 2024
- 6.4 To achieve this will require all Parties working innovatively together, with residents fully engaged. This will be achieved through making inroads in the premature mortality rates on cancer, circulatory disease, and respiratory disease.
- 6.5 The Parties will work towards;
- (i) Reducing premature cancer deaths by 25%
 - (ii) Reducing premature circulatory disease deaths by 40%

- (iii) Stabilise the current premature respiratory disease mortality rate
- (iv) Reducing infant deaths by one third

The Parties are working together to set measurable targets for these objectives, some of which are already set through the operational planning process and others soon to be determined. The measures the Parties will use to measure success against these Objectives are set out at Annex 2.

- 6.6 The Parties acknowledge that there will be a need to make decisions together under the governance arrangements in this LPAA in order to ensure effective working between providers for the benefit of the population and they will work together and make collective decisions on a 'Best for Liverpool' basis to achieve these Objectives.
- 6.7 The Parties also acknowledge that some of them provide services outside of the Liverpool area which are not covered by this LPAA. The Parties agree that where they have responsibilities and services outside of Liverpool that they will not be required to take an action or an omission to act which will have a detrimental impact on these services or the wider population outside of Liverpool as a result of any proposal under this LPAA.

7. THE LIVERPOOL PROVIDER ALLIANCE PRINCIPLES

- 7.1 These Principles underpin the delivery of the Parties obligations under this LPAA and set out key factors for a successful relationship between the Parties.
- 7.2 The Parties acknowledge and confirm that the successful delivery of the operating framework will depend on their ability to effectively co-ordinate and combine their expertise, manpower and resources in order to deliver an integrated approach to the provision of services, across the Parties.
- 7.3 The principles referred to in Cause 7 are that the Parties will work together in good faith and, unless the provisions in this LPAA state otherwise, the Parties will:
 - 7.3.1 *take an all-age, life course approach, focused on prevention and early intervention, targeting interventions to reduce health inequalities;*
 - 7.3.2 *work with the Liverpool population so they can take more control of their health and live as independently as possible: enabling people to do more for themselves;*
 - 7.3.3 *focus on whole-person care: integrating responses to all of a person's needs - physical, psychological and social;*

- 7.3.4 *ensure equality in physical and mental health: addressing the broad and interdependent needs of our population;*
- 7.3.5 *break down the barriers to integrated care: working in unity for seamless care and putting the interests of people first;*
- 7.3.6 *simplify our complex system to ensure people receive the right care in the right place at the right time: providing care navigation for people who need it;*
- 7.3.7 *work collaboratively to deliver high quality, safe and responsive health and care services;*
- 7.3.8 *maximise community assets: working with communities to make full use of the rich and diverse assets in our neighbourhoods; and*
- 7.3.9 *develop a stronger connection to the city's inclusive growth strategy: aware that health and wellbeing is influenced not only by health and care but also social, cultural and economic factors.*

7.4 In respect of the operation of the Liverpool Provider Alliance the Parties will look to:

- 7.4.1 act collaboratively and in the best interests of the population of Liverpool recognising that the success of the LPAA will maximise benefits for each of the Parties and for the public of Liverpool;
- 7.4.2 look to demonstrably improve the quality and clinical outcomes for the population within the scope of the LPAA;
- 7.4.3 work as a partnership of equals;
- 7.4.4 adopt an open and constructive relationship with each other in relation to the collaboration and commit to behave consistently as leaders and colleagues in ways which model and promote shared values;
- 7.4.5 be cognisant of the clinical and financial sustainability of the system and wider health and social care economies;
- 7.4.6 act as leaders of and within our organisation and our place (Liverpool);
- 7.4.7 act with honesty and integrity, and trust each other to do the same;
- 7.4.8 challenge constructively when we need to;
- 7.4.9 assume good intentions;
- 7.4.10 implement shared priorities and decisions, holding each other mutually accountable for delivery;
- 7.4.11 be ambitious for the people we serve and the staff we employ;

7.4.12 build constructive relationships with Commissioners, communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing;

7.4.13 look to do the work once where possible and appropriate – duplication of systems, processes and work should be avoided as wasteful and a potential source of conflict. This principle may include taking professional advice once across the system where agreed by the Parties; and

7.4.14 seek to understand interdependencies within the system across organisations and population groups - undertake shared analysis of problems and issues as the basis of taking action.

(these principles together with the Financial Principles (Schedule 6) and Workforce Principles (Schedule 7) are the "**Principles**").

SECTION B: DELIVERY OF THE VISION AND OBJECTIVES

8. PROBLEM RESOLUTION AND ESCALATION

- 8.1 The Parties agree to adopt a systematic approach to problem resolution that recognises the Vision, Objectives and the Principles of the LPAA set out in Clauses 5, 6 and 7 above.
- 8.2 If a problem, issue, concern or complaint comes to the attention of a Party which relates to the Principles or any matter in this LPAA and is appropriate for resolution between the Parties under this LPAA without adopting the formal process in Clause 18 such Party shall notify the other Parties and the Parties each acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion.
- 8.3 If any Party considers an issue identified in accordance with Clause 8.2 to amount to a Dispute requiring resolution then it will notify the other Parties and the Dispute will be managed in accordance with Clause 18 (*Dispute Resolution Procedure*).

9. OBLIGATIONS AND ROLES OF THE PARTIES

General obligations of the Parties and mutual accountability

- 9.1 Each of the Parties will co-operate in good faith with the others to facilitate the proper performance of this LPAA and in particular will:
- 9.1.1 use all reasonable endeavours to avoid unnecessary disputes and claims against any other Party;
- 9.1.2 not interfere with the rights of any other Party and its servants, agents, representatives, contractors or sub-contractors (of any tier) on its behalf in performing its obligations under this LPAA nor in any other way hinder or

prevent such other Party or its servants, agents, representatives, or sub-contractors (of any tier) on its behalf from performing those obligations; and

9.1.3 subject to Clause 9.3, assist the other Parties (and their servants, agents, representatives, or sub-contractors (of any tier)) in performing those obligations so far as is reasonably practicable; and

9.1.4 not wilfully impede the other Parties in the performance of their obligations under this LPAA (having regard always to the interactive nature of the activities of the Parties and the Services or any other of the Parties' statutory functions).

9.2 Each Party severally undertakes that it shall:

9.2.1 work collaboratively with the other Parties in accordance with the Principles;

9.2.2 adopt the Vision to collaborate around shared short, medium and long term goals;

9.2.3 promote integration of quality services across Liverpool and foster a solutions-focused culture, regardless of organisation;

9.2.4 embed an approach of continuous improvement driven by intelligence;

9.2.5 enable an environment to move resources around the system to meet the needs of the population;

9.2.6 innovate in practice and test new ways of working without the traditional barriers which often hinder progress;

9.2.7 take accountability for a broader range of factors which impact upon a person's health and wellbeing, and working with more diverse partners to effect change; and

9.2.8 co-operate with the other Parties in providing a system wide approach and response to Commissioners, national regulatory bodies (including NHS England, NHS Improvement and the CQC) and the Sustainability and Transformation Partnership / Integrated Care System for Cheshire and Merseyside from the Liverpool system through the Strategic Oversight Group on regulatory issues which impact upon the Services or the ability of the Parties to deliver the Vision and Objectives.

9.3 Nothing in this Clause 9.1 shall:

9.3.1 interfere with the Health and Wellbeing Boards (HWB) statutory role as the vehicle for joint local system leadership for health and care or other statutory roles of the Parties;

- 9.3.2 interfere with the right of each Party to arrange its affairs in whatever manner it considers fit in order to perform its obligations under this LPAA in the manner in which it considers to be the most effective and efficient; or
- 9.3.3 oblige any Party to incur any additional cost or expense or suffer any loss in excess of that required by its proper performance of its obligations under this LPAA.

9.4 The Parties will:

- 9.4.1 act collaboratively and in good faith with each other in accordance with Guidance, National Standards and the Law to ensure the performance of the Services in having at all times regard to the welfare of service users; and
- 9.4.2 co-operate fully and liaise appropriately with each other in order to ensure a co-ordinated approach to promoting the quality of care across the Services and so as to achieve continuity in the provision of the Services that avoids inconvenience to, or risk to the health and safety of employees of the Providers or service users; and
- 9.4.3 through high performance, unlock and generate enhanced innovation and better outcomes and value for the population of Liverpool.

9.5 Each Provider acknowledges and confirms that:

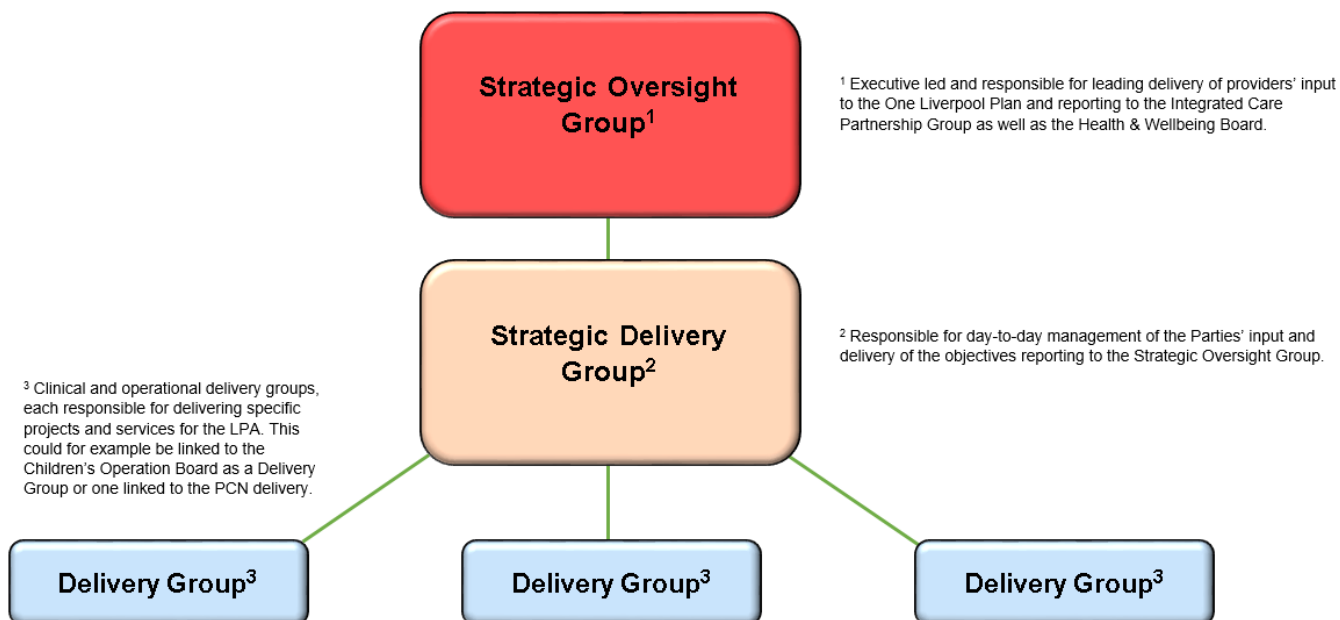
- 9.5.1 it remains responsible for performing its obligations and functions for delivery of the Services to the Commissioners in accordance with its Services Contracts; and
- 9.5.2 it will be separately and solely liable to the Commissioners for the provision of the elements of the Services where these come under its own Services Contracts or arrangements for provision.

SECTION C: GOVERNANCE ARRANGEMENTS

10. GOVERNANCE

- 10.1 Effective governance will be essential to unite local organisations around the improvement of out of hospital services, so that all partners in the local system are playing their part in the “One Team” ethos for the city. The Strategic Oversight Group will liaise with the Integrated Care Partnership Group established by Liverpool City Council, and the Joint Commissioning Committee that reports to the Health and Wellbeing Board where appropriate.
- 10.2 The governance structure for this LPAA will consist of:

Liverpool Provider Alliance Agreement proposed governance



Strategic Oversight Group

- 10.3 The Strategic Oversight Group shall not be a committee of any Party or any combination of Parties and will operate as a collaborative forum.
- 10.4 The Strategic Oversight Group is the group responsible for overseeing the Parties' collaborative approach to the Services and working in accordance with the Principles across the Liverpool system. The Strategic Oversight Group will report to the Health and Wellbeing Board for Liverpool as well as the Overview and Scrutiny Committees of the Council. It will hold the Strategic Delivery Group to account. It will have other responsibilities as defined in its terms of reference set out in Part 1 of Schedule 2 (Strategic Oversight Group – Terms of Reference).

Strategic Delivery Group

- 10.5 The Strategic Delivery Group will be responsible for managing the Parties input into the Services and the delivery of the Objectives, co-ordinating the Delivery Groups. The Strategic Delivery Group shall not be a committee of any Party or any combination of Parties and will operate as a collaborative forum.
- 10.6 The terms of reference for the Strategic Delivery Group shall be as set out in Part 2 of Schedule 2 (Strategic Delivery Group – Terms of Reference).

Delivery Groups

- 10.7 The Delivery Groups are the groups responsible for managing the collaborative operation of the Parties in the delivery of the Services. The Delivery Groups will act in accordance with their Terms of Reference that are to be agreed on a programme-by-programme basis in respect of each Programme to be adopted under the LPAA and must:
- 10.7.1 recommend to the Strategic Oversight Group and the Strategic Delivery Group for their approval or rejection as to how the Services should be delivered in a more integrated way for Liverpool (subject always to the terms of the Services Contracts and the formal decisions of the relevant Parties); and
 - 10.7.2 provide clinical and professional leadership with regard to the Services.
- 10.8 The Parties must each ensure that the relevant representatives (or their appointed deputy) attend all of the meetings of the governance groups set out in Clause 10.1 above respectively and participate fully and exercise their voting rights on a Best for Liverpool basis and in accordance with the Vision, Objectives and Principles.

Primary Care Networks

- 10.9 The Parties will develop the role of the Primary Care Networks within the alliance and their governance arrangements having regard to the LTP, the development of the network service specification for Primary Care Networks and how this relates to the Services and the Objectives set out in this LPAA. The intention is that the Liverpool Primary Care Networks have representation on the Strategic Oversight Group and Strategic Delivery Group as well as relevant Delivery Groups under this LPAA. Whilst the Liverpool Primary Care Networks are not legal entities or signatories to the LPAA at its inception they have agreed to operate in accordance with the terms of the LPAA in good faith and the Parties intention is that appropriate primary care signatories to the LPAA will be admitted as members during the term of the LPAA.

11. RESERVED POWERS

- 11.1 The Parties agree and acknowledge that nothing in this LPAA shall operate as to require them to make any decision or act in anyway which shall place any Party in breach of:
- 11.1.1 Law;
 - 11.1.2 any Services Contract;
 - 11.1.3 any specific Department of Health and Social Care policies;
 - 11.1.4 in the case of the Council, the Council Constitution; or

11.1.5 if applicable its Constitution, any terms of its provider licence from NHS Improvement, its registration with the CQC or to breach any legislative requirements including the NHS Act 2006 (as amended); or

11.1.6 any term of a non-NHS parties legal constitution or other legally binding agreement or governance document of which specific written notice has been given to the Parties prior to the date of this LPAA,

and neither the Strategic Oversight Group nor the Strategic Delivery Group will make a final recommendation which requires any Party to act as such.

12. INFORMATION SHARING AND CONFLICTS OF INTEREST

12.1 Subject to compliance with Law (including without limitation Competition Law), any agreed protocols under Clause 12.4 and contractual obligations of confidentiality in order to meet the Vision, Objectives and Principles the Parties agree to share all information relevant to the provision of the Services in an honest, open and timely manner.

12.2 The Parties accept that there will be conflicts of interest which arise in the operation of the LPAA and that they will:

12.2.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this LPAA or the performance of the Services, immediately upon becoming aware of the conflict of interest whether that conflict concerns the Party or any person employed or retained by them for or in connection with the performance of the Services;

12.2.2 not allow themselves to be placed in a position of conflict of interest or duty in regard to any of their rights or obligations under this LPAA (without the prior knowledge of the other Parties) before they participate in any decision in respect of that matter; and

12.2.3 use best endeavours to ensure that their representatives on the governance groupings for the operating framework also comply with the requirements of this Clause 12 when acting in connection with this LPAA or the performance of the Services.

12.3 If there is:

12.3.1 any uncertainty or a lack of consensus between the Parties regarding the existence of a conflict of interest under Clause 12.2.1 or 12.2.2; or

12.3.2 any query or dispute as to whether any Party is put in a position (or will be) of conflict under Clause 12.2.2,

which cannot be resolved with recourse to the protocol referred to in Clause 12.4.1, any Party may refer the matter for resolution under Clause 18 (Dispute Resolution Procedure).

- 12.4 In addition to this LPAA, the Parties will seek to agree and append to this LPAA the following additional documents to manage the relationships for confidentiality, conflicts of interest and sharing of information between themselves as may be required from time to time:

12.4.1 a protocol to manage conflicts of interest (both actual and perceived); and/or

12.4.2 a protocol to manage the sharing of information in accordance with competition law; and

12.4.3 if appropriate for the Services under this LPAA a data sharing agreement to meet GDPR requirements.

- 12.5 For the purposes of any applicable data protection legislation the Parties shall be the data controller of any Personal Data (as defined in the General Data Protection Regulation (EU) 2016/79 (GDPR)) created in connection with the conduct or performance of this LPAA.

- 12.6 Where appropriate the Parties agree to use all reasonable efforts to assist each other to comply with their respective responsibilities under any applicable data protection legislation. For the avoidance of doubt, this may include providing other Parties with reasonable assistance in complying with subject access requests and consulting with other parties, as appropriate, prior to the disclosure of any Personal Data (as defined in the GDPR) created in connection with the conduct or performance of this LPAA in relation to such requests.

SECTION D: FINANCIAL AND WORKFORCE FRAMEWORK, LIABILITY, ADMISSION AND EXCLUSION

13. FINANCIAL PRINCIPLES

- 13.1 The Parties will act in accordance with the Financial Principles set out in Schedule 6 to this LPAA to facilitate greater transparency and collaborative working to achieve the changes required to deliver financial sustainability for Liverpool.
- 13.2 Whilst the Parties will be paid in accordance with the mechanism set out in the Services Contracts in respect of their Services or through their current funding mechanisms they also acknowledge that they are ready to discuss how they work together, manage risk and support each other when required to deliver the changes required to achieve financial sustainability and live within the resources of the Liverpool system.

14. WORKFORCE PRINCIPLES

- 14.1 The Parties will act in accordance with the Workforce Principles set out in Schedule 7 to this LPAA to maximise the collective resources of the Parties to achieve the changes required to deliver the Vision and Objectives for Liverpool.

15. EXCLUSION AND TERMINATION

- 15.1 Parties may be excluded on notice from this LPAA and participation in the Strategic Delivery Group and Strategic Oversight Group in the event of:

15.1.1 the termination of their Services Contract; or

15.1.2 an event of Insolvency affecting them.

- 15.2 Without affecting any other right or remedy available to it, any Party may exit this LPAA on giving not less than 6 months' written notice (unless otherwise agreed between the Parties) to the Strategic Oversight Group.

- 15.3 Any Party may also be excluded from the LPAA and participation in the Strategic Delivery Group and Strategic Oversight Group if the Party in question has materially breached the terms of this Agreement (confirmed by a resolution passed at a meeting of the Strategic Oversight Group of not less than 75% of the Parties voting at that meeting). The Party which is the subject of the resolution to remove it from LPAA shall be entitled to make representations to the other Parties at the Strategic Oversight Group meeting at which the resolution is being proposed prior to any vote being taken on such resolution.

Consequences of termination / exclusion / withdrawal

- 15.4 Where a Party is excluded from this LPAA, or withdraws from it, the Parties agree to work together in good faith to agree necessary changes so that the LPAA continues to operate effectively on a Best for Liverpool basis. Any departing Party (whether exiting or excluded) shall procure that all data and other material belonging to any other Party under this LPAA shall be delivered back to the relevant Party, deleted or destroyed as soon as reasonably practicable and confirm to the remaining Party when this has been completed. The departing Party shall also on exit grant a new licence to the remaining Parties to continue to use any of its existing or new Intellectual Property under the terms of Clause 23 to the extent that it remains required for the sole purpose of the fulfilment of the remaining Parties obligations under this LPAA.

16. INTRODUCING NEW PARTIES

- 16.1 Subject to complying with applicable Law, if appropriate to achieve the Objectives, the Parties at the Strategic Oversight Group may agree to include additional parties who meet the admission criteria to this LPAA as set out at Clause 16.2. If the Strategic

Oversight Group agree on such a course, the new parties will become parties to this LPAA on such terms as the current Parties shall jointly agree subject to referral to the Dispute Resolution Procedure in the event of any disagreement.

- 16.2 The admission criteria for a party to be considered for admission and participation under this LPAA by the Strategic Oversight Group shall be that they hold a contract for services to the population of Liverpool of a scale that the Parties consider enables them to assist in the delivery of the Vision and Objectives across the population.
- 16.3 The Parties intend that any organisation who is a party to this LPAA (including themselves) shall commit to the Principles and the Objectives and ownership of the system success/failure as set out in this LPAA.

17. LIABILITY

The Parties' respective responsibilities and liabilities in the event that things go wrong with the Services will be allocated under their respective Services Contracts and not this LPAA.

18. DISPUTE RESOLUTION PROCEDURE

Subject to compliance with Clause 8, any Dispute will be resolved in accordance with the Dispute Resolution Procedure set out at Schedule 4.

SECTION E: GENERAL PROVISIONS

19. VARIATIONS

- 19.1 The provisions of Schedule 5 (Change Procedure) will apply.
- 19.2 Any amendment, waiver or variation of this LPAA will not be binding unless set out in writing, expressed to amend, waive or vary this LPAA and signed by or on behalf of each of the Parties.

20. ASSIGNMENT AND NOVATION

Unless the Parties agree otherwise in writing, the Services Contracts are personal to those parties that have entered into those Services Contracts and none of the Parties will novate, assign, delegate, sub-contract, transfer, charge or otherwise dispose of all or any of their rights and responsibilities under this LPAA.

21. CONFIDENTIAL INFORMATION

- 21.1 Each Party shall keep in strict confidence all Confidential Information it receives from another party to this LPAA except to the extent that such Confidential Information is required by Law to be disclosed, is already in the public domain, or comes into the public domain otherwise than through an unauthorised disclosure by a Party to this LPAA. Each Party shall use any Confidential Information received from another Party

solely for the purpose of complying with its obligations under this LPAA and the Vision and Objectives in accordance with the Principles and for no other purpose. No Party shall use any Confidential Information received under this LPAA for any other purpose including use for their own commercial gain in services outside of the Services or to inform any competitive bid for any elements of the Services without the express written permission of the disclosing Party.

- 21.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Party or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights that a Party may have in respect of such Confidential Information.
- 21.3 The Parties agree to procure, as far as is reasonably practicable, that the terms of this Clause 21 (*Confidential Information*) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this LPAA and this Clause will survive the expiry or the termination of this LPAA for a period of 5 years.
- 21.4 Nothing in this Clause 21 (*Confidential Information*) will affect any of the Parties' regulatory or statutory obligations, including but not limited to competition law.

22. FREEDOM OF INFORMATION

- 22.1 If any Party receives a request for information relating to this LPAA or the Services under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004 (whether applicable to it or not) , it shall (within not more than seven (7) days from receipt of the request) consult with the other Parties before responding to such request and, in particular, shall have due regard to any claim by any other Party to this LPAA that the exemptions relating to commercial confidence and/or confidentiality apply to the information sought.

23. INTELLECTUAL PROPERTY

- 23.1 In order to meet the Vision and the Objectives each Party grants each of the other Parties a fully paid up non-exclusive licence to use its existing Intellectual Property related to the Services but only insofar as it is reasonably required for the sole purpose of the fulfilment of that Parties obligations under this LPAA.

New Intellectual Property

- 23.2 If any Party creates any new Intellectual Property through the development of the Services between the Parties, the Party which creates the new Intellectual Property will grant to the other Parties a fully paid up non-exclusive licence to use the new

Intellectual Property limited to the extent that it is required for (and for the sole purpose of) the fulfilment of that Party's obligations under this LPAA.

24. NOTICES

- 24.1 Any notice or other communication given to a party under or in connection with this LPAA shall be in writing, addressed to that Party at its principal place of business or such other address as that Party may have specified to the other Party in writing in accordance with this Clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery, commercial courier, email or fax.
- 24.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address referred to in Clause 24.1; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after posting; if delivered by commercial courier, on the date and at the time that the courier's delivery receipt is signed; or, if sent by email, fax, one (1) Operational Day after transmission.

25. SEVERANCE

- 25.1 If any court or competent authority finds that any provision of the LPAA (or part of any provision) is invalid, illegal or unenforceable, that provision or part-provision shall, to the extent required, be deemed to be deleted, and the validity and enforceability of the other provisions of the LPAA shall not be affected.
- 25.2 If any invalid, unenforceable or illegal provision of the LPAA would be valid, enforceable and legal if some part of it were deleted, the provision shall apply with the minimum modification necessary to make it legal, valid and enforceable.

26. WAIVER

A waiver of any right or remedy under the LPAA is only effective if given in writing and shall not be deemed a waiver of any subsequent breach or default. No failure or delay by a party to exercise any right or remedy provided under the LPAA or by law shall constitute a waiver of that or any other right or remedy, nor shall it preclude or restrict the further exercise of that or any other right or remedy. No single or partial exercise of such right or remedy shall preclude or restrict the further exercise of that or any other right or remedy.

27. NO PARTNERSHIP

Nothing in this LPAA is intended to, or shall be deemed to, establish any partnership between any of the Parties, constitute any Party the agent of another Party, nor authorise any Party to make or enter into any commitments for or on behalf of any other Party except as expressly provided in this LPAA.

28. COUNTERPARTS

This LPAA may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this LPAA, but all the counterparts shall together constitute the same agreement. The expression “counterpart” shall include any executed copy of this LPAA transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each party has executed at least one counterpart.

29. THIRD PARTY RIGHTS

A person who is not a party to this LPAA shall not have any rights under or in connection with it.

30. ENTIRE AGREEMENT

This LPAA and the Services Contracts constitute the entire agreement between the Parties and supersedes all prior discussions, correspondence, negotiations, arrangements, representations, understandings or agreements between them, whether written or oral, relating to its subject matter.

31. GOVERNING LAW AND JURISDICTION

This LPAA, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by, and construed in accordance with, English law, and where applicable, the Parties irrevocably submit to the exclusive jurisdiction of the courts of England and Wales.

This Agreement has been entered into on the date stated at the beginning of it.

Signed by for and on behalf of Alder Hey Children’s NHS Foundation Trust
Signed by for and on behalf of The Clatterbridge Cancer Centre NHS Foundation Trust
Signed by for and on behalf of Liverpool City Council

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<p>Signed by</p> <p>for and on behalf of Liverpool Heart and Chest Hospital NHS Foundation Trust</p>	<p>.....</p>
<p>Signed by</p> <p>for and on behalf of Liverpool University Hospitals NHS Foundation Trust</p>	<p>.....</p>
<p>Signed by</p> <p>for and on behalf of Liverpool Women's NHS Foundation Trust</p>	<p>.....</p>
<p>Signed by</p> <p>for and on behalf of Mersey Care NHS Foundation Trust</p>	<p>.....</p>
<p>Signed by</p> <p>for and on behalf of Merseyside Youth Association Limited</p>	<p>.....</p>
<p>Signed by</p> <p>for and on behalf of North West Ambulance Service NHS Trust</p>	<p>.....</p>

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Signed by for and on behalf of Primary Care 24
Signed by for and on behalf of PSS (UK) Limited
Signed by for and on behalf of Steve Biko Housing Association Limited
Signed by for and on behalf of The Walton Centre NHS Foundation Trust
Signed by for and on behalf of The Women's Organisation

SCHEDULE 1

Definitions and Interpretation

1 The following words and phrases have the following meanings:

Best for Liverpool	best for the achievement of the Vision and Objectives for Liverpool on the basis of the Principles
CCG	NHS Liverpool CCG
Change	any alteration of or variation to this LPAA or any Services Contract as set out in Schedule 5 (Change Procedure)
Commissioners	the CCG, NHS England (for specialised NHS commissioning) and the Council (acting as a commissioner of services) which are the statutory bodies responsible for planning, organising and buying social care and NHS-funded healthcare for people who live in Liverpool
Confidential Information	all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this LPAA
Council	Liverpool City Council
Delivery Groups	means the Delivery Groups made up of the Parties representatives, more particularly described at Clause 10 (Governance)
Dispute	any dispute arising between two or more of the Parties in connection with this LPAA or

	their respective rights and obligations under it
Dispute Resolution Procedure	the procedure set out in Schedule 4 for the resolution of disputes which are not capable of resolution under Clause 18
Initial Term	the initial term of this LPAA as set out in Clause 4.1
Intellectual Property	patents, rights to inventions, copyright and related rights, trade marks, business names and domain names, goodwill, rights in designs, rights in computer software, database rights, rights to use and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world
Insolvency	<p>any of the following events or circumstances (as may be applicable to each Party):</p> <ul style="list-style-type: none"> a) where a Party suspends, or threatens to suspend, payment of its debts (whether principal or interest) or is deemed to be unable to pay its debts within the meaning of Section 123(1) of the Insolvency Act 1986; b) where a Party calls a meeting, gives a notice, passes a resolution or files a petition, or an order is made, in connection with the winding up of that Participant (save for the sole purpose of a solvent voluntary reconstruction or amalgamation); c) where a Party has an application to

	<p>appoint an administrator made or a notice of intention to appoint an administrator filed or an administrator is appointed in respect of it or all or any part of its assets;</p> <p>d) where a Party has a receiver or administrative receiver appointed over all or any part of its assets or a person becomes entitled to appoint a receiver or administrative receiver over such assets;</p> <p>e) where a Party takes any steps in connection with proposing a company voluntary arrangement or a company voluntary arrangement is passed in relation to it, or it commences negotiations with all or any of its creditors with a view to rescheduling any of its debts; or</p> <p>f) where a Party has any steps taken by a secured lender to obtain possession of the property on which it has security or otherwise to enforce its security; or</p> <p>g) where a Party has any distress, execution or sequestration or other such process levied or enforced on any of its assets which is not discharged within 14 Operational Days of it being levied;</p> <p>h) where a Party has any proceeding taken, with respect to it in any jurisdiction to which it is subject, or any event happens in such jurisdiction that has an effect equivalent or similar to any of the events listed above; and/or</p> <p>i) where a Party substantially or materially ceases to operate, is dissolved, or is de-authorised as an</p>
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	<p>NHS trust or NHS foundation trust;</p> <p>j) where a Party is clinically and/or financially unsustainable as a result of any clinical or financial intervention or sanction by the regulator responsible for the independent regulation of NHS trusts OR NHS foundation trusts or the Secretary of State and which has a material adverse effect on the delivery of the Services;</p> <p>k) a trust special administrator is appointed over a Party under the National Health Service Act 2006 or a future analogous event occurs; or</p> <p>l) if a Party suffers any event analogous to the events set out in a) to k) of this definition in any jurisdiction in which it is incorporated or resident;</p>
Law	<p>any applicable statute or proclamation or any delegated or subordinate legislation or regulation;</p> <p>any enforceable EU right within the meaning of section 2(1) European Communities Act 1972;</p> <p>any applicable judgment of a relevant court of law which is a binding precedent in England and Wales;</p> <p>Guidance (as defined in the NHS Standard Contract);</p> <p>National Standards (as defined in the NHS Standard Contract); and</p> <p>any applicable code</p>
Liverpool	the population group covered by the CCG
LPAA	this agreement incorporating the Schedules

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NHS Standard Contract	the NHS Standard Contract as published by NHS England from time to time
Operational Days	a day other than a Saturday, Sunday or bank holiday in England
Services	the services commissioned to be provided by the Parties by the Commissioners for Liverpool which are the subject of the Vision and Objectives as set out in Schedule 3 (Services)
Services Contract	a contract entered into by one of the Parties with a Commissioner for the provision of elements of the Services as set out in Schedule 3, and references to a Services Contract include all or any one of those contracts as the context requires
Strategic Delivery Group	the Strategic Delivery Group as set out in Clause 10
Strategic Oversight Group	the Strategic Oversight Group as set out in Clause 10

SCHEDULE 2

Governance

Part 1: Strategic Oversight Group Terms of Reference

The Parties will negotiate and agree the form of the Terms of Reference for the Strategic Oversight Group and attach the agreed form into this Schedule 2 (Part 1).

