

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

Board of Directors Meeting

PUBLIC

2 July 2020



**Meeting of the Board of Directors
HELD ELECTRONICALLY
Thursday 2 July 2020 at 1000hrs
VIRTUAL MEETING**

Item no. 2020/21/	Title of item	Objectives/desired outcome	Process	Item presenter	Time
PLEASE NOTE – Due to the Covid-19 pandemic, the Board is utilising a ‘consent agenda’. It will be assumed that all of these items have been read by Board members and the minutes will reflect recommendations, unless an item has been requested to come off the consent agenda for debate. In this instance, it is requested that the Trust Secretary be notified prior to the meeting and this will be made clear at the start of the meeting.					
084	Thank you	To provide a Team thank you – above and beyond			1000 (5mins)
085	Apologies for absence Declarations of interest	Receive apologies & declarations of interest	Verbal	Chair	
086	Meeting guidance notes	To receive the meeting attendees’ guidance notes	Written	Chair	
087	Patient Story	To receive the patient story	Verbal	Medical Director	1005 (15mins)
088	BAME Staff Listening Event Feedback	To receive feedback	Verbal	Chief People Officer	1020 (10mins)
089	Minutes of the previous meetings held on 7 May 2020 & 18 June 2020	Confirm as an accurate record the minutes of the previous meetings	Written	Chair	1030 (5mins)
090	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
091	Chair’s announcements	Announce items of significance not found elsewhere on the agenda	Verbal	Chair	1035 (5mins)
092	Chief Executive Report	Report key developments and announce items of significance not found elsewhere on the agenda	Written	Chief Executive	1040 (5mins)
BOARD COMMITTEE ASSURANCE					
093	Chair’s Reports from Quality Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1045 (5mins)
094	Chair’s Reports from Finance, Performance and Business Development Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1050 (5mins)
095	Chair’s Reports from Putting People First Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1055 (5mins)
096	Chair’s Report from Audit Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1100 (5mins)
097	Chair’s Report & Terms of Reference from the Charitable Funds Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1105 (5mins)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time
2020/21/					
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					
098	Covid-19 Pandemic: Trust response	For assurance	Written	Chief Operating Officer	1110 (10mins)
099	Safer Nurse/Midwife Staffing Report, M1 & M2 2020/21	For assurance and to note any escalated risks	Written	Interim Director of Nursing and Midwifery	1120 (5mins)
100	Bi-Annual Safer staffing paper Nursing and Midwifery	For assurance	Written	Interim Director of Nursing and Midwifery	1125 (5mins)
101	Annual Report of the Director of Infection Prevention and Control 2019/20	For assurance	Written	Interim Director of Nursing and Midwifery	1130 (10mins)
102	Lessons Learnt from Mortality	For assurance	Written	Medical Director	1140 (10mins)
103	Liverpool City Covid-19 Recovery Plan	For discussion	Written	Chief Executive	1150 (10mins)
104	Liverpool Neonatal Partnership	For assurance	Presentation	Medical Director	1200 (20mins)
TRUST PERFORMANCE - TO DELIVER THE MOST EFFECTIVE OUTCOMES; TO BE EFFICIENT AND MAKE BEST USE OF AVAILABLE RESOURCES					
105	Operational Performance Report period M2, 2020/21	For assurance –To note the latest performance measures	Written	Chief Operating Officer	1220 (5mins)
106	Finance Report period M2, 2020/21	For assurance - To note the status of the Trust's financial position	Written	Director of Finance	1225 (5mins)
BOARD GOVERNANCE					
107	Fair & Just Covenant	For approval	Written	Chief People Officer	1230 (5mins)
108	Well-Led Self-Assessment Action Plan	For approval	Written	Trust Secretary	1235 (5mins)
109	Board Assurance Framework 2020/21	For assurance and approval	Written	Trust Secretary/ Executive Leads	1240 (5mins)
110	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	1245 (5mins)
CONSENT AGENDA (all items 'to note' unless stated otherwise)					
111	Whistleblowing Annual Report/Speak Up Guardian Annual Report	For assurance	Written	Chief People Officer	Consent
112	Medical Appraisal and Revalidation Annual Report 2019/20	For assurance & approval	Written	Medical Director	Consent
113	Nomination & Remuneration Committee Terms of Reference	For approval	Written	Trust Secretary	Consent
HOUSEKEEPING					
114	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	1250 (5mins)

Date of next meeting

Board in Public: 3 September 2020

Meeting to end at 1250

1250 - 1300	<i>Questions raised by members of the public submitted in advance of the meeting.</i>	To respond to members of the public on matters of clarification and understanding.	Verbal	Chair
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The Board of Directors is invited to adopt the following resolution:

'That the Board hereby resolves that the remainder of the meeting to be held in private, because publicity would be prejudicial to the public interest, by reason of the confidential nature of the business to be transacted'. [Section (2) of the Public Bodies (Admission to Meetings) Act 1960]

Meeting attendees' guidance using Microsoft Teams

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

Before the meeting

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

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

Microsoft Teams

- Arrive in good time to set up your laptop/tablet for the virtual meeting
- Switch mobile phone to silent
- Find the appointment and open
 - If you have been sent the appointment as a diary invite click on Calendar on the left hand column. Open appointment and click join. Alternatively click on the link within the emailed diary appointment 'Join Microsoft teams'
 - If you have been asked to join an **existing** TEAM then please open Microsoft Teams, Click on Teams on the left hand column. Click on the relevant team you want to open, then click on Meet Now.
- Four screens (participants) can be viewed at one time. Those speaking will be viewable automatically.
- Click Show Participants to see who has joined the call as only 4 screens can be viewed at one time.
- Mute your screen unless you need to speak to prevent background noise
 - Only the Chair and the person(s) presenting the paper should be unmuted
 - Remember to unmute when you wish to speak
- Show conversation: open this at start of the meeting.
 - This function should be used to communicate with the Chair and flag if you wish to make comment
- Open files within Microsoft teams
 - Within your team, click on Files – top of the page.
- Use headphones if preferred
- Camera on option
- Screen sharing
 - If you wish to share a live document from your desktop click on share and identify which open document you would like others to view
- Use multi electronic devices to support teams.
 - You might find using both mobile and laptops is useful. One for Microsoft teams and one for viewing papers

At the meeting

- 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)
- Consent agenda items, taken as read by members and the minutes will reflect recommendations from the paper. Comments can still be made on the papers if required.

Attendance

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

After the meeting

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

Standards & Obligations

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

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

Page 129 Handbook to the NHS Constitution 26th March 2013

Board of Directors

Minutes of the meeting of the Board of Directors
held in public at 10.00am on 7 May 2020
Virtual Meeting

PRESENT

Mr Robert Clarke	Chair
Mrs Kathryn Thomson	Chief Executive
Ms Jo Moore	Non-Executive Director/Vice Chair
Mrs Michelle Turner	Director of Workforce & Marketing
Mrs Jenny Hannon	Director of Finance
Dr Andrew Loughney	Medical Director & Deputy Chief Executive
Ms Gaynor Hales	Interim Director of Nursing & Midwifery
Mr Gary Price	Director of Operations
Mr Phil Huggon	Non-Executive Director
Mr Tony Okotie	Non-Executive Director/SID
Dr Susan Milner	Non-Executive Director
Mr Ian Knight	Non-Executive Director
Mrs Tracy Ellery	Non-Executive Director
Prof Louise Kenny	Non-Executive Director

IN ATTENDANCE

Mr Mark Grimshaw	Trust Secretary
Mrs Mary McDonald	Public Governor
Mr Nigel Parsons	Staff Governor
Mrs Jackie Sudworth	Public Governor

APOLOGIES:

None noted.

20/21/	
033	<p>Thank You</p> <p>As was noted in the April 2020 meeting, the Chair stated that considering the significant pressures that staff had been under since the COVID-19 outbreak, it was not appropriate to identify a small number of individuals or teams for specific thanks. The Board wished to acknowledge the hard work and flexibility shown by all staff, particularly in the face of increased anxiety and pressure.</p>
034	<p>Apologies – as above</p> <p>Declaration of Interests – Ms Gaynor Hales noted that she was a Non-Executive Director at MerseyCare NHS Foundation Trust.</p>
035	<p>Meeting guidance notes</p> <p>The Board received the meeting attendees' guidance notes which had been updated to reflect 'virtual meetings'.</p>
036	<p>Patient Story</p>

The Medical Director introduced several examples of how the experience of every single patient had been impacted by the Covid-19 pandemic. There had been some negative experiences and the Board noted the importance of ensuring that staff were sensitive to the heightened anxiety and uncertainty being experienced by patients. There had however, been a number of positive experiences which included changes in practice that had been well received by both patients and staff. The key challenge was to maintain the good practice that had been identified.

The Medical Director noted that the majority of patients had been understanding regarding changes to services and usual procedures. An example was provided of visitor restrictions for fathers and other birth partners for babies on the neonatal unit. It was acknowledged that this reduction in support for mothers was challenging and the Trust was reviewing the policy in detail to ensure that a correct balance was achieved.

The Board asked whether patient experience under the Covid-19 pandemic was being systematically analysed. It was acknowledged that further work could be undertaken in this area and it was suggested that this could be explored further by the Quality Committee.

Action: For the Quality Committee to receive a report on how patient experience was being monitored and analysed throughout the Covid-19 pandemic.

Ms Jo Moore queried how the Trust was communicating on issues relating to cancelled operations. It was highlighted that the Trust had a comprehensive communication plan for patients who had procedures or consultations cancelled or postponed. This included a) direct discussion with the patients (virtually or over the phone), b) letters, c) liaising with GPs, d) general messaging via commissioners and e) use of the website and social media.

The Board noted the presentation.

037 Minutes of previous meeting

The minutes of a Board of Directors meeting held on 2 April 2020 were agreed as a true and accurate record.

038 Matters arising and action log.

There were no matters arising. The Board of Directors reviewed the Action Log and noted that there were no outstanding actions.

039 Chair's Announcements

The Chair briefed the Board on events since the last meeting. Whilst the Covid-19 pandemic had created restrictions, the Chair had continued to meet virtually and develop relationships with partnering and neighbouring Trusts. The Chair had also maintained engagement with key regional and national forums.

A Council of Governors sub-group meeting had been held virtually on 20 April 2020. This had focused on providing assurance regarding the Trust's response to the Covid-19 pandemic and the recent CQC inspection. The meeting had been held virtually via Microsoft Teams and positive feedback had been provided by governors in attendance. It was suggested that the facility to attend governor meetings virtually should be continued as this would help to improve engagement and diversify access to meetings.

The Chair reported that he had participated in two sessions of Consultant interviews. These had attracted eight candidates in total and job offers were made in Gynae-Oncology and General Gynaecology. It was expected that the appointments would have a positive impact on Trust performance.

	<p>It was noted that the Trust had been utilising technology to facilitate virtual meetings since mid-March 2020. This had proven to be successful and the technology would most likely continue to be utilised once 'normal' meeting arrangements were reinstated. However, it was noted that there had, on some occasions, been challenges with the technology. The Chairs of the respective Board Committees were encouraged to consider contingency plans such as identifying a vice-Chair for the meeting should the Chair's connection become challenged.</p> <p>The Board noted the Chair's verbal update.</p>
040	<p>Chief Executive's report</p> <p>The Chief Executive presented a report which detailed local, regional and national developments. She briefed the Board on the content of the report and drew attention to the recently published CQC inspection report. The Trust had retained an overall 'good' rating and thanks were extended to staff for their hard work and dedication. There had been a decline in the Trust's 'well-led' rating to 'requires improvement'. This was associated with the warning notice that had been received regarding medicines management. Prior to the publication of the report, the Board with the support of the Quality Committee had worked to develop and implement actions to drive the identified improvements. Further detail on the CQC inspection report was provided later in the agenda.</p> <p>Mr Tony Okotie referenced the Maternity Incentive Scheme and sought assurance that despite the reporting requirements being paused, the Trust had retained a focus on the delivery of safer maternity care. It was confirmed that the Trust was continuing to monitor delivery on the relevant safety actions.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received and noted the Chief Executive's Report
041	<p>Chair's Report & Annual Report from Quality Committee</p> <p>Dr S Milner presented the Chair's Reports for the meeting of the Quality Committee held on 20 April 2020. She briefed the Board on the content of the report and noted that meetings continued to be held virtually. As was consistent with all Committees, the agenda had been streamlined to ensure a focus on key issues and a consent agenda had been utilised. A report was received on the quality implications of the Covid-19 pandemic with attention given to how the Trust was utilising serious incident reporting and complaints to identify any deterioration in the quality of service. Assurance had also been provided on the mechanisms being used to identify any potential harm in the delay to treatment. The Trust's response to the CQC inspection report was reviewed and the Committee provided a view on the Covid-19 BAF risk and the 2020/21 corporate objectives. An update was received on the development of the Quality Strategy and it was highlighted how work on this would continue despite the Covid-19 pandemic. The Medical Director added that the updated Quality Strategy would form a key part of the Trust's approach to recovery.</p> <p>The Chair noted that the Committee had received an update on safeguarding and queried the practical steps the Trust was taking in response to the heightened risk because of the societal impacts related to the Covid-19 pandemic. The Interim Director of Nursing & Midwifery reported that staff had been requested to be aware of issues when engaging with patients in hospital or in a community setting and to raise any concerns utilising the appropriate processes. The potential impact for members of the staff was also recognised and support mechanisms had been put into place for staff to access if necessary. The Trust was working closely with Alder Hey NHS Foundation Trust regarding a decline in referrals to their children's safeguarding service.</p>

	<p>The Board received the Quality Committee Annual Report and recognised it as an accurate summary of the Committee's work over 2019/20.</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 20 April 2020. Received and noted the Quality Committee Annual Report.
042	<p>Chair's Reports from Finance, Performance and Business Development Committee (FPBD) & Annual Report</p> <p>Ms J Moore presented the Chair's Reports for the meeting of the Finance, Performance and Business Development Committee held on 21 April 2020. She briefed the Board on the content of the report and noted that a key focus had been understanding the implications of the Covid-19 pandemic on operational and financial performance. The Committee had acknowledged that the Trust was developing robust recovery plans and had been assured by the fact that day-to-day reporting was continuing to help identify any negative deviations in performance levels.</p> <p>The Month 12 finance report was received, and the Committee noted that the Trust had delivered a £0.3m surplus at year-end and the allocated capital expenditure budget had been spent. The Trust's aged debtor position had also been improved.</p> <p>Mr I Knight queried whether the Trust had mechanisms to monitor capital spend during 2020/21 to ensure an even profile throughout the year. The Director of Finance explained that spend would be monitored at divisional review meetings, with resource re-allocated to other projects if necessary.</p> <p>The Committee noted improvements in relation to the Trust's Referral to Treatment (RTT) and Cancer wait performance in Month 12 but it was reported that the position was likely to deteriorate into 2020/21 as a result of the Covid-19 pandemic.</p> <p>The Board received the FPBD Committee Annual Report and recognised it as an accurate summary of the Committee's work over 2019/20.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received and noted the Chair's Report from the FPBD Committee meeting held on 21 April 2020. Received and noted the FPBD Committee Annual Report.
043	<p>Chair's Report from Putting People First Committee (PPF), Annual Report & Terms of Reference</p> <p>Mr T Okotie presented the Chair's Report for the meeting of the PPF Committee held on 20 April 2020. He briefed the Board on the content of the report and noted that the Committee had focused on receiving assurance relating to the action taken by the Trust to maintain staff wellbeing and safe staffing levels during the Covid-19 pandemic. The Committee had received a summary of the first year of the Putting People First strategy and was encouraged to see the progress that had been made. A key source of assurance to support the findings was the 2019 staff survey.</p> <p>The Committee had reviewed the terms of reference and agreed for there to be an explicit reference added regarding the responsibility for equality and diversity matters on behalf of the Board.</p> <p>The Board received the PPF Committee Annual Report and recognised it as an accurate summary of the Committee's work over 2019/20.</p>