Part 2: Strategic Delivery Group Terms of Reference

The Parties will negotiate and agree the form of the Terms of Reference for the Strategic Delivery Group and attach the agreed form into this Schedule 2 (Part 2).

SCHEDULE 3**Part 1: Services**

The Services that will be within the scope of the LPAA will be any services related to the One Liverpool Strategy that the Parties agree to bring within the governance and operating framework of the LPAA.

The Parties will determine their priorities through the Strategic Oversight Group and form Delivery Groups to facilitate these where applicable.

Part 2: Services Development Plans (Sub-Schedules)

The Parties will identify the relevant Services (as may be agreed and amended from time to time) in Part 1 above and will develop a delivery plan for each Service (or associated areas of improvement across multiple services and interdependencies) identified in the One Liverpool Strategy for approval by the Strategic Oversight Group and insertion into this Schedule Part 2.

The inclusion of any additional Services under this Schedule may only be made with the mutual written consent of all the Parties.

Service Development Plans under Part 2 set out the focus of work to integrate services for patients, service users and carers across health and social care, in areas of opportunity for improvement. They include:-

- The agreed whole system development goals for each selected area of opportunity
- The Parties collaboration requirements to enable the delivery of these and for integration to flourish
- The range of contracts in scope for the planned developments on an annual basis
- The One Liverpool Strategy objectives that this work aligns with, including alignment with outcomes at Annex 2 and other indicators determined by the Strategic Oversight Group

The Service Development Plans will be set out in way that follows the strategic intention of the Parties to focus on the Vision and Objectives of the One Liverpool Strategy.

Each Service Development Plan shall identify the following:

- (a) any proposed commercial terms for the Service to be annexed to this Schedule 3 Part 2 as a variation to the LPAA once agreed by the Strategic Oversight Group;
- (b) any variations to the existing Services Contracts and management of transition which may be required to implement the delivery plan;
- (c) the key milestones for the delivery of the Services and the desired outcomes;
- (d) what staff and resources will be required to work on the project;

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- (e) whether any staff will need to be seconded from one Party to another Party; and if staff will require access to the premises or assets of another Party; and
- (f) any interdependencies between the Services and other services in Liverpool and the surrounding area.

Each Service Development Plan for Services must be approved by the Strategic Oversight Group prior to being implemented and will be annexed to this Schedule for reference purposes.

SCHEDULE 4**Dispute Resolution Procedure****1 Avoiding and Solving Disputes**

- 1.1 The Parties commit to working cooperatively to identify and resolve issues to the Parties mutual satisfaction to avoid all forms of dispute or conflict in performing their obligations under this LPAA. Accordingly, the Parties will look to collaborate and resolve differences under Clause 8 of the LPAA prior to commencing this procedure.
- 1.2 The Parties believe that by focusing on their agreed Vision, Objectives and Principles they are reinforcing their commitment to avoiding disputes and conflicts arising out of or in connection with the provision of the Services to Liverpool.
- 1.3 The Parties shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this LPAA or the operation of the Services (each a '**Dispute**') when it arises.
- 1.4 In the first instance, the Delivery Group(s) relevant to the particular Service area in dispute shall seek to resolve any Dispute to the mutual satisfaction of the Parties. If the Dispute cannot be resolved by the Delivery Groups within 10 Operational Days of the Dispute being referred to it, the Dispute shall be referred to the Strategic Delivery Group for resolution.
- 1.5 The Strategic Delivery Group shall deal proactively with any Dispute on a Best for Liverpool basis in accordance with this LPAA so as to seek to reach a recommended resolution. If the Strategic Delivery Group reaches a recommendation that resolves, or otherwise concludes a Dispute, it will advise the Parties of its decision by written notice. The Parties agree that they will look to implement any recommendation of the Strategic Delivery Group in good faith subject always to Clauses 9.3 and 11 of the LPAA.
- 1.6 The Parties agree that the Strategic Delivery Group, on a Best for Liverpool basis, may determine whatever action it believes is necessary including the following:
 - (a) If the Strategic Delivery Group cannot resolve a Dispute, it may refer the dispute to the Strategic Oversight Group to assist with resolving the Dispute; and

- (b) The Strategic Oversight Group shall:
 - (i) be provided with any information it requests about the Dispute;
 - (ii) assist the Strategic Delivery Group to work towards a consensus decision in respect of the Dispute by way of facilitated discussions or other procedures;
 - (iii) regulate its own procedure and, subject to the terms of this LPAA, the procedure of the Strategic Delivery Group at such facilitated discussions;
 - (iv) determine the number of facilitated discussions, provided that there will be not less than three and not more than six facilitated discussions, which must take place within 20 Business Days of the referral; and
 - (v) have any costs and disbursements met by the Parties equally (this paragraph is intended to be legally binding).
- (c) If the Strategic Oversight Group cannot resolve the Dispute, the Dispute must be considered afresh in accordance with this Schedule 4 and only after such further consideration again fails to resolve the Dispute, the Strategic Oversight Group may recommend that the Parties:
 - (i) terminate this LPAA; or
 - (ii) agree that the Dispute need not be resolved.

SCHEDULE 5

Change Procedure

1 Change

- 1.1 This Schedule 5 shall not apply to individual and minor changes to the Services that shall be identified and approved by the Delivery Groups in accordance with the agreed Terms of Reference.
- 1.2 Save as otherwise specifically provided in this LPAA, no Change will be binding on the Parties unless the requirements of this Change Procedure have been satisfied.
- 1.3 Any Party will be entitled to propose a Change at any time by issuing a notice of the change in the agreed form to the Strategic Delivery Group or Strategic Oversight Group.
- 1.4 Any of the Parties may, at any time prior to the signature of a Change Approval Form in the agreed form by all Parties, withdraw a Notice of Change it served.
- 1.5 Each Notice of Change will provide in respect of the proposed Change information including, but not limited to:
 - (a) details of the proposed Change in sufficient detail to allow evaluation of the proposed Change;
 - (b) the reason for the proposed Change; and
 - (c) the critical dates, if any, for the implementation of the proposed Change.
- 1.6 The Strategic Delivery Group (or Strategic Oversight Group where relevant) will review the Notice of Change as soon as reasonably practicable after receipt and consider, on a Best for Liverpool basis, whether or not and to what extent a Change should be implemented.
- 1.7 The Strategic Delivery Group (or Strategic Oversight Group where relevant) will then notify the Delivery Groups whether or not the proposed Change has been approved. The Delivery Groups will be bound by the decision of the Strategic Delivery Group (or Strategic Oversight Group where relevant), in relation to the proposed Change and it will take the appropriate action to implement the decision.

2 Effect of Change on Costs

- 2.1 The Parties must all mitigate the effect, if any, which any Change will have on the costs which each of the Parties will incur in performing their respective obligations under this LPAA or any Services Contract.
- 2.2 In the event of any Change which is made to reflect any change in Law, which is implemented at any time after the date of this LPAA, then to the extent that there is any increase or decrease in the costs incurred by each Provider as a result of such change in Law, the Delivery Groups shall consider and agree how such cost increase or decrease is best managed by the Parties and which Parties should bear the burden or receive the benefit of such changed costs. Where the increase or decrease may have a significant impact on financial plans or activity then the issue may be escalated to the Strategic Delivery Group or Strategic Oversight Group where relevant, to consider and resolve.

3 **Formalities**

- 3.1 A Change Approval Form, in a form approved by the Strategic Oversight Group, will be raised in relation to all Changes which are approved by the Strategic Delivery Group or Strategic Oversight Group where relevant, and will stipulate the date from which it is proposed that the Change will, be effective and will be signed by the Parties.
- 3.2 The Parties will each take all necessary steps to implement any alterations to or variations of any Services Contract or any Change made in accordance with this Schedule 5 in conjunction with the Commissioners to the extent required.

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SCHEDULE 6

Financial Principles

To be inserted by the Parties once agreed through the relevant finance group.

SCHEDULE 7

Workforce Principles

The workforce principles will be inserted in this Schedule once agreed by the Parties.

Annex 1

Applicability of LPAA elements to the Parties

LPAA Part	NHS Providers	Council	Other Providers¹
Part A: Clauses 5-7 Vision, Objectives and Principles	x	x	x
Part B: Clauses 8,9 Delivery of the Vision and Objectives	x	x	x
Part C: Clauses 10-12 Governance Arrangements	x	x	x
Part D: Clauses 13-18 Financial and Workforce Framework, Liability, Admission and Exclusion	x	x	x
Part E: Clauses 19-31 General Provisions	x	x	x

¹ Other Providers are the other significant providers of health and care services to the population of Liverpool who are Parties to the LPAA. They are categorised as 'Other Providers' because of their corporate status as non-statutory bodies here.

Annex 2

Objectives – measures for assessing success

Theme	Outcome
Target Action on Health Inequalities (Measures are aligned to Liverpool Inclusive Growth Plan)	Reduce the life expectancy gap between Liverpool and England
	Reduce premature mortality for cancer, CVD and respiratory disease
	Reduce premature mortality for those with protected characteristics
	Poverty in dependent children under 20
	16/17 year olds not in education
	Economic in activity amongst 16-64 year olds
Empowerment and Support for Wellbeing	Improve Wellbeing
	Increase the number of people with personal health and care budgets
	Improve control over daily life
	Improve the number of Carers and service users over 18 receiving self-directed support
	Increase the % of service users receiving direct payment
Radical Upgrade in Prevention and Early Intervention	Infant mortality rates
	School Readiness
	Continued decline in smoking prevalence
	Reduction in childhood obesity prevalence

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	Reduction in adult obesity prevalence
	Reduction in physical inactivity
	Alcohol related admissions to hospital
	Early detection and secondary prevention for Cancer CVD and Respiratory
	Quality of life at All Ages
Integrated, sustainable health and care services	Mental Wellbeing
	Improve control over daily life
	People dying in place if choice
	Reduce AED attendances and emergency admissions
	Delayed Transfers of Care
	Length of stay in hospital
	Falls and fractures
	Admissions to residential and nursing homes
	Reduction in loneliness and social isolation
	Improved patient experience
	Reduction in outpatient appointments

Board of Directors

Minutes of the meeting of the Board of Directors
held in public at 9.30am on 5 December 2019
at Liverpool Women's NHS Foundation Trust, Crown Street Liverpool.

PRESENT

Mr Robert Clarke	Chair
Mrs Michelle Turner	Director of Workforce & Marketing
Mrs Jenny Hannon	Director of Finance
Dr Andrew Loughney	Medical Director & Deputy Chief Executive
Mrs Caron Lappin	Director of Nursing & Midwifery
Mr Gary Price	Director of Operations
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
Ms Jo Moore	Non-Executive Director

IN ATTENDANCE

Mr Paul Buckingham	Interim Trust Secretary
Mrs Susan Orchard	Acting Head of Midwifery
Mrs Amanda McDonough	Associate Director of Nursing & Midwifery for Safeguarding

APOLOGIES:

Mrs Kathryn Thomson	Chief Executive
Dr Susan Milner	Non-Executive Director

2019	<p>Thank You</p> <p>Linda Martin, Patient Facilities Manager - The Director of Operations thanked Mrs L Martin for her sterling efforts and contributions in ensuring effective facilities management during a number of major projects such as the Neonatal Build Project and introduction of a Vehicle Number Recognition system. He also noted the additional efforts made by Mrs L Martin and her team in preparation for inspections by the Care Quality Commission (CQC).</p> <p>Richard Strover, Hayley McCabe and John McCormick; Information Performance Team – The Director of Finance congratulated Mr R Strover and his team on their successful implementation of a 'Power BI' system. She noted that this business analytics tool provided individuals across the Trust with access to meaningful and timely management information and advised that the proactive and supportive approach to implementation adopted by the team had ensured that the system had been well-received in the organisation.</p> <p>Board members collectively thanked all the members of staff for their contributions to the work of the Trust.</p>
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192	<p>Apologies – as above</p> <p>Declaration of Interests – The Director of Finance informed the Board of her appointment as a trustee of Person Shaped Support, a charity registered in England and Wales (224469), with effect from 1 December 2019.</p>
193	<p>Meeting guidance notes</p> <p>The Board received the meeting attendees' guidance notes.</p>
194	<p>Patient Story</p> <p>Mrs S Orchard, Acting Head of Midwifery, joined the meeting to present a patient story about Anna, a surrogate mother, and her surrogacy experience. She advised that Anna's pre-natal care had been excellent, and that Anna had felt that completion of her birth plan had been really important due to the nature of the surrogacy arrangements. The importance of the birth plan was subsequently demonstrated on the day of Anna's planned caesarean procedure, as it meant that a question raised regarding the number of family members present in theatre had been quickly resolved and ensured that the baby's parents were also present at the birth. This ensured that the parents were able to hold the baby and commence the bonding process immediately.</p> <p>Mrs S Orchard briefed the Board on lessons learned from the case and the importance of ensuring that the content of birth plans was shared with all relevant staff. In response to a question from the Chair, Mrs S Orchard advised that surrogacy cases were becoming more frequent with three to date during the current year. She also noted learning that had resulted from a recent case involving a single sex couple. The Director of Workforce & Marketing commented on the team's proactive approach to this particular case which was something that the Trust should be proud of. The Medical Director noted the unusual nature of some birth plans and advised that it was sometimes difficult to accommodate all requests. Mrs S Orchard acknowledged these comments and noted the importance of proactive dialogue with expectant mothers during the preparation of birth plans. She advised that the Trust was usually able to accommodate requests. In response to a question from Mr P Huggon, Mrs S Orchard advised that the team was currently considering the introduction of appropriate indicators to measure performance against birth plans.</p> <p>The Chair thanked Mrs S Orchard for sharing Anna's story with the Board.</p> <p><i>Mrs S Orchard left the meeting.</i></p>
195	<p>Minutes of previous meeting</p> <p>The Board of Directors reviewed the minutes of a meeting held on 7 November 2019. Mr I Knight referred the Board to minute ref 2019/169 and advised that the third sentence should be amended to read "<i>Mr I Knight advised that the Committee had reviewed a comprehensive report on the subject of the transactional processes relating to Charitable Funds etc</i>". Subject to this amendment, the Board of Directors approved the minutes of the meeting held on 7 November 2019 as a true and accurate record.</p>
196	<p>Matters arising and action log.</p> <p>There were no matters arising. The Board of Directors reviewed the Action Log and noted that action ref 2019/178 had been completed as an assurance report on Mandatory Training was included on the agenda. There were no other outstanding actions.</p>
197	<p>Chair's Announcements</p> <p>The Chair reported on the following matters:</p>

	<p>Pre-Employment Training Graduation Ceremony: The Chair advised that he had recently attended a pre-employment training graduation ceremony along with the Director of Workforce & Marketing and Mr J Clarke, Principal of Southport College. He provided an overview of the individuals who participated in the programme and noted their efforts in seeking to access and secure employment opportunities. He also noted that the ceremony had also provided the opportunity to thank staff for their support in hosting work placements. The Director of Workforce & Marketing commented on the success of the programme and advised that many of the graduates went on to secure substantive contracts with the Trust.</p> <p>Care Quality Commission (CQC) Inspection: The Chair informed the Board that a team from the CQC had commenced an unannounced inspection on Tuesday, 3 December 2019. The Director of Nursing & Midwifery advised that the inspection was progressing well and noted that positive feedback had been received from the inspection team regarding the welcoming nature of staff. She noted that, while a number of immediate actions had been identified, there had been no regulatory concerns raised by the inspection team to date.</p> <p>Trust Secretary: The Chair noted that a strong pool of candidates had been interviewed for the substantive Trust Secretary position on 12 November 2019 and advised that details of the successful candidate would be announced shortly.</p> <p>The Board noted the Chair's verbal update.</p>
198	<p>Chief Executive's report</p> <p>The Medical Director and Deputy Chief Executive presented the Chief Executive's report and briefed the Board on the following subjects:</p> <ul style="list-style-type: none"> • CQC Well Led Review: 14-16 January 2020 • Conflicts of Interests: Arrangements for annual declarations by senior decision-making staff • Secondment and acting up arrangements in the Division of Family Health • Introduction of a new Adult Resuscitation Trolley • Letter from the Chair of Cheshire & Merseyside Health and Care Partnership <p>The Director of Nursing & Midwifery then briefed the Board on an unexpected death which had occurred in the Gynaecology Division the previous night. She provided an overview of the circumstances and advised that the incident would be subject to a full investigation. In response to a question from the Chair, the Director of Nursing & Midwifery advised that such cases were rare in the Trust and confirmed that staff involved were receiving appropriate support. The Medical Director advised the Board that all team members had completed Basic Life Support (BLS) and Intermediate Life Support (ILS) training.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Received and noted the Chief Executive's Report
199	<p>Safeguarding Annual Report 2018/19</p> <p>Mrs A McDonough, Associate Director of Nursing & Midwifery for Safeguarding, joined the meeting and presented the Safeguarding Annual Report 2018/19. She briefed the Board on the content of the report and noted a year on year increase in the number of safeguarding referrals. She then referred the Board to page 8 of the report and provided an overview of performance against objectives for 2018/19. She also advised that the Trust's safeguarding arrangements were subject to regular reporting to both the Hospital Safeguarding Board and the Quality Committee.</p>

	<p>In response to a question from the Chair, regarding a red-rating for training detailed in the graph on page 12 of the report, Mrs A McDonough advised that training compliance had improved in 2019/20 and provided an overview of the current position. She noted the use of innovative means for training delivery and advised that unannounced safeguarding inspections were used to test staff knowledge and understanding of safeguarding arrangements. In response to a question from Mr I Knight, Mrs A McDonough commented on challenges for engagement with external agencies and noted in particular the implications for the Trust resulting from changes to police service arrangements. She also noted that the Trust's 'footprint' necessitated engagement with a wide range of agencies. In response to a question from the Director of Operations, regarding a decrease in the number of safeguarding children referrals, Mrs A McDonough advised that the decrease had resulted from changes to the 'level of needs' assessment but noted that a conversion rate of 96% for local authority referrals indicated that the Trust was assessing level of needs correctly.</p> <p>In response to questions from the Chair, regarding the unborn child, Mrs A McDonough advised that, in law, a child had no rights until the point of birth and provided an overview of the Trust's 'voice of the child' approach. She noted that further development of this approach would be a key objective for 2020/21.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received the report and noted the assurance provided in the Safeguarding Annual Report 2018/19. <p><i>Mrs A McDonough left the meeting and Prof L Kenny joined the meeting.</i></p>
200	<p>Chair's Report from Quality Committee (QC)</p> <p>Mr P Huggon presented the Chair's Report from a meeting of the Quality Committee held on 25 November 2019. He briefed the Board on the content of the report and noted in particular that a greater emphasis was now being given to the Future Generations Strategy at each meeting. To this end, he advised that the Committee had considered reports on the Future Generations Project Group and the Clinical Case for Change. Mr P Huggon advised that a report from the Deputy Medical Director on Adult & Perinatal Mortality had stimulated a good Committee discussion and the Medical Director provided an overview of measures being taken to improve compliance with Local Safety Standards for Invasive Procedures (LocSSIP). He noted that a significant improvement in compliance rates was expected by 31 January 2020.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received and noted the Chair's Report from the Quality Committee meeting held on 25 November 2019.
201	<p>Chair's Report from Finance, Performance and Business Development Committee (FPBD)</p> <p>Ms J Moore presented the Chair's Report from a meeting of the Finance, Performance and Business Development Committee held on 25 November 2019. She briefed the Board on the content of the report and noted a positive financial performance in Month 7 which had included improvements in the financial position of the Gynaecology Division and a reduction in the rate of agency expenditure. She noted that the risk of breaching the agency cap in 2019/20 had reduced as a result.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received and noted the Chair's Report from the Finance, Performance & Business Development Committee meeting held on 25 November 2019.

202	<p>Chair's Report from Putting People First Committee (PPF)</p> <p>Ms J Moore presented the Chair's Report from a meeting of the Putting People First Committee held on 25 November 2019. She briefed the Board on the content of the report and noted in particular that the Committee had received an impactful and moving Staff Story which had provided an insight into a day in the life of a neonatal nurse at the Trust. She suggested that the Board should consider the use of staff stories at Board meetings. The Director of Workforce & Marketing noted the Committee's consideration of the impact of tax liabilities associated with NHS pensions and noted a high degree of anxiety amongst both employees and employers. In response to questions from Mr P Huggon and Prof L Kenny, the Director of Finance advised that there were no immediate financial implications for the Trust as a result of the 'Scheme Pays' arrangements. The Director of Workforce & Marketing advised that clinicians had the choice of either personally settling their tax liabilities or using the 'Scheme Pays' arrangements but noted that detailed guidance on the arrangements had yet to be published.</p> <p>Ms J Moore concluded her report by noting the Committee's consideration of mandatory training compliance and advised that the Committee now had a greater degree of assurance on data accuracy. She also noted that positive assurance had been provided on completion of actions resulting from an Internal Audit review of mandatory training.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received and noted the Chair's Report from the Putting People First Committee meeting held on 25 November 2019.
203	<p>Safer Nurse / Midwife Staffing Monthly Report</p> <p>The Director of Nursing & Midwifery presented a report which detailed Ward Staffing levels across all inpatient clinical areas during October 2019. She briefed the Board on the content of the report and noted in particular an increase in absences due to maternity leave as a result of a changing staff age profile. She then referred the Board to s4 of the report and provided an overview of the vacancy position across each of the Divisions.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received and noted the Safer Nurse / Midwife Staffing Monthly Report.
204	<p>Operational Performance Report Month 7, 2019/20</p> <p>The Director of Operations presented the Operational Performance Report for Month 7 2019/20. He briefed the Board on the content of the report and provided an overview of performance against key national standards as detailed at s2 of the report. The Chair commented on the improvement trajectory for Referral to Treatment (RTT) performance, with a target to achieve the 92% standard by the Spring of 2020, and queried whether there was a similar trajectory in place for performance against Cancer standards. The Director of Operations reminded the Board of the challenges associated with a reduced number of Consultants and advised that, based on current Consultant numbers, the aim would be to achieve performance of 75% against the 31-day standard and 50% against the 62-day standard by the Spring of 2020.</p> <p>The Director of Nursing & Midwifery then referred the Board to s2.3 of the report and provided an overview of performance against response rates for complaints. She advised that performance was currently being monitored on a weekly basis by the Executive Team.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received and noted the Month 6 Operational Performance Report.

205	<p>Financial Report & Dashboard Month 7, 2019/20</p> <p>The Director of Finance presented the Finance Report and Financial Dashboard for Month 7, 2019/20. She briefed the Board on the content of the report and advised that at Month 7 the Trust was reporting a deficit of £0.8m against a deficit budget of £0.9m, giving a year to date favourable variance of £0.1m. She advised that the Trust remained on plan to achieve a breakeven position for the financial year.</p> <p>The Director of Finance noted the improved position on agency expenditure, as referenced by Ms J Moore earlier in the meeting, and advised that the position would continue to be closely monitored by both the Executive Team and Senior Management Team. She then referred the Board to s3 of the report, noted a high level of confidence in delivery of the cost improvement programme for 2019/20 and advised that work had commenced on the preparation of cost improvement schemes for 2020/21. The Director of Finance concluded her report by briefing the Board on the status of the Trust's capital programme and noted that the Trust's cash position was lower than planned. She advised that the cash position would be included in a Treasury Management Report for consideration at the next Finance, Performance & Business Development Committee meeting in January 2020.</p> <p>Ms J Moore congratulated the Finance team for their efforts in controlling agency costs. The Director of Operations endorsed these comments and noted that there had been proactive collaboration with operational colleagues. In response to a question from Mr I Knight, the Director of Finance advised that there had been no progress in the 'One to One' position and noted that the organisation had no assets left for distribution. The Chair referred the Board to s4 of the report and queried whether under-performance against contracted activity levels suggested that the Trust's forecasting had been less accurate than it could have been. The Director of Finance acknowledged these comments and advised that reasons for variances had been identified and shared with the Trust's commissioners. She agreed to a suggestion from the Chair that the Finance, Performance & Business Development Committee should review assumptions made for the 2019/20 planning round and identify any lessons learned to inform the 2020/21 planning round.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received and noted the Month 7 Financial Performance Report.
206	<p>Review of Headroom / Mandatory Training - Assurance Report</p> <p>The Director of Nursing & Midwifery presented a report to provide assurance on progress with Mandatory Training compliance in relation to an increase in Headroom included in budgets for 2019/20. She briefed the Board on the content of the report and provided an explanation of how Headroom had been calculated, as summarised at s1 of the report. The Director of Nursing & Midwifery then referred the Board to s3 of the report and provided an overview of measures to improve Mandatory Training compliance which included the preparation of improvement trajectories for each of the three Divisions. She advised that the trajectories aimed to ensure compliance with Mandatory Training requirements by 31 March 2020. In response to a question from Mrs T Ellery, the Director of Workforce & Marketing confirmed that all staff had remote access to e-learning modules.</p> <p>The Chair acknowledged the progress being made, but noted that a considerable level of improvement was still required to ensure compliance by 31 March 2020. The Director of Workforce & Marketing acknowledged these comments and noted that each Division had a detailed understanding of their position which would be rigorously monitored for the remainder of the year. Mr T Okotie referred to the Headroom calculation in s1 of the report and expressed surprise that a specific allowance for Mandatory Training was not included. There followed a discussion and the Director of Nursing & Midwifery explained how the distribution of Headroom across annual leave, bank holidays, training and sickness absence was intended to ensure sufficient capacity for</p>

completion of Mandatory Training. The Director of Workforce & Marketing noted that the increase in sickness absence rates currently being experienced necessitated a similarly robust challenge from the Executive Team and Putting People First Committee.

In response to a question from the Chair, the Board agreed that the report had provided assurance on Mandatory Training compliance but advised that the situation should continue to be closely monitored by the Putting People First Committee.

The Board of Directors:

- Received the report and noted the assurance provided by the Review of Headroom / Mandatory Training Assurance Report.

207

Corporate Objectives 2019/20

The Medical Director presented a report that detailed outcomes of a review of progress against the Corporate Objectives for 2019/20. He briefed the Board on the content of the report and advised that outcomes of the review had been subject to validation by the Board Committees prior to presentation to the Board. He noted in particular the good progress made against Partnership-related objectives and commented on the importance of a revised Communication and Engagement Strategy in relation to the objective for retaining public and staff confidence.

With regards to partnership working, the Chair noted that the Trust's participation in development of the One Liverpool Strategy could be incorporated in the response to the penultimate objective on page 117 of the meeting pack. He also queried how the Quality Committee was monitoring the Research and Development objective referenced on page 113 of the meeting pack. The Medical Director advised that periodic progress reports were included in the Committee's work plan and provided an overview of progress against the principles set out in the Trust's Research and Development Strategy.

The Chair commented on the need for Directors and Committees to ensure that the Trust was not overly modest about its achievements when preparing narrative for the year-end review of Corporate Objectives.

The Board of Directors:

- Received and noted the report on progress against Corporate Objectives 2019/20.

208

EPRR Annual Assurance Report

The Director of Operations presented a report which provided a summary of the Trust's compliance with NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards version 6.1 based on a self-assessment completed in October 2019. He briefed the Board on the content of the report and noted that, with a green rating for 52 of the 55 standards, the Trust had submitted an overall rating of Substantial Compliance with the core standards for 2019/20. The Director of Operations then briefed the Board of practical testing of the Trust's EPRR approach in relation to the Neonatal Build Project over recent weekends.

In response to a question from the Chair, the Director of Operations advised that the Trust performed well in comparison with other organisations and commented on the challenges faced by organisations with large Accident & Emergency departments. In response to a question from Mr I Knight, the Director of Operations advised that requirements relating to long-term adaptation planning were not yet mandatory but noted work relating to challenges associated with extended periods of hot weather and severe flooding.

209	<p>The Board of Directors:</p> <ul style="list-style-type: none"> Received the report and noted Substantial Compliance with the EPRR standards for 2019/20. <p>Board Assurance Framework</p> <p>The Interim Trust Secretary presented the Board Assurance Framework 2019/20. He briefed the Board on the content of the report and noted that, at its meeting on 7 November 2019, the Board had been advised that three additional risk entries were being prepared for inclusion on the Board Assurance Framework. He advised that this had been reported in error and noted that the three risks had been included on the Corporate Risk Register rather than the Board Assurance Framework. The Interim Trust Secretary also advised that the current risk scores and target risk scores for each Board Assurance Framework entry were scheduled for review by the Executive Team.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received the Board Assurance Framework and confirmed that the Board Assurance Framework adequately identified the principal risks to achieving the Trust's strategic objectives.
210	<p>Review of risk impacts of items discussed</p> <p>The Board noted that the following risks had been identified during the meeting:</p> <ul style="list-style-type: none"> Performance against Cancer standards Disincentive risk associated with tax arrangements for NHS pensions
211	<p>Any other business & Review of meeting</p> <p>There was no other business.</p> <p>Date of next meeting</p> <p>The Chair reported that the next meeting of the Board of Directors in public would be held on 6 February 2020.</p>

TRUST BOARD
5 December 2019
Action Plan

Meeting date	Minute Reference	Action	Responsibility	Target Dates	Status
7 Nov 2019	2019/178	With regards to Mandatory Training, the Chief Executive noted that the Board had agreed to review investment in capacity in the context of performance and suggested that an assurance report on this subject be provided at the Board of Directors meeting on 5 December 2019. The Board of Directors endorsed this suggestion.	Director of Workforce & Marketing	Completed	Report included on agenda for Board Meeting on 5 December 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

Agenda Item	
MEETING	Board of Directors
PAPER/REPORT TITLE:	Chief Executive's Report
DATE OF MEETING:	Thursday, 06 February 2020
ACTION REQUIRED	Information
EXECUTIVE DIRECTOR:	Kathy Thomson, Chief Executive
AUTHOR(S):	Paul Buckingham, Interim Trust Secretary
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial workforce <input checked="" type="checkbox"/></p> <p>2. To be ambitious and efficient and make the best use of available resource <input checked="" type="checkbox"/></p> <p>3. To deliver safe services <input checked="" type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most effective Outcomes <input checked="" type="checkbox"/></p> <p>5. To deliver the best possible experience 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>

	ALL DOMAINS <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:-....)	Board is asked to receive the content of the report.	
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

Care Quality Commission (CQC) - Well Led Review: As Board members will be aware, the CQC has visited the Trust on two occasions in recent months, firstly, to carry out an unannounced core services inspection in December 2019 and, more recently, to complete a Well-Led inspection which took place between 14-16 January 2020. I would like to thank all of our staff at Liverpool Women's for their hard work and dedication in the lead up to the inspections and throughout the inspection period itself. I am truly proud to be Chief Executive of this organisation and recent months have further demonstrated the amazing commitment of our staff in providing an excellent experience for our women, babies and their families.

While the programmed visits have been completed, the inspection process is still ongoing and there is a possibility that the inspection team could visit the Trust again at short notice. I would encourage staff to be mindful of this and simply ensure that they continue to maintain the high quality standards that they demonstrate day in and day out. In terms of feedback, we anticipate that the Trust will receive a draft report for factual accuracy checking in mid-February 2020 with the final report to be published in approximately three months. However, the inspection team did advise

myself and the Chair that staff had conducted themselves well during their visits and had made the inspection team welcome in all areas that they visited.

Nursing, Midwifery & Allied Health Professionals Strategy: Colleagues from across the Trust were invited to participate in the formal launch of a new Nursing, Midwifery & Allied Health Professionals Strategy which took place on Wednesday, 29 January 2020. A market place was set up in the Blair Bell Education Centre for staff to learn more about the strategy prior to a presentation from the Director of Nursing & Midwifery which also included the Trust's plans for the Year of the Nurse and Midwife. The senior Nursing and Midwifery team carried out visits to clinical areas on completion of the launch event.

Board members will recall that a Nursing & Midwifery conference was held in May 2019. We plan to hold a similar conference in May 2020 and Board members will be invited to attend to hear about progress made against the new Nursing, Midwifery & Allied Health Professionals strategy together with details of our celebrations for the Year of the Nurse & Midwife.

Division of Family Health:

- a) **Digital Midwifery Record:** Work on K2 Athena, Digital Midwifery Record for the complete Maternity Pathway, will commence with the IT Project Team in February 2020 with a target date for implementation of November 2020.
- b) **Midwifery Ambassadors:** Congratulations to Sam Wagner and Jan Bentley who have recently been selected to work alongside the Chief Midwifery Officer as Midwifery Ambassadors.
- c) **Neonatal Re-Development:** The new-build project continues to progress well with a scheduled 'move-in' date of 10 February 2020. An Open Day for staff and their families to look around the new development will be held on 1 February 2020.

Clinical Support Services Division:

- a) **Medicines Management Mondays:** A This initiative, scheduled to commence on Monday, 3 February 2020, provides opportunities for staff working with medicines to increase their knowledge and skills around this complex subject. Information will be shared across a range of mediums on topics including; medication incident reporting, safe and secure storage of medicines and controlled drug requirements.

Gynaecology:

- a) **Fertility 2020:** Staff from the Hewitt Fertility Centre recently attended this national event which was held in Edinburgh and delivered a series of presentations at the event.
- b) **Gynaecology Ward:** Further collaborative work has been undertaken with the Cradle charity with the aim of making improvements to rooms on the Gynaecology Ward. The ward is also trialling a new drugs trolley which features a built-in laptop device.

SECTION B – Local

Memorandum of Understanding: Board members should note that a Memorandum of Understanding has recently been completed with Liverpool University Hospitals NHS Foundation Trust which will pave the way for establishment of a Partnership Board comprised of representatives from the two organisations. The Partnership Board will have an

operational focus on joint working between the two organisations to develop effective and sustainable services for women in the city.

SECTION C – National

NHS Confederation Correspondence dated 18 December 2019 - The NHS Confederation has written to Prime Minister Boris Johnson to set out the critical challenges facing health and social care across England and seeks to understand how he intends to address them. Health leaders have been clear that plugging the monumental gaps in workforce, fixing the social care crisis and investing in NHS infrastructure are the key challenges which are affecting patient care. They are also clear that transforming mental health and protecting healthcare as the United Kingdom leaves the EU are key priorities in the year ahead.

Throughout the general election campaign, the Conservative Party made the NHS its ‘top priority’, pledging 50,000 more nurses, 40 new hospitals, and £33.9bn of extra funding every year until 2023-24. Also, it promised cross-party talks to find a sustainable solution to the crisis in social care. In its letter, and accompanying report – *Time to deliver: NHS priorities for the new government* – the Confederation sets out what the government should prioritise, within its first six months and in the longer term.

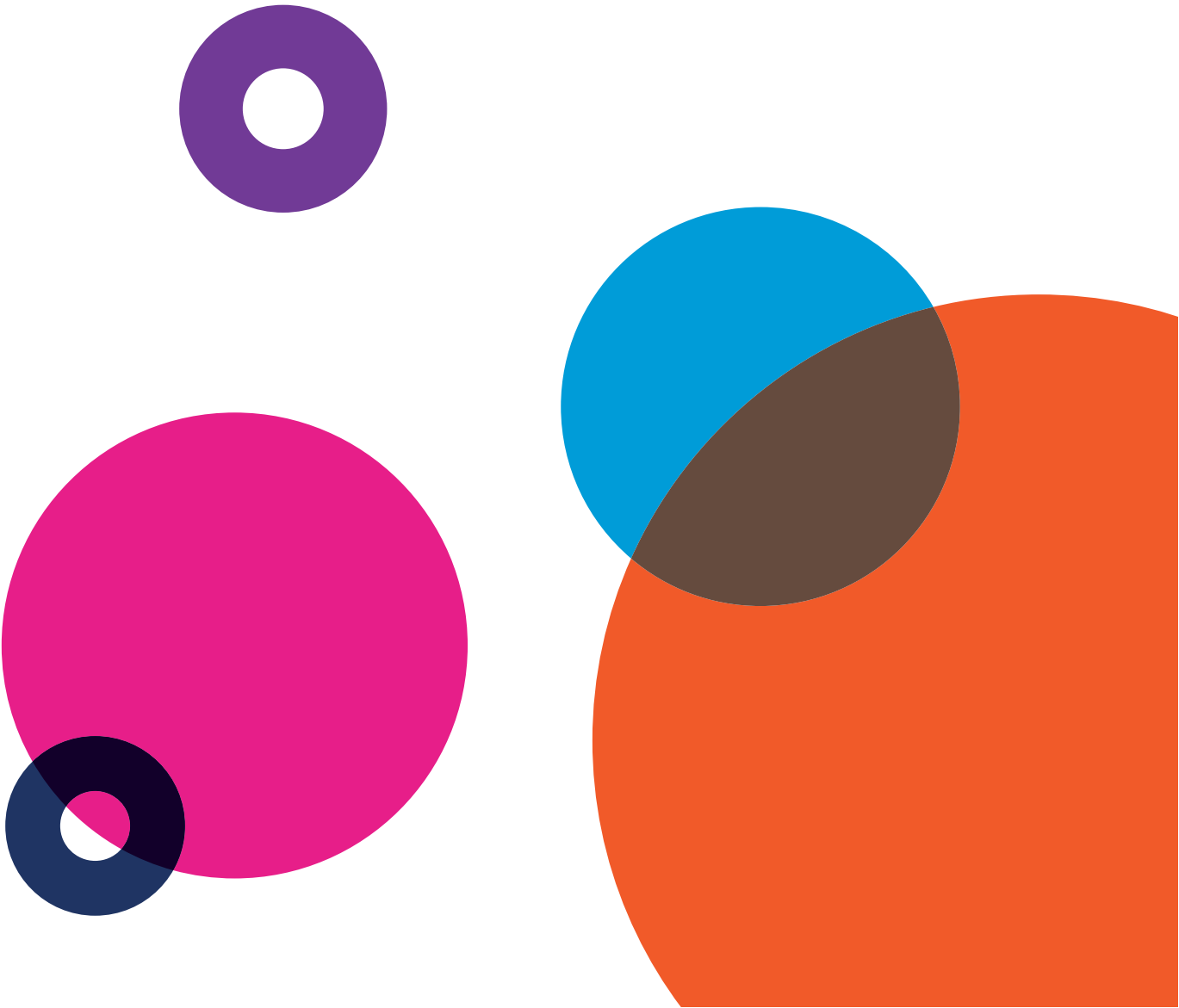
Immediate priorities include:

- Setting a realistic budget in the 2020 Spending Review to restore investment in training clinicians, facilitate recruitment and retention and mitigate the effects of the loss of the nursing bursary.
- Reform the tax system or the NHS Pension Scheme to eliminate the impact on clinical staff
- Increased funding for social care, as well as setting up cross-party talks on future reform
- Creating an emergency capital infrastructure fund for those NHS trusts with maintenance backlogs deemed high or significant risk
- Publishing a white paper in response to the independent review of the Mental Health Act and committing to a new mental health bill
- Making sure health is a top priority in the UK’s negotiating mandate following the UK’s departure from the EU

A copy of the *Time to Deliver* report is included for reference at Annex A to this report.

Time to deliver

NHS priorities for the new government



About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of all organisations that plan, commission and provide NHS services in England, Wales and Northern Ireland. We support our members by:

- being an influential system leader
- representing them with politicians, national bodies, the unions and in Europe
- providing a strong national voice on their behalf
- supporting them to continually improve care for patients and the public.

Key points

This report reflects on the pledges made in the Conservative Party manifesto and sets out how NHS Confederation members believe they should be developed to provide a comprehensive programme of action for the new government. It covers both the immediate actions needed, and those that need to be delivered within the lifetime of this parliament, in five key areas: workforce, capital investment, social care, mental health and Brexit.

- The NHS workforce requires sustained and significant investment in recruitment and retention. Meeting the shortfall in numbers across primary, secondary and community care will require careful planning. While the NHS People Plan will go some way to achieving this, the service will require additional funding beyond the government's planned investment of £20.5 billion to create the additional nursing and other posts it needs to meet rising demand.
- NHS estates are in poor shape, with significant investment needed to bring old buildings in line with modern standards. The money promised by the Conservative Party represents the beginning of what is needed and should be considered as separate to the spending required to modernise antiquated IT systems and bring old buildings up to standard.
- The social care sector is facing increasing demand, growing unmet need and its own vacancy crisis. In the short term, a settlement to stabilise the sector must be reached. In the long term, the government must look at ways of improving the level of provision both to enable more people to access care and to reduce unnecessary demand on NHS services. The government should use its majority to deliver a sustainable social care system, backed up by a long-term financial settlement.
- Improving the provision of mental health care across England is now a critical priority. Workforce shortages are most pronounced in the sector and many people trying to access services are not able to secure the support they need. A new mental health bill to implement the review of the Mental Health Act is the only foundation on which meaningful progress can be made.
- NHS leaders are broadly happy with the direction of travel laid out in the NHS Long Term Plan, and with NHS England and NHS Improvement's legislative proposals. Closer integration between providers and commissioners through the creation of integrated care systems and the establishment of primary care networks will be key to delivering better patient care. An NHS bill based on NHS England and NHS Improvement's legislative proposals that gives statutory underpinning to these new ways of working must be laid before parliament to enable the system to push ahead with plans already underway.
- The impact of Brexit on the health of the population must be minimised, and patient safety and access to life-saving drugs must be preserved upon the UK's exit from the European Union. In order to ensure access to medicines and preserve the UK's global position as a centre of medical and technological excellence, those stakeholders with expertise in these areas must be part of discussions over future arrangements between the UK and EU.

Introduction

On Friday 13 December 2019, the Conservative Party formed a majority government following five weeks of campaigning during which the NHS featured heavily in the political pledges and commentary.

Its landslide victory in the polls comes at a time when record levels of demand for services and restrained funding are leaving the NHS unable to provide the level of care patients expect from it. The service continues to struggle to recruit and retain sufficient staff on the frontline, with issues surrounding the taxation of pensions leaving clinical shifts unfilled. Also, the NHS is reeling from historic underinvestment in its infrastructure. Successive governments have failed to provide a sustainable system for social care funding and provision, which hinders the NHS's ability to deliver for patients.

Added to that, the NHS is about to face what is predicted to be the worst winter on record for patient waiting times and performance, and the future of the United Kingdom, including the NHS's international workforce, is uncertain following its imminent departure from the European Union.

This report reflects on the pledges made in the Conservative Party manifesto and sets out how our members believe these need to be developed further to provide a comprehensive programme of action for the new government. Our report covers both the immediate actions needed, and those that need to be delivered within the lifetime of this parliament, in five key areas:

- workforce
- social care
- capital investment
- mental health
- Brexit.

The Conservative Party manifesto made a number of welcome pledges to bolster the NHS, including 50,000 more nurses, 6,000 more GPs, 6,000 more primary care professionals and the abolition of car parking charges. The NHS Confederation calls on the incoming government to fully cost these commitments and provide the additional funding to deliver them as soon as it can. There also remain areas where the government recognises there are ongoing funding problems, including the pension annual allowance, capital investment and social care. Our members would like to see rapid action on these areas to enable them in turn to deliver the NHS Long Term Plan.

Across the country local health and care systems are finalising their plans for delivering health and care services for the next five years. The challenges are significant but local leaders are committed to making a difference for their communities. However, in turn, health and care systems need the government to deliver on its promises, provide the funding to meet its election pledges and work with us to develop funding solutions in other ongoing problem areas. The NHS Confederation looks forward to working with the Prime Minister, the Secretary of State for Health and Social Care and other ministers to overcome these challenges and in doing so, deliver better outcomes for patients in the months and years ahead.

Workforce

Overview

The NHS employs around 1.2 million full-time equivalent (FTE) staff across its range of services, making it the largest employer in England. There are more than 100,000 FTE vacancies in England in hospital and community services alone. In every month from 2014 to 2019, most hospitals were not able to meet planned staffing numbers in nursing.¹

Workforce is widely regarded as the biggest single challenge facing the health and care sector. Responding to an NHS Confederation survey in November 2019, 94 per cent of health leaders said that supporting and growing the NHS workforce is a key priority and 91 per cent agreed that understaffing across the NHS is putting patient safety and care at risk.² The inability to develop, recruit and retain a skilled workforce risks both stretching our existing services to breaking point and undermining the sector's plans for transforming future service provision.

Conservative pledges

- Deliver 50,000 more nurses by the end of the next parliament.
- Reintroduce the maintenance grant for nursing.
- Deliver 6,000 more doctors in general practice and 6,000 more primary care professionals by the end of the next parliament.
- Introduce an NHS visa.
- Hold an urgent review of the 'taper problem' with doctors' pensions in the first 30 days of government.
- Introduce a points-based immigration system.

NHS Confederation view

The commitments around workforce go some way to meeting the challenges of supply in the NHS. Employers will welcome government support to boost the number of nurses being educated, but also need recognition of the importance of social care and health staff as new immigration policy is implemented. Moreover, the number of new nurses promised is closer to 30,000 when taking into consideration that 18,500 will be delivered through retention rather than recruitment. With vacancy rates of 44,000, even an extra 30,000 will still leave the NHS 14,000 short. It has not been made clear how this recruitment drive will be funded. If the cost of retaining an extra 18,500 nurses is devolved to trusts, it will draw money away from other areas.

Immediate priorities (first six months)

- The expected 2020 Spending Review must set a realistic budget for Health Education England to restore investment in training clinicians; facilitate recruitment and retention programmes; and mitigate the effects of the loss of the nursing bursary.
- Given the potential impact of the pension annual allowance taper on the availability of senior clinical staff, the government should either reform aspects of the tax system or the NHS Pension Scheme to rectify this problem. Any reforms must meaningfully consider the range of staff working across the NHS.

- Ensure prompt delivery of the NHS People Plan by NHS England and NHS Improvement.

Long-term priorities (first two years)

- Integrated care systems should be further empowered to better influence their local labour market, with devolved powers over strategy and planning, supply and retention and deployment.
- Better value could be achieved by giving employers in the NHS more flexibility to use their apprenticeship levy to fund backfill and infrastructure.

Social care

Overview

Social care is seen by 92 per cent of leaders as a key priority for the incoming government, making it the second most pressing concern for health leaders after workforce. The interdependency of health and social care is increasingly recognised as a critical issue, evidenced by the Health for Care coalition – a group of health organisations, led by the NHS Confederation, which have come together to make the case for greater investment in social care. A report last year commissioned by the NHS Confederation and undertaken by the Institute for Fiscal Studies and The Health Foundation, calculated that social care funding would need to increase by 3.9 per cent a year to meet the needs of an ageing population and an increasing number of younger adults living with disabilities. Age UK has estimated that nearly 1.2 million people fall into the bracket of those with unmet needs.³

Conservative pledges

- A three-point plan to develop a long-term solution to social care. This plan included a commitment of £1 billion additional funding for each year that the government is in place, starting from April 2020, working with the other political parties to build a cross-party consensus, and ensuring that nobody needs to sell their home to pay for care.
- Extending leave entitlement for unpaid carers to a week.
- Increase funding research into dementia to look for a cure and increase clinical trials to research new treatments.
- Spend £74 million over three years specifically to increase capacity within community settings for people with learning disabilities and autism.

NHS Confederation view

We support the short-term funding increases outlined in the manifesto, but it falls well short of the secure, long-term funding that is required. The NHS Confederation leads the Health for Care campaign, which estimates that between £1.1 billion and £2.5 billion is needed simply to stabilise social care levels, and between £4 billion and £5.75 billion is needed to return to a model of social care that provides more universal access. Sustainable funding to support the social care needs of people with severe mental illness must also be integrated into the new social care model.

A cross-party approach to the future of the social care system has been advocated by the NHS Confederation. However, we have heard warm words about a cross-party approach to social care before and we need to see immediate action on this.

Health and social care must be viewed as a singular, integrated system that has at its heart the wellbeing of the entire UK population. Without reform and investment in social care, we risk putting the ambitions of the NHS Long Term Plan at risk.

Immediate priorities (first six months)

- Clarity is needed on how the short-term funding increases to cover immediate gaps will be allocated and a long-term financial settlement.

- The new government must make social care funding reforms a priority with commitments within the Treasury in the next Budget.
- A cross-party group for social care needs to be immediately set up and implemented.

Long-term priorities (first two years)

- Any social care settlement should provide secure, long-term funding at a level that enables the social care system to operate effectively, for both older and working-age adults, and deliver the outcomes that people want and need. This should be set at a minimum of £4 billion.⁴
- Eligibility for social care services should be widened and based on need, instead of by means to pay.
- The government must set out a long-term plan to tackle the social care crisis and deliver on the Prime Minister's previous commitment to fix social care.

Capital

Overview

Spending on capital investment in the NHS has fallen from £5.8 billion in 2010/11 to £5.3 billion in 2017/18.⁵ In a survey carried out by the NHS Confederation during the general election, 85 per cent of health leaders cited restrained capital funding as a key issue. With a reported maintenance backlog of £6.5 billion this year, the case for action is clear. The UK has some of the lowest levels of healthcare capital funding in the Organisation for Economic Cooperation and Development (OECD). At 0.27 per cent of GDP, it is 0.24 per cent lower than the OECD average of 0.51 per cent.⁶ While the additional funding promised earlier this year was welcomed, over 92 per cent of NHS leaders remain concerned that it will not be enough to overcome the scale of challenges facing the service, not least the antiquated IT infrastructure and outdated buildings and equipment.⁷

Conservative pledges

- £2.7 billion for six new hospitals with seed funding totalling £100 million promised to a further 21. Although only around £850 million of this is 'new money' with the remainder expected to come from a collective fund that NHS trusts are expected to contribute to.
- Investment in new cancer diagnostic machines to boost early diagnosis across 78 trusts.

NHS Confederation view

The commitments made by the Conservative Party during and prior to the election provide some new funding, ostensibly to build 40 new hospitals. However, to date only £2.7 billion has been made available over the course of this parliament for six to be built. This is compounded by the fact that there appears to be little progress on addressing the underlying maintenance backlogs.

Investment in new cancer diagnostic machines is welcome but must be matched by funding. Before the election this commitment was made with £200 million attached, however the Conservative Party manifesto was more ambiguous, with no exact figure. Moreover, the intention for these machines to be AI-enabled will be wasted without corresponding investment in the more general IT infrastructure across the NHS. Targeted capital investment to mental health and community services must also be prioritised, with provision to each to bolster infrastructure and better enable delivery of services.

Ultimately, the scale of capital funding needed goes far beyond even the most generous pledges made by the Conservative Party in their manifesto. If we are to deliver the ambitions set out in the NHS Long Term Plan, then additional funding must be provided to modernise the infrastructure across the NHS. Reflecting on the Conservative's promise to charge foreign patients to use the NHS, further work must also be undertaken to better understand how this will work in practice.

Immediate priorities (first six months)

- An emergency capital infrastructure fund to make investment available to those trusts with maintenance backlogs deemed high or significant risk⁸ – this equates to around £3.4 billion. This money should be reserved for building restoration rather than new construction.

Long-term priorities (first two years)

- Funding to match the commitment made by the Secretary of State to provide all NHS hospitals and community care organisations with fibre-optic broadband.⁹
- Central funding to make up for any revenue lost from the abolition of hospital car parking charges. The Press Association has estimated that this revenue across 140 trusts is around £245 million.¹⁰
- More support for hospitals planning reconfiguration and redesigns, where a clear business case has been made that this would benefit patient care.

Mental health

Overview

More than eight in ten (84 per cent) of leaders responding to our recent survey said improving mental healthcare should be high or critical priority. Workforce and capital within mental health were flagged as priority areas.

Conservative pledges

- To legislate so that patients suffering from mental health conditions, including anxiety or depression, have greater control over their treatment and receive the dignity and respect they deserve.
- Improve the mental health workforce by providing additional funding to support the recruitment of mental health nurses.
- Ensure that mental health is on an equal footing and treated with the same urgency as physical health.
- £74 million on community support for people with learning disabilities and/or autism to make discharge from hospital easier, as well as improving legislation for people in this area.
- To extend social prescribing.

NHS Confederation view

Mental health is now clearly established as a national priority. However, when fewer than four in ten people who need support are accessing mental health services, there is still a long way to go on the road to equality.

The commitments in the NHS Long Term Plan to increase the spend on mental health as a proportion of the entire NHS budget, and to increase the proportion of the mental health budget that is spent on children and young people, is a step towards true parity.

Our country's progress on mental health is fragile. Successful implementation of the NHS Long Term Plan will require a dramatic increase in the number of people who work in mental health and a significant capital settlement for the sector. Taking concerted action to improve the nation's mental health is the work of a generation. It is going to take the sustained commitment and leadership of government to get us there. And at a time when more and more people are speaking out about their mental health and demanding better support, the government cannot afford not to listen.

Immediate priorities (first six months)

- The new government should support the publication of the forthcoming white paper in response to the independent review of the Mental Health Act and commit to bringing forth a new mental health bill.
- There are significant staffing shortages in mental health and learning disabilities services and so urgent investment and innovation is needed to encourage people to work in the sector, and to retain existing staff.

Long-term priorities (first two years)

- Previous pledges to increase mental health funding should be acted on, with funding reaching the front line.
- Funding should also include ringfenced capital to eliminate the use of shared accommodation and dormitories in mental health hospitals, and for major upgrades in technology.
- The new government should capitalise on young people's interest in mental health by opening more avenues into mental health roles and expanding the number of mental health places available at medical and nursing schools.

Brexit

Overview

With the Withdrawal Agreement still to be approved, it has not yet been determined whether the UK will leave the EU with or without a deal on 31 January 2020. If the Withdrawal Agreement is approved and the UK moves into a transition period, the nation's health will be an important part of negotiating our long-term relationship with the EU. If the UK leaves the EU without a deal, health will need to be a priority in EU discussions. More than half of health leaders consider that a no-deal Brexit could put patient care at significant risk.

Conservative pledges

The NHS Confederation's recommended long-term priorities are currently reflected in the existing high-level ambitions for the future relationship with the EU, as set out in the Political Declaration. The government has also made various commitments to protect citizens' rights and maintain cooperation with the EU.

NHS Confederation view

The test of the impact of any pledges made to date will be how they are translated into a future trade deal and relationship with the EU. Time is of the essence, given the short timescale to agree terms before December 2020, and we should be seeking to define the cornerstones of our future relationship as early as possible. Making health a priority in the negotiations will not only bring certainty to citizens and protect the safety and health of patients, it will also ensure the UK continues to be a great place to work and live and does not lose out on global opportunities.

Immediate priorities (first six months)

The government's first priority for the health of the nation should be to guarantee patient safety and wellbeing when the UK leaves the EU on 31 January 2020 (or on another date).

- **Deal** – Since the time available to put in place the required agreements that will protect the health of UK and EU citizens is limited, we ask that:
 - health is made one of the top priorities in the UK's negotiating mandate and for the health community to have a 'seat at the table' in the development of trade policy and negotiations
 - early agreements are reached that protect patient safety, citizens' rights to healthcare, access to medicines and the prosperity of medical research.
- **No deal** – If the UK leaves the EU on 31 January 2020 without a deal, we ask that:
 - agreements are secured that will avoid delays at the UK/EU border for the supply of medicines and medical devices; continue cooperation on health security matters; and maintain reciprocal healthcare
 - agreements are made so that overseas staff can come to work in the NHS easily and with confidence about the future, to address current and future NHS staffing shortfalls (over 5 per cent of the workforce in the English NHS are EU nationals).

Long-term priorities (first two years)

To secure clarity, certainty and security for patients, the following agreements for the future relationship should be prioritised in the first stage of negotiations:

- **Patient safety** – Shared regulatory frameworks to continue for medicines and medical technologies across the UK and EU so patients are guaranteed a high level of safety and rapid access to new treatments.
- **Access to medicine and medical devices** – Continued cooperation and harmonised standards on medicines and medical technologies, recognising the substantial scale of trade with the EU.
- **Furthering medical research** – Maximum participation in European research to improve patients' options for treatment. The UK has a world-leading science base and in the face of global competition, UK/EU collaboration is vital to remain an attractive destination for cutting-edge research.
- **High standards for public health** – Shared high standards and continued robust coordination mechanisms to protect the health security of the UK and EU from threats that know no borders.
- **Citizens' rights to treatment** – UK citizens to continue to have rights to healthcare in any EU member state for simple, safe access to treatment when working, living or travelling.

Conclusion

In this general election, perhaps more than any other in recent memory, the NHS formed the backbone of each of the three major English political parties' campaigns. Now that the outcome is known, it is time for action. The pledge to increase funding for NHS England by 3.1 per cent last year was welcome, offering some hope in the face of increasing demand. However, subsequent pledges made by the Conservative Party during the general election need to be costed and properly funded to enable the NHS to deliver them.