044	<p>The Board of Directors:</p> <ul style="list-style-type: none"> Received and noted the Chair's Report from the PPF Committee meeting held on 20 April 2020. Approved the PPF Committee Terms of Reference. Received and noted the PPF Committee Annual Report.
045	<p>COVID-19 – Trust Response and Preparations</p> <p>The Director of Operations reported that the Trust continued to enact business continuity measures in response to the international Covid-19 pandemic in line with its responsibilities as a Category 1 responder under the Civil Contingencies Act. The Director of Operations reported that the longevity of the situation was now clear and that the Trust would be managing the implications of the pandemic throughout 2020 and beyond. Work was underway to understand the implications for the Trust and the wider NHS. As part of this, work had started to collate some of the key lessons from the Trust's response to the Covid-19 pandemic. This involved a project lead being identified who was liaising with Executives and Senior Managers to consider what had been done differently and which areas of good practice could be continued.</p> <p>Action: To share the Covid-19 'lessons learned' document with the Board once it had been drafted.</p> <p>It was widely agreed that an effective response to the Covid-19 pandemic would require strong partnership working across the region. Discussions continued with partner organisations to maximise critical care capacity and ensure robust core service delivery throughout Cheshire and Merseyside. The Board was informed that the clinical voice had been heard in all discussions regarding Covid-19 and the Clinical Advisory Group had played a key role in the Trust's response and policy decisions.</p> <p>The Trust was continually reviewing and checking policies and standard operating procedures in its approach to managing the pandemic. This included the visiting policy and attempts were being made to include the patient voice in future decisions.</p> <p>The Chair questioned how the Trust was gaining an understanding of the expectations and tolerances of patients as the Trust moved into the recovery phase of managing the pandemic. The Director of Operations explained that 'in-hospital' and 'out of hospital' cells were co-ordinating the recovery approach centrally for the Cheshire and Merseyside region. Planning would most likely need to be cognisant of a potential 'second wave' of infections and expectations would therefore need to be managed accordingly.</p> <p>Mr I Knight queried asked whether it was likely that fertility services would re-start. The Medical Director noted that plans for a re-start were in development and further direction from the Human Fertilisation & Embryology Authority (HFEA) was awaited. Confirmation was also awaited regarding the approach to managing age eligibility criteria and how the pause in service would be taken into consideration.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Noted the update for information and assurance. <p>Safer Nurse / Midwife Staffing Monthly</p> <p>The Interim Director of Nursing & Midwifery presented a report which detailed Ward Staffing levels across all inpatient clinical areas during March 2020. She briefed the Board on the content of the reports and noted that there had been no instances of harm reported in the period relating to staffing issues. It was reported that whilst the need to submit safe staffing positions had been suspended, the Trust would continue to collect safe staffing data and report to the Board.</p>

The Trust had placed 24 students in the Trust at a Band 4 level and support was being provided in order for them to complete the relevant practice time required to graduate. The Interim Director of Nursing & Midwifery stated that despite the pressures of Covid-19, it remained important to maintain the future workforce. It was noted that the September 2020 student nurse cohort would most likely be reduced as the course had been re-profiled to be undertaken virtually for the first few months.

The Medical Director noted that the key issue for medical staffing related to rotas. Whilst there had been no elective gynaecology work, this had meant that there was an element of flexibility with rotas. Once elective work was re-introduced, the ability to fill rotas would become more challenged. However, there had been consultants recently appointed that would support the Trust's position. Neo-natal medical cover had been challenged and staff from other areas had been utilised. The Trust had maintained the neonatal staffing to the same level as it had previously been prior to a consultant expansion in 2016.

Prof L Kenny queried whether access to staff testing had been an issue for the Trust. It was confirmed that the Trust had not been challenged in relation to getting symptomatic testing for staff and no issues had been identified by staff side colleagues. The Medical Director expressed a concern regarding the potential impact of the roll out of asymptomatic testing on staffing levels. It was noted that there could be a potential risk if a higher number of staff were self-isolating and this coincided with a return to elective activity and a potential '2nd wave' of infection. Prof L Kenny suggested that modelling for the Trust's workforce could be undertaken based on the age / demographic to understand this risk. This work would be supported by the University of Liverpool.

Action: With the support of the University of Liverpool, to model the Trust's workforce based on age / demographic to understand the potential risk to staffing levels should asymptomatic testing be rolled out.

The Board of Directors:

- Received and noted the Safer Nurse / Midwife Staffing Monthly Report.

046

Care Quality Commission Update

The Interim Director of Nursing & Midwifery introduced the report which provided an outline of the key findings from the Care Quality Commission (CQC) unannounced inspection of the Trust (3 - 5 December 2019) and an announced 'well-led' inspection (14-16 January 2020). The final inspection report was published on 23 April 2020. The Interim Director of Nursing & Midwifery noted the key highlights as being:

- The Trust received an overall rating of 'Good' with a 'Requires improvement' for Well- Led.
- Maternity received an overall 'Good' with 'Outstanding' for Responsiveness
- Gynaecology received an overall 'Requires improvement' with 'Good' for Caring
- Neonatal services received an overall 'Good'.

During the Core Services inspection conducted 3-5 December 2019, the CQC issued the Trust with a warning notice which stated a failure to ensure that systems and processes were effectively established to ensure the proper and safe management of medicines. The Trust responded to the warning notice by the deadline noting the immediate steps that had been taken to ensure patient safety was not compromised. Actions implemented following the warning notice were continuing.

There were overall 16 breaches of legal requirement and 23 points that the Trust needed to improve on to comply with minor breaches that did not justify regulatory action. Attention was drawn to the action plan that had been developed to address these points and there was a requirement to respond to the CQC with an action plan by 29 May 2020. It was envisaged all the

actions would be completed by December 2020. Whilst the high-level action plan had been shared with the Board, it was noted that underpinning action plans were in place for each division. The focus going forward would be to ensure that evidence was in place to demonstrate that the actions taken had embedded in day-to-day practice. Corporate actions would also support delivery through working to improve behaviours and culture throughout the organisation.

Dr S Milner noted that the Quality Committee has undertaken a key role in receiving assurances regarding the Trust's response to the CQC inspection. In February 2020, the Committee received a report that set out not only the Trust's response to the Warning Notice but to other issues that has been highlighted as requiring improvement. The Committee also requested that the Medicines Management Committee report directly on a quarterly basis rather than by exception through the Safety Senate. The Committee would ensure that robust evidence was in place that actions were being completed on time and that there were explanations for when deadlines were not met.

Mr P Huggon asserted that it would be important for the CQC action plan to align with other quality improvement plans. The Interim Director of Nursing & Midwifery explained that it was planned to convert the CQC action plan into a quality improvement action plan and include other elements such as the theatres audit and well-led self-assessment. Mrs T Ellery noted that the Audit Committee would have a role in receiving assurances that the processes underpinning the action plan were robust.

The Chair noted that the Board receiving a high-level position on progress with the CQC inspection actions was appropriate. It would be important to ensure the correct level of escalation from the divisions through to the Quality Committee and then the Board with assurance provided rather than reassurance on progress.

The Board of Directors:

- Noted the warning notice, ratings, actions and findings arising from the CQC inspection, and
- Approved the process for monitoring and tracking progress against actions.

047

NHS Staff Survey 2019 Results & Action Plan

The Director of Workforce & Marketing provided an overview of the Staff Survey results for 2019. It was highlighted that the key theme scores had remained stable, with positive increases in two of the eleven themes, with no decreases. Importantly, the key overall staff engagement score had increased from 7.0 to 7.2, the largest increase since 2015.

The key area of focus going into 2020/21 was improving the appraisal process for staff. It was noted that the results of the survey had been disaggregated and shared with management teams, to be used in reviewing, revising and instigating actions throughout the Trust.

Mr I Knight queried why the Trust's outcomes for the appraisal process had seen a deterioration in recent years. The Director of Workforce & Marketing acknowledged that in attempting to improve the appraisal process, it had been overcomplicated. There was a need to streamline the process to ensure that it produced a quality conversation between the manager and direct report. Best practice locally and nationally would be reviewed in the development of a new process.

The Board of Directors:

- Noted the report and approved the proposed actions.

048

Review of 2019/20 Flu Vaccination Campaign & Planning for the 2020/21 Campaign

	<p>It was noted that the 2019/20 flu staff vaccination campaign had been successfully completed with the Trust meeting the CQUIN target of 80% of frontline staff being vaccinated, achieving a final figure of 81%. This represented 877 frontline staff being vaccinated, with a further 125 non-clinical staff also vaccinated.</p> <p>The Director of Workforce & Marketing noted the importance of preparing effectively for the 2020/21 flu staff vaccination campaign as a season of high flu prevalence whilst managing Covid-19 would be a significant challenge. This had been recognised with an increase of the CQUIN target to 90%. Preparation would need to start in July/August 2020, and suggestions were included in section four of the paper to support achievement of the CQUIN target.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> accepted the assurance regarding the assessment of the 2019/20 campaign, and endorsed the proposed planning for the forthcoming 2020/21 campaign.
049	<p>Operational Performance Report Month 12 2019/20</p> <p>The Director of Operations presented the Operational Performance Report for Month 12 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. Attention was drawn to the improved performance against the 62-day cancer target and it was noted that this had been identified as a priority throughout the Covid-19 pandemic. It was hoped that the recruitment of additional gynaecology consultants would improve performance against cancer access targets.</p> <p>The Director of Operations reported that it was likely that the impact of the Covid-19 pandemic would manifest as a deterioration in a range of performance metrics over the next few months.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received and noted the Month 12 Operational Performance Report.
050	<p>Financial Report & Dashboard Month 12, 2019/20</p> <p>The Director of Finance presented the Finance Report and Financial Dashboard for Month 12, 2019/20. She briefed the Board on the content of the report and advised that at Month 12 the Trust reported a full year surplus of £0.3m against a breakeven plan, after adjusting for items excluded in the control total calculation. This was a slight improvement on the prior months' forecast, however the Trust did not expect to attract any additional funding support in relation to this over-performance as in previous years.</p> <p>It was noted that costs related to managing the Covid-19 pandemic had been reinstated and therefore did not have an impact on the Trust position. The Trust met its Cost Improvement Programme target for 2019/20, although it comprised £0.9m of non-recurrent delivery, £0.8m more than planned. This would roll forward to 2020/21. The conversion of the loan for the neonatal build to public dividend capital would have an impact on liquidity but overall would be positive for the Trust's financial position.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received and noted the Month 12 Financial Performance Report
051	<p>Board Assurance Framework</p>

The Trust Secretary presented the Board Assurance Framework 2020/21. Since the last report to the Trust Board, the Committees had further reviewed the risks within their remit and there have been some minor changes or alterations proposed to the following two risks:

- **2297 - Condition: Location, size, layout and accessibility of current services do not provide for sustainable integrated care or safe and high-quality service provision.**
Risk reviewed by Head of Strategy and Transformation. Target completion dates for a number of actions amended in light of Trust response to Covid-19. Progress against all actions noted. One action completed (develop counterfactual argument) and new action added; external review of counterfactual case.
- **2293 - Condition: Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust.**
Following discussion at the PPF Committee and given the consistent improvement in the engagement score since 2016, risk score revised from 12 to 8.

It was also proposed to add the following risk to the BAF. This had been considered by the Board's Committees during April 2020. Whilst there had been agreement to create an 'umbrella' BAF risk there was acknowledgment that the interdependencies with the other BAF risks would require consideration.

- **2340 - Condition: Failure to maintain current levels of service, manage increased demands and provide support to the wider system. Failure to recover to pre-Covid-19 service levels following the pandemic.** Current risk score 4x4=16 with target score of 8. Assurance committee is FPBD

The Board of Directors:

- Received the Board Assurance Framework
- Approved the proposed changes in relation to BAF risks 2297 and 2293
- Approved the new risk in relation to Covid-19 (2340) for inclusion on the BAF.

052

Review of risk impacts of items discussed

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

- The need to ensure that there were systematic processes in place to monitor patient experience during the Covid-19 pandemic
- The need to ensure that a focus remained on staff-wellbeing
- That there are robust processes in place to monitor the implementation of actions arising from the CQC inspection action plan.
- That safeguarding risks remain actively monitored
- That staffing levels be closely monitored particularly considering the potential impact of asymptomatic testing, a re-instating of elective work and a potential 'second wave' of infections.
- The need to explore how best to support new mothers and their mental health

The following items were considered as part of the consent agenda

053

Corporate Objectives 2019/20 Annual Review and proposed Corporate Objectives 2020/21

The Board of Directors:

- noted the performance for the year against the Corporate Objectives 2019/20; and
- agreed the Corporate Objectives 2020/21.

054	<p>Board Terms of Reference</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Approved the adoption of the terms of reference included as appendix 1
055	<p>Any other business & Review of meeting</p> <p>None noted.</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 2 July 2020.</p> <p><i>Post-Meeting Note – Comments received from Governors in attendance</i></p> <p>There was a view that the meeting had been comprehensive with the appropriate questions asked and analysis undertaken. It was noted that it would be important for the Trust to review its visiting policies and ensure that the views of patients were considered. It was also highlighted that other staff groups (beyond nursing and doctors) should be considered when reviewing 'safe staffing' levels.</p>

Board of Directors

Minutes of the meeting of the Extraordinary Board of Directors
held in public at 1400 on 18 June 2020
Virtual Meeting

PRESENT

Mr Robert Clarke	Chair
Mrs Kathryn Thomson	Chief Executive
Ms Jo Moore	Non-Executive Director/Vice Chair
Mrs Michelle Turner	Chief People Officer
Mrs Jenny Hannon	Director of Finance
Dr Andrew Loughney	Medical Director & Deputy Chief Executive
Ms Gaynor Hales	Interim Director of Nursing & Midwifery
Mr Gary Price	Chief Operating Officer
Mr Phil Huggon	Non-Executive Director
Mr Tony Okotie	Non-Executive Director/SID
Mr Ian Knight	Non-Executive Director
Mrs Tracy Ellery	Non-Executive Director

IN ATTENDANCE

Mr Tim Neal	Director of Infection Prevention & Control (DIPC)
Mr Mark Grimshaw	Trust Secretary
Mrs Mary McDonald	Appointed Governor
Mrs Cynthia Dowdle	Appointed Governor
Mrs Evie Jeffries	Public Governor
Mrs Jackie Sudworth	Public Governor

APOLOGIES:

Dr Susan Milner	Non-Executive Director
Prof Louise Kenny	Non-Executive Director

20/21/	
073	<p>Apologies – as above</p> <p>Declaration of Interests – Ms Gaynor Hales noted that she was a Non-Executive Director at MerseyCare NHS Foundation Trust.</p>
074	<p>Meeting guidance notes</p> <p>The Board received the meeting attendees' guidance notes which had been updated to reflect 'virtual meetings'.</p>
075	<p>Covid-19 Pandemic – Trust Infection Prevention & Control Response</p> <p>The Chief Executive noted that the Trust was operating in an unprecedented time due to the Covid-19 pandemic and there had been a requirement to adapt responsively to new ways of working and within a 'command and control' environment. It was highlighted that teams within the Trust had adapted and performed well under challenging circumstances.</p>

The challenge facing the NHS as it began the next phase of its response to the outbreak was to maintain the capacity to provide high quality services for patients, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery. A key objective in executing these plans would be to minimise the transmission of Covid-19 infection within hospitals, also referred to as hospital-onset infection or nosocomial transmission.

The DIPC reported that the Trust had been following national guidance regarding infection prevention and control and this approach had proven to be effective to date. Where national guidance had not been available, advice had been sought from specialist bodies or the Trust had taken a lead in developing its own approach. A key challenge during the 're-set' phase would be the balance of returning services to pre-Covid-19 levels whilst also preparing for the possibility of a 'second wave' of infection.

The Interim Director of Nursing & Midwifery noted the extensive work that had been undertaken by teams in the Trust to respond to national guidance. This included undertaking risk assessments, developing Standard Operating Procedures (SOPs) and then seeking feedback from staff on the efficacy of the SOP deployment, with changes then made if necessary.

The Medical Director outlined the work the Trust had undertaken to prevent and/or mitigate harm for patients that the Trust had not seen due to the suspension of some elective services. Regular reviews and risk assessments had been undertaken. A concern remained regarding the patients who had not been referred or who had not attended A&E and therefore were not known to the Trust. The Trust was mindful of further work that would be required to reassure some patients that the hospital was a safe place to receive treatment.