Funding increases to public health, capital investment and social care, deemed necessary in order to realise the full impact of the uplift to NHS England's budget, are also needed. An absence of funding to address the maintenance backlog will undermine efforts to address demand at the frontline, particularly as we head into the busy winter months. The lack of direction for social care will increase pressure on NHS services and the funding that has been promised falls well short of what is needed to stabilise the sector.

Immediate action must be taken on those priorities identified as critical to the running of the NHS in the first six months of government, with plans drawn up to address the longer-term concerns of the service in order to stabilise the sector and make way for improvement. Without this, there is a very real danger that increasing demand will ultimately outstrip the capacity of the NHS to respond.

The NHS Confederation will continue to represent and support health leaders across the system on how to overcome their collective challenges and will engage with the new government and hold it to account on its progress.

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Board of Directors

Committee Chair's report of Quality Committee meeting held 27 January 2020

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 noted a significant revision of Risk ID 2297, in relation to Sustainability, with four new actions initiated to address gaps in assurance and a consequent increase in the risk score from 20 to 25. The Committee was also advised that the Executive Directors had undertaken a review of Board Assurance Framework content during an Executive Team meeting held on 23 January 2020.
- ~ **Subcommittee Chairs reports:** The Committee received Chair's Reports from the Experience Senate, the Effectiveness Senate and the Hospital Safeguarding Board. With regard to the Hospital Safeguarding Board, the Committee noted escalation of a risk relating to staffing in the Safeguarding Team and received verbal assurance from the Director of Nursing & Midwifery on actions being taken to mitigate the risk. The Committee also considered a report from Mr I Knight, Board-level champion for Maternity Safety and considered the approach for the incorporation of such reports in the Trust's governance structure. It was agreed that the Medical Director and Director of Nursing & Midwifery would work with Mr I Knight to develop a proposal for consideration at the Committee's next meeting on 24 February 2020.
- ~ **Medicines Management:** Mr D Collins, Deputy Chief Pharmacist joined the meeting for a comprehensive Committee discussion on the Trust's Medicines Management arrangements which considered actions taken in relation to weaknesses identified during the CQC inspection in December 2020 together with further actions planned in the medium to long term. With regard to Committee assurance, it was agreed that the Committee would receive assurance on progress against specific actions through the monthly CQC Action Plan report supplemented by quarterly reports on Medicines Management from the Medical Director. The Committee agreed that the first of these quarterly reports would be presented at the Committee's next meeting on 24 February 2020.
- ~ **Future Generations Project Group:** The Medical Director presented Chair's reports from Project Group meetings held on; 26 November 2019, 10 December 2019, 7 January 2020 and 21 January 2020. The Committee noted the activities being undertaken by the Project Group and agreed that details of the external governance model for the Future Generations programme should be reported to the Committee once complete. The Committee also requested that narrative detailing how activities were addressing and/or mitigating associated clinical risks be incorporated in future Chair's reports.

- ~ **Quality and Regulatory Update:** The Committee noted that the Care Quality Commission (CQC) had undertaken a Well Led Review inspection from 14-16 January 2020 and was advised that no immediate actions were identified during the inspection. The Director of Nursing & Midwifery advised the Committee that it was anticipated that the Trust would receive the draft report for factual accuracy checking by the end of February 2020. The Committee reviewed progress against the CQC Action Plan and agreed that any outstanding actions should be consolidated with actions arising from the 2019/20 inspections to form a single plan for assurance monitoring purposes.
- ~ **Local Safety Standards for Invasive Procedures (LocSSIPs) Update Report:** The Committee considered a report from the Deputy Medical Director which provided assurance on progress made by the LocSSIPs implementation group and included correspondence from Liverpool CCG which acknowledged the hard work and progress made and the Trust's commitment to improving safety for patients undergoing invasive procedures. Having considered the report, the Committee agreed that future LocSSIP reports would be presented on a quarterly cycle.
- ~ **Telephony Business Case - Customer Care:** The Director of Operations presented a report which provided an update on progress with the Telephony Replacement Programme and detailed plans for staff and service user engagement. The Committee endorsed establishment of a task and finish group which has adopted a 'First Impressions' approach for a range of engagement activities with feedback enabling focus on key areas for improvement.
- ~ **Monthly Quality Performance Review M9 2019/20:** The Committee received an update on Operational Performance at Month 9 2019/20 and noted that performance against both the Referral to Treatment (RTT) standard and Cancer standards continues to be challenging. In considering the report, the Committee agreed that the range of quality metrics should be reviewed with a view to enhancing content of future reports to improve Committee oversight.
- ~ **Serious Incidents Combined Report - Quarter 3 2019/20:** The Committee received the report and noted that there had been a total of five serious incidents reported during Quarter 3 2019/20. The Committee was assured that there were no overdue actions relating to any of the incidents. Through discussion, the Committee agreed that future reports should include comparative data for benchmarking purposes and enhanced narrative to provide assurance on actions taken as a result of incidents. The Committee took positive assurance on the effectiveness of the Serious Incident reporting process.
- ~ **Committee Practice:** The Committee held a brief discussion on measures to enhance Committee effectiveness and the approach to the Committee's annual review of its Terms of Reference and Workplan.

3. Board Assurance Framework (BAF) risks reviewed

No changes to existing risks were identified as a result of business conducted during the meeting.

4. Escalation report to the Board on Performance Measures
None.
5. Issues to highlight to Board
None.
6. Action required by Board
None

Susan Milner
Chair of Quality Committee
28 January 2020

Board of Directors

Committee Chair's report of Finance, Performance and Business Development Committee meeting held 28 January 2020

1. Was the quorate met? Yes

2. Agenda items covered

- ~ **Finance Performance Review Month 9 2019/20:** The Committee received a report on the Month 9 finance position noting that, as at 31 December 2019, the Trust was reporting a deficit position of £0.7m against a planned position of £0.9m and a favourable variance of £0.2m. The Trust continues to forecast delivery of the breakeven control total. The Committee was assured of continued strong performance against the cost improvement programme in Month 9 and the programme remains on track for full delivery in 2019/20. In reviewing divisional performance, the Committee noted a dip in Hewitt Centre private income and was advised that a strategic and commercial review of the Hewitt Centre is planned. The Committee noted a significantly improved debtors' position, particularly over 60 day debt which reduced by £1.1m in month. The Committee considered the proposal to reduce the BAF risk score relating to the achievement of the annual financial plan. Due to further robust forecasting being undertaken showing that the control total is achievable and continued achievement of the CIP plan, in particular receipt of the CNST Maternity Incentive, the Committee agreed to recommend a reduction of the likelihood score from 5 to 3, and risk score from 25 to 15.
- ~ **Operational Performance Month 9 2019/20 including RTT and Cancer Targets:** The Committee received a report on Operational Performance as at Month 9 2019/20 and noted the position in relation to performance against RTT and Cancer standards. With regard to cancer performance, performance against 31 day DTT had improved due to working collaboratively with Liverpool Hospitals however sustainability of maintaining performance will remain a challenge due to current consultant numbers. It was highlighted that as of April 2020 a faster diagnostic target is likely to be introduced to replace the 31 day target. RTT performance had slightly deteriorated in month 9 to 82% against a 92% target.
- ~ **Treasury Management Quarterly Report:** The Committee received the quarterly treasury report including a detailed cashflow, an update on capital and revenue loans, aged debt review and Better Payment Practice Code performance. The Trust has a closing cash balance of £5.9m against a plan of £4.6m at the end of quarter 3. It was noted that the Trust had drawn down the majority of the approved Neonatal Loan during 2019/20. The Trust did not require any revenue support loan funding in 2018/19 and did not plan to draw down any additional revenue support loans in the 2019/20 financial year. The Trust repaid the remaining £6.7m of distressed financing revenue loans it held on the 12th August 2019 (M05), which was largely funded by the 2018/19 PSF cash receipt received retrospectively in M04.
- ~ **Future Generations Programme Update:** The Committee received a comprehensive update report on the Future Generations Programme from the Director of Finance which provided a summary of the current status of work across the various elements of the programme. The Committee noted in particular the work being undertaken on development of solutions against the key clinical issues.
- ~ **EU Exit Update Report:** The Committee noted no action is required to be undertaken at this stage ahead of the EU exit on 31 January 2020.

- ~ **IM&T Update:** The Chief Information Officer provided a detailed update on IM&T matters, including the development of a new IM&T Strategy to be launched during quarter 1 2020/21 and continued progress of the GDE Fast Follower programme. NHS Digital visited the Trust on the 10th January to assess GDE milestone 4 as part of the assurance requirements for the programme. It was agreed that the resulting report and benefits realisation paper would be provided to a Board Workshop. It was noted that there continues to be management and mitigation of risks associated with multiple systems.
 - ~ **Neonatal Capital Programme Build Update:** The Committee noted that good progress continues to be made on the Capital Build which continues to be on-budget.
 - ~ **Liverpool Neonatal Partnership:** The Committee noted that it remains a difficult position to agree future funding with Specialist Commissioners. The Director of Finance advised the Committee that Specialist Commissioners have confirmed that they are not prepared to fund BAPM standards. The Committee considered the impact this would have on the original business case and the impact on the quality of service it aims to provide. A response will be prepared for the Specialist Commissioners.
 - ~ **Business case – 360 Tracking:** The Committee received a business case for a 360 closed loop administration system to digitally track samples, blood and milk etc. The system is a key part of achieving the GDE Fast Follower milestone 4 programme. Due to the fast-paced nature of initiating projects within the GDE Programme, the Committee noted that usual approval steps are difficult to adhere to. The Committee was informed that detailed discussions are held at SMT relating to all business cases, and the finance team manage a list of revenue impacts against each workstream. This Committee will receive a Post Implementation Review against all workstreams which will provide further assurance.
 - ~ **Board Assurance Framework (BAF):** The Committee reviewed the risks that it was accountable for within the BAF and agreed that no amendments were required. With regards to risk scores, the Committee agreed as per earlier discussion to reduce the likelihood score of BAF risk 1663.
 - ~ **Sub Committee Chairs reports:** The Committee received and noted the following chair reports: Information Governance Committee.
3. **Board Assurance Framework (BAF) risks reviewed**
No changes to existing risks were identified.
 4. **Escalation report to the Board on Performance Measures**
None –note RTT and Cancer referred above.
 5. **Issues to highlight to Board**
None
 6. **Action required by Board**
Recommend approval to reduce risk score of risk number 1663 – failure to deliver the annual financial plan, from 25 to 15.

Jo Moore
Chair of FPBD Committee
28 January 2020



BOARD OF DIRECTORS

Chair's report of Putting People First Committee held on Monday 27 January 2020

1. Was the quorate met? Yes
2. Agenda items covered:
 - ~ **Board Assurance Framework – Workforce Risks** – The Committee noted the additional controls and current Trust position to Risk 2294 and recommended a reduction of likelihood impact score to 3, reducing the risk score to 15.
 - ~ **Gynaecology Services Workforce Review** – The Committee received the workforce review for Gynaecology services, noting a challenging sickness absence position of 7.01% for the service. The Committee was advised that the service is working closely with HR Business partners to improve this position. Despite this position it was noted that both PDR and mandatory training compliance had improved, and the service continues to work towards being fully compliant by end March 2020. The Gynaecology Division has continued to experience essential gaps in the consultant and senior nurse workforce this year, though there have been key recruitment successes, including in urogynaecology, the termination service and Hewitt Centre.
 - ~ **Gynaecology Services – Staff Story** – Sarah Orok, Gynaecology Outpatient Manager, presented an insight into her experiences as a department manager, particularly learning to manage staff sickness effectively. Sarah also presented on behalf of Cheryl Chapman, HCA, the positive impact of mental health first aid training she has experienced for both staff and patients.
 - ~ **Director of Workforce Report** – The Committee received the workforce update, noting positive steps towards achievement of the five-year putting our people first strategy, steps being taken to monitor the effectiveness of medical education and collaborative working with Cheshire and Merseyside Strategic workforce programme.
 - ~ **Workforce KPI Dashboard Report** – The Committee received the KPI report.
 - Mandatory Training: The Committee noted the improved accuracy of data since Power BI reporting commenced. The trust is now in position to be able to begin reporting on clinical specific mandatory training.
 - Sickness: Sickness absence had increased in month (6.21% against target of 4.5%). The Committee had a focused discussion relating to sickness absence within the sickness absence operational review agenda item at the same meeting.
 - ~ **Mandatory Training Audit** – The Committee received a mandatory training audit progress update. Since the initial MIAA audit, considerable action had been taken and reported back to MIAA. An updated audit report would be submitted to the Audit Committee of 28 January 2020. The Committee were informed that local audits would be conducted during January and February and a re-audit by MIAA would be commissioned.
 - ~ **Guardian of Safe Working Hours (Junior Doctors) Quarterly Report** – The Committee was assured doctors in training were working to compliant rotas and shift patterns.

- ~ **Safer Staffing Review** – The Deputy Director of Nursing and Midwifery provided an executive summary detailing the Trust position in the context of national nursing and midwifery workforce challenges. The Committee noted the risk to the Trust of the age profile of the nursing and midwifery workforce being over 50 years and is aware of the national shortage of nurses and midwives. The Committee accepted the assurances provided, that nurse and midwife staffing levels are safe and appropriate at present.
- ~ **Policy Update** – The Committee approved the following policies: Mandatory Training Policy; Recruitment Policy; Job Matching & Evaluation Policy; and Snr Medical Staff Covering Jnr Medical Staff (Out of Hours) Policy.
- ~ **Sickness Absence Operational Review – Integrated Admin & Maternity** – The Committee received a detailed update of ongoing work to improve sickness absence rates in maternity services and integrated administration. The Matron for Maternity advised that the managers meet weekly to discuss cover across the maternity services. The difficulty experienced by the community midwifery team was highlighted as a particularly difficult area to backfill due to the nature of working within the community setting and different shift patterns compared to the onsite midwifery teams. Both teams are utilising HR support to proactively manage sickness absence with a focus on supporting effective and considerate return to work conversations and plans.
- ~ **PPF Sub Committee Chair reports** - The Committee received and noted the following chair reports: Health & Wellbeing Committee; Partnership Forum; Educational Governance Committee; JLNC.

PPF Business Cycle – 2020/21 – The Committee approved the PPF business cycle for 2020/21.

3. Matters to be highlighted to the Parent Committee

None.

4. Escalation report on Performance Measures discussed

Note the improving trends in Mandatory Training & PDR compliance and trajectories to drive continued improvement, and the work undertaken to improve data quality and reporting.

To highlight the increase in Sickness absence in month and the actions of the Committee to gain assurance that it is being actively managed.

5. New risks identified/action taken/escalation to BAF

None

6. Learning identified for dissemination within the Trust

None

7. Action required by Board

Recommend approval to reduce risk score of risk number 2294 - Insufficient numbers of clinical staff resulting in a lack of capability to deliver safe care and effective outcomes, from 20 to 15.

Tony Okotie
Chair of Putting People First Committee
Date 27 January 2020

Board of Directors
Committee Chair's report of Audit Committee meeting held 28 January 2020

1. Meeting Quorate: Yes

2. Agenda items covered

- ~ **Minutes of Meeting:** The Minutes of the previous meeting held on 21 October 2019 were agreed as a true and accurate record.
- ~ **Follow up of Internal Audit and External Audit Recommendations:** The Committee received an updated position on audit recommendations from the Deputy Director of Finance and noted that there were no overdue outstanding actions. The Committee was advised of a number of actions where timescales for completion had been extended. There were also a number of partially implemented actions which primarily related to Consultant Job Planning, and the Medical Director was able to assure the Committee that all actions had either been addressed or would be addressed by the revised completion date.

The Committee also received a positive report on the Follow-up of audit recommendations from Internal Audit, which confirmed that 22 of the 26 recommendations tested had been fully implemented with the remainder either partially implemented or awaiting evidence. The Committee took positive assurance from both the report and comments made by the Internal Audit representative who stated that he was not aware of a Trust with a more comprehensive process for the follow-up of audit recommendations.

- ~ **Internal Audit Progress Reports:** The Committee received a report which detailed outcomes of Internal Audit Reviews as follows:

- Procurement - Substantial Assurance
- Financial Reporting & Integrity – High Assurance

The Committee welcomed the extremely positive outcomes of both audit reviews and noted current development of a comprehensive contracts database which was referenced in the Procurement review. This development will significantly enhance visibility of all Trust contracts and should reduce the number of instances where the waiver process is required. The Committee approved an amendment to the in-year internal audit plan to defer work planned on the Global Digital Exemplar programme to the 2020/21 audit plan. The time released will be allocated to review of Medicines Management arrangements.

- ~ **Audit Committee Effectiveness Review:** The Committee received a report which detailed outcomes from a follow-up on recommendations arising from a comprehensive Effectiveness Review which was undertaken by the Committee in 2018/19. The Committee was assured that all actions arising from the review had been completed.
- ~ **Anti-Fraud Progress Report:** The Committee considered a report from the Trust's Anti-Fraud Specialist (AFS) and the Committee was assured that good progress is being made against the 2019/20 Anti-Fraud Plan.



- ~ **Draft External Audit Plan:** External Audit representatives briefed the Committee on the plan for audit of the 2019/20 financial statements and Quality Report. The Committee noted the inclusion of *Valuation of Land & Buildings* as a significant risk for focus during the audit in the context of the Trust's revaluation of land and buildings in 2019/20. The Committee also noted an audit focus on International Financial Reporting Standard (IFRS) 16 Accounting for Leases which will be adopted in 2020/21 but requires a disclosure in the 2019/20 financial statements. The Committee was assured by the Director of Finance that preparatory work had confirmed that IFRS 16 would not have a material impact on the Trust. The Committee had a full and frank discussion with External Audit representatives on the proposed increased audit fee for 2019/20. While the additional demands on auditors resulting from a new Code of Audit Practice were acknowledged, the Committee challenged the rationale for elements of the proposed increase and it was agreed that negotiations on fee level would continue outside the meeting.
- ~ **KMPG Health Sector Technical Update Update:** The Committee received a Health Sector Technical Update from the External Audit Manager that highlighted issues relating to the health sector which included; IFRS 16, the new Code of Audit Practice, Clinician Pension Tax Impact and the New Hospital Building Programme. The Committee noted that there were no specific updates for action by the Trust (other than IFRS 16 as previously noted).
- ~ **Mandatory Training Assurance Report:** The Director of Workforce & Marketing joined the meeting and presented a report on progress against actions arising from an audit review on Mandatory Training which had resulted in an assessment of Limited Assurance. The Committee took positive assurance on the progress made with all identified actions completed.
- ~ **Waiver Report Quarter 3 2019/20:** The Committee received the Waiver Report for Quarter 3 2019/20 and noted that there had been 16 instances where Standing Financial Instructions (SFI) had been waived during the period. The report included a 'deep dive' on instances of waivers during Quarter 3 to identify the reasons driving the need for waiver action. Outputs from this exercise were helpful in enhancing Committee understanding of associated factors and the Committee endorsed the intention to consider the introduction of exemptions for a limited range of commodities, educational courses, for example. Overall, the report provided the Committee with positive assurance on the effectiveness of controls in place for the management of waiver action.
- ~ **Annual Accounts - Areas of Judgement:** The Deputy Director of Finance presented a report which set out areas of judgement to be taken in to account during preparation of the 2019/20 financial statements. The Committee considered the report and endorsed the areas of judgement noting that the report content was consistent with the expectations of the External Audit representatives.
- ~ **Debt Write-Off Report:** The Committee considered a report seeking approval for the write-off of aged debt with a total value of circa £110k. The Committee was assured on the reasons why the various debts were deemed to be unrecoverable and approved the write-off.
- ~ **Charitable Funds Annual Report & Accounts 2018/19:** Board members will recall that the Charitable Funds Annual Report & Accounts were approved by the Board of Directors on 9 January 2020 subject to correction of the way in which commitments had been presented in Income and Expenditure and the Balance Sheet between the current year and the prior year,





which was not consistent. The Director of Finance presented the revised Annual Report & Accounts and confirmed that appropriate adjustments had been made to the financial statements with the agreement of the independent examiner. The Committee noted that the adjustments had no impact on fund balances and approved the Charitable Funds Annual Report & Accounts 2018/19 for submission to the Charities Commission.

- ~ **Managing Conflict of Interests:** The Committee received a report from the Interim Trust Secretary and noted content of the following registers; Board of Directors, Council of Governors, Medical Staff, Senior Managers and Gifts & Hospitality. During consideration of the report, the Committee endorsed a proposal to review the Trust's definition of 'Decision Makers' as part of a forthcoming periodic review of the Trust's Managing Conflicts of Interest Policy. The Committee also supported work to consider the feasibility of introduction of an electronic system for the maintenance and publication of the various registers.
- ~ **Chairs Reports:** The Committee received and noted the Chair's reports for recent meetings of the Finance, Performance and Business Development Committee, the Quality Committee and the Putting People First Committee.

3. Board Assurance Framework (BAF) risks reviewed

- ~ **Board Assurance Framework:** The Committee was assured of the processes in place to review the Board Assurance Framework and noted work recently undertaken by the Executive Team to review BAF content. The outputs from this work will be reflected in reports to the relevant assurance Committees in February 2020.

4. Escalation report to the Board on Audit Performance Measures

- ~ None

5. Escalation to Other Committees

- ~ None

6. Issues to highlight to Board

- ~ **Committee Chair:** Board members are requested to note that the role of Chair of the Audit Committee will be undertaken by Mrs T Ellery with effect from 29 January 2020.

7. Action required by Board

- ~ None.

Ian Knight
Chair of Audit Committee
28 January 2020



Board of Directors

Committee Chair's report of Charitable Funds Committee meeting held 18 December 2019

1. Was the quorate met? Yes
2. Agenda items covered
 - ~ **LWH Charity Financial Governance and Controls Update:** The Committee received an assurance paper detailing the robust processes to ensure that accounting and financial governance of the charity is of a high standard.
 - ~ **Charitable Funds Annual report and Accounts 2018/19 DRAFT:** The Committee received the draft annual report and accounts 2018/19. It was noted that the accounts had been independently reviewed by external examiners. The Committee approved the draft annual report and accounts and would recommend for Board approval in January 2020 prior to submission to the Charity Commission.
 - ~ **Quarterly Financial Position and Investment Report Quarter 2 2019/20:** The Committee noted the financial performance and position as at the end of September 2019. The Committee was asked to consider part liquidation of investments in order for the charity to repay the full amount it owes the Trust for making purchases on its behalf. The Committee approved this action. The finance team would meet with the Investment management team to action appropriately. The Committee reviewed and approved the Fund Signatories subject to an amendment to the senior midwifery signatory to cover a secondment.
 - ~ **Volunteer Strategy Achievements:** The Voluntary Services Manager updated the Committee of key performance and targets achieved during April – November 2019, most notably the introduction of the dementia friend role, opening and running of the Little Woollens shop by the volunteer workforce and the success of HelpForce to increase the number of applications predominantly from mature and retired people.
 - ~ **Liverpool Women's Charity Six-month Fundraising Plan:** The Committee was informed of a decline in fundraising and noted key issues affecting the charity's ability to fundraise effectively. The Committee approved the 6-month action plan and the development of a detailed fundraising strategy. The Committee agreed that the Committee should review the fundraising plan and strategy before it is considered by the Board at its workshop on 5 March 2020. The Committee was asked to start considering what is the next big priority for fundraising after the Big Tiny Steps Appeal ends.
 - ~ **Big Tiny Steps Appeal Update:** The Committee noted income secured, 87% of £250k target secured. The Committee approved an application of expenditure from the Big Tiny Steps Appeal fund.
 - ~ **Terms of reference and business cycle review:** The Committee reviewed the terms of reference and agreed to add the Head of Fundraising as a core member and amend the NED membership to two to reflect NED roles.

3. **Board Assurance Framework (BAF) risks reviewed**
No changes to existing risks were identified.
4. **Escalation report to the Board on Performance Measures**
None.
5. **Issues to highlight to Board**
None
6. **Action required by Board**
 - ~ Board approval of Charitable Funds Annual Report and Accounts 2019/20 – Board meeting 9 January 2020p
 - ~ Board discussion of Liverpool Women's Charity Strategy – Workshop 5 March 2020

Phil Huggon
Chair of Charitable Funds Committee
18 December 2019

		Agenda Item	
MEETING	Trust Board		
PAPER/REPORT TITLE:	Serious Incident Report – Quarter 2 &3 2019-20		
DATE OF MEETING:	Thursday, 06 February 2020		
ACTION REQUIRED	Assurance		
EXECUTIVE DIRECTOR:	Caron Lappin, Director of Nursing and Midwifery		
AUTHOR(S):	Christopher Lube, Head of Governance and Quality		
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</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>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 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 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, 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 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: <i>The Board/Committee is asked to:-....</i>)	The Board members are requested to review the contents of this paper and take assurance as to the robust process in place for the reporting and investigation of Serious Incidents as per National and Local Policy.	
PREVIOUSLY CONSIDERED BY:	Committee name	Quality Committee
	Date of meeting	October 2019 and January 2020

Executive Summary

The following report relates to serious incidents reported during quarter 2 & 3 of 2019/20 and also includes completed investigations and information on the roots cause identified following the completion of the Serious Incident Investigation using Root Cause analysis and progress with actions.

There were nine Serious Incidents (SI's) declared on the StEIS system as per Trust Policy in line with NHS England StEIS reporting criteria during Quarter 2 and 3 in 2019/20 period. The cases were identified in the following areas of the Trust; 4 for Maternity, 1 for Neonatal, 1 for Obstetric Theatres (which was a never event) and 1 in Gynaecology.

There were six Serious Incident final reports submitted to the CCG as in Quarter 2 & 3. Three of the reports did not meet the submission timeframe (60 working days) as set out in the Trust Policy because of delays in completing the investigation and final report due to, the reduced numbers of consultants in Gynaecology at the time who were undertaking the role of Investigating Officer and continuing with their individual clinical workload. This issue is currently being reviewed with a plan to train more Investigating Officers at Consultant and Senior Nurse level.

All of the Serious Incidents submitted to the CCG have been reviewed at a CCG SI Review Panel and been closed with two action plans to be monitored until closed.

From review there are no Serious Incidents which have been reported to the CCG which have previously occurred, but there are some contributory factors which have occurred in previous SIs such poor documentation, lack of escalation and not adhering to LocSSIPs procedures. These issues have been shared with staff and specific local actions are included in actions plans which are being monitored internally and by the CCG.

Duty of candour has been met in 100% of all SI cases and there are no overdue actions at the time of writing the report.

The report which has been presented, provides an update as to the number of SI's reported on StEIS and clearly demonstrates that the Trust continues to have an open culture of reporting and a robust process of investigation and provision of final investigation reports to the Clinical Commissioning Group, which provide clear root causes and lesson learnt. The Trust has been complimented by the CCG on numerous occasions as to the quality of the Trust Si investigations and associated reports which provides them with assurance.

It is therefore recommended that the Board note the contents of this paper and take assurance as to the robust process in place for the reporting and investigation of SI's.

Report

The agreed definition of a Serious Incident, both nationally and in the Trust Policy, is: "An accident or incident when a patient, member of staff, or member of the public suffers serious injury, major permanent harm or unexpected death, (or the risk of death or injury), on hospital, other health service premises or other premises where health care is provided and where actions of health service staff are likely to cause significant public / media concern".

The Trust follows NHS England's guidance in reporting Serious Incidents and carrying out investigations. This includes uploading all Serious Incidents onto StEIS (Strategic Executive Information System) for external review. Both our local commissioners and our regulators are informed of the Trust's Serious Incidents and monitor the outcomes.

Internally, Serious Incidents are managed operationally through the Safety Senate and through the Quality Committee.

In many cases it is immediately clear that a serious incident has occurred. If it is not clear whether an incident fulfils the definition of a Serious Incident, the Trust engages in open and honest discussions to agree the appropriate and proportionate response. Both NHS England and our local commissioners recognise that the best position is for us to discuss openly, to investigate proportionately and to let the investigation decide. It is nationally accepted that organisations that report more incidents usually have a better and more effective safety culture.

The table below provides a brief overview of the StEIS serious incidents reported in quarter 2&3.

Service	StEIS Ref.	Reported in Line with Policy	Summary
Quarter 2			
Maternity	2019/17154	Yes	Born in poor condition, initial resuscitation, ? Secondary apnoea. Discharged home B/F 29/07/2019, MRI – No Abnormalities detected.
Neonatal	2019/17628	Yes	UVC in suboptimal position resulting in extravasation injury. Peritoneal drain inserted to drain fluid. Transfer from NNU outside of region.
Maternity	2019/18056	Yes	Intrapartum SB (24 weeks+), inpatient
Maternity	2019/18943	Yes	Unexpected Stillbirth
Obstetric Theatre	2019/19939	Yes	Elective Caesarean Section performed and swab noted to be missing. Wound re-opened, swab located and retrieved. Patient did not leave theatre

Quarter 3			
Genetics	2019/22654	Yes	Patient not given results form a Genetic test for CF completed in June 2015
Gynaecology	2019/24001	Yes	Patient developed a Grade 3 Pressure Ulcer following Gynaecological Surgery and inpatient care in HDU and the Ward
Maternity	2019/25571	Yes	Women given Anti D post delivery when it was not required. No Harm – SI as Anti D is a blood product.

Lessons learnt from serious incidents submitted in Q3 2019/20

During the Q2 & 3 period a total of 6 SI's have had final reports submitted to the CCG for consideration and request to close the incident on the StEIS system.

Service	StEIS Ref.	Summary	Root Cause
Quarter 2			
Gynaecology	2019/6487	Informed by Radiologist at the Oncology Multi-Disciplinary Meeting on 13 March 2019 that a patient had recently been diagnosed with recurrent endometrial cancer. On reviewing the previous pre-operative chest, x-ray at the time of the initial treatment one year earlier (25 April 2018) a lung metastasis was noted. It appears that no action was taken at the time.	There was no failsafe mechanism or alert available for LWH for X-rays / imaging the time of the incident. Actions have been taken to prevent occurrence with new procedures for the checking of x-rays in association with Liverpool Royal Hospital. Closed by CCG following Review
Quarter 3			
Gynaecology	2019/9052	The patient was transferred to the Royal Liverpool University Hospital on 11 February 2019 for management of a suspected bowel obstruction. The patient underwent laparotomy and small bowel resection surgery on 15th February 2019. A telephone call was then made to Operating Consultant at LWH on from Surgical Consultant – RLBUHT regarding bowel surgery. The laparotomy had identified that the small bowel was adherent to the vaginal vault, with suture material.	No root cause was identified by the review panel, it was agreed that the injury sustained is a recognised complication of the surgery and is detailed on the procedure specific consent form. No training or technique issues were identified during the review by the surgeon involved in the incident. Closed by CCG following Review

Service	StEIS Ref.	Summary	Root Cause
Gynaecology	2019/11592	Patient underwent surgery at Liverpool Women's Hospital (LWH) on 14 May 2019 for a complex ovarian tumour. Patient deteriorated. Possible Sepsis, required ITU bed so patient was transferred to Whiston Hospital on 16 May 2019, further exploratory surgery was undertaken and she continued to deteriorate and sadly passed away on 17 May 2019.	<p>The review team agreed the root cause for this incident could not be established, as we are unable to determine what caused the presence of e-coli in patients' bloodstream. The review team note that the E Coli was resistant to the standard antibiotics prescribed for surgical prophylaxis or severe sepsis.</p> <p>Closed by CCG following Review</p>
Maternity	2019/17154	Baby born in poor condition and required transfer to neonatal unit for observation and subsequently underwent therapeutic cooling following neurological examination and observed seizure activity.	<p>Failure to act on or escalate changes to the clinical picture related to multiple human factors including: conformation bias, task fixation and lack of leadership.</p> <p>Full action plan in place being monitored via Maternity Risk Meeting.</p> <p>Closed by CCG following Review</p>
Neonatal	2019/17628	Umbilical venous catheter (UVC) inserted into preterm baby and was in a sub optimal position on multiple x-rays. This led to a Total Parenteral Nutrition (TPN) extravasation injury into the peritoneum, as there was an acute deterioration of the baby with abdominal distension and assumed parenteral nutrition withdrawn from the abdomen. Peritoneal drain was inserted by surgeons from external children's hospital.	<p>Failure to identify (and act upon) low lying umbilical venous line</p> <p>Delay in inserting alternative central access via a long line and removal of malposition of the UVC.</p> <p>Action taken to prevent reoccurrence with compliance audit in place for the review of x-rays.</p> <p>RCA report shared with referring NNU in Worcester</p> <p>Closed by CCG following Review</p>
Obstetric Theatres	2019/19939	An incident occurred in the Obstetric theatres where a swab being left in the abdomen of woman following an elective caesarean section. Suturing had been completed prior to the realisation that a swab was unaccounted for. The woman was reopened under the original spinal anaesthetic and the retained swab was removed and prescribed prophylaxis antibiotics.	<p>An additional hand towel was present in the theatre and counted as a swab.</p> <p>Actions in place to prevent reoccurrence, issue links into work being completed for LocSSIPs</p> <p>Closed by CCG following Review</p>

Overview

There were nine SI's reported in Q2 & 3 making a total of eleven SI's reported for the year to date for 2019/20. This is a decrease as compared to the same period in 2018/19 where 16 SI's were reported. The following table shows the trend in SI's numbers in the Trust the all quarters in 2018/19 and the first 3 quarters in 2019/20

Year	Quarter	Total
2018/19	1	5
	2	5
	3	6
	4	3
	Total for Year	19

Year	Quarter	Total
2019/20	1	3
	2	5
	3	3
	4 to date	0
	Total Year to Date	11

Duty of Candour

The Trust has a policy in place in relation to the completion of Duty of Candour which underwent a review in December 2019 and assurance gained that it meets the requirements of the National Guidance and Regulation 20 of the Health and Social Care Regulations 2008 (Regulated Activities) Regulation 2014

The Head of Governance and Quality undertook an audit of the compliance with the policy in October 2019, this identified that between July 2019 and August 2019 that there was 100% compliance with the completion of Duty of Candour for Serious Incidents.

Overdue Actions for reported SIs

At the time of writing this report there are no actions from Serious Incidents which are overdue. This has not been the case during the quarter's, but following a review within the Governance team and additional support from the new Risk and Patient Safety Manager any overdue actions have been completed and required information submitted to the CCG. Developments in the use of the Ulysses Risk Management System will provide greater monitoring in the future and prevent actions becoming overdue.

Conclusion

The report which has been presented, provides an update as to the number of SI's reported on StEIS and clearly demonstrates that the Trust continues to have an open culture of reporting and a robust process of investigation and provision of final investigation reports to the Clinical Commissioning Group, which provide clear root causes and lesson learnt.

Recommendation

It is therefore recommended that the Board note the contents of this paper and take assurance as to the robust process in place for the reporting and investigation of SI's.

	Agenda Item	
MEETING	Board of Directors	
PAPER/REPORT TITLE:	Safer Nurse/Midwife Staffing Monthly Report	
DATE OF MEETING:	6 th February 2020	
ACTION REQUIRED	For Assurance	
EXECUTIVE DIRECTOR:	Choose an item. Caron Lappin, Director of Nursing and Midwifery	
AUTHOR(S):	Janet Brennan, Deputy Director of Nursing and Midwifery	
STRATEGIC OBJECTIVES:	Which Objective(s)? 1. To develop a well led, capable, motivated and entrepreneurial workforce <input type="checkbox"/> 2. To be ambitious and efficient and make the best use of available resource <input type="checkbox"/> 3. To deliver safe services <input checked="" type="checkbox"/> 4. To participate in high quality research and to deliver the most effective Outcomes <input type="checkbox"/> 5. To deliver the best possible experience for patients and staff <input 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 checked="" type="checkbox"/> 2. The Trust is not financially sustainable beyond the current financial year <input type="checkbox"/> 3. Failure to deliver the annual financial plan <input type="checkbox"/> 4. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/> 5. Ineffective understanding and learning following significant events <input type="checkbox"/> 6. Inability to achieve and maintain regulatory compliance, performance and assurance <input checked="" type="checkbox"/> 7. Inability to deliver the best clinical outcomes for patients <input checked="" type="checkbox"/> 8. Poorly delivered positive experience for those engaging with our services <input checked="" type="checkbox"/>	
CQC DOMAIN	Which Domain? SAFE - People are protected from abuse and harm <input type="checkbox"/> EFFECTIVE - people's care, treatment and support achieves good outcomes, <input type="checkbox"/> promotes a good quality of life and is based on the best available evidence. CARING - the service(s) involves and treats people with compassion, kindness, dignity <input type="checkbox"/> and respect. RESPONSIVE – the services meet people's needs <input type="checkbox"/> WELL-LED - the leadership, management and governance of the <input type="checkbox"/> organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. ALL DOMAINS <input checked="" type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND	1. Trust Constitution <input type="checkbox"/> 2. Operational Plan <input type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/>

EXTERNAL REQUIREMENT	3. NHS Compliance <input checked="" 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 note: <ul style="list-style-type: none"> The content of the report and be assured appropriate information is being provided to meet the national and local requirements. The organization has the appropriate number of nursing & midwifery staff on its inpatient wards to manage the current clinical workload as assessed by the Director of Nursing & Midwifery 	
PREVIOUSLY CONSIDERED BY:	Committee name	<i>Choose an item.</i> Or type here if not on list: Trust Board
	Date of meeting	Thursday, 06 February 2020

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 November and December 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. A further review of the 5 areas is being undertaken Jan- Feb 2020. 5 other areas are starting audits as part of the accreditation programme
- 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 **November and December 2019**.

- Maternity has seen a decrease in fill for care staff- due to vacancies
- Gynaecology has seen an increase in fill rate of care staff
- Neonates remains to have 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 November and December 2019 there were 26 red flags reported. Out of these were 7 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.

4.0 Vacancies

There are currently minimal vacancies for Registered staff across all areas. Theatres have some challenges but have managed to recruit from other trusts and currently only have 3 vacancies when all in post. There are several HCSW vacancies which are currently being recruited to.

10 Neonatal nurses have commenced as part of the partnership working across sites.

As part of the Neonatal partnership a lead nurse has been appointed for 12 months.

Currently the matron for CSS/ Theatre manager post is vacant. Interviews to be held 12th February 2020

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 NMPF and PPF. Currently the turnover is 6% in N&M. It must also be noted that there are 24 wte in family health division on maternity leave.

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. Each division undertakes health roster challenges led by HON/M.

5.0 Summary

During the months of November **and December 2019** 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.

Maternity has seen a rise in bank costs and overspends with a reduction in births.

DDONM, DDOF and DDHR are commencing monthly meetings with divisions to take control of vacancies and spend.

6.0 Recommendations

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

Appendix 1

Nov 19

WARD	Fill Rate Day% RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff
Gynae Ward	96.6	100	100	100
Delivery suite	98.3	76.7	89.3	80
Mat Base	165.1	86.5	144.2	75.5
MLU	101.7	76.7	108.3	73.3
Jeffcoate	103.3	86.7	86.7	66.7
Neo-nates	108.5	101.7	109.6	96.7
Average	111.95	88.05	106.35	82

Dec 19

WARD	Fill Rate Day% RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff
Gynae Ward	85.4	100	96.8	100
Delivery suite	96.1	69.9	87.6	66.7
Mat Base	96.8	82.3	87.6	69.6
MLU	86.5	74.2	87.1	80.6
Jeffcoate	100	100	100	86.7
Neo-nates	111.5	98.4	110.3	98.4
Average	96	87.4	94.9	83.6

Agenda Item	
MEETING	Trust Board
PAPER/REPORT TITLE:	Bi-Annual Nursing & Midwifery Staffing Report January 2020
DATE OF MEETING:	Thursday, 06 February 2020
ACTION REQUIRED	For Assurance
EXECUTIVE DIRECTOR:	Caron Lappin, Director of Nursing and Midwifery
AUTHOR(S):	Janet Brennan, DDONM
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</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 type="checkbox"/> To deliver the best possible experience 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 junior medical 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 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 checked="" type="checkbox"/>
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, <input type="checkbox"/> 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"/> and respect.</p>

	RESPONSIVE – the services meet people's needs. <input type="checkbox"/> WELL-LED - the leadership, management and governance of the <input type="checkbox"/> organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. 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 checked="" 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: (eg: The Board/Committee is asked to:-....)	The Committee is asked to: 1. Accept the assurance of the current nurse/ midwife staffing levels 2. Note the content of the report and the assurances provided that nurse/midwife staffing levels are safe and appropriate at present. 3. Note the risk to the organisation of the number of nursing and midwifery staff > 50 years of age. 4. Be cited on the national shortage of nurses and midwives.	
PREVIOUSLY CONSIDERED BY:	Committee name	Putting People First Committee
	Date of meeting	Tuesday, 29 January 2019

Executive Summary

The bi-annual Nursing and Midwifery staffing report is provided to the Board of Directors through the Putting People First (PPF) Committee. The report sets out the LWH position in the context of the National Nursing and Midwifery workforce challenges. The paper covers the period from June 2019 to December 2019. Due to the timings of the PPF and the available data it has been agreed that there will be a report in June and January each year which means the data will be for 5 months and 7 months. The paper provides assurance that there are robust systems and processes in place throughout the year to monitor and manage nursing & midwifery staffing requirements.

Getting the right numbers of nurses, midwives and care staff in place is essential for the delivery of safe and effective patient care. It is a requirement for the Executive Nurse Director, on behalf of the Board of Directors to review the nursing and midwifery staffing numbers twice per year.

NHSI have developed recommendations to support Trusts in making informed, safe and sustainable workforce decisions (October 2018). The document builds on the National Quality Board's (NQB) guidance (2013, 2016). NQB's guidance states that providers:

- Must deploy sufficient suitable qualified competent, skilled and experienced staff to meet the care and treatment needs safely and effectively.
- Should have a systematic approach to determining the number of staff and range of skills required to meet the needs of the people using the service and keep them safe at all times.
- Must use an approach that reflects current legislation and guidance where it is available.

In 2017 the NQB published an improvement resource to achieve safe, sustainable and productive staffing of maternity services. The guidance endorses Birth-rate plus as a tool to ensure staff are deployed in the right place whilst NICE guidance supports 1:1 care in labour.

LWH reports the following in line with NQB recommendations:

- 6 monthly Trust Board report: Bi- annual Nursing & Midwifery Staffing Review.
- Monthly Board level reporting detailing planned and actual staffing for the previous month.
- Monthly staffing report to Unify and published on the Trust's website, and the NHS Choices website.
- Nursing/ Midwifery staffing levels each shift (planned and actual) displayed at ward level.
- Evidence based tools, professional judgement and outcomes are used in the safe staffing processes.
- Updated annual workforce plan that is signed off by the Executives.
- Any service change, including skill mix change has a full quality impact assessment review signed off by the DONM and MD.

The report highlights:

- A review was undertaken in maternity by Birth rate plus and the recommendations were agreed by Board.
- There has been an increase in Gynaecology activity in outpatients as more consultants come into post. We are seeing a reduction in Maternity and Neonates activity, but staffing remains well above this level. Therefore, as part of the workforce reviews taking place this will be taken into consideration.
- Investment in a Tissue viability/ Nutritional Nurse appointed in November 2019.
- Theatres remain a struggle in terms of recruitment, but HR continue to work with theatres to drive down agency prices and usage.
- Headroom has been increased to 21 % and 21.4% in Maternity to allow for extra training requirements in maternity. Funded in budgets from July.
- Maternity achieved 1:1 care in labour (Appendix 2)
- Theatres establishment follows Association for perioperative Practice (AFPP) guidelines.
- The Trust has joined NHSI cohort 4 – reviewing retention with an action plan monitored through PPF. Turnover is on a downward trend, currently at 6%.
- CHPDD shows: Gynaecology is 4.68 hours compared to 4.56 (peer) and 5.24 (national)- Model Hospital Data September 2019
- Actual versus planned staffing shows: Fill rate average has been > 95% for registered staff and > 80% for unregistered. (Appendix 1)
- Vacancy rates are below the national picture. National (11.6%) Cheshire and Mersey (9.3%) LWH (4%)
- The Age profile for LWH - 30 % of the Nursing and Midwifery workforce are > 51 years of age.
- There has been an increase in maternity Leave from September 2019. December figures show 27 Registered Nurses/ Midwives are on maternity leave. 24 of those in family health division.
- LWH are part of the Cheshire and Mersey workforce programme with representatives from LWH on each workstream.
- As part of the people plan and CNO objectives there will be an increase in nursing and midwifery supply. This means more nurses and midwives in training at LWH. This has already had implications as there has

been an increase in midwifery students. To be able to support this extra practice education facilitators time is required (PEF).

Report

1.0 Introduction

1.1 This bi-annual comprehensive report is provided to the Board of Directors on Nursing and

Midwifery staffing. The report details the Trust's position against the requirements of the National Institute of Health Care Excellence (NICE) guidance for adult wards issues in July 2014, the National Quality Board (NQB) Safer Staffing Guidance 2016 and the NQB speciality staffing improvement guidance documents published by NHSI in January 2018.

1.2 The paper will provide analysis of the Trusts workforce position at the end of December 2019 and the actions being taken to mitigate and reduce the vacant position.

1.3 Workforce modelling has been undertaken at budget setting by each division and was agreed for the financial year 2019/2020. Further workforce modelling for 2020/2021 is currently being undertaken with finance and the divisions. This will be signed off by the executive team before implementation.

1.4 The staffing and acuity measures are modelled twice yearly based on activity and professional judgement. Birth- rate plus and professional judgements are used to determine appropriate midwifery staffing. In addition the maternity delivery suite utilise an acuity tool every two hours to assist with staffing. The Neo-natal unit utilises an acuity model of staffing, which is reviewed 12 hourly and staffing flexed in accordance with patient need. British Association of Perinatal Medicine (BAPM) standards have been utilised to provide the benchmark for staffing within the Neo-natal Unit. Theatre staffing review is based on AFPP (Association of peri-operative practitioners) guidelines.

1.5 In the review of establishments, the ongoing monitoring of nursing and midwifery quality indicators, red flags, patient survey results, friends and family feedback, reported incidents and complaints have all been taken into account to assess whether the nursing and midwifery needs of patients are being met. These are presented monthly at Board and relevant senates and demonstrate good compliance.

1.6 The introduction of Ward accreditation across 5 areas in April (Maternity Base, Gynaecology Ward, Neo-nates, Delivery and MLU) reviews staffing as part of the accreditation process. These 5 areas are currently being accredited again. 5 other areas (GED, OPD, Hewitt, Knutsford and LWH and Theatres are currently starting audits as part of the accreditation programme. In 6 months these areas will also have a full accreditation.

2.0 National Context

2.1 The shortfall in nurse numbers and midwives across the UK is well- recognised. Although there is no nationally agreed measure of the shortfall in the nursing in England, recent figures presented

by NHSI suggest the number is circa 41,000 vacancies (one in eight posts) and 3.500 Midwives. Cheshire and Mersey report > 200 vacancies across the region.

- 2.2** There has been a 20% increase in nurses and midwives leaving the profession; for the first time in 2016/17 the number of leavers has outstripped the number of nurses joining the NMC register and 45% more UK registrants left the register in 2016/17. Statistics released in 2018 outlined that 33,000 nurses a year are leaving the NHS in England: that is 20% more than left in the same period 4 years ago. (NMC)What is happening nationally.
- 2.3** Despite the government's efforts to increase the number of nurses and AHP's in training by up to 10,000 success has yet to be seen. The number of nurses in undergraduate training has fallen by 4% since 2016.
- 2.4** The interim people plan sets out areas of focus for the future nursing and midwifery workforce which includes:
- Increasing the pipeline supply
 - Reducing vacancies (target 5% by 2028)
 - Career development and progression
 - Expanding the nursing workforce (including nursing associate role)
- 2.5** An aging workforce profile predicted to reach retirement age within the next 6 years.
- 2.6** A reduction in Continual Professional Development funding (CPD) impacting on training and development opportunities for the Nursing and Midwifery workforce.
- 2.7** Cheshire and Mersey Vacancy position is 9.3% and the national position is 11.6%.
- 2.8** The NHS interim people plan (June 2019) recognises the significant shortfalls in nursing and has put in a number of actions to enable the NHS to grow the nursing workforce by >40,000 by 2024 and reducing vacancy levels to 5% by 2028.
- 2.9** An increase in student midwives has already had an impact on LWH. As a trust we only have one PEF. Following the increase in student numbers we have increased the PEF provision for 6 months to two to support the increase of students. A business case will be put forward to increase this provision permanently.

3.0 LWH Workforce position

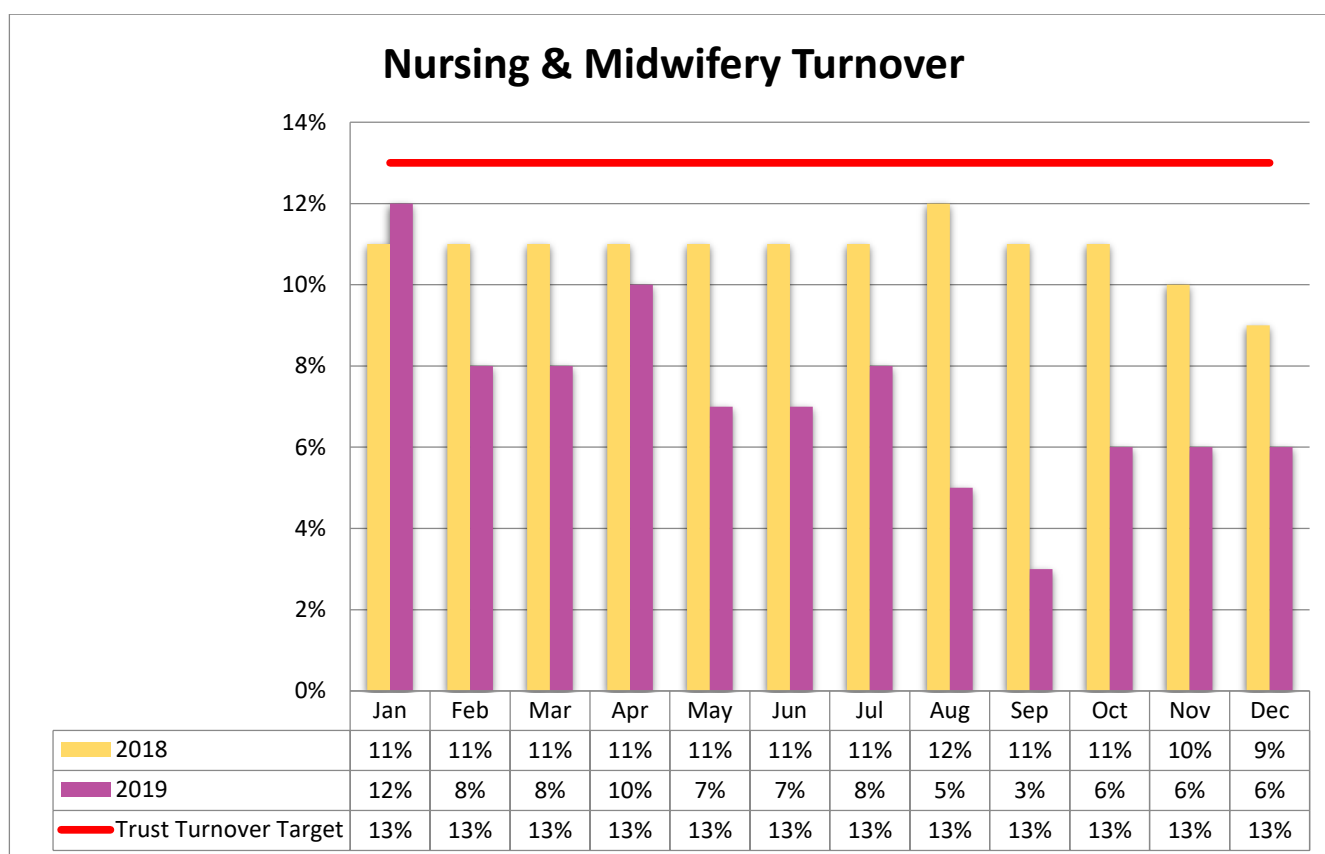
- 3.1** At the end of Dec 2019 there were a total of 4.58 wte registered nursing, midwifery, and ODP vacancies across LWH. With a vacancy rate of 0.7 % compared to Cheshire and Mersey (9.2%) and the national picture (11.6%) LWH is excellent. Including HCSW the vacancy rate is 4%
- 3.2** The tables below illustrate the vacancies (finance data), by division (Dec 2019).

RN&M / ODP vacancies	Establishment	In Post	Vacancies	Vacancy rate %
Maternity	282.02	284.09	- 2.07	*
Gynaecology	99.22	93.16	6. 06	6%

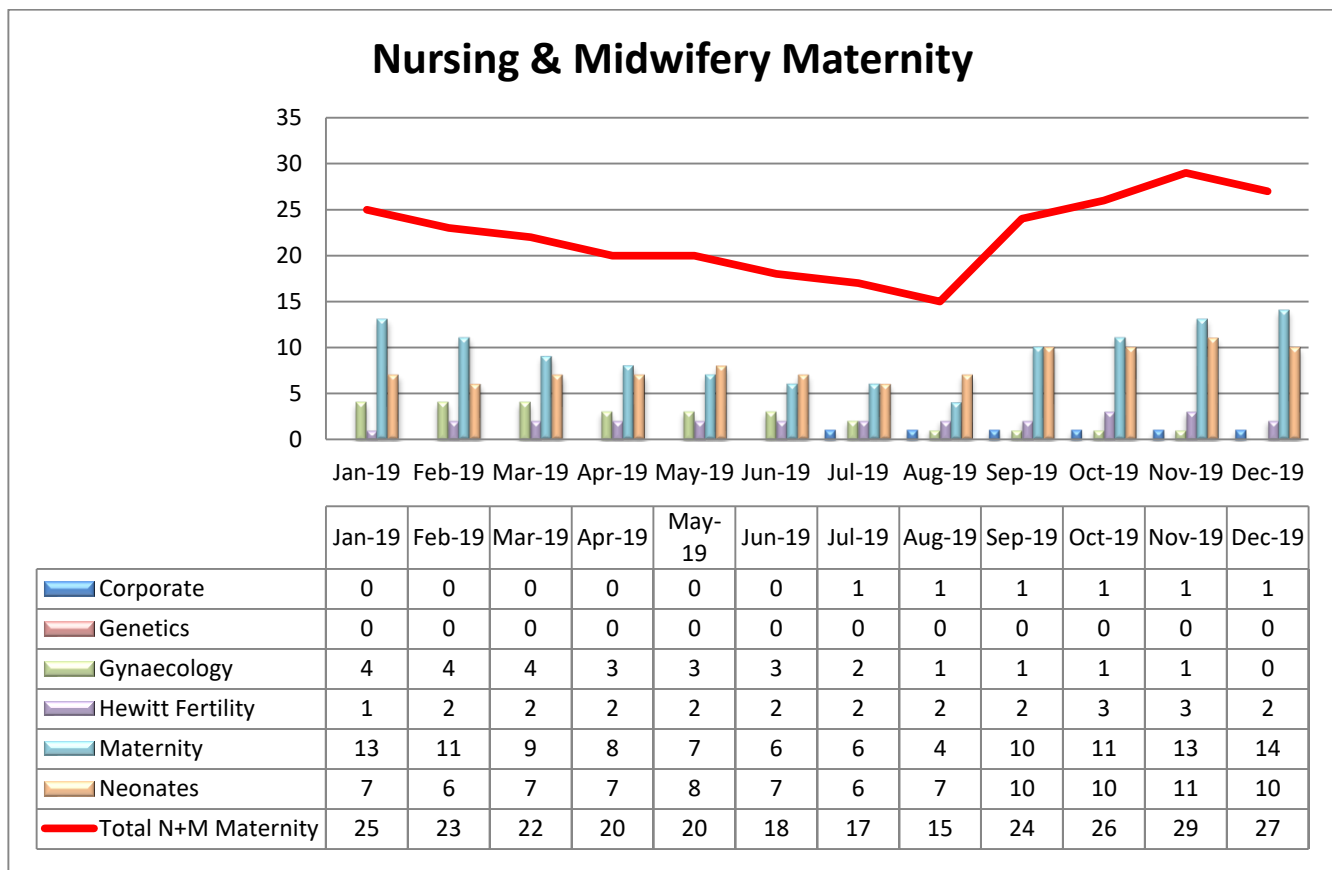
Neonates	156.16	161.98 (partnership inc)	-5.82	*
Hewitt	36.48	36.58	- 0.10	*
Genetics	12.8	10.6	2.20	15%
Theatres	56.72	52.41	4.31	7.5%
Total	643.4	638.82	4.58	0.7%

- * denotes minus vacancy rate
- ** does not include imaging or operational management

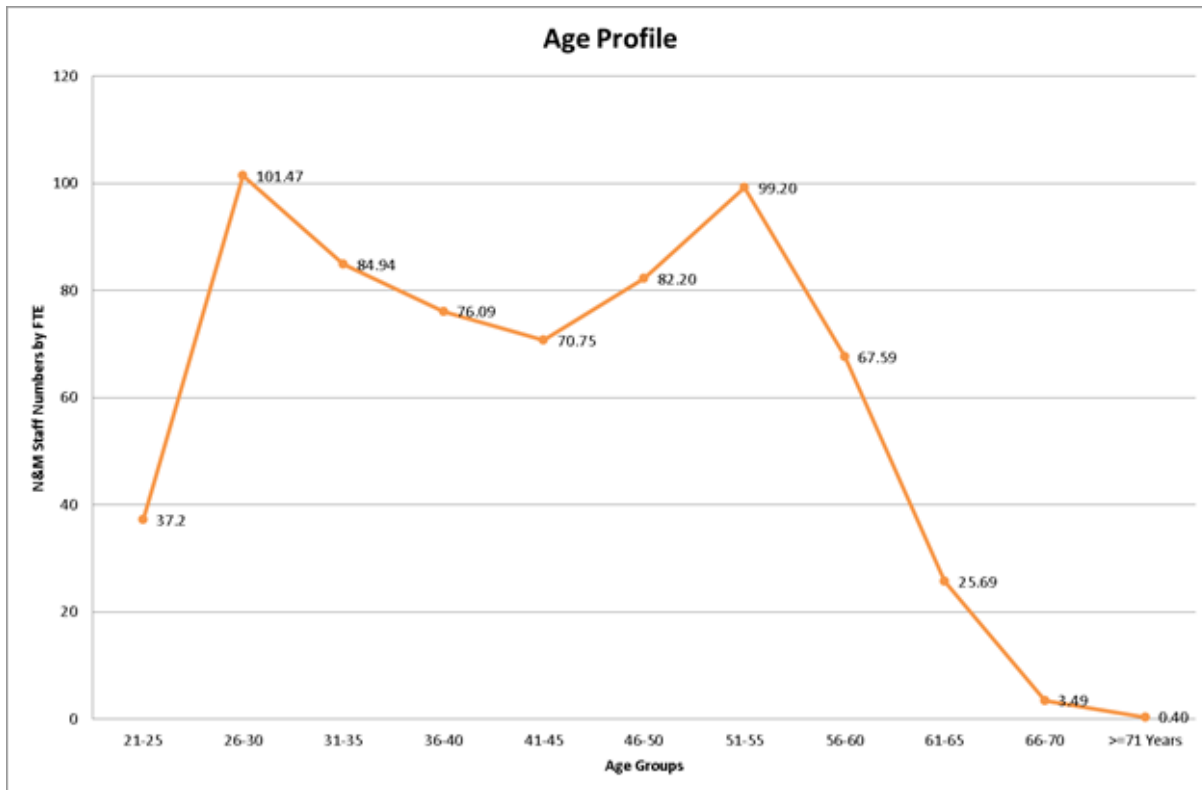
3.3 The table below demonstrates that Nursing and Midwifery turnover is 6 % at the end of Dec 2019.