The Chief Operating Officer reported that essential services had been maintained well during the pandemic but highlighted that a significant number of referrals were expected once elective services resumed. This would be a challenge to manage as the Trust's efficiency had reduced due to the need for 'donning' and 'doffing' Personal Protective Equipment.

The Chief People Officer highlighted that the workforce had been at the heart of the Trust's response to the pandemic. The well-being of staff had been a central concern and a number of actions had been taken to ensure that staff felt supported and had access to a range of services. The Trust's sickness rate had increased but not to the same extent as some other trusts in the region. Some teams had been more affected than others and this was being monitored. A challenge regarding students and training was identified. The Trust, in partnership with the education establishments, would need to think differently about delivery. A long-term challenge for staff was that during the pandemic they had not been able to deliver the 'over and above' service that provided job satisfaction and motivation. In the 'new normal' operating environment, there would be a need to consider innovative ways to overcome this.

The Director of Finance noted that the Trust had been subject to a different financial regime during the pandemic. Despite this, financial grip and control had been maintained and further guidance was awaited. It was noted that creating efficiencies to fund service development and improvement was currently challenged.

Phil Huggon, Non-Executive Director, stated that he was satisfied with the level of assurance provided in relation to the Trust's response to the pandemic to date. He stated that it would be useful for the Trust to outline its approach to new ways of working over the medium to long term on a divisional basis. The Chief Executive noted that the Trust had developed a 'lessons learned' document that would support this approach.

Action: To develop an outline of the new ways of working on a divisional basis during the recovery from the Covid-19 pandemic and beyond.

Ian Knight, Non-Executive Director, queried whether there any other actions the Trust could take to communicate Covid-19 information to patients and the public. The Chief People Officer explained this had been a challenge throughout the pandemic due to the rapidly evolving guidance. The Trust website had been used for communicating the formal position with social media utilised for quick updates and signposting. Patients coming into the hospital had also been directly communicated with. The Trust had begun to develop infographics to help simplify key messages. Ian Knight also highlighted the importance of family and asked how the Trust was balancing this with restrictions on access. The Chief Executive acknowledged that this was a challenge and noted that visiting policies had been and continued to be scrutinised and reviewed. Overall, the Trust was attempting to be supportive for patients and their families whilst also maintaining patient safety.

The Chair highlighted that there had been national debates regarding IPC measures and efficiency and queried whether there would be difficult decisions ahead for the Trust. The DIPC stated that in the absence of a vaccine, low level prevalence of Covid-19 would need to be managed. This would result in different ways of working with measures such as pre-screening being built into patient pathways.

The Board of Directors:

- Noted the assurances provided in the report and agreed that the Trust maintain its current IPC response to the Covid-19 pandemic.

076

Update on Covid-19 related Equality Issues

The Chief People Officer provided an overview of equality issues related to Covid-19, with a focus on the implications for the BAME workforce and the measures the Trust was taking in response. Also outlined was a proposal for future actions.

The Chair stated that there was evidence that the Trust was responding effectively to the acute issues resulting from the Covid-19 pandemic. There were however, underlying systemic issues that the Trust as an employer and corporate citizen could do more against to secure sustainable and meaningful change. It would be important for the Board to challenge itself that it was taking sufficient action to this end and to consider how well equality aims were integrated in day-to-day operations.

The Chief Executive noted that the Board has considered these issues in a workshop in October 2019 and stated that it would be important to reflect on whether progress had been made on the actions agreed.

Action: For the Putting People First Committee to revisit the actions agreed from the October 2019 Board workshop and develop measurable equality goals with defined timescales. This would include reference to the 'insight programme' – a development programme for potential NEDS from underrepresented groups.

Ian Knight, Non-Executive Director, suggested that it would be useful for the Board to revisit the priority areas established for action prior to the Covid-19 pandemic to identify whether issues needed to be re-prioritised.

Action: To review the priority areas established by the Board around equality, diversity and inclusion, prior to the Covid-19 pandemic to identify whether issues needed to be re-prioritised.

	<p>Tony Okotie, Non-Executive Director noted that he would be joining the North West BAME Strategic Advisory Committee and would feedback to the Board as appropriate.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> received assurance that equality issues were being taken into account during Covid-19 noted the on-going and planned actions to support particular staff groups gave support to the recommended additional actions.
077	<p>Safeguarding Service Provisions during Covid-19</p> <p>The Interim Director of Nursing & Midwifery noted that the Covid-19 pandemic had resulted in a significant impact on safeguarding issues. A change in 'normal' social environment and interactions were contributory factors and existing channels of identification and escalation e.g. schools, were no longer in place to the same extent. Attention was drawn to the briefing paper that outlined the safeguarding service provisions in place at the Trust.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> Received and noted the briefing for assurance
078	<p>Any other business & Review of meeting</p> <p>The Chair stated that further consideration would need to be given to the most appropriate time for 'physical' Board meetings to return. Feedback outside of the meeting was sought from Board members.</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 2 July 2020.</p> <p><i>Post-Meeting Note – Comments received from Governors in attendance</i></p> <p>It was stated that the items had provided robust assurance and there was agreement that the Covid-19 pandemic had provided an important reminder of ensuring that equality issues featured prominently as a Trust priority.</p>

TRUST BOARD
2 July 2020
Action Plan

Meeting date	Minute Reference	Action	Responsibility	Target Dates	Status
18 June 2020	20/21/76	To review the priority areas established by the Board around equality, diversity and inclusion, prior to the Covid-19 pandemic to identify whether issues needed to be re-prioritised.	Trust Secretary	In Progress	
18 June 2020	20/21/76	For the Putting People First Committee to revisit the actions agreed from the October 2019 Board workshop and develop measurable equality goals with defined timescales. This would include reference to the 'insight programme' – a development programme for potential NEDS from underrepresented groups.	Chief People Officer	In Progress	
18 June 2020	20/21/75	To develop an outline of the new ways of working on a divisional basis during the recovery from the Covid-19 pandemic and beyond.	Chief Operating Officer	In Progress	
7 May 2020	20/21/36	For the Quality Committee to receive a report on how patient experience was being monitored and analysed throughout the Covid-19 pandemic.	Interim Director of Nursing & Midwifery	Completed	Considered at June 2020 Quality Committee – further detail in the Chair's Report.
7 May 2020	20/21/44	To share the Covid-19 'lessons learned' document with the Board once it had been drafted.	Chief Operating Officer	Completed	Document circulated to the Board.
7 May 2020	20/21/45	With the support of the University of Liverpool, to model the Trust's workforce based on age / demographic to understand	Medical Director	Completed	The Trust has a robust understanding of its workforce risks and wider modelling work has been undertaken by

		the potential risk to staffing levels should asymptomatic testing be rolled out.			the University of Liverpool (noted in the Chief Executive Report separately on the agenda)
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	Completed actions: concluded before the next board or on the agenda of the next Board
	Progress paused due to Covid-19 pandemic
	In Progress - either at Committee stage or awaiting presentation at Board or Board workshop
	In progress - missed original deadlines agreed at Board

MEETING	Board of Directors
PAPER/REPORT TITLE:	Chief Executive Report
DATE OF MEETING:	Thursday, 02 July 2020
ACTION REQUIRED	Information
EXECUTIVE DIRECTOR:	Kathy Thomson, Chief Executive
AUTHOR(S):	Mark Grimshaw, Trust Secretary
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 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

COVID-19 Response – The Trust continues to respond to the COVID-19 pandemic under the Civil Contingencies Act and our focus remains on how best to protect our patients, staff and visitors at this very difficult time. I am very grateful to all of our staff for the tremendous amount of work they have been doing, and will continue to do, to help contain the spread and provide high quality services.

The challenge now facing the NHS as it begins the next phase of its response to the outbreak is to maintain the capacity to provide high quality services for patients, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery. Local healthcare systems and individual providers have already started planning for this. A key objective in executing these plans will be to minimise the transmission of Covid-19 infection within hospitals, also referred to as hospital-onset infection or nosocomial transmission. The Trust is committed to keeping its sites free of Covid-19 and called an extraordinary Board meeting on the 18th June 2020 to outline the key actions and assurances. The papers for this meeting can be found on the Trust website:

In addition to infection, prevention and control issues, the Extraordinary Board meeting also considered the impact of the Covid-19 pandemic on safeguarding and the implications for our BAME workforce and patients. On the latter point, the Board noted the robust action taken to respond to the immediate issues posed by the pandemic but also acknowledged that further steps needed to be taken to create and maintain sustainable change and to ensure that BAME issues are embedded in the wider Trust agenda. The Trust will be developing an action plan with objectives that are measurable and have timescales for delivery with scrutiny provided by the Putting People First Board Committee. The outcomes of this will report to the Board at a future meeting.

Further detail on the Trust's response to the Covid-19 pandemic can be found on the agenda.

Electronic Patient Record – The Trust entered into a joint programme to procure and implement a single Electronic Patient Record (EPR) with Aintree University Hospital NHS FT (AUH) and Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) in 2015. By mutual agreement this programme was ceased in February 2020. The current EPR at the Trust is nearing end of life and the contract for it with the supplier expires in September 2020. Therefore, the Trust now needs to make the important decision as to what patient record solution to put in place. This decision has significant implications clinically, operationally and financially, particularly within the context of exiting the previous planned programme. A business case has been developed to progress the outcome from a recent options appraisal and due to the commercially sensitive nature of this, the item will be considered in the private section of the agenda at today's meeting. The outcome of this decision will be reported in due course.

Telephony Upgrade - On the 20th June 2020, the Trust undertook a significant planned upgrade of its Telephony Infrastructure. This resulted in a period of telephony downtime which managed successfully utilising a business continuity plan with risks to clinical care mitigated.

Change of Job Titles – The Trust's Nomination & Remuneration Committee met on the 4 June 2020 and agreed to the following Executive job title changes to align with national standardisation:

- Director of Operations to Chief Operating Officer
- Director of Workforce & Marketing to Chief People Officer.

SECTION B – Local

Update on Clatterbridge Cancer Centre – The keys to Cheshire & Merseyside's major new specialist cancer hospital in Liverpool's Knowledge Quarter have officially been handed over to the NHS, following the completion of construction. Clatterbridge Cancer Centre – Liverpool, which opens to patients on Saturday 27th June, is part of a £162m investment in expanding and enhancing care for the 2.4 million people living in a region that has one of the highest rates of cancer nationally. It will play a vital role as the NHS continues to respond to coronavirus (Covid-19) by providing dedicated capacity for cancer care. Longer term, it will benefit people in this region for generations to come by expanding and transforming cancer care.



COVID-19: How Modelling is Contributing to the Merseyside Response - The Merseyside Resilience Forum (MRF) is working with the University of Liverpool to support the area's response to Coronavirus through mathematical disease modelling.

<https://www.liverpool.ac.uk/media/livacuk/publicpolicyandpractice/covid-19/Policy,Brief,003,How,Modelling,is,Contributing,to,the,Merseyside,Response.pdf>

Cheshire and Merseyside Imaging Network - The latest edition of the Cheshire and Merseyside Imaging Network newsletter introduces the Imaging Network team and provides an overview of the work the Programme has been doing to support the region's response to Coronavirus. This includes national radiology support, regional radiology support and the digital delivery programme.

[Read more.](#)

Help Us Help You' campaign reassures people in Cheshire and Merseyside that help is there when they need it - The Cheshire & Merseyside Partnership is reminding residents in Cheshire and Merseyside that they can still attend their regular appointments, go to A&E and speak to their GP if they need to during the coronavirus pandemic. This is in response to a sharp drop in the number of referrals for treatment and investigations for conditions like cancer, which may result in patients being diagnosed later and decreasing their chances of survival.

[Read more.](#)

SECTION C – National

Public Health England review, 2 June 2020 - On 2 June, Public Health England published its report, [Disparities in the risk and outcomes of COVID19](#), which was commissioned by the Secretary of State for Health and Social Care as a rapid review in response to the emerging evidence into factors impacting health outcomes from COVID-19. This review, which supports earlier findings by the Office for National Statistics, offers a broader analysis of the factors impacting the risk of a poor outcome within the pandemic including age, geography, deprivation, occupation, residence (with a focus on care homes), alongside ethnicity. The government has since announced a further review, to be conducted by Kemi Badenoch, the minister for women and equalities, which will look at occupation and comorbidities, alongside ethnicity, which were not accounted for in the initial review.

Board of Directors

Committee Chair's report of Quality Committee meeting held 18 May 2020

1. **Was the quorate met?** Yes (meeting was held virtually)
2. **Agenda items covered**
 - ~ **Subcommittee Chairs reports:** The Committee received and noted the Chair's report and approved the Terms of Reference from the Experience Senate. The Committee also approved the Terms of Reference of the Corporate Risk Committee.
 - ~ **Covid-19 Update:** The Committee received a position update with regards to the work undertaken to manage and support patients and staff in relation to coronavirus and potential impact on quality. The Committee noted that the governance structure to support the planning and management of patient services continued to be effective. The Committee was assured by the processes described by the Medical Director and the Interim Director of Nursing and Midwifery that appropriate arrangements were in place for patients with protected characteristics and for neonatal patients. Examples of arrangements included allowing a relative/carer to accompany a patient with protected characteristics and extended visiting permissions of both mother and father of a baby on the neonatal unit.
 - ~ **NHSE/I Covid-19 Infection Control Assurance Framework:** The Committee noted that the Trust had completed its review against the national framework provided by NHSE/I and was compliant against 48 of 48 questions. The Committee was assured by the evidence provided within the response which had been supported from input from the Director of Infection Prevention and Control.
 - ~ **Trust Wide Equality Impact Assessment (EIA's) (in response to Covid-19):** The Committee noted that EIA's had been completed and where there was evidence that protected groups could incur a disadvantage, mitigating actions had been put in place. As considered within the Covid-19 Update, reasonable adjustments had been made for patients who had protected characteristics to be accompanied by their relative/carer and risk assessments had been undertaken of employees that were deemed to be at risk and appropriate adjustments taken to ensure that they remained safe at work.
 - ~ **Quality and Regulatory Update:** The Committee noted that Mersey Internal Audit Agency had completed the medicines management audit and would submit the final report and recommendation to the Audit Committee. The Committee was referred to the CQC action plan and informed that the governance team was using the Ulysses system more effectively to record evidence of achieved actions and map actions against the CQC Key Lines of Enquiry and the CQC recommendations. The Committee was reassured by this process of monitoring to ensure that actions could be evidenced and embedded within the organisation.
 - ~ **Monthly Quality Performance Review M12 2019/20:** The Committee received an update on Operational Performance at Month 12 2019/20 and noted the increase of staff sickness and cancellations of surgery in March 2020 as expected due to the impact of Covid-19.
 - ~ **Clinical Negligence Scheme for Trusts (CNST) Assurance Report:** The Committee noted that NHS Resolution had confirmed a pause in reporting against the 10 safety standards until 21 August 2020 however advised that trusts should continue to internally monitor as much as possible. The Committee noted that the Trust had continued to monitor progress which was confirmed by the Board Level Maternity & Neonatal Safety Champion, Mr Ian Knight, who reported that the assurance meetings continued to be held.
 - ~ **Integrated Governance Assurance Report Q4 2019/20:** The Committee noted there had been an increase in incidents reported in total during 2019/20 but the levels of harm had remained low or no harm. The Committee noted the number of incidents related to the safe and secure

management of medicines and was informed that divisions were working hard to audit and change process and share learning across the divisions. The Medical Director reported a never event that occurred during quarter 1 2020/21. He advised that the event had been reported on to the StEIS system as mandated and a review had been undertaken. The Committee would receive a report as part of due process.