3.4 The graph below demonstrates an increase in Maternity leave in Q3



3.5 Age Profile - the graph below illustrates the age profile of Nurses and Midwives across LWH. 195.96 of our N&M workforce are between 51-65 years of age which equates to 30% of LWH workforce, a slight reduction from the previous paper.



4.0 Summary of outcomes from Divisional reviews.

4.1 Gynaecology services

- The Macmillan team have now fully recruited to their additional posts.
- There are currently minimal vacancies across the Division and 12 month turnover rate is less than Trust target in all areas.
- Consultant nurses and specialist nurses undergoing job planning currently in preparation for activity commencing April 2020.
- Listening events will continue over 2010 held by the HON and as part of the NHSI retention programme Gynaecology
- Further Consultant Nurse appointed for the HFC.
- Additional nurse recruited to become trainee Nurse Colposcopist.
- Ongoing sickness and absence in some senior nursing posts, which have been covered on an interim basis.
- CHPPD data for the Gynaecology Ward shows an average of 4.68 hrs spent with the patient per day compared to 4.56 (peers) and 5.24 (national) based on data from the Model Hospital (September 19).

It is important to note that the use of CHPPD will only capture the care hours provided to each bed and does not capture all the activity on the ward such as the turnover of patients through that bed within the 24-hour period or recognise the acuity of the patient receiving the care. CHPPD measures must be reviewed alongside patient acuity and dependency data and professional judgement as CHPPD is not a metric to either determine registered nurse requirements or to provide assurance for safe staffing by itself. The data will be reviewed as part of the workforce review by the HON.

4.2 Theatres

The service operates on staffing levels based on guidance and methodology from the Associate of perioperative practitioners (AFPP) which is the national standard for staffing operating theatres. A review has been undertaken to ensure that the current agreed establishment meets the requirement.

The role of the First surgical assistant has been introduced and theatres have successfully trained 3 members of staff in this extended role, all achieving qualifications through Edge Hill University. These additional roles are undertaking the role of the junior doctor when required during the perioperative stage. It is intended that these posts will also offer support maternity services. Recruitment to theatre manager/ CSS matron post is currently in progress. HR are working with theatres to improve recruitment and to reduce Bank and Agency costs.

4.3 Maternity

In 2017 the NQB published an improvement resource to achieve safe, sustainable and productive staffing of maternity services. The guidance endorses Birth-rate plus which is endorsed by the RCM as an approved tool to ensure staff are rostered in the right place.

A workforce assessment was commissioned by LWH maternity unit in July 2018 by Birth- Rate plus.

These assessment recommendations were based on 8200 births with a 21.4% uplift agreed by the Trust. The methodology calculates the clinical establishment based on agreed standards of care and specialist needs and includes non- clinical midwifery roles and skill mix adjustment of the clinical staffing. The results showed that there was a shortfall of non- clinical midwifery posts in comparison to organisations of other sizes. However professional judgement by the HOM reports that the funded establishment with the clinical activity is manageable apart from a requirement for EON midwives (Examination of the New-born). The assessment by BR+ was accepted by Board and the HOM. Recruitment was undertaken in July 2019 to staff to Birth-rate plus recommendations and staff commenced in employment in October 2019. However, activity in maternity is reduced and staffing establishments are above this level. This is being reviewed as part of workforce plans.

Although LWH have attracted experienced midwives many of our new recruitments are newly qualified midwives which is challenging as the level of experience and expertise takes time to develop however there is a good preceptorship programme to develop and support staff.

National recommendations suggest a 1:28 midwife to birth ratio. This ratio is monitored within the maternity dashboard and is currently reported a 1:26

NICE guidance supports one to one care in established labour and we have consistently each month achieved above the 95% CCG compliance target

Staff turnover in Maternity is 7% which below the trust target of 10%. The HOM has reviewed all leavers in the last 6 months and the attrition is mainly due to staff relocating outside of the North West area and retirement. New appointments of a critical care outreach midwife and a HDU practice educator who provides shared educational support for both Maternity and the Gynaecology Division have been made and the senior management team has been strengthened by a new matron for complex care who commenced

within the Trust in September and has responsibility for the Maternity ward and the Maternity Assessment Unit

4.4 Neonatal Services

In line with other intensive care specialities BAPM has set clear standards about the minimum number of nurses required to care for neonates in intensive care. According to BAPM standards with a 25% uplift then the unit should have 124 bedside nurses wte in post at LWH there are 127.9 wte. This does not account for, 8wte are allocated to the partnership, quality roles, LWH uplift of 21%, maternity leave, occupancy over 80% and long term sickness, meaning we do not achieve this standard in daily operational terms. Neonatal safer staffing level are set at 80% and we consistently achieve well above this.

There are only one or two SCBU's in the country that achieve full BAPM, so with regards to staffing levels are in line with the national picture and often exceed it.

Staffing and Acuity are monitored by the shift co-ordinator and twice a day. As part of the Partnership with Alder Hey senior nursing team are in post and the nursing teams are now rotating across sites which is proving successful. We have also uplifted the number of nurses accessing neonatal and surgical speciality models.

A reduction in activity has been seen in Neo-nates this will be reviewed as part of workforce planning.

4.5 Genetics

There are no national workforce tools for determining staffing levels for genetic counsellors; however the following guidance is taken into account when planning safe staffing numbers:

- NHS Commissioning Board 2013/14 NHS standard contract for Medical Genetics – this will be replaced by the new Clinical Genomics Service Specification in 2020.
- NHS E01/P/a Clinical Commissioning Policy: Pre-implantation Genetic Diagnosis (PGD) April 2013 – update expected in 2020.
- Registration criteria for GCs, mentorship guidelines and training, training centre status from HCPC and GCRB.
- AGNC job plans and workforce review.
- Professional judgement.

There is still a national shortage of trained genetic counsellors. This was evident during recent recruitment for two band 7 genetic counsellor posts, for which we only managed to recruit one registered genetic counsellor. The other post has been filled with a pre-registration (trainee) genetic counsellor on a band 6. There is another band 7 registered genetic counsellor who is about to leave the team and again this may have to be filled with a band 6 pre-registration genetic counsellor. This will impact on the genetic counsellor team as there is a significant training burden with a pre-registration genetic counsellor and it takes a minimum of two years to complete their training.

4.6 Corporate

There has been investment an appointment of a Tissue Viability / Nutritional Nurse in November 2019. This post is to support clinical teams with improving care of patients with wounds and their nutritional Status.

5.0 Recruitment

5.1 Trust wide recruitment campaigns continue to attract experienced nurses and midwives as well as newly qualified Nurses and Midwives. The HON/ M have introduced keep in touch strategies for those in the recruitment process. Theatres are working with HR to review recruitment strategy, however 3 have just been recruited from another trust therefore 3 vacancies remaining.

6.0 Retention and Turnover

6.1 Retention is a key element of the workforce plans for the Trust. At the end of Dec 2019, the Nursing and Midwifery turnover rate was 6%. This is an improvement of 1 % from the last report.

6.2 LWH have joined Cohort 4 of NHSI work regarding retention. An action plan has been developed and is being monitored through the Nursing and Midwifery Professional Forum.

7. Care Hours Per Patient Per Day (CHPPD)

7.1 In May 2014, guidance was published from NHSE that required all Trusts to publish staff fill rates by hours (Actual versus Planned) via the unify report. From April 2016 all Trusts were required to report monthly staff fill rates and Care Hours per Patient Day (CHPPD) via unify.

7.2 CHPPD was introduced as a measure for the deployment of nursing, midwifery and healthcare support staff on acute and acute specialist inpatient wards. CHPPD is now the national principal measure.

7.3 CHPPD is calculated by taking all the shift hours worked over the 24-hour period by Registered nurses/ midwives and nursing assistants and dividing this by the number of patients occupying a bed at midnight. The data is aggregated each day over the month. In maternity only, the mothers are included in the census.

7.4 It is important to note that the use of CHPPD will only capture the care hours provided to each bed and does not capture all the activity on the ward such as the turnover of patients through that bed within the 24-hour period or recognise the acuity of the patient receiving the care.

7.5 The lack of national CHPPD benchmarks limits the validity of the data to inform safer staffing decisions at present.

7.6 Whilst CHPPD is a simple measure, this must be reviewed alongside patient acuity and dependency data as CHPPD is not a metric to neither determine registered nurse/ midwife requirements nor provide assurance for safe staffing.

7.7 Appendix 1 illustrates CHPPD level from June 2019- Dec 2019

8. Safe care-Planned versus actual

8.1 Planned versus actual staffing levels are reported monthly via Unify. Currently the data is gathered manually. There are plans for this to be reported via Health Roster in 2020.

8.2 Appendix 1 shows the planned versus actual figures from June 2019- December 2019. The data shows that the fill rate is very good. Averages for RN/M is on average > 95% and care staff fill rate is > 80%.

9. Safe care-Acuity and dependency

9.1 The previous results of the Safer Care Nursing Staffing tool (SCNT) were unable to define the correct establishment needed for the gynaecology ward due to the mix of day cases and in patients but gave an indication for the HON to use as part of the workforce review.

9.2 The tool is not designed to capture acuity and dependency data from wards with less than 16 beds, day case rates, maternity areas or departments.

10 Red Flags and escalation

10.1 Where a shortfall in Registered Nurses/ Midwives occurs, the Trust has a process to mitigate in real time through interventions by senior nurses/ midwives in line with an escalation process to enable the delivery of safe and effective patient care.

10.2 NICE guidance recommends that the Trust have a mechanism to capture “red flag “events. The Trust has incorporated these into the Trust incident reporting system. Incidents can be reviewed against acuity and dependency and planned and actual staffing levels for the day. Triangulation of data assists in informed decision making relating to staffing. LWH participates in and publishes data relating to NHS Safety Thermometer Classic and Maternity.

10.3 From June 2019- December 2019 a total of 186 Red flags were raised. Of these 21 were incidents reported as staffing shortfalls.

10.4 The top 3 reporting areas were delivery suite, delivery suite induction room and neonatal unit.

10.5 Staffing levels are also triangulated with complaints and adverse incidents to provide assurance on patient safety; staff are encouraged to complete an incident report when staffing levels are below the required parameters. Daily huddles take place for the site to review staffing levels.

11 E-Roster

11.1 The Trust has rolled out Health Roster, there is still some work to do with embedding usage of the system. Health roster challenge meetings have commenced with DDON/M, monitoring the roster performance KPI's with the HON/M and matrons. This is now led by the divisions and will be discussed as part of the divisional performance reviews. Monthly meeting with DDONM, DDOPF and DDOHR and the divisions have recommenced December 2019.

12 Temporary staffing

12.1 Currently the Trust uses its own internal Bank system. A scoping exercise is currently being undertaken looking at the feasibility and cost of utilising other bank methods. It was envisaged that this would have been completed before now but there are some HR issues to be completed.

13 Headroom

13.1 The trust previously funded headroom within operational budgets at 18.9%. The board agreed from April 2019 in a phased approach to increase the headroom to 21% and 21.4% for maternity (due to the extra mandatory training that must be fulfilled in maternity). Maternity leave is not funded within the headroom calculation. The funding was placed in budgets from July 2019.

14 Summary

14.1 LWH can demonstrate safe staffing levels through workforce reviews, actual versus planned data, CHPPD, acuity tools and professional judgement.

14.2 Vacancy rate for N&M at LWH is 0.7% (N&M & ODP- December 2019) compared to the national picture of 11.6 %.

14.3 6% turnover in April compared to 15% across Cheshire and Mersey.

14.4 30% of the Nursing and Midwifery workforce are > 50 years of age therefore recruitment and retention needs to remain a high focus.

14.5 The new divisional triumvirate structure will ensure workforce is monitored through KPI's at performance reviews.

15 Conclusion / Recommendations

The Committee is asked to:

15.1 *Accept the assurance of the current nurse/ midwife staffing levels*

15.2 *Note the content of the report and the assurances provided that nurse/midwife staffing levels are safe and appropriate at present.*

- 15.3** *Note the risk to the organisation of the number of nursing and midwifery staff > 50 years of age.*
- 15.4** *Be cited on the national shortage of nurses and midwives.*

APPENDIX 1 - Fill Rate/ CHHPD

June 19

WARD	Fill Rate day% RN/RM	Fill Rate day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff	CHHPD Hrs
Gynae ward	92.4	93.2	100	100	5.1
Delivery suite	89	67.8	90.5	45.3	18.8
Mat Base	92.5	66	93.8	75	5.5
MLU	99.2	70	94.2	60	41.7
Jeffcoate	173.6	166.4	166.4	108.5	7.1
Neo-nates	108.8	115	108.8	108.3	12.5
Average	109.25	96.4	108.9	82.85	

July 19

WARD	Fill Rate Day% RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff	CHHPD Hrs
Gynae Ward	100	100	100	100	4.9
Delivery suite	89.4	64.5	89.4	78.5	18.7
Mat Base	90.7	87.1	94	88.4	5.1
MLU	102.4	103.2	99.23	96.8	27.9
Jeffcoate	100	100	100	107.1	5.2
Neo-nates	109.5	111.3	110.9	108.1	13.5
Average	98.66	94.35	98.9	96.4	

August 19

WARD	Fill Rate Day % RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff	CHPPD Hrs
Gynae ward	91.1	75.3	100	100	4.6
Delivery suite	91.2	79.6	91.7	77.4	16.5
Mat Base	89.5	79	89.9	77.4	4.5
MLU	101.6	167.7	81.5	80.6	26.9
Jeffcoate	100	100	100	78.6	5.5
Neo-nates	107.1	112.9	110.3	100	12.1
Average	96.7	102.4	95.5	85.6	

September 19

WARD	Fill Rate Day % RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff	CHPPD Hrs
Gynae ward	107.1	76	111.3	100	4.7
Delivery suite	91.7	96.6	90.5	73.3	20.7
Mat Base	173.4	73.3	154.8	82.2	4.8
MLU	89.2	100	68.3	140	25.3
Jeffcoate	96.7	93.3	100	76.7	5.1
Neo-nates	108.5	95	109.2	83.3	13.6
Average	111.1	89	105.6	92.5	

Oct 19

WARD	Fill Rate Day% RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff	CHPPD Hrs
Gynae Ward	93.5	98.4	98.9	100	4.2
Delivery suite	92.2	81.7	91.2	79.6	19.6
Mat Base	89.5	61.9	88	80.6	4.8
MLU	106.5	90.3	108.9	83.9	30.1
Jeffcoate	68.4	63.2	60	46.7	6.7
Neo-nates	108.9	104.8	110.3	106.5	12.8
Average	93.1	83.3	92.8	82.8	

Nov 19

WARD	Fill Rate Day% RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff	CHPPD Hrs
Gynae Ward	96.6	100	100	100	4.2
Delivery suite	98.3	76.7	89.3	80	23.4
Mat Base	165.1	86.5	144.2	75.5	5.8
MLU	101.7	76.7	108.3	73.3	42.0
Jeffcoate	103.3	86.7	86.7	66.7	5.8
Neo-nates	108.5	101.7	109.6	96.7	13.3
Average	111.95	88.05	106.35	82	

Dec 19

WARD	Fill Rate Day% RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff	CHPPD Hrs
Gynae Ward	85.4	100	96.8	100	5.8
Delivery suite	96.1	69.9	87.6	66.7	18.7
Mat Base	96.8	82.3	87.6	69.6	4.5
MLU	86.5	74.2	87.1	80.6	25.8
Jeffcoate	100	100	100	86.7	5.8
Neo-nates	111.5	98.4	110.3	98.4	11.9
Average	96	87.4	94.9	83.6	

Appendix 2

Percentage of women receiving 1:1 Care in Labour

All	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Yes	535	566	529	523	454	504
No	11	21	15	16	13	15
Total	546	587	544	539	467	519
% Yes	97.99%	96.42%	97.24%	97.03%	97.22%	97.11%
Trust Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
CCG Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

		Agenda Item
MEETING	Trust Board	
PAPER/REPORT TITLE:	Performance Report	
DATE OF MEETING:	Thursday, 06 February 2020	
ACTION REQUIRED	Assurance	
EXECUTIVE DIRECTOR:	Gary Price, Director of Operations	
AUTHOR(S):	Gary Price, Director of Operations	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <ol style="list-style-type: none"> To develop a well led, capable, motivated and entrepreneurial 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>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 checked="" 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 type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input checked="" type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input checked="" type="checkbox"/></p>	

	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 type="checkbox"/> 6. Other: Click here to enter text.
FREEDOM OF INFORMATION (FOIA):	<i>Choose an item.</i>	
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	<i>TheTrust Board is asked to note the report</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 Board to be assured of the measures taken to improve them where required.

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

The Cancer 31- and 62-day target remains a challenge with regional partnership working ongoing to address this challenge.

Report

1. Introduction

This report will provide an overview of the Trust's performance against the Key Performance Indicators highlighting subsequent actions taken to improve this position.

2. Performance

INDICATOR		METRIC	THRESHOLD		ACTUALS								
					Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Cancer	2WW for suspected cancer	%	≥93%	Higher values are better	94.2	97.7	93.3	95.0	93.9	96.3	97.9	96.7	95
	31 Days from Diagnosis to 1st Definitive Treatment	%	≥96%	Higher values are better	83.3	90.3	60.0	70.3	59.1	28.5	60.0	85.1	70.0
	62 Days for First Treatment from urgent GP Referral (After re-allocation) Final Reported Position	%	≥85%	Higher values are better	54.3	80.9	22.2	32.3	33.3	28.5	22.7	47.1	50.0
	104d Referral to First Definitive Treatment	Count	0	Zero tolerance	0	1	3	0	1	7	2	1	2
RTT	RTT Incomplete Pathways <18 weeks	%	≥92%	Higher values are better	84.6	83.0	81.5	81.95	83.0	83.3	83.1	83.7	82.00
	Incomplete Pathway > 52 Weeks	Count	0	Zero tolerance	6	3	3	1	1	1	3	5	1

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. Dec 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 Dec data until the formal submissions are made.

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.

2.1 Cancer

Cancer performance remains a significant concern for the Trust due to long term sickness within the speciality and vacancy.

The 2-week target was achieved in month 8. The 31-day target improved significantly from the previous month supported by a partnership approach with Liverpool University Hospitals and Clatterbridge Cancer Centre. The 62-day target improved but not achieved with 5 patients breaching his target. There was 1 104-day breach. These patients undergo harm reviews reported to the CCG.

The service has a medical establishment of 6 oncologists. At present there are 3 Consultants in post and due to sickness 2 undertaking clinical duties. The Trust is currently advertising the vacant roles.

Regional escalation through the Cancer Alliance, NHSI and E and Liverpool CCG has taken place. The strategic view of the Trust is that cancer targets will remain a challenge whilst services are not collocated with appropriate surgical, critical care and diagnostic support. A formal partnership board with Liverpool University Hospitals has been established to attempt to address these issues.

In addition to the strategic actions the service is focussing operationally to mitigate wherever possible the reduced workforce. This is managed via a weekly Executive lead oncology action plan meeting.

The themes for local operational action are all based around maximising the existing resource to support the service and our patients. CCG and other commissioning colleagues are encouraged to attend these meetings in a partnership approach and have done. The key themes are:

- 1) Ongoing review of all patient pathways to reduce breeches, escalation of pathway delays (diagnostics including pathology).

- 2) Delivering combined theatre lists with Liverpool University Hospitals.
- 3) Review of current capacity and demand: Updating Job Planning and continue to try and recruit.
- 4) Recruitment to a dedicated cancer manager post is underway.
- 5) Decompression of service: working with the Cheshire and Merseyside Cancer alliance to reduce pressure on the service through pathway redesign.
- 6) Co-location of all the cancer team (administrative and clinical) with commencement of cancer support workers.

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. This proposes to move to a system level cancer improvement plan.

2.2 Referral to Treatment (RTT)

RTT incomplete 18-week pathway performance increased in month 8 but there was a subsequent decrease in month 9. This decrease was largely due to unplanned Consultant absence and existing vacancy. In addition, there were challenges in cystoscopy and cytometry diagnostic capacity. Some additional capacity has been put in place for January 2020 pending full recruitment.

There are at present 3 Consultant vacancies that are due to be recruited to in February/March 2020 which will provide the additional permanent capacity to improve performance in line with trajectory with an aim to achieve 92% in Q2 20/21.

There was 1 52-week breach for December which was a reduction from the previous month.

The 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.

The Trust has recommenced the RTT weekly submission to the CCG and NHSI&E in November due to greater confidence in data quality.

The Trust continues to see a reduction in overall waiting list size from circa 6500 and is on plan to be under 6000 by end March 2020.

3. Sickness absence

KPI ID	Source	Service	Target < or >	Target Value	Trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness Absence Rate Owner - Deputy Director of Workforce																	
KPI101T	NHSI	Trust	<=	4.5%	Numerator	2080	2093	2278	2162	2083	1700	2041	2321	1989	2499	2264	2532
					Denominator	39868	36383	40680	39457	41042	39805	41056	39241	38077	40070	39330	40809
					Performance	5.22%	5.75%	5.60%	5.48%	5.07%	4.27%	4.97%	5.92%	5.22%	6.24%	5.76%	6.21%
					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%
					Qtrly Performance	5.52%	5.52%	5.52%	4.94%	4.94%	4.94%	5.37%	5.37%	5.37%	6.07%	6.07%	6.07%
Mandatory Training Compliance Owner - Deputy Director of Workforce																	
KPI095T	Quality Strategy	Trust	>=	95.0%	Numerator	84.00%	84.00%	86.00%	85.00%	86.00%	88.00%	89.00%	89.00%	90.00%	90.00%	89.00%	91.00%
					Denominator	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
					Performance	84.00%	84.00%	86.00%	85.00%	86.00%	88.00%	89.00%	89.00%	90.00%	90.00%	89.00%	91.00%
					Trend	▼	▲	▲	▼	▲	▲	▲	▲	▲	▲	▼	▲
					Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
					Qtrly Performance	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The upward trend in sickness absence continued in month reaching 6.21% in comparison with a figure of 5.05% in December 2018 and representing a ytd position of 5.5%. The breakdown of sickness remains the usual pattern of 66% long term and 33% short term absence.

Although it reflects the regional picture of increased levels of sickness, the increase in absence in this financial year at LWH is clearly of concern and action is being taken at a local level to identify root causes and take remedial action. Monitoring and audits at departmental level have evidenced short term sickness is being appropriately tracked and long term sickness is closely managed with consideration being given to reasonable adjustments and flexible working to facilitate early returns whilst appropriate. Local management of sickness absence is combined with a Trust wide approach on improving employee health and wellbeing including expansion of the Mental Health First Aider cohort, installation of the 'How are you feeling tools' and ongoing training on resilience. Working with our partners at MerseyCare, targeted interventions from the physiotherapy teams are being planned for areas with high MSK issues.

Although below target, mandatory training is showing a positive trend at 91%. All departments have mandatory training trajectories which are being monitored via Divisional Performance Review. The review of all competences within OLM has resulted in highly accurate training reports and reporting of additional training elements (clinical and local specific) is enabling local managers to gain a full picture of all mandatory training for each staff member.

4. Conclusion

18-week RTT performance is still subject to appropriate capacity and the service continues to work hard to maintain and improve those levels.

Oncology performance remains a significant challenge to the Trust, largely due to lack of clinical capacity and there are significant operational and strategic actions being undertaken to address this.





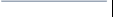







Workforce indicators continue to be a priority for the Trust.

Board Performance Report

Published Month - January 2020

Data Included - Up to December 2019

Workforce

KPI ID	Source	Service	Target < or >	Target	Value	Trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness Absence Rate							Owner - Deputy Director of Workforce											
KPI101T	NHSI	Trust	<=	4.5%	Numerator		2080	2093	2278	2162	2083	1700	2041	2321	1989	2499	2264	2532
					Denominator		39868	36383	40680	39457	41042	39805	41056	39241	38077	40070	39330	40809
					Performance		5.22%	5.75%	5.60%	5.48%	5.07%	4.27%	4.97%	5.92%	5.22%	6.24%	5.76%	6.21%
					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%
					Qtrly Performance		5.52%	5.52%	5.52%	4.94%	4.94%	4.94%	5.37%	5.37%	5.37%	6.07%	6.07%	6.07%
Mandatory Training Compliance							Owner - Deputy Director of Workforce											
KPI095T	Quality Strategy	Trust	>=	95.0%	Numerator		84.00%	84.00%	86.00%	85.00%	86.00%	88.00%	89.00%	89.00%	90.00%	90.00%	89.00%	91.00%
					Denominator		84.00%	84.00%	86.00%	85.00%	86.00%	88.00%	89.00%	89.00%	90.00%	90.00%	89.00%	91.00%
					Performance		▼	▲	▲	▼	▲	▲	▲	▲	▲	▲	▼	▲
					Trend		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
					Target %		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
					Qtrly Performance		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

KPI ID	Source	Service	Target < or >	Target	Value	Trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Financial Sustainability Risk Rating: Overall Score							Owner - Deputy Director of Finance											
KPI087	NHSI	Trust	<=	3	Performance Value		3	3	3	3	3	3	3	3	3	3	3	3
					Trend		▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶
					Target Value		3	3	3	3	3	3	3	3	3	3	3	3
					Qtrly Performance Value		9	9	9	9	9	9	9	9	9	9	9	9

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Never Events Owner - Head of Governance																		
KPI181T	NHSI	Trust	=	0	Performance Value		0	0	0	0	0	0	0	0	1	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	1	1	1	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
					Qtrly Performance 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	1	0	0	0	0	0	0
					Trend		0	0	0	0	0	1	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
Neonatal Deaths (All Live Births within 28 Days) - all booked births Owner - Clinical Director Neonates																		
KPI168a	Trust Objectives	Neonates	<=	4.6%	Numerator		1	2	1	1	2	2	0	0	5	1	1	1
					Denominator		689	595	659	649	659	662	692	699	689	696	574	655
					Performance		0.15%	0.34%	0.15%	0.15%	0.30%	0.30%	0.00%	0.00%	0.73%	0.14%	0.17%	0.15%
					Trend		▲	▲	▼	▲	▲	▼	▼	▲	▲	▼	▲	▼
					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%
					Qtrly Performance		0.21%	0.21%	0.21%	0.25%	0.25%	0.25%	0.24%	0.24%	0.24%	0.16%	0.16%	0.16%
Neonatal Deaths (All Live Births within 28 Days) - all live births Owner - Clinical Director Neonates																		
KPI168b	Trust Objectives	Neonates	<=	6.1%	Numerator		1	2	1	1	4	2	0	0	5	1	3	2
					Denominator		698	597	665	656	673	668	699	753	698	699	580	662
					Performance		0.14%	0.34%	0.15%	0.15%	0.59%	0.30%	0.00%	0.00%	0.72%	0.14%	0.52%	0.30%
					Trend		▲	▲	▼	▲	▲	▼	▼	▲	▲	▼	▲	▼
					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%
					Qtrly Performance		0.20%	0.20%	0.20%	0.35%	0.35%	0.35%	0.23%	0.23%	0.23%	0.31%	0.31%	0.31%

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Intensive Care Transfers Out			Owner - Clinical Director Gynaecology															
KPI107T	Trust Objectives	Trust			Performance Value		1	0	0	1	2	0	2	0	2	1	2	1
					Trend		▲	▼	▲	▲	▼	▲	▼	▲	▼	▲	▼	
					Target Value													
					Qtrly Performance Value		1	1	1	3	3	3	4	4	4	4	4	4

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
18 Week RTT: Incomplete Pathways							Owner - Divisional Manager Gynaecology											
KPI003T	NHSI	Trust	>=	92.0%	Numerator		4481	4626	4715	4881	4973	5033	5117	5307	5310	5324	5224	4971
					Denominator		5242	5452	5539	5769	5990	6173	6244	6396	6377	6405	6243	6061
					Performance		85.48%	84.85%	85.12%	84.61%	83.02%	81.53%	81.95%	82.97%	83.27%	83.12%	83.68%	82.02%
					Trend		92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
					Target %		85.15%	85.15%	85.15%	83.02%	83.02%	83.02%	82.74%	82.74%	82.74%	82.95%	82.95%	82.95%
					Qtrly Performance		85.15%	85.15%	85.15%	83.02%	83.02%	83.02%	82.74%	82.74%	82.74%	82.95%	82.95%	82.95%
18 Week RTT: Incomplete Pathway > 52 Weeks							Owner - Divisional Manager Gynaecology											
KPI002T	Quality Schedule	Trust	=	0	Performance Value		5	3	3	6	3	3	1	1	1	3	5	1
					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
18 Week RTT: Admitted Completed Pathways							Owner - Divisional Manager Gynaecology											
KPI001	Trust Objectives	Trust	>=	90.0%	Numerator		304	291	361	305	353	334	329	387	340	359	374	230
					Denominator		403	355	409	348	397	396	401	462	411	469	453	283
					Performance		75.43%	81.97%	88.26%	87.64%	88.92%	84.34%	82.04%	83.77%	82.73%	76.55%	82.56%	81.27%
					Trend		90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
					Target %		81.92%	81.92%	81.92%	86.94%	86.94%	86.94%	82.89%	82.89%	82.89%	79.92%	79.92%	79.92%
					Qtrly Performance		81.92%	81.92%	81.92%	86.94%	86.94%	86.94%	82.89%	82.89%	82.89%	79.92%	79.92%	79.92%
18 Week RTT: Non-Admitted Completed Pathways							Owner - Divisional Manager Gynaecology											
KPI004T	Trust Objectives	Trust	>=	95.0%	Numerator		1834	1429	1508	1441	1786	1615	1681	1384	1619	1589	1605	1490
					Denominator		2032	1576	1717	1598	2021	1869	1999	1617	1924	1888	1958	1774
					Performance		90.26%	90.67%	87.83%	90.18%	88.37%	86.41%	84.09%	85.59%	84.15%	84.16%	81.97%	83.99%
					Trend		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
					Target %		89.60%	89.60%	89.60%	88.23%	88.23%	88.23%	84.55%	84.55%	84.55%	83.35%	83.35%	83.35%
					Qtrly Performance		89.60%	89.60%	89.60%	88.23%	88.23%	88.23%	84.55%	84.55%	84.55%	83.35%	83.35%	83.35%
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		7	4.5	5.5	9.5	8.5	3.0	5.0	2.0	4.0	2.5	4	
					Denominator		12	9.5	7	17.5	10.5	13.5	15.5	6.0	14.0	11	8.5	
					Performance		58.33%	47.37%	78.57%	54.29%	80.95%	22.22%	32.26%	33.33%	28.57%	22.73%	47.06%	
					Trend		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
					Target %		59.65%	59.65%	59.65%	50.60%	50.60%	50.60%	30.99%	30.99%	30.99%	33.33%	33.33%	33.33%
					Qtrly Performance		59.65%	59.65%	59.65%	50.60%	50.60%	50.60%	30.99%	30.99%	30.99%	33.33%	33.33%	33.33%
Cancer: 62 Day Screening Referrals (Numbers)							Owner - Divisional Manager Gynaecology											
KPI033	NHSI	Gynaecology	<=	5	Performance Value		2.0	1.5	2.0	0.0	4.5	0.5	2.0	3.5	1.5	2.0	2.0	
					Trend		5	5	5	5	5	5	5	5	5	5	5	5
					Target Value		5.5	5.5	5.5	5	5	5	7	7	7	4	4	4
					Qtrly Performance Value		5.5	5.5	5.5	5	5	5	7	7	7	4	4	4
Cancer: 62 Day Screening Referrals (Percentage)							Owner - Divisional Manager Gynaecology											
KPI034	NHSI	Gynaecology	>=	90.0%	Numerator		2	1	2	0.0	4.0	0.0	1.0	3.5	1.0	2	2	
					Denominator		2	1.5	2	0.0	4.5	0.5	2.0	3.5	1.5	2	2	
					Performance		100.00%	66.67%	100.00%		88.89%	0.00%	50.00%	100.00%	66.67%	100.00%	100.00%	
					Trend		90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
					Target %		90.91%	90.91%	90.91%	80.00%	80.00%	80.00%	78.57%	78.57%	78.57%	100.00%	100.00%	100.00%
					Qtrly Performance		90.91%	90.91%	90.91%	80.00%	80.00%	80.00%	78.57%	78.57%	78.57%	100.00%	100.00%	100.00%
Cancer: 104 Day Breaches							Owner - Divisional Manager Gynaecology											
KPI352	Trust Objectives	Gynaecology	=	0	Performance Value		3	4	1	0	1	3	4	1	7	2	1	
					Trend		0	0	0	0	0	0	0	0	0	0	0	0
					Target Value		8	8	8	0	4	4	12	12	12	3	3	3
					Qtrly Performance Value		8	8	8	0	4	4	12	12	12	3	3	3

Experience

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Diagnostic Tests: 6 Week Wait							Owner - Divisional Manager Gynaecology											
KPI204	NHSI	Trust	>=	99.0%	Numerator		476	584	500	429	493	526	568	493	633	468	516	436
					Denominator		484	600	517	451	507	531	571	501	644	477	522	456
					Performance		98.35%	97.33%	96.71%	95.12%	97.24%	99.06%	99.47%	98.40%	98.29%	98.11%	98.85%	95.61%
					Trend		▲	▼	▼	▼	▲	▲	▲	▼	▼	▼	▲	▼
					Target %		99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
					Qtrly Performance		97.44%	97.44%	97.44%	97.25%	97.25%	97.25%	98.72%	98.72%	98.72%	97.59%	97.59%	97.59%
A&E: Total Time Spent in department (95th Percentile)							Owner - Divisional Manager Gynaecology											
KPI012	Trust Objectives	Gynaecology	<=	240	Performance Value		229	232	260	236	222	221	226	213	211	221	215	205
					Trend		▶	▲	▲	▼	▼	▼	▲	▼	▼	▲	▼	▼
					Target Value		240	240	240	240	240	240	240	240	240	240	240	240
					Qtrly Performance Value		721	721	721	679	679	679	650	650	650	641	641	641
Complaints: Number Received							Owner - Head of Audit, Effectiveness and Patient Experience											
KPI038T	NHSI / Quality StrateTrust		<=	15	Performance Value		9	7	10	6	6	7	3	10	4	6	4	5
					Trend		▲	▼	▲	▼	▶	▲	▼	▲	▼	▲	▼	▲
					Target Value		15	15	15	15	15	15	15	15	15	15	15	15
					Qtrly Performance Value		26	26	26	19	19	19	17	17	17	15	15	15

Agenda Item	
MEETING	Trust Board
PAPER/REPORT TITLE:	Finance Performance Review Month 9 2019/20
DATE OF MEETING:	Thursday, 06 February 2020
ACTION REQUIRED	Assurance
EXECUTIVE DIRECTOR:	Jenny Hannon, Director of Finance
AUTHOR(S):	Eva Horgan, Deputy Director of Finance Claire Scott, Head of Financial Management
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 clinical 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"/>
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, <input checked="" type="checkbox"/></p>

	supports learning and innovation, and promotes an open and fair culture.	
	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: 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 Board is asked to note the Month 9 Financial Position.	
PREVIOUSLY CONSIDERED BY:	Committee name	Not Applicable Or type here if not on list: Click here to enter text.
	Date of meeting	Click here to enter a date.

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 9 the Trust is reporting a year to date (YTD) deficit of £0.7m against a deficit budget of £0.9m, remaining on plan after the benefit of prior year PSF of £0.2m. The key areas of financial performance are summarised below.¹ The Trust is forecasting to achieve against all key metrics, although non recurrent CIP has increased slightly to £0.2m YTD.

	Plan	Actual	Variance	RAG
Surplus/(Deficit) YTD	-£0.9m	-£0.7m	£0.2m	↑
Surplus/ (Deficit) FOT	£0.0m	£0.2m	£0.2m	↔
NHSI Rating	3	3	0	↔
Cash	£4.6m	£5.9m	£1.3m	↑
Total CIP Achievement YTD	£1.8m	£1.8m	£0.0m	↔
Recurrent CIP Achievement YTD	£1.8m	£1.6m	-£0.2m	↓
Capital Spend YTD	£14.1m	£11.3m	-£2.8m	

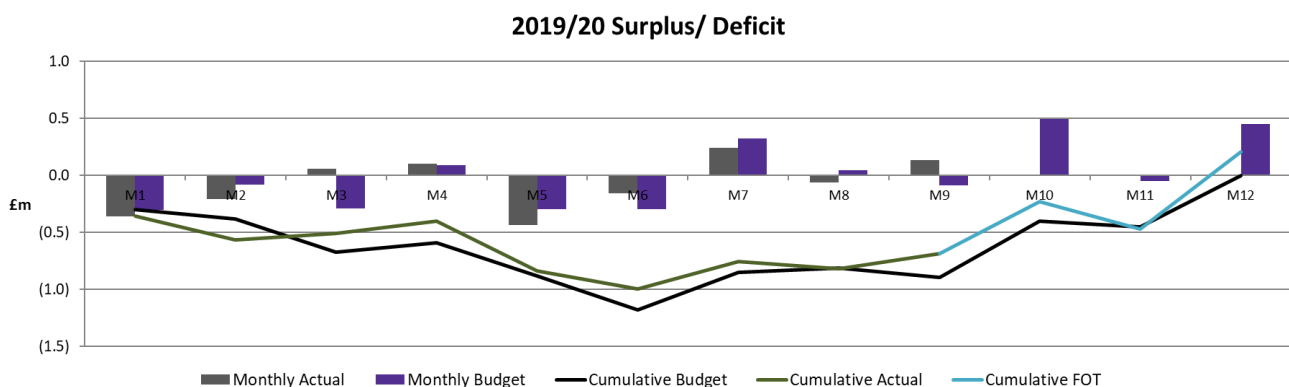
The Month 9 financial submission to NHSI is consistent with the contents of this report.

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 9 the Trust is reporting a deficit of £0.7m against a deficit budget of £0.9m. The Trust is forecasting delivery of the breakeven control total, after £4.6m of central funding. The actual forecast is a £0.2m surplus due to receipt of PSF in 2019/20 in relation to 2018/19, and a small gain on disposal, but this is adjusted out in the control total calculation (shown in Appendix One).



CIP is on track for Month 9, although is now reliant on £0.2m of non-recurrent delivery.

2. Divisional Summary Overview

Family Health: The divisional position is favourable year to date (£0.3m) and in the forecast (£0.4m). The in-month position is an adverse variance of £72k, primarily related to continued use of bank midwives in excess of establishment in Maternity.

Gynaecology: The forecast for the division has further deteriorated to £3.5m adverse to plan. Income continues to be behind plan coupled with an overspend on pay related to extra duties and additional junior doctor expenditure.

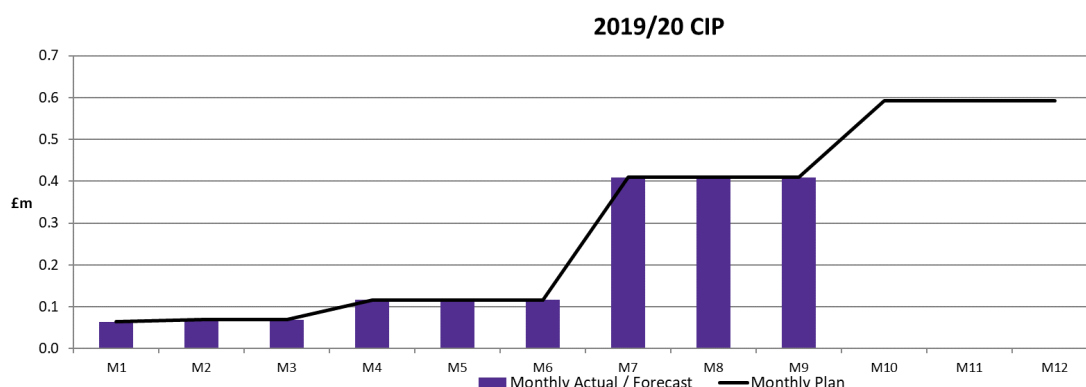
Clinical Support Services: The division remains on track in month, year to date and is forecasting an underspend of £0.8m.

Agency: Agency remains within the cap level at £1.4m year to date, forecast at £1.7m against a cap of £1.9m. This largely relates to Gynaecology medical staffing, Theatres and corporate areas.

3. CIP

CIP remains on track year to date and in the forecast. The risk of not achieving overall is now low, although there are a number of individual schemes which have not achieved and for which mitigation has been found. However, the Trust remains reliant on some non-recurrent savings. This is due to the expected underperformance of Procurement savings, largely related to national issues with the new arrangements for central procurement and tariff top-slice. It is anticipated that this will improve in 2020/21.

The graph below shows current performance and plan.



4. Contract Performance

Income YTD is £2.3m higher than would have been received under PbR under the Acting as One arrangement, as shown in the table below.

Directorate	CCG	Block	Month 9		Variance	YTD Block			YTD % Variance	GBP(£000's) at Risk
			Actual	Forecast		Block	Actual	Variance		
Maternity	Liverpool	2,317	2,213	(104)		21,242	20,499	(743)	-3%	(172)
Maternity	South Sefton	527	438	(88)		4,838	4,498	(339)	-7%	(203)
Maternity	Southport & Formby	53	40	(12)		485	399	(87)	-18%	(60)
Maternity Total		2,896	2,692	(204)		26,565	25,396	(1,169)	-4%	(435)
Gynaecology	Liverpool	1,094	999	(95)		9,534	8,959	(575)	-6%	(133)
Gynaecology	South Sefton	303	260	(43)		2,642	2,271	(371)	-14%	(222)
Gynaecology	Southport & Formby	38	32	(6)		329	270	(59)	-18%	(41)
Gynaecology Total		1,435	1,291	(144)		12,506	11,500	(1,005)	-8%	(396)
Hewitt	Liverpool	151	117	(34)		1,311	1,135	(175)	-13%	(41)
Hewitt	South Sefton	40	13	(27)		348	282	(66)	-19%	(40)
Hewitt	Southport & Formby	23	49	26		200	210	10	5%	7
Hewitt Total		214	179	(35)		1,859	1,627	(232)	-12%	(73)
Other	Liverpool	19	26	6		167	204	37	22%	9
Other	South Sefton	5	8	3		40	96	56	140%	34
Other	Southport & Formby	1	1	0		8	22	14	185%	10
Other Total		25	34	10		214	322	108	50%	52
Total		4,570	4,197	(374)		41,143	38,845	(2,298)	-5.59%	(852)

5. Forecast Out-turn

The overall forecast remains unchanged from Month 8 although the Trust is reliant on a number of non-recurrent favourable items to be able to achieve the Control Total.

6. Cash and Borrowings

The cash position has improved and is ahead of plan at £5.6m. The Trust received the CNST maternity incentive payment of £1m in month and a significant amount of aged debt has been received following concerted efforts to resolve disputes and receive payment.

Borrowings increased by £1.1m due to a draw down against the Neonatal Loan, necessitated as expenditure increases.

7. Capital Expenditure

Capital expenditure has increased and is closer to plan than in previous months. Significant expenditure is anticipated in January as the Neonatal redevelopment nears completion. A prioritisation exercise has been completed for the remaining unspent capital with a number of new projects brought forward and funded following slippage and savings on other schemes.

8. Balance Sheet

Debtors have improved significantly, particularly over 60 day debt which reduced by £1.1m in month. Provisions are also reducing due to the release of items previously identified as not being required.

9. BAF Risk

The Finance, Performance and Business Development Committee agreed to propose to reduce the BAF risk score relating to achievement of the annual financial plan from 25 to 15 by reducing the likelihood score from 5 to 3. This is based on further robust forecasting being undertaken showing that the control total is achievable and continued achievement of the CIP plan, in particular receipt of the CNST Maternity Incentive.

10. Conclusion & Recommendation

The Board are asked to note the Month 9 financial position and to agree the amendment to the BAF score.

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

FINANCE REPORT: M9

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

USE OF RESOURCES RISK RATING	YEAR TO DATE		YEAR	
	Budget	Actual	Budget	FOT
CAPITAL SERVICING CAPACITY (CSC)				
(a) EBITDA + Interest Receivable	4,087	4,295	6,661	7,175
(b) PDC + Interest Payable + Loans Repaid	6,439	8,487	7,262	9,330
CSC Ratio = (a) / (b)	0.63	0.51	0.92	0.77
NHSI CSC SCORE	4	4	4	4
Ratio Score 1 = > 2.5 2 = 1.75 - 2.5 3 = 1.25 - 1.75 4 = < 1.25				
LIQUIDITY				
(a) Cash for Liquidity Purposes	(13,959)	(10,841)	(13,172)	(13,350)
(b) Expenditure	83,264	81,642	110,554	108,126
(c) Daily Expenditure	303	297	303	296
Liquidity Ratio = (a) / (c)	(46.1)	(36.5)	(43.5)	(45.1)
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)	895	848	(4)	(49)
Total Income	(87,313)	(85,724)	(117,167)	(115,076)
I&E Margin	-1.0%	-1.0%	0.0%	0.0%
NHSI I&E MARGIN SCORE	3	3	2	2
Ratio Score 1 = > 1% 2 = 1 - 0% 3 = 0 - (-1%) 4 = < (-1%)				
I&E MARGIN VARIANCE FROM PLAN				
I&E Margin (Actual)		-1.00%		0.00%
I&E Margin (Plan)		-1.00%		0.00%
I&E Variance Margin	0.00%	0.00%	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)%				
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.				
AGENCY SPEND				
YTD Providers Cap	1,341	1,341	1,792	1,792
YTD Agency Expenditure	891	1,360	1,188	1,581
	-33.6%	1.4%	-33.7%	-11.8%
NHSI AGENCY SPEND SCORE	1	2	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: M9
YEAR ENDING 31 MARCH 2020

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Income									
Clinical Income	(8,478)	(7,769)	(709)	(78,626)	(76,887)	(1,739)	(104,520)	(102,879)	(1,641)
Non-Clinical Income	(1,080)	(998)	(82)	(8,687)	(9,001)	315	(12,647)	(12,362)	(285)
Total Income	(9,558)	(8,767)	(791)	(87,313)	(85,889)	(1,424)	(117,167)	(115,241)	(1,926)
Expenditure									
Pay Costs	5,913	5,957	(44)	53,089	52,876	214	70,856	71,320	(465)
Non-Pay Costs	2,170	1,173	997	20,136	18,769	1,367	26,634	23,783	2,850
CNST	1,009	966	43	10,039	9,997	42	13,064	13,022	42
Total Expenditure	9,092	8,096	996	83,264	81,642	1,622	110,554	108,126	2,428
EBITDA	(466)	(672)	205	(4,049)	(4,247)	198	(6,613)	(7,115)	502
Technical Items									
Depreciation	383	369	14	3,479	3,469	10	4,641	4,666	(26)
Interest Payable	40	33	7	290	227	63	402	330	73
Interest Receivable	(4)	(4)	(1)	(38)	(49)	10	(48)	(60)	12
PDC Dividend	135	143	(9)	1,213	1,304	(91)	1,617	1,739	(121)
Profit/Loss on Disposal or Transfer Absorption	0	0	0	0	(17)	17	0	233	(233)
Total Technical Items	553	541	12	4,944	4,935	9	6,613	6,908	(295)
(Surplus) / Deficit	87	(130)	217	895	688	207	0	(207)	207
Control Total Adjustments									
18/19 Additional PSF					165	(165)		165	(165)
Remove capital donations/grants I&E impact					-2	2	-4	-7	3
Profit on disposal of equipment			0		42	(42)		42	(42)
Adjusted Control Total	87	(130)	217	895	893	2	(4)	(7)	3

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
EXPENDITURE: M9
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	317	62	3,422	2,818	604	4,558	3,872	686
Medical	1,500	1,637	(137)	13,161	13,447	(287)	17,682	18,321	(639)
Nursing & Midwifery	2,598	2,637	(39)	22,925	23,299	(373)	30,719	31,322	(603)
Healthcare Assistants	452	405	47	4,038	3,738	299	5,393	5,046	347
Other Clinical	348	314	34	3,798	3,556	242	4,842	4,670	172
Admin Support	178	167	11	1,601	1,459	142	2,140	1,996	144
Corporate Services	360	367	(7)	3,259	3,198	61	4,340	4,366	(26)
Agency & Locum	98	113	(15)	885	1,360	(474)	1,180	1,725	(545)
Total Pay Costs	5,913	5,957	(44)	53,089	52,876	214	70,856	71,320	(465)
Non Pay Costs									
Clinical Supplies	652	611	41	5,954	6,116	(162)	7,859	8,080	(221)
Non-Clinical Supplies	509	408	102	4,584	4,323	261	6,116	5,677	439
CNST	1,009	966	43	10,039	9,997	42	13,064	13,022	42
Premises & IT Costs	496	600	(103)	4,409	4,674	(265)	5,931	6,300	(368)
Service Contracts	513	(445)	958	5,189	3,656	1,533	6,727	3,726	3,001
Total Non-Pay Costs	3,179	2,139	1,040	30,174	28,766	1,408	39,698	36,806	2,893
Total Expenditure	9,092	8,096	996	83,264	81,642	1,622	110,554	108,126	2,428

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Maternity									
Income	(3,788)	(3,798)	10	(33,709)	(33,783)	74	(44,885)	(45,197)	312
Expenditure	1,864	1,899	(35)	16,612	16,813	(201)	22,204	22,565	(361)
Total Maternity	(1,924)	(1,899)	(25)	(17,097)	(16,970)	(127)	(22,681)	(22,632)	(49)
Neonatal									
Income	(1,442)	(1,454)	13	(12,832)	(13,004)	172	(17,072)	(17,404)	332
Expenditure	1,100	1,159	(59)	9,859	9,639	220	13,158	13,007	151
Total Neonatal	(342)	(295)	(46)	(2,973)	(3,364)	391	(3,914)	(4,396)	483
Division of Family Health - Total	(2,266)	(2,194)	(72)	(20,070)	(20,334)	264	(26,595)	(27,028)	433
Gynaecology									
Income	(1,874)	(1,763)	(111)	(20,538)	(19,267)	(1,272)	(27,724)	(26,042)	(1,683)
Expenditure	980	1,120	(139)	8,483	9,006	(523)	11,444	12,311	(867)
Total Gynaecology	(894)	(644)	(250)	(12,055)	(10,261)	(1,794)	(16,280)	(13,731)	(2,549)
Hewitt Centre									
Income	(870)	(607)	(263)	(8,138)	(7,884)	(254)	(11,001)	(10,654)	(347)
Expenditure	684	719	(35)	6,128	6,419	(291)	8,130	8,709	(579)
Total Hewitt Centre	(186)	112	(298)	(2,010)	(1,465)	(545)	(2,871)	(1,945)	(926)
Division of Gynaecology - Total	(1,080)	(532)	(548)	(14,065)	(11,726)	(2,339)	(19,152)	(15,676)	(3,475)
Theatres									
Income	(39)	(39)	(0)	(354)	(366)	11	(472)	(486)	13
Expenditure	702	696	6	6,305	6,298	7	8,411	8,464	(53)
Total Theatres	662	656	6	5,951	5,932	19	7,938	7,978	(40)
Genetics									
Income	(277)	(299)	21	(3,694)	(4,160)	466	(4,640)	(5,237)	597
Expenditure	187	91	95	2,417	2,611	(194)	2,979	3,387	(408)
Total Genetics	(91)	(207)	117	(1,276)	(1,548)	272	(1,661)	(1,850)	189
Other Clinical Support									
Income	(28)	(25)	(3)	(266)	(235)	(31)	(357)	(310)	(46)
Expenditure	677	384	293	6,085	5,472	613	8,121	7,459	661
Total Clinical Support	649	358	290	5,819	5,238	582	7,764	7,149	615
Division of Clinical Support - Total	1,221	807	413	10,494	9,622	872	14,041	13,277	764
Corporate & Trust Technical Items									
Income	(1,239)	(781)	(459)	(7,782)	(7,191)	(591)	(11,015)	(9,911)	(1,104)
Expenditure	3,451	2,569	882	32,319	30,319	2,001	42,720	39,131	3,589
Total Corporate	2,212	1,789	424	24,537	23,127	1,410	31,705	29,220	2,485
(Surplus) / Deficit	87	(130)	217	895	688	207	0	(207)	207

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
CIP: M9
YEAR ENDING 31 MARCH 2020

NHSI SCHEME REFERENCE	SCHEME NAME	ACCOUNTING	RISK RATING	MONTH 9			YTD			YEAR			FYE		
				TARGET	ACTUAL	VARIANCE	TARGET	ACTUAL	VARIANCE	TARGET	FOT	VARIANCE	TARGET	FOT	VARIANCE
Trust scheme 1	Car Parking Consumables	Non-Pay	Medium	1	1	0	9	9	0	12	12	0	12	12	0
Trust scheme 2	CNST Maternity Incentive	Non-Pay	Medium	160	203	43	480	523	43	960	1,003	43	960	960	0
Trust scheme 3	Estates Income Generation	Income	Low	3	1	(2)	27	21	(6)	36	24	(12)	36	36	0
Trust scheme 4	Contract Savings	Pay	Low	14	14	0	126	126	0	168	168	0	168	168	0
Trust scheme 5	Coding & Counting	Income	Low	13	13	0	117	117	0	156	156	0	156	156	0
Trust scheme 6	Decontamination Contract	Non-Pay	Low	3	3	0	27	27	0	36	36	0	36	36	0
Trust scheme 7	Meeting Utilisation	Income	Low	1	1	0	8	7	(1)	11	10	(1)	11	12	1
Trust scheme 8/9	HFEA Tender	Income/Pay	Medium	2	2	0	18	18	0	24	24	0	24	24	0
Trust scheme 10	HTE Contract Fees	Non-Pay	Low	3	80	77	27	104	77	36	113	77	36	36	0
Trust scheme 11	Imaging Income Opportunities	Income	Low	2	2	0	18	18	(0)	24	24	0	24	24	0
Trust scheme 12	Midwifery Productivity	Pay	Medium	23	23	0	159	159	0	228	228	0	228	228	0
Trust scheme 13	Pharmacy Review	Non-Pay	Medium	31	14	(17)	186	78	(108)	279	123	(156)	279	251	(28)
Trust scheme 14	Private Patient Fees	Income	Low	33	0	(33)	99	146	47	198	345	147	198	198	0
Trust scheme 15	Procurement (various)	Non-Pay	Medium	95	13	(82)	285	13	(272)	570	143	(428)	570	570	0
Trust scheme 16	Rateable Value Review	Non-Pay	Medium	5	0	(5)	15	0	(15)	30	0	(30)	30	0	(30)
Trust scheme 17	CQC Fees	Non-Pay	Low	7	7	0	63	63	0	84	84	0	84	84	0
Trust scheme 18	Restructuring	Pay	Low	7	7	0	63	63	0	84	84	0	84	84	0
Trust scheme 19	Section 106	Income	High	0	0	0	0	0	0	501	0	(501)	501	0	(501)
Trust scheme 20	Job Planning	Pay	Medium	4	4	0	32	32	0	44	44	0	44	44	0
Trust scheme 21	Sperm Bank	Non-Pay	High	0	0	0	0	0	0	51	51	0	51	204	153
Trust scheme 22	Sutures	Non-Pay	Low	2	2	0	18	18	0	24	24	0	24	24	0
Non-recurrent Mitigation	Gynaecology	Non-Pay	Low	0	0	0	0	1	1	0	1	1	0	0	0
Recurrent Mitigation	Genetics Overheads	Income	Low	0	0	0	0	0	0	0	137	137	0	137	137
Recurrent Mitigation	Contracts Review	Non-Pay	Low	0	19	19	0	111	111	0	248	248	0	92	92
Non-recurrent Mitigation	Family Health	Non-Pay	Low	0	0	0	0	123	123	0	123	123	0	0	0
Non-recurrent Mitigation	Corporate	Non-Pay	Low	0	0	0	0	0	0	0	351	351	0	0	0
TOTAL				409	409	0	1,777	1,777	(0)	3,556	3,556	(0)	3,556	3,380	(176)

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
CASHFLOW STATEMENT: M9
YEAR ENDING 31 MARCH 2020

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CASHFLOW STATEMENT £'000	YEAR TO DATE		
	Budget	Actual	Variance
Cash flows from operating activities	567	778	(211)
Depreciation and amortisation	3,479	3,469	10
Movement in working capital	270	2,372	(2,102)
Net cash generated from / (used in) operations	4,316	6,619	(2,303)
Interest received	39	49	(10)
Purchase of property, plant and equipment and intangible assets	(14,111)	(12,223)	(1,888)
Proceeds from sales of property, plant and equipment and intangible assets	721	42	679
Net cash generated from/(used in) investing activities	(13,351)	(12,132)	(1,219)
PDC Capital Programme Funding - received	1,225	600	625
Loans from Department of Health Capital - received	9,248	9,632	(384)
Loans from Department of Health Capital - repaid	(306)	(306)	0
Loans from Department of Health Revenue - received	0	0	0
Loans from Department of Health Revenue - repaid	(4,630)	(6,650)	2,020
Interest paid	(96)	(137)	41
PDC dividend (paid)/refunded	(806)	(822)	16
Net cash generated from/(used in) financing activities	4,635	2,317	2,318
Increase/(decrease) in cash and cash equivalents	(4,400)	(3,196)	(1,204)
Cash and cash equivalents at start of period	9,000	9,066	(66)
Cash and cash equivalents at end of period	4,600	5,870	(1,269)

LOANS SUMMARY			
£'000			
	Loan Principal Drawdown	Loan Principal Repaid	Loan Principal Outstanding at M9
Loans from Department of Health - Capital (ITFF) - 2.0% Interest Rate	5,500	(2,447)	3,053
Loans from Department of Health - Capital (Neonatal) - 2.54% Interest Rate	13,257	0	13,257
Loans from Department of Health - Revenue - 1.50% Interest Rate	14,612	(14,612)	0
Total	33,369	(17,059)	16,310

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
BALANCE SHEET: M9
YEAR ENDING 31 MARCH 2020

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BALANCE SHEET £'000	YEAR TO DATE			YEAR TO DATE		
	Opening	M09 Actual	Movement	Budget	M09 Actual	Movement
Non Current Assets	79,968	87,221	7,253	90,907	87,221	(3,686)
Current Assets						
Cash	9,066	5,870	(3,196)	4,600	5,870	1,270
Debtors	7,273	8,304	1,031	8,762	8,304	(458)
Inventories	489	495	6	452	495	43
Total Current Assets	16,828	14,669	(2,159)	13,814	14,669	855
Liabilities						
Creditors due < 1 year - Capital Payables	(1,347)	(459)	888	(266)	(459)	(193)
Creditors due < 1 year - Trade Payables	(13,661)	(17,282)	(3,621)	(18,668)	(17,282)	1,386
Creditors due < 1 year - Deferred Income	(2,428)	(3,199)	(771)	(3,471)	(3,199)	272
Creditors due > 1 year - Deferred Income	(1,654)	(1,631)	23	(1,627)	(1,631)	(4)
Loans	(13,635)	(16,310)	(2,675)	(17,946)	(16,310)	1,636
Provisions	(4,631)	(3,657)	974	(4,870)	(3,657)	1,213
Total Liabilities	(37,356)	(42,538)	(5,182)	(46,848)	(42,538)	4,310
TOTAL ASSETS EMPLOYED	59,440	59,352	(88)	57,873	59,352	1,479
Taxpayers Equity						
PDC	40,088	40,688	600	41,313	40,688	(625)
Revaluation Reserve	14,503	14,503	0	15,367	14,503	(864)
Retained Earnings	4,849	4,161	(688)	1,193	4,161	2,968
TOTAL TAXPAYERS EQUITY	59,440	59,352	(88)	57,873	59,352	1,479

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
CAPITAL EXPENDITURE: M9
YEAR ENDING 31 MARCH 2020

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CAPITAL EXPENDITURE £'000	Year to Date			Full Year		
	Budget	Actual	Variance	Plan	Forecast	Variance
Neonatal New Building	9,248	8,700	548	10,410	10,664	(254)
Estates Schemes	720	637	83	960	810	150
Global Digital Exemplar Fast Follower Project	885	787	98	1,225	2,400	(1,175)
Medical Equipment	2,057	505	1,552	2,177	2,914	(737)
IT Schemes	1,210	708	502	1,479	1,198	281
Total	14,120	11,337	2,783	16,251	17,986	(1,735)

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.