- ~ **Medicines Management Assurance Report Q4 2019/20:** The Committee received the report and was assured by actions undertaken to strengthen medicines management within the Trust, including establishing a Safe Medicines Group, reportable to the Medicines Management Committee, to provide more dedicated focus on medication incidents and identify trends and learning.
- ~ **Mortality and Perinatal Report (Learning from Deaths) Q4:** The Committee received the reports detailing both adult and perinatal deaths. It was assured by the contents of the paper that adequate processes were in place to meet the national requirements laid out by the national Quality Board.
- ~ **Clinical Audit Work Programme 2020/21:** The Committee approved the work programme for 2020/21. It was acknowledged that items would require prioritisation in the context of COVID-19. The workplan would remain an iterative document, flexing to the developing situation.
- ~ **Local Safety Standards for Invasive Procedures (LocSSIPs) Quarterly Assurance Report Q4:** The Committee noted the report detailing LocSSIPs compliance and was assured by progress against the MIAA audit recommendations.
- ~ **Seven Day Services: Self assessment against priority standards:** The Committee noted that NHSE had deferred the spring return on the seven day services assurance framework until the 30 September 2020 due to the Coronavirus pandemic. The Committee noted the Trust's position as of end March 2020.
- ~ **Equality and Human Rights Goals 1& 2 Progress Q4:** The Committee noted the Trust position and approved the next steps to undertake an external review against the toolkit in Autumn 2020.

3. Board Assurance Framework (BAF) risks reviewed

No changes to existing risks were identified as a result of business conducted during the meeting. The Committee noted no new or closed quality related risks. Further work to map Covid-19 against the existing BAF risks was ongoing. The Committee noted a review of BAF risk 2295: Inability to achieve and maintain regulatory compliance, performance and assurance would be undertaken for inclusion in the next report.

4. Escalation report to the Board on Performance Measures

The Committee highlighted continued potential impact on performance measures going forward in response to the COVID-19 pandemic.

5. Issues to highlight to Board

None

6. Action required by Board

None

Susan Milner
Chair of Quality Committee
18 May 2020

Board of Directors

Committee Chair's report of Quality Committee meeting held 22 June 2020

1. **Was the quorate met?** Yes (meeting was held virtually)
2. **Agenda items covered**
 - ~ **Subcommittee Chairs reports:** The Committee received and noted the Chair's report from the Safety Senate, Effectiveness Senate, Experience Senate, and Corporate Risk Committee.
 - ~ **Covid-19 Update:** The Committee received a verbal position update with regards to the management of patient services in relation to coronavirus and potential impact on quality of care. The Committee noted that the Trust was following national mandates and strict guidelines with regards to managing infection prevention and control.
 - ~ **Patient Experience Report in response to Covid-19:** The Committee received and noted an in-depth report detailing the impact of Coronavirus on Patient Experience. The Committee requested an update on the efficacy and embeddedness of methods being utilised for of patient interaction e.g. Letters, Website, Telephony to the September 2020 meeting
 - ~ **Quality and Regulatory Update:** The Committee was assured by the CQC Update report received, which included the final MIAA audit report on the actions taken in response to the Medicine Management Warning Notice, an updated CQC action plan, and three divisional action plans. The Committee approved the divisional action plans and was supportive of the approach to utilise the Ulysses module to monitor and track progress against the CQC action plans. The Committee was assured by the Director of Nursing & Midwifery that the MIAA audit had been a valuable evidence-based exercise and would be repeated to assess whether actions had been successfully embedded within the organisation.
 - ~ **Paterson Report: LWH review against recommendations:** The Committee received the internal review against the Paterson report recommendations. The Committee noted Trust compliance with 14 out of the 15 recommendations and was informed that the aspect of non-compliance related to written communication between consultants and the patients following clinic reviews. The Committee was informed that discussions were underway with divisions to establish a proactive change to local practice. The Committee was assured by the processes in place in relation to the recommendations applicable to LWH.
 - ~ **Clinical Negligence Scheme for Trusts (CNST) Assurance Report:** The Committee received an in-depth position update against the CNST Maternity standards. The Committee was informed that the Trust had identified an error in reporting with regards to CQC compliance and the percentage of achievement for Continuity of Carer. The Committee was advised that the issue was being addressed and an action plan developed to achieve the expected trajectory of 51% by March 2021. It was confirmed that no patient harm had been identified. The Committee would continue to receive a monthly update on behalf of the Board and would escalate matters if required.
 - ~ **Monthly Quality Performance Review M2 2020/21:** The Committee received a report on Operational Performance at Month 2 2020/21. The Committee noted a decline in performance against the following metrics: Falls, MAU Triage, Friends and Family test due directly to the impact of Covid-19. The Committee also noted the staff sickness absence rate due to the impact of Covid-19 which remained a challenge. The Committee was assured by action undertaken to address the deterioration in performance.
 - ~ **Health and Safety Annual Report 2019/20:** The Committee received the annual Health and Safety report and was assured by the overview of compliance and governance assurance regarding the Health and Safety arrangements, activities, performance and improvements illustrated within the annual report.

- ~ **Complaints Annual Report 2019/20:** The Committee received the annual Complaints report and requested additional information in relation to achievement against the 2019/20 priorities be included. The Committee requested a further review of the Complaints Annual report at the next meeting before approving external publication.
- ~ **NHSE/Covid-19 Infection Control Board Assurance Framework:** The Committee noted an updated action plan against the infection control assurance framework as assurance that the Trust continued to monitor and take reasonable action to ensure it meets responsibilities for infection prevention and control in relation to Covid-19.

3. Board Assurance Framework (BAF) risks reviewed

The Committee reviewed the Quality related BAF risks. The Committee approved an increase in risk score for BAF risk 2295: Inability to achieve and maintain regulatory compliance, performance and assurance due to the impact of Covid-19 on meeting the Health and Safety executive requirements. It was agreed to increase the risk score for likelihood to 4 giving a risk score of 16.

4. Escalation report to the Board on Performance Measures

The Committee highlighted continued potential impact on performance measures going forward in response to the COVID-19 pandemic.

5. Issues to highlight to Board

None

6. Action required by Board

The Committee recommend to the Board:

- ~ Approval to increase the risk score of BAF risk 2295

Susan Milner
Chair of Quality Committee
22 June 2020

Board of Directors

Committee Chair's report of Finance, Performance and Business Development (FPBD) Committee meeting held 19 May 2020

1. Was the quorate met? Yes (meeting was held virtually)

2. Agenda items covered

- ~ **Covid-19 Response:** The Committee received an in-depth position update on the Covid-19 pandemic including a presentation detailing 'phase 2', recovery planning at 6 weeks and restoration at 6-12 months. The Committee noted that Command and Control was moving trusts towards phase 2 and was assured by the North West Covid-19 Governance organogram that illustrated the regional and national support in place. Although not listed on the organogram it was confirmed that the Trust was also maintaining contact with regional Clinical Commissioning Groups. The Committee noted that the Trust would reintroduce benign elective surgery on a priority basis following national guidance. This was expected to commence in June 2020. The Committee also noted a national issue regarding the need to support patients to improve confidence for reattending at a hospital setting.
- ~ **Finance Performance Review Month 1 2020/21:** The Committee received a report on the Month 1 finance position noting that, as at 30 April 2020, the Trust was reporting a breakeven position after a top up of £1.4m. The Committee noted careful monitoring and recording with respect to Covid-19 related costs. All non-pay costs were approved by the Deputy Director of Finance or the Director of Finance through a separate cost centre and pay costs were approved by the Executive Committee.
- ~ **Operational Performance Month 12 2019/20:** The Committee received a report on Operational Performance as at Month 12 2019/20. The Committee noted a significant increase in sickness absence in March 2020 related to Covid-19 which would continue to rise into 2020/21. The Committee was assured that sickness absence was regularly scrutinised at Divisional Boards and Divisional Reviews and local action plans had been developed in key areas. The Committee noted that operational management of sickness absence was reported to the Putting People First Committee. The Committee was informed that mandatory training compliance remained unchanged at month 12 and noted that it was not anticipated to decrease despite Covid-19 resulting in different working arrangements.
- ~ **Analytical Review – Annual Accounts 2019/20:** The Committee received a detailed paper summarising the key financial statements and an analytical review undertaken on the key differences between the 2018/19 and 2019/20 accounts. It was noted that the Trust exceeded its control total and delivered a surplus of £0.3m for 2019/20 (subject to audit). The Committee confirmed that the annual accounts had been discussed in detail at the recent Council of Governor meeting held in May 2020.
- ~ **Cost Improvement Programme 2019/20 Full Year Post Implementation Review:** The Committee noted the Trust's Cost Improvement Programme (CIP) for 2019/20 totalled £3.6m. The Committee noted that the full year post implementation review exercise had been undertaken in line with the Well-Led Review recommendations and was part of ensuring good governance and ensuring that lessons learnt from both successful and unsuccessful schemes. The Committee was assured that all schemes had been subjected to quality and equality impact assessments prior to implementation and signed off by an Executive sponsor, the Medical Director and the Director of Nursing and Midwifery. The Committee received further assurance that the qualitative impact of the application of a CIP programme was monitored by formal reviews carried out every six months, as well as monthly oversight of expected financial

performance. The Committee was informed out of the 30 individual schemes, zero were found to have had an adverse impact on quality.

- ~ **Revenue and Capital Budgets 2020/21:** The Committee comprehensively reviewed the content of the report ahead of recommending Board approval. The Committee focussed on the content of table 1 and 2 which detailed the income and high-level budget for 2020/21. The Committee was satisfied with the financial position described including the income, budget, CIP, CNST premium, capital and loans which were all reflective of an uncertain reporting regime. The Committee noted the risk posed by the uncertainty and noted that budgets would be revised once further clarity was provided (expected August 2020). The Committee was informed that the finance department would be closely monitoring the position and maintaining good record keeping and evidencing decision making as part of the governance measures.
- ~ **Strategic Position:** The Committee reviewed two draft documents summarising the future generations strategy development from 2015 to date. Document one was intended for internal use and document two was intended to be a public facing. The position statements had been produced as part of the Trust response to the recent CQC inspection finding that staff could not demonstrate a clear understanding of the strategic direction of the Trust. The Committee provided feedback in relation to the narrative tone of the public facing document and approved the content of both documents as a true reflection of decision making and future direction.
- ~ **Commercial and Strategic Review of the Hewitt Centre:** The Committee reviewed the report and approved a commercial and strategic review of the Hewitt Fertility Centre to provide an evidence base and framework from which the Hewitt Centre could develop a divisional strategy aligned with the Trust's overarching strategic direction. The Committee approved the terms of reference of the Commercial and Strategic Review of the Hewitt Fertility Centre.
- ~ **Neonatal Capital Programme Build Update:** The Committee noted that the neonatal build remained on time and on budget despite Covid-19 which had not significantly impacted on the project at this stage. The anticipated completion date of the project remains at 10th August 2020.
- ~ **IM&T Update:** The Committee received an update in relation to Electronic Patient Records (EPR) and noted that it would receive the EPR business case to review at its next meeting ahead of formal Board consideration and approval in July 2020. The Committee noted progress in relation to the development of the IM&T Digital Strategy which included positive staff engagement in the form of workshops which would be used to inform the strategy. The Committee was informed that there had been zero ICO reportable incidents since the last report received by the Committee.
- ~ **Chairs report:** The Committee received and noted the Chair's report from the Digital Hospital Subcommittee held 24 April 2020.

3. Board Assurance Framework (BAF) risks reviewed

The Committee reviewed the risks that it was accountable for within the BAF. The Committee reviewed the new BAF risk 2344 for the new financial year 2020/21. Subsequent to the finance performance report at Month 1 discussion the Committee agreed to recommend a risk score of 16 (likelihood and severity both a 4).

4. Escalation report to the Board on Performance Measures

The Committee highlighted continued potential impact on performance measures going forward in response to the COVID-19 pandemic.

5. Issues to highlight to Board

None

6. Action required by Board

The Committee recommend to the Board:

- ~ Approval of reassessed BAF risk for the new financial year to a risk score of 16
- ~ Approval of the Revenue and Capital Budgets 2020/21
- ~ Approval of the Future Generations Strategy documents, internal and public facing.

Jo Moore
Chair of FPBD Committee
19 May 2020

Board of Directors

Committee Chair's report of Finance, Performance and Business Development Committee meeting held 23 June 2020

1. Was the quorate met? Yes (meeting was held virtually)

2. Agenda items covered

- ~ **Covid-19 Response:** The Committee received a verbal position update on the Covid-19 impact on financial and operational performance. It was noted that the Trust was in phase 2 under a central command and control operating environment. The Committee was informed that the Trust remained focussed on infection prevention and control measures and social distancing plans alongside reintroducing patient appointments.
- ~ **Finance Performance Review Month 2 2020/21:** The Committee received a report on the Month 2 finance position noting that, as at 31 May 2020, the Trust was reporting a breakeven position after an expected cumulative top up of £2.7m. The Committee noted continued careful monitoring and recording with respect to Covid-19 related costs.
- ~ **Operational Performance Month 2 2020/21:** The Committee received a report on Operational Performance as at Month 2 2020/21. The Committee received a detailed presentation on access targets Covid recovery. It was summarised that the Trust should prioritise longest waiters and most urgent patients under command and control arrangements and continue to monitor key metrics even whilst not being required to report externally.
- ~ **Review of Strategic Progress:** The Committee noted the Strategic progress report. The Committee also received a presentation which detailed the Trust Strategic Framework and a development proposal which would provide clear alignment and hierarchy throughout the Trust's key strategic documents.
- ~ **Neonatal Capital Programme Build Update:** The Committee noted that the neonatal build remained on time and on budget despite Covid-19 which had not significantly impacted on the project at this stage. The anticipated completion date of the project remains at 10th August 2020.
- ~ **Developing the Digital Strategy:** The Committee received a presentation noting the output from a series of staff workshops to develop the digital strategy. The Committee would receive the Digital Strategy for approval at the next meeting.
- ~ **Electronic Patient Record (EPR) Business Case:** The Committee undertook a detailed review of the EPR Business case and proposed preferred option. After consideration the Committee approved the business case to go forward to the Board subject to the recommendation being strengthened to clarify what the total financial request was, setting out assumptions in relation to VAT, potential savings etc.
- ~ **Annual Modern Slavery Statement:** The Committee approved the statement of compliance for 2019/20 and authorised that the statement could be published on the Trust website. The Committee agreed with the forward action to strengthen the Trust's approach to modern slavery and the statement for 2020/21.
- ~ **Sub Committee Chairs report:** The Committee received and noted the Chair's report from the Digital Hospital Subcommittee and the Information Governance Committee.

3. Board Assurance Framework (BAF) risks reviewed

The Committee reviewed the risks that it was accountable for within the BAF. The Committee approved a recommendation to increase the risk score of BAF risk 2335: Major and sustained failure of essential IT systems due to a cyber-attack due to the impact of Covid-19 increasing the

Trust risk of cyber-attack. It was agreed to increase the risk score for likelihood to 4 giving a risk score of 20.

4. Escalation report to the Board on Performance Measures

The Committee highlighted continued potential impact on performance measures going forward in response to the COVID-19 pandemic.

5. Issues to highlight to Board

None

6. Action required by Board

The Committee recommend to the Board:

- ~ Approval of the Electronic Patient Record (EPR) Business Case
- ~ Approval to increase the risk score of BAF risk 2335 Major and sustained failure of essential IT systems due to a cyber attack to a risk score of 20

Jo Moore
Chair of FPBD Committee
23 June 2020

BOARD OF DIRECTORS

Chair's report of Putting People First Committee held on Monday 22 June 2020

1. **Was the quorate met?** Yes (meeting was held virtually)
2. **Agenda items covered:**
 - ~ **Covid-19 Update:** The Committee received an in-depth position update with regards to supporting and managing the workforce in response to the coronavirus situation. The Committee was assured by compliance checks undertaken against the MIAA People Governance Checklist. The Committee noted the significant action undertaken to support and respond to concerns raised by the BAME workforce. The Committee noted the current challenges faced to support shielding staff and their anxiety during changing government advice. Work would continue to focus on supporting staff to stay safe and well within work.
 - ~ **Workforce Key Performance Indicators (KPIs):** The Committee took limited assurance from the report provided as key areas of concern demonstrated by the workforce KPI's had not been highlighted within the report. Specifically, difficulties to deliver two clinical mandatory training modules, which had been highlighted to the Committee's attention by both the Director of medical education report and the Education Governance Committee chair's report as an area of concern.
 - ~ **Service Workforce Assurance Risk Report: Corporate Services:** The Committee received a workforce assurance report from corporate services, including Estates & facilities, Finance, HR, Governance and IT & Information teams. The Committee took limited assurance from the report as the report highlighted a yearly recurring theme in relation to poor staff survey results from corporate areas. The Committee commissioned a deepdive review and requested a trajectory for improvement from the Corporate services.
 - ~ **Whistleblowing Annual report:** The Committee was assured by the update provided by the Freedom to speak up guardian and the contents of the report. The Committee considered the culture demonstrated within various departments for staff to confidently raise a concern. The Committee suggested a broader annual report including whistleblowing received following other procedures, e.g. to the Senior Independent Director; to external regulators etc.
 - ~ **Bi-Annual Safe Staffing Review nursing and midwifery:** The Committee noted the report and was assured that nurse/midwife staffing levels are safe and appropriate. The Committee remained sighted on the age profile of this workforce group, 32% over 50 years of age.
 - ~ **Director of Medical Education Annual Report:** The Committee was assured that the Trust was compliant with NICE guidelines and standards. Difficulties to deliver two clinical mandatory training modules were escalated to the Committee. The Committee received a verbal update detailing action being undertaken to resolve the issue and requested an assurance report to be presented to the next meeting.
 - ~ **Communications, marketing and Engagement Strategy Action plan 2020/21:** The Committee noted action being undertaken to achieve strategy objectives during 2020/21. It was suggested that the 2019/20 achievements should be shared with the other Board Committees.
 - ~ **Fair and Just Culture Project Update:** The Committee received an in-depth update detailing the progress made into year 3 of the project. The Committee noted the link between the Fair and Just Culture Project with other initiatives, e.g. Freedom to Speak up guardian role; and the Leadership Strategy.
 - ~ **Policies for approval update:** The Committee noted that several policies were due for review and would be formally reviewed and approved by email.
 - ~ **Leadership Strategy:** It was agreed to hold a virtual workshop session to support development

of the Leadership Strategy.

- ~ **Subcommittee chairs reports and terms of reference:** The Committee received and noted the Chair's report from the Education Governance Committee, JLNC, Health and Wellbeing Group, and Partnership Forum. The Committee also received and approved the Terms of Reference of the Education Governance Committee.

3. Board Assurance Framework (BAF) risks reviewed

The Committee reviewed the PPF related BAF risks. No changes to existing risks were identified as a result of business conducted during the meeting.

4. Escalation report to the Board on PPF Performance Measures

None

5. Issues to highlight to Board

None

6. Action required by Board

None

Tony Okotie
Chair of Putting People First Committee
Date 22 June 2020

Board of Directors
Committee Chair's report of Audit Committee meeting held 21 May 2020

1. Meeting Quorate: Yes

2. Agenda items covered

- ~ **MIAA Review – Medicines Management:** The Committee was informed that the Trust had provided a comprehensive and robust response to the four specific points highlighted by the CQC Warning Notice regarding Medicines Management. This included the development of a comprehensive action plan, staff communications, policy updates, enhanced first and second line audit activity, Trust level monitoring and Sub-Committee Terms of Reference updates. Whilst there was also appropriate evidence provided to confirm Divisional level monitoring within Maternity and Gynaecology, the review highlighted that improvements in this area were required within Theatres and Neonatal.
- ~ **Head of Internal Audit Draft Opinion:** The Committee received the final Head of Internal Audit Opinion and noted the opinion provided 'Substantial Assurance' that there is a good system of internal control designed to meet the organisation's objectives, and that controls were being applied consistently.
- ~ **NHS Improvement Code of Governance:** The Committee received the outcome of a review on compliance with the code of governance and confirmed that for the year 2019/20 the Trust complied with the provisions of the Code with the exception of Code provision B.6.2: 'Evaluation of the boards of NHS foundations trusts should be externally facilitated at least every three years'. It was reported that the most recent external review was undertaken by Deloitte which reported through to the Board in May 2017. A self-assessment against NHSI's Well-Led Framework was undertaken and approved by the Board in April 2020. The Trust was planning to seek external validation against this self-assessment at an appropriate point during 2020/21 but this would be influenced by the Covid-19 pandemic.
- ~ **Audit Committee Annual Report 2019/20:** The Committee received the Annual Report and noted that it provided an accurate representation of the business undertaken throughout 2019/20. With a small number of technical adjustments, it was recommended for adoption by the Board.
- ~ **Annual Governance Statement:** The Committee reviewed the Annual Governance Statement noting that the assurance framework in place had provided evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives had been robustly reviewed. This had been supported by the Head of Internal Audit opinion. It was highlighted that the Trust's systems of internal control had been tested by the required response to the Covid-19 pandemic and no significant issues had arisen to date. In terms of significant internal control issues, it was explained that the NHS Improvement Enforcement Undertaking was no longer considered under this category. The Trust continued to comply with the requirements of the enforcement undertaking and reported compliance through the governance structure. Representations have been made to NHSI/E to explore whether the undertaking remains necessary in the context of the Trust's response to date. The aforementioned CQC Warning Notice had been included under the significant internal control

section and the actions the Trust had taken in response to the warning notice had been detailed.

- ~ **External Audit Findings & Management letter – Draft (ISA260):** The Committee received the draft ISA260 External Audit Findings which highlighted the key aspects of the external audit. It was noted that KPMG intended to issue an unqualified audit opinion on the accounts following the Board adopting them and receipt of the management representations letter. However, there remained some unresolved national accounting treatment issues which were under on-going consultation. Until a consistent view had been reached on these issues and several outstanding items relating to the accounts had been finalised, a final ISA260 could not be provided. It was agreed that once the final ISA260 was provided, a Board meeting would be convened to provide sign off on the annual accounts and report 2019/20.
- ~ **Financial Accounts & Annual Report 2019/20 –** The Committee received a detailed report on the salient features of the accounts and on the going concern position. An outline of the process to develop the Annual Report was also received.
- 3. Board Assurance Framework (BAF) risks reviewed**
 - ~ None
- 4. Escalation report to the Board on Audit Performance Measures**
 - ~ None
- 5. Issues to highlight to Board**
 - ~ The important role that the Committee would hold in relation to supporting the organisation to maintain good governance and robust systems of control during and after the Covid-19 pandemic was noted.
- 6. Action required by Board**
 - ~ Approval of Annual Report & Financial Accounts 2019/20 including Annual Governance Statement at a meeting to be confirmed once the finalised ISA260 report had been received.

Tracy Ellery
Chair of Audit Committee
May 2020

Board of Directors

Committee Chair's report of Charitable Funds Committee meeting held 23 June 2020

1. **Was the quorate met?** Yes (meeting was held virtually)
2. **Agenda items covered**
 - ~ **Covid-19 Impact:** The Committee received a position update in relation to coronavirus and the impact on charitable funds. The Committee noted the fundraising recovery plan and a focus on identifying alternative income stream options during the pandemic.
 - ~ **Investment Update:** The Committee received a presentation from the charity's Investment management provider, Investec. It was noted that despite market volatility caused by the Covid-19 pandemic the Charity portfolio had been protected and delivered positively. The Committee agreed to consider the Risk Appetite & Capacity for Loss at the next meeting.
 - ~ **Annual Financial Position 2019/20 and Month 2 2020/21:** The Committee noted the year-end financial position 2019/20 and the current financial position as at the end of May 2020. The Committee agreed with the recommendation to hold the long-term investments until the stock market downturn had either partly or fully recovered from the Covid-19 pandemic.
 - ~ **Liverpool Women's Charity Approach to Fundraising:** The Committee received a report detailing plans to promote and grow the Liverpool Women's Charity including a three-year fundraising plan. It was noted that development of the Charity Strategy remained underway and would be presented to the Committee when completed.
 - ~ **Fundraising Update:** The Committee noted the update. The Committee commended the fundraising achievements during 2019/20 to date. The Committee noted that the Big Tiny Steps Appeal had attained and exceeded the fundraising target.
 - ~ **Volunteer Strategy Achievements:** The Committee noted targets achieved against the Volunteer Strategy during December 2019-June 2020. The Committee considered the impact of Covid-19 on the volunteering workforce and noted a volunteer service recovery plan was underway.
 - ~ **Review of meeting:** Due to the volume and timeliness of reporting it was agreed to increase the frequency of committee meetings from bi-annual to quarterly.
3. **Board Assurance Framework (BAF) risks reviewed**
None
4. **Escalation report to the Board on Performance Measures**
None.
5. **Issues to highlight to Board**
None
6. **Action required by Board**
None

Phil Huggon
Chair of Charitable Funds Committee
23 June 2020

CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE

Constitution:	The Board hereby resolves to establish a Committee of the Board of Directors to be known as the Charitable Funds Committee (the Committee)
Duties:	<p>The Committee's responsibilities fall broadly into the following areas:</p> <p>Charitable Legislation</p> <p>a. To ensure funds are managed in accordance with the latest legislation and regulations pertaining to charities.</p> <p>Income & Expenditure</p> <p>b. To review the fund's performance and ensure all expenditure is in line with the charitable objectives of the fund.</p> <p>Fundraising</p> <p>c. To oversee fundraising activities and approve all plans for the expenditure of the fund.</p> <p>d. To receive a periodical and annual fundraising reports.</p> <p>Investment Management</p> <p>e. To oversee the performance of the fund managers, compare with peer groups and periodically review the fund management function.</p> <p>Reports</p> <p>f. To receive periodical and annual reports regarding fundraising.</p> <p>g. To review and approve Trust Annual Report & Accounts.</p> <p>Strategy</p> <p>h. To set the strategy regarding Charitable Funds</p>
Membership:	<p>The Committee membership shall consist of the following:</p> <ul style="list-style-type: none"> • A Chairman who shall be a Non-executive director • Two other Non-executive Directors • Deputy Director of Finance (or nominated deputy) • Director of Workforce and Marketing • Director of Nursing and Midwifery • Financial Accountant • Head of Fundraising <p>Members can participate in meetings by two-way audio link</p>

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

	<p>The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of representatives from partner organisations or other external bodies or organisations with relevant experience and expertise if it considers this necessary, subject always to compliance with Trust delegated authorities.</p> <p>This includes seeking the advice of specialists from within and outside the NHS as appropriate.</p>
Accountability and reporting arrangements:	The minutes of the Charitable Funds Committee shall be formally recorded and a Chair's Report will be submitted to the subsequent Board of Directors for assurance. Approved minutes will be made available to all Board members upon request.
Reporting Committees/Groups	The Charitable Funds Committee has no reporting committees/groups.
Monitoring effectiveness:	The Committee will undertake an annual review of its performance against its duties in order to evaluate its achievements.
Review:	These terms of reference will be reviewed at least annually by the Committee.
Reviewed by: Charitable Funds Committee Subcommittee:	18 December 2019
Approved by: Board of Directors	[July 2020]
Review date:	March 2021
Document owner:	Mark Grimshaw, Trust Secretary Email: mark.grimshaw@lwh.nhs.uk Tel: 0151 702 4033

		Agenda Item	
MEETING	Trust Board		
PAPER/REPORT TITLE:	Covid 19 Pandemic: Trust response		
DATE OF MEETING:	Thursday, 02 July 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> <p>1. To develop a well led, capable, motivated and entrepreneurial workforce <input 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 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 checked="" type="checkbox"/></p> <p>3. The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/></p> <p>4. Failure to deliver the annual financial plan <input type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input checked="" type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input 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 type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input type="checkbox"/></p> <p>ALL DOMAINS <input checked="" type="checkbox"/></p>		

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution	<input 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):	<i>Choose an item.</i>			
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	<i>The Board is asked to note this report for information and assurance</i>			
PREVIOUSLY CONSIDERED BY:	Committee name	<i>Choose an item.</i>		
		Or type here if not on list: <i>Click here to enter text.</i>		
	Date of meeting	<i>Click here to enter a date.</i>		

Executive Summary

This paper;

- Provides an update on the Trust's ongoing operational response to the COVID-19 pandemic
- Provides an overview of the COVID-19 risk management arrangements & assurance
- Explains the Trusts response to the emerging national and regional guidance on the recovery and reset (Phase 2 and 3) of activity that was paused during the initial Surge (Phase 1).
- Discusses the framework for managing risk of potential secondary surges of COVID-19.

Report

1. Introduction

The pandemic outbreak of Covid 19 continues to place pressure on the whole of the NHS. Liverpool Women's NHS FT has responded to this pressure to date as part of the Cheshire and Mersey system response. The nationally declared level 4 incident has been maintained throughout April, May and June 2020. This includes operating in a business continuity environment, under command and control and within the Trust's major incident processes and governance arrangements.

2. System Working: National & Regional Covid-19 Developments

The Trust remains under Cheshire and Mersey wide Command and Control in line with the national emergency response requirements. The initial surge and response through March-May 2020 (Phase 1) is complete.

On the 29 April 2020 the Trust received national guidance from NHSI&E in relation to the development of plans to increase levels of elective activity and restore non urgent services. The aim being to support Phase 2 (recovery) of the COVID-19 incident management response through June 2020.

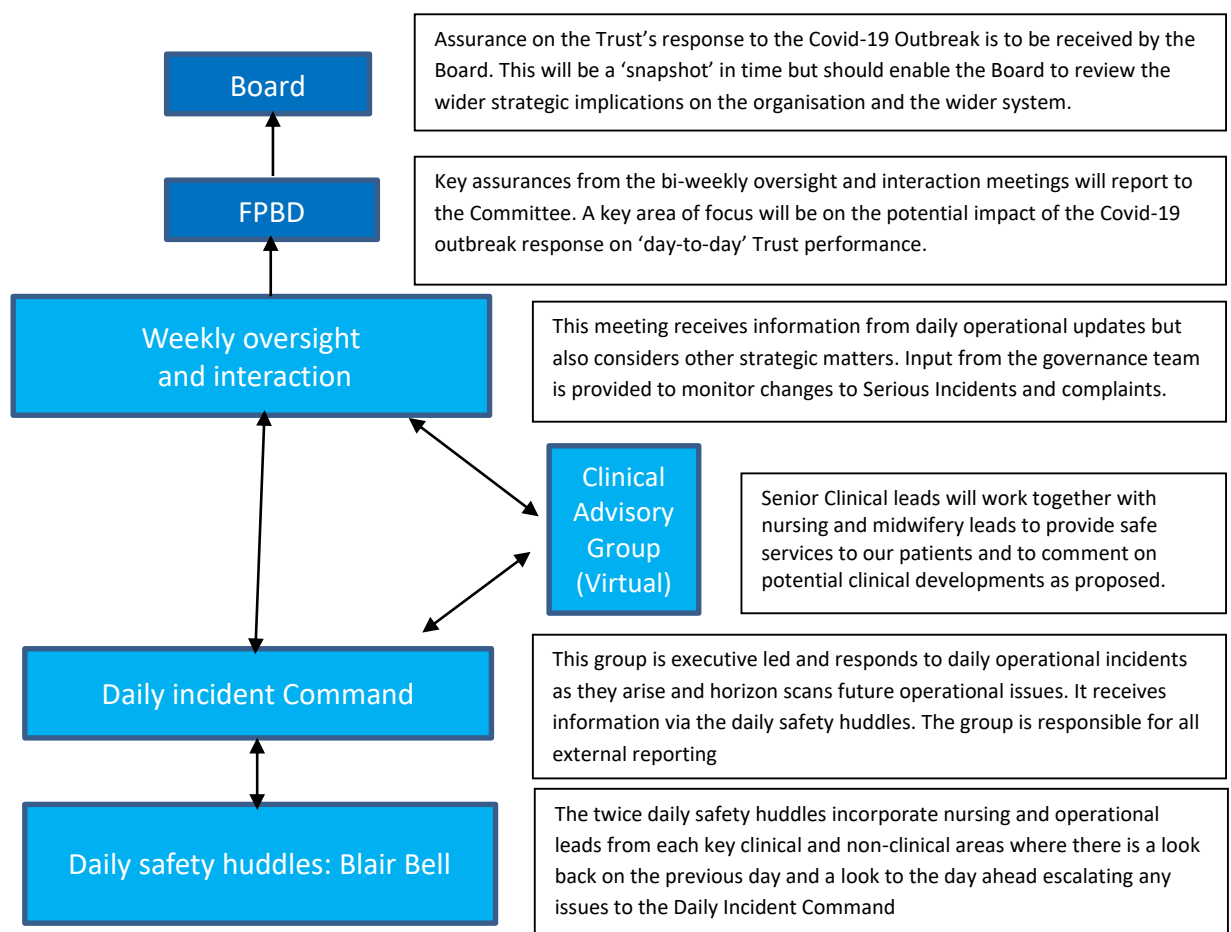
In support of this, a regional approach has been taken to oversee the Cheshire and Mersey system wide recovery and reset plan. The aim is to ensure that capacity plans are coordinated and to ensure NHS resource is deployed to areas of greatest need. The detail on how this will be achieved has yet to be developed and shared. The Trust, however, has actively contributed towards the regional plan by submitting demand and capacity data, offering proposals to support diagnostic capacity and maintains support to oncology on a regional footprint.