Agenda Item

MEETING	Trust Board Meeting	
PAPER/REPORT TITLE:	Board Assurance Framework	
DATE OF MEETING:	Thursday, 06 February 2020	
ACTION REQUIRED	Assurance	
EXECUTIVE DIRECTOR:	Paul Buckingham, Interim Trust Secretary	
AUTHOR(S):	Christopher Lube, Head of Governance and Quality	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</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>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 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>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>	

	supports learning and innovation, and promotes an open and fair culture.		<input type="checkbox"/>
	ALL DOMAINS		
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	January 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.

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

Each of the sub committees of the Trust Board with BAF risks continues to have the responsibility to review and gain assurance to controls and any required actions.

Since the last report to the Board, the sub-committees have further reviewed the risks within their remit and there have been some minor changes or alterations completed to a number of risk. In relation to two of the risks, the current risk score has been reduced:

- 1663 - Condition: Failure to deliver the annual financial plan, FPBD agreed to change the BAF score to 15 by reducing the likelihood to 3 (possible) from 5 (almost certain).
- 2294 - Condition: Insufficient numbers of clinical staff resulting in a lack of capability to deliver safe care and effective outcomes. PPF agreed score reduction to 15, reducing the likelihood to 3 (possible) from 4(likely).

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

Report

1. Introduction

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

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

BAF Dashboard: January 2020

Please refer to appendix 1

Full BAF Register – January 2020:



2. Sub-Committee Changes to Risks

Since the last report to the Board, the sub-committees have further reviewed the risks within their remit and there have been some minor changes or alterations completed to a number of risks. In relation to two of the risks, the current risk score has been reduced:

- 1663 - Condition: Failure to deliver the annual financial plan. FPBD agreed to reduce the BAF score to 15 by reducing the likelihood to 3 (possible) from 5 (almost certain).
- 2294 - Condition: Insufficient numbers of clinical staff resulting in a lack of capability to deliver safe care and effective outcomes. PPF agreed score reduce the BAF score to 15 by reducing the likelihood to 3 (possible) from 4(likely).

3. New Risks and Closed Risk

Since the last report to the Trust Board no new risks have been added to the BAF and no risks have been closed.

4. Conclusions

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

5. Recommendation

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.

Appendix 1 – BAF Dashboard January 2020

Risk No.	Description	Current risk score			Target	Assurance				Proposed Changes, Additions & Removals
		Severity	Likelihood	Risk Score	Risk Score by 31/03/2020	Status	Controls identified	Gap in Controls Identified	Assurances identified	
1663	Condition: Failure to deliver the annual financial plan Cause: Slippage against CIP targets (inc EPR delivery & CNST contribution reduction); Loss of activity resulting in reduced contribution; Increases in patient activity as contracts are largely on a block basis; Workforce cost pressures; Pressure to deliver national targets; Pension changes for consultants affecting additional activity Consequence: Breach of license conditions resulting in financial special measures	5	3	15	10	↓	Y	Y	Y	FPBD agreed to change the BAF score to 15 by reducing the likelihood to 3.
1986	Condition: The Trust is not financially sustainable beyond the current financial year Cause: On-going 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.	5	5	25	25	↔	Y	Y	Y	No changes to risk
2184	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.	5	5	25	25	↔	Y	Y	Y	New risk description not able to be released at this time.
2266	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.	4	3	12	6	↔	Y	Y	Y	No changes to risk

Risk No.	Description	Current risk score			Target	Assurance				Proposed Changes, Additions & Removals
		Severity	Likelihood	Risk Score	Risk Score by 31/03/2020	Status	Controls identified	Gap in Controls Identified	Assurances identified	
2293	<p>Condition: Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust.</p> <p>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.</p> <p>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.</p>	5	2	10	10	↔	Y	Y	Y	No changes to risk
2294	<p>Condition: Insufficient numbers of clinical staff resulting in a lack of capability to deliver safe care and effective outcomes.</p> <p>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).</p> <p>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.</p>	5	↓ 3	15	10	↓	Y	Y	Y	Reviewed at PPF Jan 20 and agreed score reduction to 15 due to changes implemented centrally with respect to Pension Tax rules, continued successful recruitment to Nursing & Midwifery vacancies, in year over-establishment of junior doctor rota in O&G and the actions taken to date to mitigate the risk associated with retaining/recruiting specialist clinical staff .
2295	<p>Condition: Inability to achieve and maintain regulatory compliance, performance and assurance.</p> <p>Cause: Lack of robust processes and management systems to provide evidence and assurance to regulatory agencies.</p> <p>Consequence: Enforcement action, prosecution, financial penalties, reputational damage, loss of commissioner and patient confidence in provision of services.</p>	4	3	12	8	↔	Y	Y	Y	No changes to risk
2297	<p>Condition: Location , size, layout an accessibility of current services do not provide for sustainable integrated care or safe and high quality service provision.</p> <p>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 collocated paediatric surgical support.</p> <p>Consequence: Patient harm, poor continuity of care, poor patient experience due to transfer away for booking location.</p>	5	↑ 5	25	25	↑	Y	Y	Y	Risk reviewed at Executive Directors meeting following discussion at Corporate Risk Committee. Further is review required to ensure the ris description provides clarity of the current situation.

Listing For: 4.BAF

Risk Register Level: 4.BAF

Directorate: Financial Services

Service / Department: Finance

Position at: 29/01/2020 16:30:47

Risk Number: 1663 Version: 21 Domain: Finance Including Claims

Strategic Objective: To Be Ambitious & Efficient & Make Best Use Of Available Resources

Risk Appetite: 3.Moderate

Risk Description:

Condition: Failure to deliver the annual financial plan

Cause: Slippage against CIP targets (inc EPR delivery & CNST contribution reduction); Loss of activity resulting in reduced contribution; Increases in patient activity as contracts are largely on a block basis; Workforce cost pressures; Pressure to deliver national targets; Pension changes for consultants affecting additional activity

Consequence: Breach of license conditions resulting in financial special measures

Executive Lead: Jenny Hannon

Operational Lead: Eva Horgan

Assurance Committee: Finance, Performance &

Review Due: 28/02/2020

Last Review Narrative:

Date: 29/01/2020

Reviewed By: Christopher Lube

FPBD agreed to change the BAF score to 15 by reducing the likelihood to 3.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Prevent	Robust Budget setting process Quality Impact Assessment of all CIPs and post evaluation reviews Sign off of budgets by accountable officers FPBD and Board approval of budgets Budget Holder Training programme in place Monthly reporting to all budget holders with variance analysis Monthly reporting to FPBD and Trust Board Monthly reporting and feedback from NHSE/I Vacancy control process well established and monitored Control of expenditure through activity monitoring spends Monthly performance meetings Divisional performance reviews	Lack of contingency in budgets External influences and national policy	Not Yet Tested	2019/20 Budget approval (BoD - April 19) Budget holder training manual and attendance records Performance and finance reports (monthly to FPBD and BoD) Finance and CIP achievement (Monthly to FPBD) Executive Team and Board oversight Internal Audit report provides significant assurance (Oct 17) Sustained performance above plan Delivery of control total in previous years	Monthly reports to NHSI with feedback Internal audit review of budgetary controls External Audit opinion	Assurance is available re; controls, but is not on delivery Delivery of control total in 19-20 Delivery of £3.6m CIP for 19-20 NHSI use of resources risk rating - 3	Inconclusive
Detect	Internal audit reviews of systems and controls	None Known	Effective	Performance and Finance Reports to FPBD	External Audit Opinion	Assurance is available on controls but not on delivery	Inconclusive

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
1	Ongoing review of position in Divisional Performance meetings and finance committee	01/05/2019	31/03/2020	Eva Horgan	Ongoing monthly monitoring Action rewritten following exec review and risk being placed back onto Ulysses. Date Entered : 09/08/2019 14:43 Entered By : Christopher Lube	Ongoing	/ /
2	Quality performance challenge meetings	01/04/2019	31/03/2020	Eva Horgan	Ongoing monthly monitoring Date Entered : 09/08/2019 14:45 Entered By : Christopher Lube	Ongoing	/ /
3	Ongoing review of CIP	01/04/2019	31/03/2020	Eva Horgan	Ongoing monthly review Date Entered : 09/08/2019 14:46 Entered By : Christopher Lube	Ongoing	/ /
4	Monthly budget meeting with variance analysis	01/04/2019	31/03/2020	Eva Horgan	Ongoing monthly monitoring Date Entered : 09/08/2019 14:47 Entered By : Christopher Lube	Ongoing	/ /

Initial Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	5 Almost	25

Current Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	3 Possible	15

Target Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	2 Unlikely	10

Listing For: 4.BAF

Risk Register Level: 4. BAF

Directorate: Financial Services

Service / Department: Finance

Position at: 29/01/2020 16:30:47

Risk Number: 1986 Version: 5 Domain: Finance Including Claims

Strategic Objective: To Be Ambitious & Efficient & Make Best Use Of Available Resources

Risk Appetite: 3.Moderate

Risk Description:

Condition: The Trust is not financially sustainable beyond the current financial year

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.

Executive Lead: Jenny Hannon

Operational Lead: Eva Horgan

Assurance Committee: Finance, Performance &

Review Due: 26/02/2020

Last Review Narrative:

Date: 27/01/2020

Reviewed By: Jenny Hannon

Risk reviewed as part of wider exec committee review of BAF on 23 Jan. Potential reduction in risk score to be fed into committees as part of wider feedback.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
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Prevent	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) SOC for preferred option approved by Board - Sept 17 Submission of Cheshire and Mersey STP capital bid Summer 2018 ranked no1 of schemes Long Term Plan Submission Nov 19 NHSE/I use of resources rating above 3 over 5 year period	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 Capital to invest on site while awaiting approval	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 Target has been put back based on initial feedback from TU readiness assessment - system buy in to be initial focus ahead of SOC update.	01/04/2019	01/04/2020	Eva Horgan	Work ongoing Date Entered : 09/08/2019 14:11 Entered By : Christopher Lube	Ongoing	/ /
5	Approval of revised capital route	01/04/2019	31/01/2020	Eva Horgan	Capital meeting scheduled 14.01.2019 to review remaining prioritisation plans. E Horgan to provide update following this. Date Entered : 07/01/2020 11:07 Entered By : Elaine Eccles ----- Review completed with DoF, work is ongoing which is reported through FPBD. Date Entered : 17/12/2019 11:58 Entered By : Christopher Lube ----- Work ongoing Date Entered : 09/08/2019 14:12 Entered By : Christopher Lube	Ongoing	/ /
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 Date Entered : 09/08/2019 14:14	Ongoing	/ /

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	Entered By : Christopher Lube Closely linked to other actions and external influences	Ongoing	/ /
8	Business case to support the application for capital to support the relocation required	01/04/2019	31/03/2020	Eva Horgan	Date Entered : 09/08/2019 14:16 Entered By : Christopher Lube Timescale TBC - requirements to be confirmed, subject to outcome of bid.	Ongoing	/ /
9	Merger Transaction	01/04/2020	01/04/2021	Eva Horgan	Date Entered : 09/08/2019 14:18 Entered By : Christopher Lube Reviewed with DoF, Timescale is currently under review. Date Entered : 17/12/2019 11:59 Entered By : Christopher Lube ----- Actual timescale is April 2021 - subject to NHSI approval. Monitor monthly as part of ongoing overall risk review	Ongoing	/ /
10	Implementation of changes	01/04/2021	01/04/2022	Eva Horgan	Date Entered : 09/08/2019 14:21 Entered By : Christopher Lube Actual timescale April 2021-2026, monitor as part of overall monthly risk review Date Entered : 09/08/2019 14:22 Entered By : Christopher Lube	Ongoing	/ /

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: 29/01/2020 16:30:47

Risk Number: 2184 Version: 4 Domain: Impact On The Safety Of Patient

Executive Lead: Andrew Loughney

Operational Lead: Matt Connor

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Assurance Committee: Quality Committee

Review Due: 15/02/2020

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: 16/01/2020 Reviewed By: Matt Connor

Initial review, no material change to risk.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Prevent	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	19/06/2020	Matt Connor	Discontinuation of Trak has been agreed (to be enacted in coming weeks) and a process is being entered wrt procurement of alternative solutions for the trust. Date Entered : 13/01/2020 12:29 Entered By : Andrew Loughney ----- 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 Action reviewed and updated in	Ongoing	/ /
4	Delivery of live system against design and configuration through	21/02/2018	31/05/2020	Andrew Loughney		Ongoing	/ /

	the programme and clinically signed off				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 targets remains problematic. Date Entered : 15/02/2019 13:13 Entered By : Andrew Loughney Action reviewed and updated in line with moving BAF back onto Ulysses.		
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	 Date Entered : 08/08/2019 15:55 Entered By : Christopher Lube ----- Test cycles in several steps, progress being monitored by Programme Board. Date Entered : 15/02/2019 13:14 Entered By : Andrew Loughney Business Intelligence functionality remains unproven, Programme Board is monitoring.	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	Matt Connor	 Date Entered : 15/02/2019 13:15 Entered By : Andrew Loughney Arrangements are in place to upgrade K2 for maternity and a provcess is being followeed that will result in a new EPR being introduced trustwide in stead of previous plan for Trak. Date Entered : 13/01/2020 12:33 Entered By : Andrew Loughney ----- Exec team and board are reviewing and awaiting updated. Date Entered : 30/10/2019 12:23 Entered By : Steve Chokr ----- 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. Date Entered : 13/08/2019 13:59 Entered By : Sandra Goulden ----- Action reviewed and updated in line with moving BAF back onto Ulysses. Date Entered : 08/08/2019 15:58 Entered By : Christopher Lube	Ongoing	/ /
8	Recommendation to Trust Boards from EPRL Programme Board following review of Digital report and actions to continue or not	01/09/2018	19/06/2020	Matt Connor		Ongoing	/ /

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.

Date Entered : 05/03/2019 16:12
Entered By : Steve Chokr

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: 29/01/2020 16:30:47

Risk Number: 2266 Version: 1 Domain: Impact On The Safety Of Patient

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.

Executive Lead: Devender Roberts

Operational Lead: Christopher Lube

Assurance Committee: Quality Committee

Review Due: 10/02/2020

Last Review Narrative:

Date: 11/01/2020

Reviewed By: Christopher Lube

Risk reviewed and some actions have been completed with others remaining in progress.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Prevent	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. Close working with safety collaborative being maintained	Inconsistent completion and dissemination of actions and improvement plans Inconstant implementation of lessons learnt and lack of evidence Pace of implementing change, Monitored via effectiveness senate 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	Ongoing	/ /
2	Maintain close involvement with regional and local safety collaborative	01/04/2019	01/04/2020	Alan Clark	Date Entered : 31/07/2019 10:57 Entered By : Christopher Lube Links with Safety collaboratives re being maintained, this has become a control. Date Entered : 30/09/2019 17:47 Entered By : Christopher Lube ----- Working is ongoing in this area. New NHS Patient safety strategy published which highlights this action. Trust local implementation plan in development	Completed	30/09/2019
3	Develop better reporting from the Ulysses System	01/04/2019	02/03/2020	Christopher Lube	Date Entered : 31/07/2019 10:58 Entered By : Christopher Lube Updates to the Ulysses system have been completed and a plan is in place to roll out by 1st Feb 2020. Some final testing to be	Ongoing	/ /

					completed and training.		
					Date Entered : 11/01/2020 10:40 Entered By : Christopher Lube ----- The Upgrade of the Ulysses system is progressing. A slight delay was encountered due to the need to move to a new server.		
					Date Entered : 30/10/2019 14:47 Entered By : 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.		
4	New divisional structure to review implementation of lessons learnt and provision of evidence	01/04/2019	30/09/2019	Christopher Lube	Date Entered : 31/07/2019 10:56 Entered By : Christopher Lube Action completed as divisions in place and have established governance groups. New action developed.	Completed	30/09/2019
					Date Entered : 30/09/2019 17:50 Entered By : Christopher Lube ----- Review of SI learning and complaint learning requested via divisional performance meetings.		
5	Divisions to undertake gap analysis of risk management resources	01/04/2019	31/12/2019	Christopher Lube	Date Entered : 31/07/2019 10:58 Entered By : Christopher Lube Governance cover in all Divisions now in place and new Risk and Patient Safety manager in post. Trust Risk Management Strategy to have its annual review completed.	Completed	11/01/2020
					Date Entered : 11/01/2020 10:44 Entered By : Christopher Lube ----- Review ongoing, Secondment to be provided for CSS, interviewing for Risk and Pt Safety Managers post, Replacement for Gov Man (Mat) commencing in post 7th Nov 19.		
					Date Entered : 03/10/2019 16:40 Entered By : Christopher Lube ----- Review being led buy Head of Governance in line with new divisional structures.		
					Date Entered : 31/07/2019 10:59 Entered By : Christopher Lube		

6	Business case for the provision of Human Factors Training to be developed and submitted to education governance committee	01/04/2019	04/05/2020	Linda Watkins	Discussions are ongoing via Ed Gov Committee Date Entered : 11/01/2020 10:44 Entered By : Christopher Lube ----- There is currently no lead for SIM Training in Trust, Lead for action has been changed to Chair of Ed Gov Comm. Date Entered : 03/10/2019 16:38 Entered By : Christopher Lube ----- Update Received from Dr Hurst as to current position of Simulation Training. See Document section for further detail. Date Entered : 14/08/2019 14:19 Entered By : Elaine Eccles ----- Initial paper presented to Ed Gov and Safety Senate, acting Medical Director requested further information	Ongoing	/ /
7	New risk management and patient safety training package to be developed	01/04/2019	31/03/2020	Christopher Lube	Date Entered : 31/07/2019 11:01 Entered By : Christopher Lube Work on Risk Training Package is ongoing with the appointment of new Risk and Patient Safety Manager. RCA training dates are available for staff to book on, bespoke training continues to be available and Risk Management is part of Cooperate induction and Annual Mandatory Training, Date Entered : 11/01/2020 10:48 Entered By : Christopher Lube ----- Work is ongoing, plan for completion Nov 19 Date Entered : 03/10/2019 16:39 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.	Ongoing	/ /
8	Divisions to report process for the dissemination of actions, lessons learnt and improvement plans	30/09/2019	31/12/2019	Christopher Lube	Date Entered : 31/07/2019 11:00 Entered By : Christopher Lube Divisions provide update on Governance as part of monthly performance meetings. Date Entered : 11/01/2020 10:42 Entered By : Christopher Lube	Completed	11/01/2020

Process for the dissemination for
lessons learnt, actions and
improvement plans requested
from Divisions by HoG&Q

Date Entered : 30/09/2019 17:54
Entered By : Christopher Lube

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: 29/01/2020 16:30:48

Risk Number: 2293 Version: 3 Domain: HR/Organisational Development/

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.

Executive Lead: Michelle Turner

Operational Lead: Jeanette Chalk

Assurance Committee: Putting People First

Review Due: 06/02/2020

Last Review Narrative:

Date: 07/01/2020

Reviewed By: Jeanette Chalk

No further changes - actions ongoing

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
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Prevent	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 PDR training programme in place	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
Detect	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 workplace risks	01/04/2019	31/03/2020	Jeanette Chalk	To be completed on a monthly basis	Ongoing	/ /
2	Aspirant managers programme in place	01/04/2019	31/03/2020	Jeanette Chalk	Date Entered : 08/08/2019 11:31 Entered By : Christopher Lube Aspirant managers programme in place and 1st cohort have completed with 2nd cohort to commence. Date Entered : 16/11/2019 12:04 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	<p>Date Entered : 08/08/2019 11:35 Entered By : Christopher Lube</p> <p>Year 1 completed on timescale in accordance with project plan.</p> <p>Date Entered : 16/11/2019 12:04 Entered By : Christopher Lube</p> <p>-----</p> <p>Initial development work and staff training in progress</p> <p>Date Entered : 09/08/2019 15:24 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	2 Unlikely	10

Target Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	2 Unlikely	10

Listing For: 4.BAF

Risk Register Level: 4.BAF

Directorate: Human Resources

Service / Department: HR

Position at: 29/01/2020 16:30:48

Risk Number: 2294 Version: 5 Domain: HR/Organisational Development/

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.

Executive Lead: Michelle Turner

Operational Lead: Jeanette Chalk

Assurance Committee: Putting People First

Review Due: 28/02/2020

Last Review Narrative:

Date: 29/01/2020

Reviewed By: Christopher Lube

Reviewed at PPF Jan 20 - risk score to be reduced to 5x3=15 as changes implemented centrally with respect to Pension Tax rules, continued successful recruitment to Nursing & Midwifery vacancies, in year over-establishment of junior doctor rota in O&G and the actions taken to date to mitigate the risk associated with retaining/recruiting specialist clinical staff.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Prevent	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 NHSE Sickness Improvement Programme Shared appointments with other providers Secured operating time at the LUH Increased consultant recruitment with incentives Neonatal Partnership Maternity introduction of ACP Midwives Policy to mitigate impact on LTA and AA on senior staff in place	Further utilisation of the rota management system. E-Rostering 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 gap 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
Detect	GMC Survey 018 - action plan in place						

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
4	Await outcome of Business case sent to NHSI to develop E-Rostering System Collaborative	16/11/2019	31/03/2020	Jeanette Chalk		Ongoing	/ /
5	Medical Workforce Recruitment and Retention process being developed	01/11/2019	31/03/2020	Jeanette Chalk		Ongoing	/ /

Initial Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	5 Almost	25

Current Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	3 Possible	15

Target Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	2 Unlikely	10

Listing For: 4.BAF

Risk Register Level: 4. BAF

Directorate: Governance

Service / Department: Governance

Position at: 29/01/2020 16:30:48

Risk Number: 2295 Version: 1 Domain: Impact On The Safety Of Patient

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

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.

Executive Lead: Caron Lappin

Operational Lead: Christopher Lube

Assurance Committee: Quality Committee

Review Due: 10/02/2020

Last Review Narrative:

Date: 11/01/2020

Reviewed By: Christopher Lube

Risk reviewed and new action added in relation to work to establish CQC module on Ulysses. No change in status on BAF.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
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Detect	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
Prevent	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 CIPs 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	Ongoing	/ /
2	Ward accreditation to be rolled out following completion of pilot	01/04/2019	31/03/2020	Janet Brennan	Date Entered : 08/08/2019 14:57 Entered By : Christopher Lube Meeting with Ward Accreditation providers due on 08/08/19. Progress on pilot to be discussed and review of software to log data.	Ongoing	/ /
3	To embed process for monitoring of regulatory reports and action plans at divisional boards	01/04/2019	31/03/2020	Christopher Lube	Date Entered : 08/08/2019 15:00 Entered By : 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 Committee	01/04/2019	31/03/2020	Christopher Lube	Once CQC compliance module in place in Ulysses Divisions will be able to provide exception report to Quality Committee on status and planned actions.	Ongoing	/ /
5	Undertake intermittent deep dive reviews into specialist services	01/04/2019	31/03/2020	Christopher Lube	Date Entered : 08/08/2019 15:05 Entered By : Christopher Lube Reviews to be completed as and when identified by sub-committee of the board or at divisional board level.	Ongoing	/ /
6	New CQC monitoring system via Ulysses to be introduced across all core areas of the Trust. Process will provide quarterly reports to Quality Committee on CQC commence levels and associated actions.	01/07/2019	31/03/2020		Date Entered : 08/08/2019 15:08 Entered By : Christopher Lube New module has been commissioned and developed by Ulysses. It has been tested in some clinical areas prior to end of December 2019 and plan to roll out across all areas to establish base line assessment prior to 31st March 2020. Date Entered : 11/01/2020 10:56 Entered By : 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
4 Major	2 Unlikely	8

Listing For: 4.BAF

Risk Register Level: 4. BAF

Directorate: Governance

Service / Department: Executive Office

Position at: 29/01/2020 16:30:48

Risk Number: 2297 Version: 2 Domain: Impact On The Safety Of Patient

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 collocated paediatric surgical support.

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

Executive Lead: Andrew Loughney

Operational Lead: Jennifer Huyton

Assurance Committee: Quality Committee

Review Due: 09/02/2020

Last Review Narrative:

Date: 10/01/2020

Reviewed By: Jenny Hannon

Risk reviewed as part of overall BAF review. No changes made

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Prevent	Continuing dialogue with regulators Active management with all commissioners Putting People First Strategy Leadership and Management development programme Programme for the establishment of partnership for Neonates with AHCH. £15m capital investment in neonatal estate to address infection risk Transfer arrangements well established Partnership with LUH with respect to: -Diagnostics -Medical and surgical expertise -Intensive care facilities -Theatre access at LWH for women with Gynae cancers Blood product provision by motorised vehicle from near by facility. Investments in additional staffing inc. towards 24/7 cover Enhanced resuscitation training provision	Clinical case for change is dependent on decision making external to the Trust (NHSE/I, CCG) Lack of system drive to secure the capital case H&CP submissions for capital bids not successful despite system agreement of clinical case Financial and workforce constraints for delivery of additional facilities on site. - No blood bank on site -No 24/7 cover on site - No CT or MRI on site - No agreed funding for new Neonatal Unit at AHCH Onsite and partnership mitigations cannot fully address the clinical risk - this can only be achieved through co-location Neonatal estate not due for completion until summer 2020 Emerging clinical standard leading to further deterioration of clinical position.	Not Effective	Corporate Objectives 2019-20 Board performance reports DIPC Reports Staff Staffing levels reports to board Incident and Serious Incident reports to Safety Senate Quality Committee, Divisions and Trust Board. Mortality and Morbidity reviews in all areas Performance monitoring of patient experience and clinical outcomes Transfers out monitored at HDU Group Data reviewed regularly and reported through HDU and Sepsis Group.	Approval of NNU Business case CQC inspection (2018) - Good Meetings with CCG via Clinical Quality and Performance Group (CQPG) Negative - North East clinical senate report - Neonatal ODM - Maternity SCN Dashboard Counterfactual clinical case (2019) Output from Clinical Summit report (2019) Divisional Performance Reports Quality Data Serious Incident Investigation Reports	Improved data reporting required with respect to: -acuity of patients on HDU -number of women with highest level of medical conditions - in maternal and Termination of Pregnancy Services -Where services data is collated and acted upon	Negative

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	Andrew Loughney	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	Jennifer Huyton	To be monitored monthly Date Entered : 09/08/2019 13:41 Entered By : Christopher Lube	Ongoing	/ /
4	Divisional plans to be developed to support long term clinical sustainability via operational plan	01/04/2019	31/03/2020	Jennifer Huyton	Operational plans under development but not due until March 20. Target date amended to March 20. Date Entered : 10/01/2020 14:18 Entered By : Jenny Hannon ----- Work ongoing in Divisions Date Entered : 09/08/2019 13:46 Entered By : Christopher Lube	Ongoing	/ /
5	Outcomes form the clinical summit to be actioned.	27/09/2019	31/03/2020	Jennifer Huyton	Target date amended following development of MoU with LUH.	Ongoing	/ /

Detailed plan is in place (to be attached) actions are in progress

Date Entered : 10/01/2020 14:18
Entered By : Jenny Hannon

Acting Medical Director working with Strategic Finance Manager on reviewing summit outcomes.

Date Entered : 27/09/2019 08:43
Entered By : Christopher Lube

7	Management of Future Generations Strategy through Project Management Office	16/11/2019	31/03/2020	Andrew Loughney		Ongoing	/ /
8	Development of counterfactual argument	16/11/2019	31/03/2020	Jennifer Huyton		Ongoing	/ /
9	Agree funding for mitigations on site (Blood Bank, MRI, Diagnostics, CT and Staffing) for inclusion in 20/21 operational plan	31/03/2020	31/03/2020	Jennifer Huyton		Ongoing	/ /
10	Lobby systems and MP's for active support	16/11/2019	31/03/2020	Kathryn Thomson		Ongoing	/ /

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