National guidance continues to be largely aimed at District General Hospital, Primary Care and Community Care level. Where specific guidance is required due to the nature of LWH specialist services the Trust can seek clarification via the Cheshire and Mersey Hospital Cell and has done on several occasions.

The national reset (Phase 3) guidance is due to be released in July 2020 to incorporate plans to further recover and reset the NHS through the remainder of 2020/21 and beyond.

3. COVID-19 Incident Management

The governance arrangements described in the update provided to the Trust Board in May 2020 remain in place and have been revisited in line with the Phase 2 requirements. This supports the ongoing management of the incident response in addition to supporting and providing oversight to delivery of recovery.



4. Operational Pillars

All operational decisions related to delivery of services in the Covid 19 pandemic are made in conjunction with the Infection Prevention and Control Team. The below pillars are now considered fundamental to the delivery of services in a Covid 19 environment

4.1 Testing

The Trust's approach to testing for COVID-19 continues to evolve following national guidance

- All patients requiring a planned or unplanned inpatient admission are tested and routinely tested throughout their hospital stay if length of stay triggers are hit.
- Patients are tested on discharge to care homes.
- Extra measures specific to individual services are in place, e.g. Maternity partners testing.
- Antibody testing is available to all staff groups.
- Symptomatic staff are tested.
- Asymptomatic staff identified as working in high risk areas are tested.

Testing performance data is available on the Trusts Power BI system. In addition, the Trust is aiming to commence an onsite laboratory to support Cheshire and Mersey testing capacity in July 2020.

4.2 PPE

Throughout the pandemic the Trust has been able to supply staff and patients with appropriate PPE. It is largely thanks to the work of the Procurement and Governance teams in partnership with the local procurement networks that this has been sustained. The success of those involved in procuring and managing the Trusts PPE stocks has been fundamental in the Trusts ability to respond to Covid 19.

4.3 Social Distancing

The Trust estate has been reviewed in order to ensure that Social Distancing requirements can be met for patients and staff. This includes visitor restrictions that are regularly reviewed. Risk assessments are carried out within services to address social distancing. There are separate patient and staff entrances and both patients and staff are screened on arrival. In addition, PPE masks are available for all staff and visitors.

4.4 Workforce and Communications

The Trust has implemented a raft of measures to understand and consult with the workforce. The Trusts Oversight and Interaction Governance Group has Staff side and BAME representation. The Trust has undertaken listening events to understand staff issues and concerns related to Covid. There have been a significant number of measures to support staff during the peak of the pandemic and there continues to be such as a Managers Support Pack and Mental Health support. Daily communications are cascaded through the organization supplemented by a Virtual Executive lead "In the loop".

4.5 Virtual working

The Trust has accelerated its virtual capabilities for clinical appointments and has regularly delivered virtual or telephone clinics where possible throughout the pandemic. In addition, off site working has been encouraged using Microsoft Teams. This has been invaluable in terms of maintaining much of the core requirements of the organization through this period.

5. Research and Development and learning from Covid

The Trust conducted a rapid “hot debrief” to capture the learning from Phase 1, this will support the national ask to share learning and good practice that was developed. In addition to this The Trust has actively engaged in research related to Covid-19 with a view to supporting the national and global understanding of all aspects of the pandemic.

6. Patient Experience

Patient experience is an increased area of focus and priority for the Trust during the pandemic. A paper was presented to Quality Committee in June 2020 detailing the work to date around this area. A series of recommendations will be brought back to next quality committee in July concerning further opportunities for improvement in this area.

7. Recovery and Reset Approach

On the 29 April 2020 the Trust received national guidance from NHSI&E in relation to the development of plans to increase levels of elective activity and restore non urgent services. The aim being to support Phase 2 (recovery) of the COVID-19 incident management response through June 2020.

The Trust has submitted recovery plans to Liverpool CCG as part of a system response to re-establish core services over a 6-week period from end May 2020 through June 2020. The principle of the recovery phase is to safely bring back those services that were paused due to the Covid 19 pandemic. For LWH these are largely Gynaecology elective surgery and fertility services. These services must be re-established in line with the challenges of the operational pillars detailed earlier in this paper. The recovery phase does not address the backlog of patients. 18-week Referral to Treatment reporting has been nationally suspended April to June 2020 with a required focus on the most urgent and long waiters. The Cheshire and Mersey Command and Control Hospital Cell is leading on the system recovery approach. Work to date has concentrated to modelling bed capacity for Cheshire and Mersey against 4 scenarios



Scenario Overview

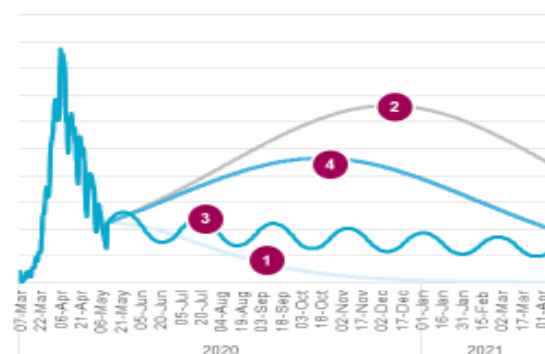
Multiple scenarios support the ability of the system to plan capacity

4 Scenarios developed

Four scenarios of future Covid demand have currently been modelled based on the Cheshire and Merseyside population and historic Covid activity:

- 1 **Slow decline of Covid** over the coming months, no surge capacity required, normal bed capacity maintained, 90% occupancy, elective activity restarts
- 2 **Second peak** over coming months, shift to surge capacity where Covid demand exceeds CC available capacity, 90% occupancy. Including loss of theatres and G&A beds
- 3 **Many smaller waves of Covid**, 90% occupancy, short term shift to surge as required
- 4 **Second smaller peak** over coming months, shift to surge capacity where Covid demand exceeds CC available capacity, 90% occupancy. Including loss of theatres and G&A beds

Scenarios of potential Covid demand over time



The capacity and demand work through the recovery period has highlighted several areas of challenge

- Ability to return to normal capacity due to ongoing challenges with IPC requirements, e.g. social distancing and PPE requirements.
- Unpredictability of workforce due to absence.
- Significant Diagnostic shortfall due to backlog plus reduced capacity due to IPC measures.
- Increase in patients waiting unacceptably long periods for planned surgery.
- The risk of a second wave.
- This work has highlighted in the recovery phase an aim to return to 60-80% of planned elective capacity, although this clearly varies amongst specialities across the region.

To date LWH has been able to respond to the expectations of the recovery plans for elective surgery however this does not address the backlog. The Cheshire and Mersey Hospital Cell is developing regional models for how a backlog can be addressed and at the same time deliver essential cancer and urgent services

Additional Measures already in place at LWH for Gynaecology to support recovery that will be developed further are.

- Increase in advice and guidance to primary care to reduce referrals.
- Increase in rapid access clinic provision to see and treat on the day.
- Increase in diagnostic capacity, specifically colposcopy.
- Planned increase in Consultant capacity in September 2020.
- Continuing to offer capacity to the system for the most urgent work, e.g. Oncology.

Fertility services have secured their licence from the HFEA to be able to reinstate services in the current environment following a strict assessment process. This has allowed the service to reinstate 50% capacity and will aim to increase further in a planned manner in July and August 2020

8. Next Steps

The Trust will continue to maintain its grip on all aspects of the Covid 19 pandemic affecting our staff and services as the Trust moves through phase 2 (Recovery) and into phase 3 (Reset). This will be done by.

- Maintaining internal governance and assurance concerning issues that affect delivery of our services, monitoring and responding to risks and issues.
- Playing an active role in the Cheshire and Mersey Hospital Cell system recovery and reset work with appropriate offers of support to the system. Specifically, this will be through regional support to Gynaecology Oncology, planning to increase the local diagnostic offer for the system and taking a leadership role in decisions affecting women's services for the region.
- Listening to our staff as our most valuable resource in being able to respond to the challenges of the pandemic.
- Provide further updates to the Trust Board on progress made with implementation of the regional and local reset plan.

9. Recommendation

The Board is asked to note this report for information and assurance

	Agenda Item							
MEETING	Board of Directors							
PAPER/REPORT TITLE:	Safer Nurse/Midwife Staffing Report, M1 & M2 2020/21							
DATE OF MEETING:	2 nd July 2020							
ACTION REQUIRED	For Assurance							
EXECUTIVE DIRECTOR:	Gaynor Hales, Interim Director of Nursing and Midwifery							
AUTHOR(S):	Janet Brennan, Deputy Director of Nursing and Midwifery							
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial workforce <input type="checkbox"/></p> <p>2. To be ambitious and efficient and make the best use of available resource <input 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 type="checkbox"/></p> <p>5. To deliver the best possible experience for patients and staff <input type="checkbox"/></p>							
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust <input checked="" type="checkbox"/></p> <p>2. The Trust is not financially sustainable beyond the current financial year <input type="checkbox"/></p> <p>3. Failure to deliver the annual financial plan <input type="checkbox"/></p> <p>4. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>5. Ineffective understanding and learning following significant events <input type="checkbox"/></p> <p>6. Inability to achieve and maintain regulatory compliance, performance and assurance <input checked="" type="checkbox"/></p> <p>7. Inability to deliver the best clinical outcomes for patients <input checked="" type="checkbox"/></p> <p>8. Poorly delivered positive experience for those engaging with our services <input checked="" type="checkbox"/></p>							
CQC 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> <p>RESPONSIVE – the services meet people's needs <input type="checkbox"/></p> <p>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.</p> <p>ALL DOMAINS <input checked="" type="checkbox"/></p>							
LINK TO TRUST STRATEGY, PLAN AND	<table border="0"> <tr> <td>1. Trust Constitution <input type="checkbox"/></td> <td>4. NHS Constitution <input type="checkbox"/></td> </tr> <tr> <td>2. Operational Plan <input type="checkbox"/></td> <td>5. Equality and Diversity <input type="checkbox"/></td> </tr> <tr> <td>3. NHS Compliance <input checked="" type="checkbox"/></td> <td>6. Other: NHS England Compliance</td> </tr> </table>		1. Trust Constitution <input type="checkbox"/>	4. NHS Constitution <input type="checkbox"/>	2. Operational Plan <input type="checkbox"/>	5. Equality and Diversity <input type="checkbox"/>	3. NHS Compliance <input checked="" type="checkbox"/>	6. Other: NHS England Compliance
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3. NHS Compliance <input checked="" type="checkbox"/>	6. Other: NHS England Compliance							

EXTERNAL REQUIREMENT		
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 • Staffing relating to COVID-19 	
PREVIOUSLY CONSIDERED BY:	Committee name	<i>Choose an item.</i> Or type here if not on list: Click here to enter text.
	Date of meeting	

Executive Summary

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

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

Staffing is monitored across maternity every 2 hours by the 104-bleep holder who has an overview of the whole of maternity service. Staff are moved between areas depending on activity.

There has been a decrease in fill rate in Gynaecology ward in May, but this figure is skewed due to staff movements (supporting Covid initiatives e.g. swabbing). Staffing during this time was adequate for the acuity.

Workforce reviews have been undertaken by the divisions which include succession planning. However, due to the COVID-19 pandemic these have not yet been signed off.

Nurse and Midwifery fill rates are reported externally however, during the pandemic this has been suspended. LWH are still collecting the data monthly.

The challenges and uncertainties of Covid-19 pandemic present some challenges for the workforce. Whilst the trust is not dealing with large numbers of covid positive patients, there remains a number of challenges for the LWH workforce. Due to Covid-19 there are a number of Health Care professionals unable to work, this is being monitored and managed daily and is improving. With the

introduction of swabbing of index cases this has enabled the return of some health care professionals earlier than would have been prior to swabbing.

There has also been the introduction of antibody testing for staff. The introduction of the track and trace system may also present a risk that have been contacted having to isolate for 14 days.

An increased consultant presence in the trust has provided trainees, nursing, midwifery and theatre colleague with support and confidence. The changes described are temporary, but evidence of benefit is being sought to inform longer term service planning.

In May 2020, the absence rate:

- Nursing and Midwifery absence total: 10.87% (4.03% non- covid)
- Medical staffing absence total: 11.46 % (3.33 % non- covid)
- AHP: 0%

LWH also have the opportunity to accept retirees/ returners via the NW region. To date LWH have accepted 1 retired Nurse and have requested from the region a number of nurses to support the neo-natal unit.

LWH have also accepted 24 3rd year students (N & M) in their last 6 months of training who are part of the workforce.

It is recognised at this time there is stress and anxiety amongst the staff and there have been many staff support measures implemented across the trust.

Ward Staffing Levels – Nursing and Midwifery Report April and May 2020

1.0 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.

Previously AHP's have not been reported as part of the monthly staffing paper. Information regarding this will now be included and be built on going forward.

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, with 18 currently on maternity leave, this is being closely monitored. It has been agreed that maternity can over establish by 10 midwives to cover maternity leave.
- 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 daily at entrances to wards, staffing data is also submitted monthly 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 **April and May 2020**.

A daily staffing huddle across the trust has been commenced and the data recorded.

Staffing is monitored across maternity every 2 hours by the 104-bleep holder who has an overview 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 has been closed in March.

There is currently a review of Bands 2, 3 and 4 JD and competencies across the organisation to ensure consistency. This will be completed in July 2020. There is also a review of Matron and ward manager JD and competencies as part of the N&M strategy.

2.2 Red Flags

In April and May there were 14 red flags reported, with only 1 due to staffing shortfall. Investigations into these concluded that staffing levels and skill mix were safe at the time and did not contribute directly to any incidents.

Overall in April and May there was a reduction in overall reporting of 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 2,500 midwives in the NHS in England.

During COVID-19 HEE have agreed that students in the last 6 months of their training can support Trusts to assist with their burden and enable them to complete their training. During this time the students will be paid a band 4 which will be re-imbursed to trusts. LWH have agreed to take 24 students (17 midwifery & 7 Nursing) students in their last 6 months of training.

4.0 Vacancies

In May there were 27.15 wte registered nursing, midwifery, ODP and HCSW vacancies across LWH. With a vacancy rate of 3% compared with C&M- 9.2% and nationally 11.6%

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.

Annual workforce reviews have also now taken place across the divisions.

5.0 AHP's

Previously this report has not reported on AHP staffing.

Imaging (sonographers)

The Imaging Department is currently operating with 3.23WTE sonographer vacancies. A slight change to the team structure which increases the number of Trainee Sonographer posts, which helped to reduce the number of vacancies.

By increasing the WTE in post we can then reduce the bank staff expenditure in the service, which for the full year 19/20 was £143k.

Sickness for May 2020 was reported as 0.62% and YTD 0.74%, there was no Covid-19 sickness related
R12M Turnover 18%

Physiotherapy Department

Physiotherapy are fully established after a recruitment campaign in 2019
Sickness for May 2020 0% YTD 1.47% No Covid -19 related sickness recorded
R12M Turnover is 18% due to the recruitment of staff in 2019 and January 2020

The imaging department have continued to provide a full service during the unprecedented times, the service lead has now returned from secondment and leading on recruitment strategies to fill the vacant posts.

Physiotherapy adapted ways of working to virtual clinics and telephone consultations they are now returning to face to face consultations

The sickness %, Turnover and Vacancy rates will continue to be monitored.

6.0 COVID-19

Since the onset of Covid- 19 as of 21.05.2020 there were 48.45wte Nurses & Midwives with Covid- 19 related absences across all divisions, 6.51 wte Medical staff and 1.0 wte AHP. This is changing daily as staff return from isolation and others commence isolation. Each division is managing this daily with cross divisional support being offered when able. Some services have reduced considerably which is enabling this support to happen (Hewitt, Genetics and Gynaecology). LWH also supported LUFT with the transfer of patients onto the gynaecology ward, this has now ceased. Training and support for staff is being undertaken to enable them to support other areas. Across the trust staff are also supporting the swabbing of staff, antibody testing and screening of patient, visitors and staff at the front door.

A number of measures have been put in place to support the workforce:

- Staff helpline
- Daily walk rounds from MH first aiders
- Staff support walk rounds
- Free car parking
- Free meals- stopped May
- Chaplaincy drop in
- Delivery of goods to areas
- Relaxation areas

Feedback from staff has overall been positive.

7.0 Medical Staffing

The Trust has started to re-introduce elective activity in line with national requirements. This is relevant to gynaecological and genomic work and is being done against a backdrop of continued restrictions relating to Covid security (social isolations, swabbing requirements and use of PPE). For medical staffing, the return to elective work has meant also a return to standard rota templates for senior staff and trainees.

There remains some strain on neonatal medical cover because of Covid related medical absences so the senior neonatal team continue to flex their working patterns as needed to maintain safe staffing levels. A potential return to work for shielding staff across the Trust, however, is being explored by line managers on a case by case basis, again in keeping with national recommendations and requirements.

At the time of writing (23/06/20) the covid related medical absence rate is 5.83 % and the non-covid medical absence rate is 1.94 %.

8.0 Summary

During the months of **April and May 2020** 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.

The Board also needs to note there are a number of Nurses and Midwives off currently due to Covid-19, this is being monitored daily.

The Board is asked to note AHP vacancies and this will be included in the monthly staffing update and the bi-annual report.

The Board also needs to note there are a number of Medical staff currently due to Covid-19

The Board also needs to note the number of supportive measures put in place for staff.

8.0 Recommendations

The Board is asked to note:

- The content of the report and be assured appropriate information is being provided to meet the national and local requirements.
- The organization has the appropriate number of nursing & midwifery staff on its inpatient wards to manage the current clinical workload as assessed by the Director of Nursing & Midwifery
- Staffing relating to COVID-19

Appendix 1

April 2020

WARD	Fill Rate Day% RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff
Gynae Ward	94%	84.2%	96.7%	92.2%
Delivery suite	85.8%	95%	89.6%	63.3%
Mat Base	96.1%	89.8%	88.6%	82.4%
MLU	86.7%	103.3%	88%	106.7%
Neo-nates	123.8%	65%	121.3%	75%

May 2020

WARD	Fill Rate Day% RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff
Gynae Ward	80%	65.3%	90.3%	47.3%
Delivery suite	86.2%	96.8%	87.7%	96.8%
Mat Base	96.8%	93.6%	92.6%	89%
MLU	93.5%	122.6%	86.5%	106.5%
Neo-nates	132.3%	61.3%	128.8%	77.4%

		Agenda Item
MEETING	Trust Board	
PAPER/REPORT TITLE:	Bi-Annual Safer staffing paper Nursing and Midwifery	
DATE OF MEETING:	Thursday, 02 July 2020	
ACTION REQUIRED	Assurance	
EXECUTIVE DIRECTOR:	Gaynor Hayles, Interim Director of Nursing and Midwifery.	
AUTHOR(S):	Janet Brennan, DDONM	
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 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 checked="" type="checkbox"/></p> <p>3. The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/></p> <p>4. Failure to deliver the annual financial plan <input type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></p> <p>8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/></p>	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input 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 type="checkbox"/></p>	

	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 checked="" type="checkbox"/> 2. Operational Plan <input type="checkbox"/> 3. NHS Compliance <input checked="" type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other: 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: 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 sighted on the national shortage of nurses and midwives.	
PREVIOUSLY CONSIDERED BY:	Committee name	PPF
	Date of meeting	Monday, 22 June 2020

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 Jan 2020 to May 2020. 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. As part of this report a section on the impact on staffing with Covid 19 is included.

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.

In March 2020 the National Audit Office provided a report to The Department of Health and Social Care on the NHS Nursing workforce.

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 (paused during Covid pandemic) 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:

- 4 Trainee Nursing associates were due to commence training March 2020, this is now paused because of Covid
- Maternity achieved 1:1 care in labour (Appendix 3)
- Theatres establishment follows Association for perioperative Practice (AFPP) guidelines.
- Turnover is on a downward trend, currently at 7%.
- Actual versus planned staffing shows: Fill rate average has been >94% for registered staff and >83% for unregistered. **(Appendix 1)**
- Vacancy rates are below the national picture. National (11.6%) Cheshire and Mersey (9.3%) LWH (3%)
- The Age profile for LWH - 32 % of the Nursing and Midwifery workforce are > 50 years of age.
- There has been an increase in maternity Leave from September 2019. May figures show 35 Registered Nurses/ Midwives are on maternity leave. 26 of those in family health division.
- LWH are part of the Cheshire and Mersey workforce programme with representatives from LWH on each workstream. (paused during Covid pandemic)

Highlights relating to COVID:

- Where possible staff self-isolating for 12 weeks are undertaking work from home.
- Areas where services have stopped or reduced, staff are supporting other areas having had further training.
- 24 3rd year nursing and midwifery students in their last 6 months of training have been deployed into the organisation as band 4 to support teams in maternity, gynaecology and neonatal as well as supporting them to complete their training. This is part of a national programme
- Health care support workers are providing a daily clinical presence at the front desk 7 days per week.
- Hewitt staff are supporting swabbing of staff and swabbing of elective patients
- Clinical staff are supporting the antibody testing of staff.

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 May 2020 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. There have been delays in this process due to Covid pandemic.
- 1.4 The staffing and acuity measures are modelled 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 utilises 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.
- 1.7 Trainee nursing associates were due to commence at LWH April 2020, due to the Covid pandemic this has been paused regionally and will be reviewed in September

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 National Audit office- September 2019 data (March 2020 report) suggest the number is 43,590 vacancies (12%). The national midwife shortage continues, with the NHS in England short of the equivalent of almost 2,500 full-time midwives. That is according to the latest RCM analysis of birth figures published earlier this month by the Office for National Statistics (ONS).

Cheshire and Mersey report > 200 vacancies across the region.

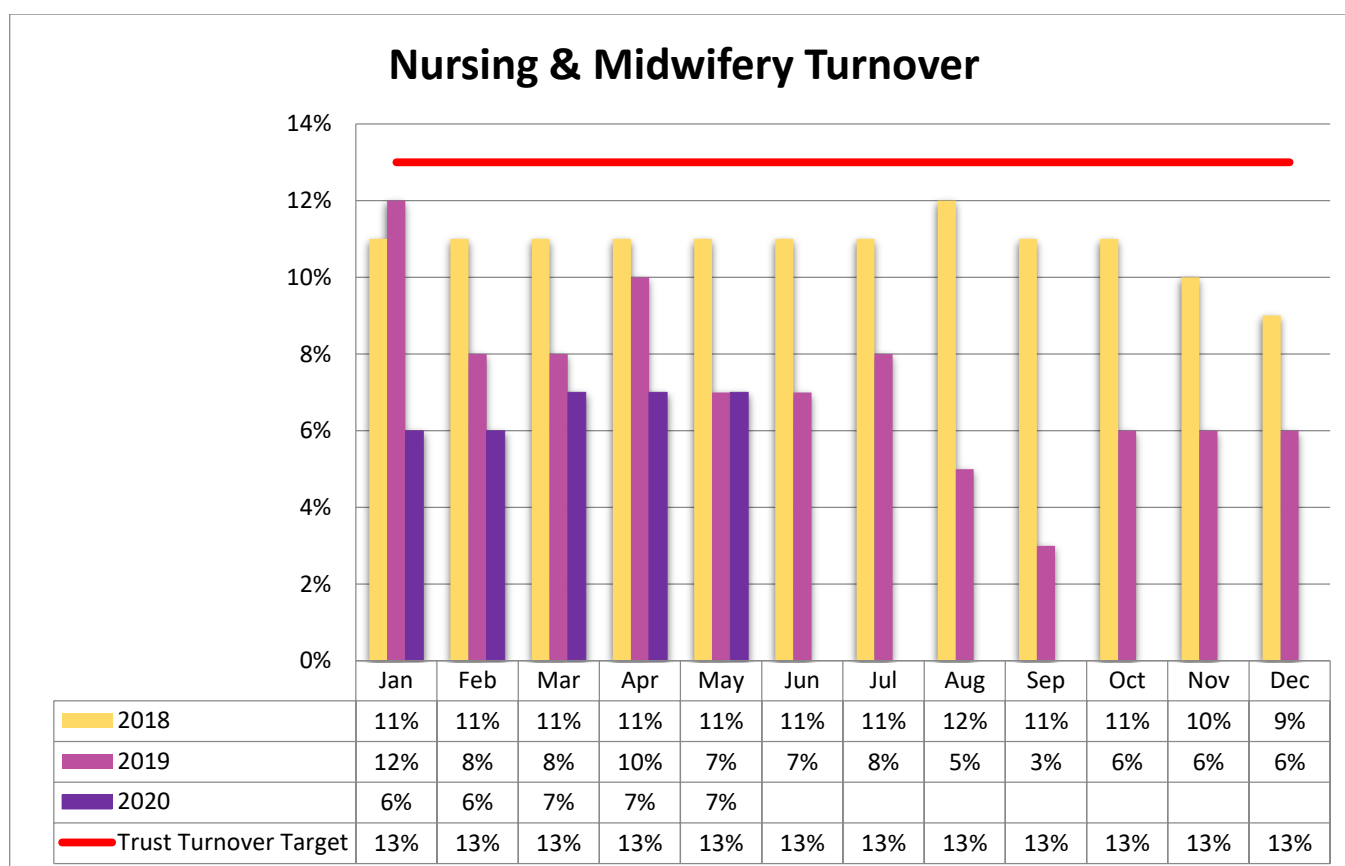
- 2.2** There has been a 20% increase in nurses and midwives leaving the profession; for the first time in 2016/17 the number of leavers has outstripped the number of nurses joining the NMC register and 45% more UK registrants left the register in 2016/17. The National Audit office report (March 2020) stated that between September 2017 and September 2018, 31, 000 nurses left the NHS, compared to a similar number who joined.
- 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 applicants fell by 21% in 2017. Since 2017 the number of nursing places have not increased as anticipated. (National Audit office- March 2020). The Government have committed to train 3,000 more midwives in England over the next three years, and hundreds of extra student midwives began their training in 2019.
- 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** HEE modelling forecasts that approximately 41,000 nurses or 13% of the workforce, will retire between 2018 and 2024.
- 2.6** Nationally the proportion of midwives in their fifties and sixties (with a handful in their seventies) is 32%.
- 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. Due to the Covid pandemic Trusts have been asked to take students on a contract so they can complete their training. Currently LWH have 24 in the last 6 months of their training (16 midwives, 7 Nurses)

3.0 LWH Workforce position

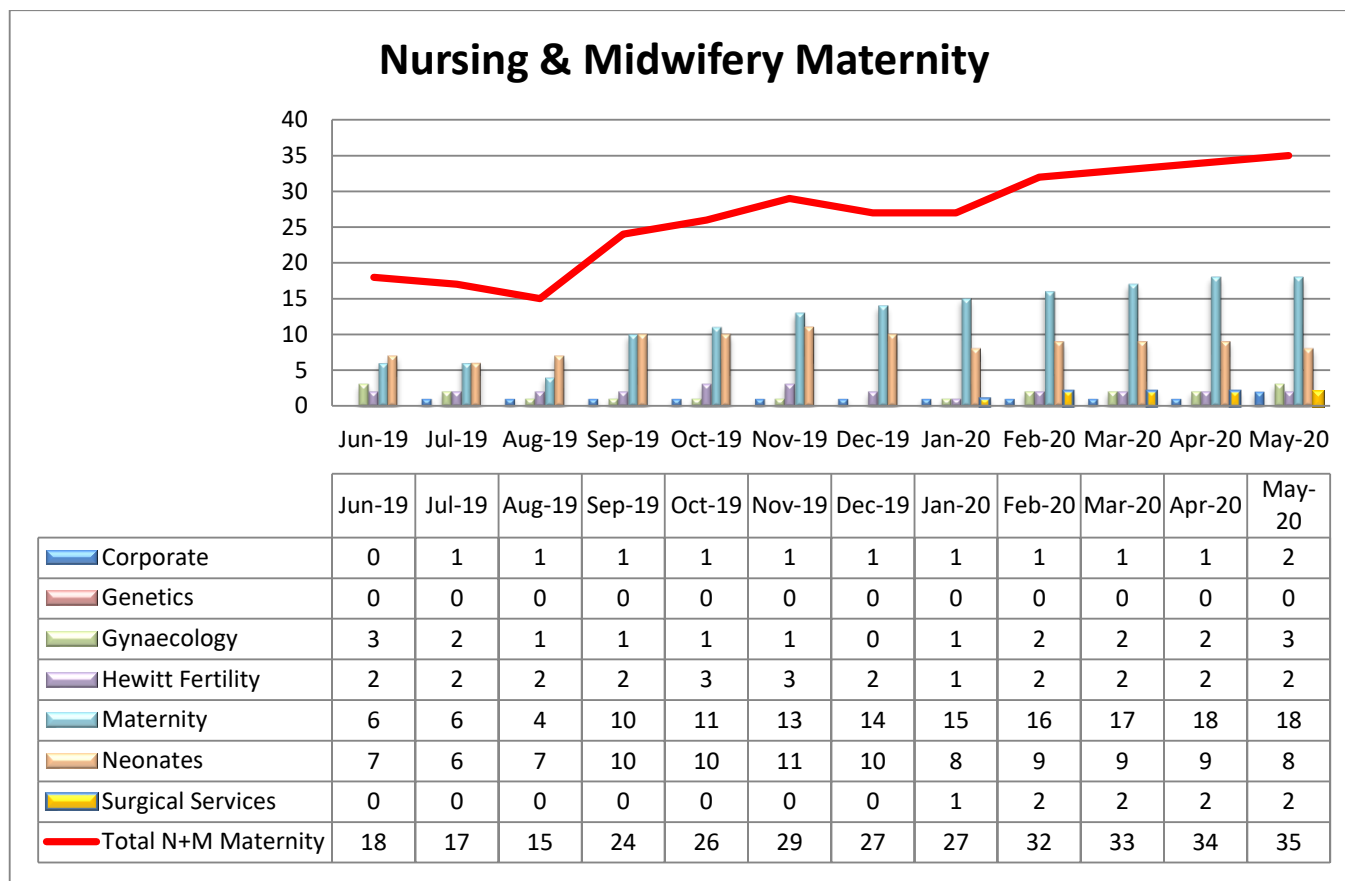
- 3.1** At the end of May 2020 there were a total of 27.15 wte registered nursing, midwifery, ODP and Hcsw vacancies across LWH. With a vacancy rate of 3% compared to Cheshire and Mersey (9.2%) and the national picture (11.6%) LWH is excellent.
- 3.2** The tables below illustrate the vacancies (finance data), by division (May 2020).

RN&M / ODP / HCSW vacancies	Establishment	In Post	Vacancies	Vacancy rate %
Maternity	370.44	363.39	7.05	2%
Gynaecology	148.9	139.15	9.75	7%
Neonates	193.05	183.74	9.31	5%
Hewitt	45.44	39.36	6.08	13%
Genetics	11.4	10.8	0.6	5%
Theatres	62.27	58.8	3.47	6%
Total	831.5	804.35	27.15	3%

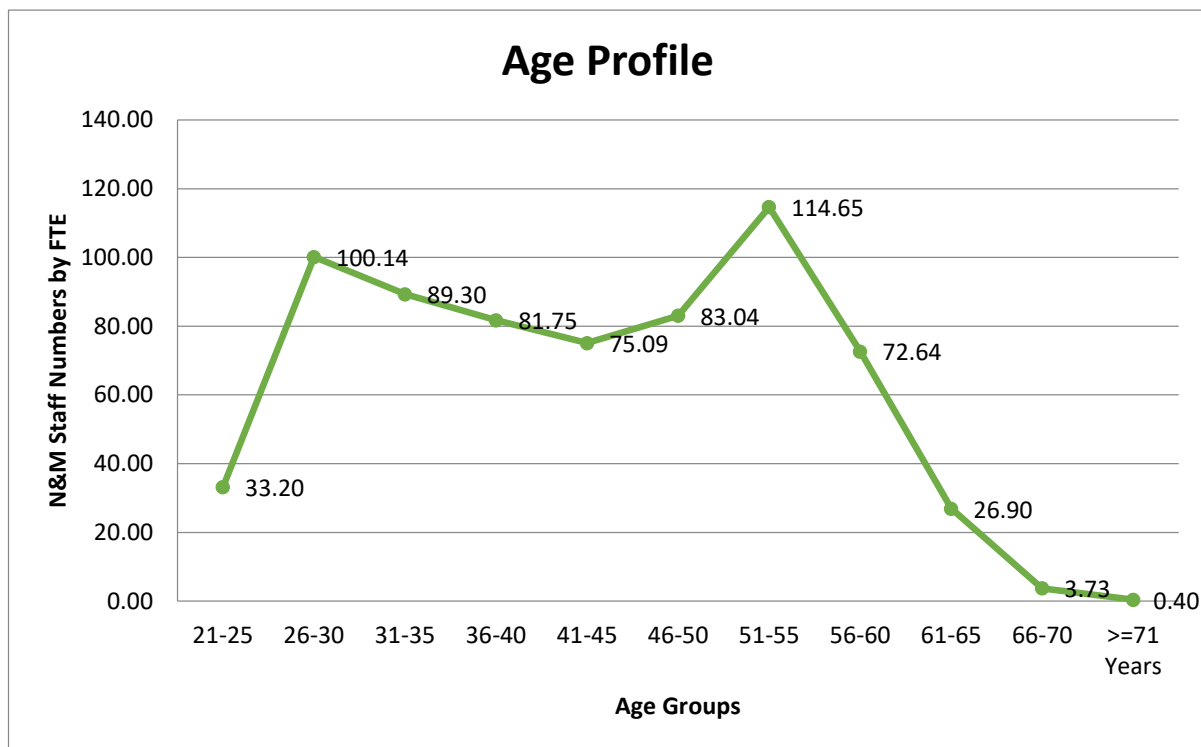
3.3 The table below demonstrates that Nursing and Midwifery turnover is 7 % at the end of May 2020.



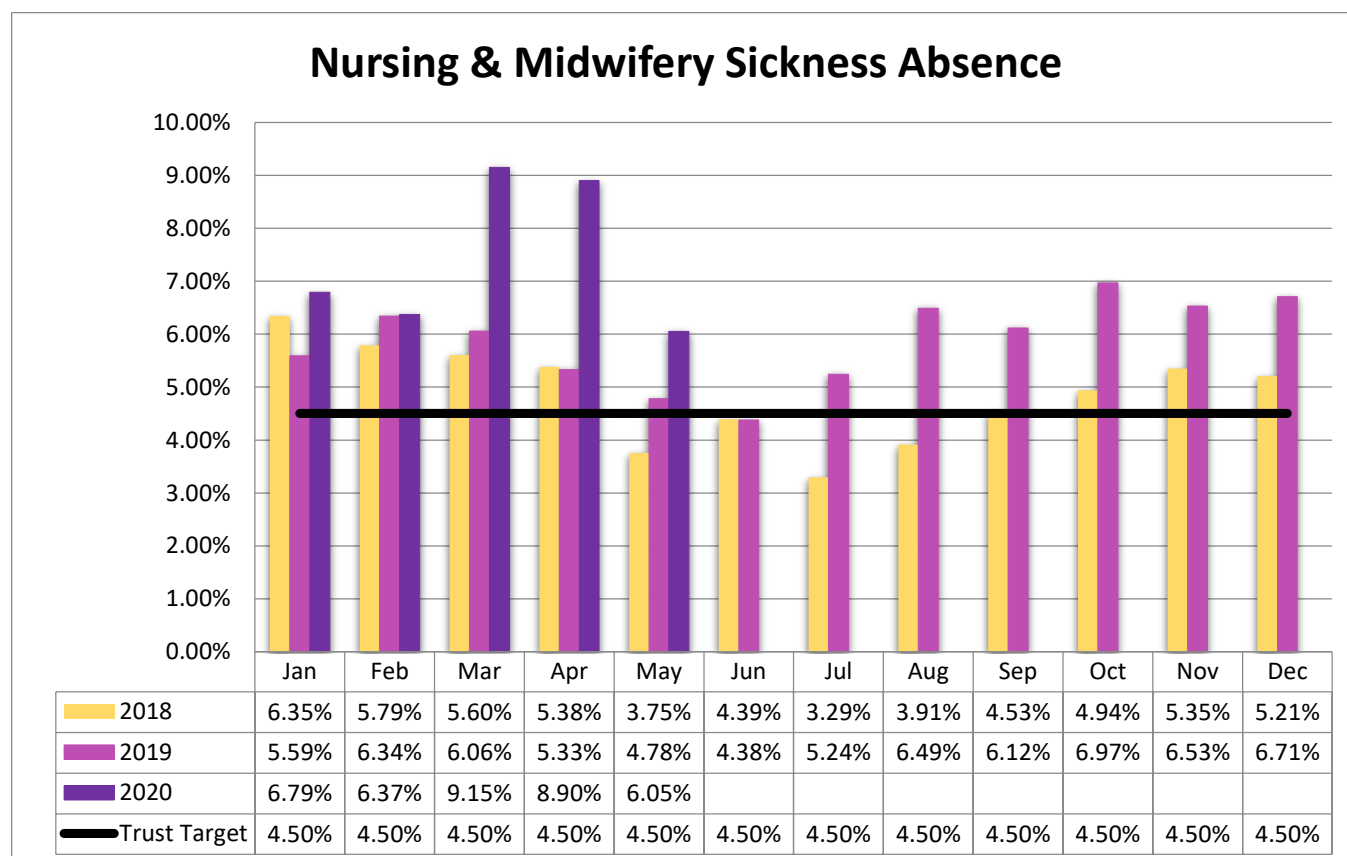
3.4 The graph below demonstrates an increase in Maternity leave



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 >50 years of age which equates to 32% of LWH workforce, a slight increase from the previous paper.



3.6 Absence rate – including Covid related.



4.0 Summary of outcomes from Divisional reviews.

4.1 Gynaecology services

E roster challenge meetings are now taking place divisionally led by the HON just prior to the roster sign off. This has seen increase in compliance. Rota reviews have been undertaken and are awaiting sign off which has been delayed due to Covid. There has been a small increase in turnover on the gynaecology ward leading to further recruitment required, there have been 19 applications for 5 posts. A substantive matron has been appointed for the Gynaecology ward which will promote stability and leadership within the team. Turnover in total for nursing within the Division is

Additional training posts have been agreed for Consultant nursing succession planning and all Consultant nurses and Specialist nurses have completed job planning process.

A significant number of staff have been redeployed to support other areas within across the Division during the COVID-19 pandemic. All staff received local induction and training. There has been significant additional training and Simulations performed across the Division to support staff through the pandemic. The division has supported the trust with implementing staff swabbing and clinical support at the front door. CHPPD data shows an average of 8.6 hrs spent with the patient. These figures are heavily skewed due to the numbers of patients on the gynae ward and various staff being redeployed to support. 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 Clinical Support Services

Gynaecology and Obstetrics theatres operate staffing levels based on guidance and methodology from the Associate of perioperative practitioners (AFPP) which is the national standard for staffing operating theatres. The Coordinators meet weekly to review staffing for following week. From January 2020 on going recruitment has been undertaken to bring Theatre staffing up to full establishment which has been achieved, however due to the recruitment process and candidates awaiting professional qualification. The staffing rota has been under review with the aim to reduce agency and bank spend from June 1st the band 7 theatre leads will begin to work 50% clinically to provide a more robust leadership model to enhance quality and safety within theatres. The CSS Matron has now been appointed and will commence on the 10th June 2020. In March 2020 due to Covid-19 Gynaecology theatres were reduced to emergency procedures and Bedford lists, Obstetrics theatres continued as business as usual. Due to staff being symptomatic of Covid and requiring shielding per PHE instructions seen a rise in sickness rates to 8.51%, from 7.34% in February 2020. Physiotherapy have achieved full WTE establishment and continue to develop the services, Covid-19 forced a change in practice from face to face to telephone consultations mainly performed from staff home working. Imaging continue to hold 9.23 difficult to fill sonographer vacancies, during Covid -19 the business for imaging has continued as usual using bank to support the workload, the service lead has now returned from her secondment post and will commence recruitment campaign.

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 in turn is endorsed by the Royal College of Midwives as an approved maternity staffing resource.

A workforce assessment was commissioned by LWH in July 2018, with factors of an 8200 birth unit of tertiary level maternity/obstetric care; this included the Trusts mandated uplift of 21.4%. The methodology of BR plus, is to calculate the clinical establishment based on agreed standards of care and specialist needs, this includes non-clinical midwifery roles and a skill mix adjustment of registered and non-registered staff.

LWH report demonstrates a shortfall of non-clinical midwifery posts in comparison to maternity units of similar sizes and complexity. However professional judgement applied by the Head and Deputy Head of Midwifery, reports that the funded establishment with clinical activity is acceptable and safe. Maternity is committed to ongoing recruitment, including the cover of maternity leave on fixed term basis, this has executive board approval.

The demographic of midwifery staffing is changing, we have recruited during recruitment periods, a small amount of experienced midwives, recruitment has predominantly been from our student body and newly qualified midwives from across both the region and the country. Maternity has a comprehensive preceptorship programme to develop and support staff in the transition from newly qualified midwife to band 6 midwives, a nationally recognised midwife to birth ratio is recorded monthly and submitted as evidence of safe midwifery staffing, to the regional SCN.

Development of LWH Continuity of Care models will change the face of midwifery staffing, with small teams of midwives/medics following the woman through her pregnancy journey, this will move maternity away from the traditional manner of rostering, and 12-hour shift patterns, this is a nationally mandated work stream with set targets throughout the year to achieve, this work and progress is monitored directly at board. Early indications from the scoping work undertaken, LWH will require additional midwives and band 3 support workers to achieve compliance against national COC targets, this work remains ongoing, in order to deliver the final target of 51% compliance by March 2021.

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. The Liverpool Neonatal Partnership has now appointed a Lead Nurse, nursing teams are continuing to rotate, a shared Practice

educator is now in post, all of which is proving to be successful. We have had our first cohort of nurses at Band 5 complete the NICU talent pool and we have appointed 8 nurses in to band 6 roles. This has been a very positive experience by the individuals who took part. We have continued with our staff development by engaging in Induction programme, QIS and ANNP courses. Turnover remains low and morale remains high.

The last 3 month has been a challenge with Covid 19. The biggest impact has been on the nursing numbers with 23.5% off at the peak and this has settled at around 10%. It is not expected that we will fall much below this. This in turn has challenged our ability to meet BAPM ratio's however we have maintained our safer staffing levels. Staff leave was cancelled for 3 weeks but there is a plan in place that this will be recovered before year end. As all staff have been pulled into bedside roles there has been some slippage on PDR and training, this this will be recovered by the end of quarter 1.

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 now up to full establishment.

6.0 Retention and Turnover

- 6.1** Retention is a key element of the workforce plans for the Trust. At the end of May 2020, the Nursing and Midwifery turnover rate was 7%. This is a 1% increase from the last report.

7.0 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 2 illustrates CHPPD level from Jan- May 2020

8.0 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 Jan 2020- May 2020. The data shows that the fill rate is very good. Averages for RN/M is on average > 94% and care staff fill rate is > 83%.

9.0 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

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.

10.1 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.

10.2 From Jan 2020- May 2020 a total of 72 Red flags were raised. Of these 1 were incidents reported as staffing shortfalls. No Serious incidents or RCA's relating to staffing levels.

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

10.4 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.

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.

13.0 Summary

13.1 Where possible staff self-isolating for 12 weeks are undertaking work from home. Areas where services have stopped or reduced, staff are supporting other areas having had further training.

13.2 24 3rd year nursing and midwifery students in their last 6 months of training have been deployed into the organisation as Band 4 to support teams in maternity, gynaecology and neonatal as well as supporting them to complete their training. This is part of a national programme.

13.3 Health care support workers are providing a daily clinical presence at the front desk 7 days per week.

13.4 Hewitt staff are supporting swabbing of staff and swabbing of elective patients

13.5 Clinical staff are supporting the antibody testing of staff.

13.6 Staff have worked flexibly and supported each area as required daily

14.0 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 3% (N&M & ODP & Hcsw- May 2020, 2019) compared to the national picture of 11.6 %.

14.3 7% turnover in April compared to 15% across Cheshire and Mersey.

14.4 32% of the Nursing and Midwifery workforce are > 50 years of age therefore recruitment and retention need to remain a high focus.

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

14.5 Staff have worked flexibly during covid and supported each area as required daily.

15.0 Conclusion / Recommendations

The Board is asked to:

- Accept the assurance of the current nurse/ midwife staffing levels
- Note the content of the report and the assurances provided that nurse/midwife staffing levels are safe and appropriate at present.
- Note the risk to the organisation of the number of nursing and midwifery staff > 50 years of age.
- Be sighted on the national shortage of nurses and midwives.
- Note the impact of covid on staffing

APPENDIX 1 - Fill Rate

Jan 2020

WARD	Fill Rate day%	Fill Rate day %	Fill Rate Night %	Fill Rate Night %
	RN/RM	Care staff	RN/RM	Care staff
Gynae ward	90.3%	100%	98.9%	100%
Delivery suite	93.3%	67.7%	94.2%	71%
Mat Base	93.5%	79%	91.2%	73.4%
MLU	87.9%	96.8%	84.5%	83.9%
Jeffcoate	100%	95.2%	100%	78.9%
Neo-nates	114%	79%	115.5%	95.2%
Average	96.5%	86.2%	97.3%	83.7%

Feb 2020

WARD	Fill Rate Day%	Fill Rate Day %	Fill Rate Night %	Fill Rate Night %
	RN/RM	Care staff	RN/RM	Care staff
Gynae Ward	87.9%	100%	100%	100%
Delivery suite	84.6%	94.8%	85.1%	77%
Mat Base	97.5%	82.2%	87.7%	95.8%
MLU	95.2%	120.7%	91%	110.3%
Neo-nates	119.2%	93.1%	120.5%	86.2%
Average	96.88%	98.16%	96.86%	93.86%

March 2020

WARD	Fill Rate Day %	Fill Rate Day %	Fill Rate Night %	Fill Rate Night %
	RN/RM	Care staff	RN/RM	Care staff
Gynae ward	90.5%	97%	100%	97.1%
Delivery suite	85.6%	91.9%	83.9%	75.3%
Mat Base	88%	80%	89.9%	82%
MLU	85.2%	119.4%	92.9%	119.4%
Neo-nates	124%	91.9%	125.4%	90.3%
Average	94.66%	96.04	98.42%	92.82%

April 2020

WARD	Fill Rate Day %	Fill Rate Day %	Fill Rate Night %	Fill Rate Night %
	RN/RM	Care staff	RN/RM	Care staff
Gynae ward	94%	84.2%	96.7%	92.2%
Delivery suite	85.8%	95%	89.6%	63.3%
Mat Base	96.1%	89.8%	88.6%	82.4%
MLU	86.7%	103.3%	88%	106.7%
Neo-nates	123.8%	65%	121.3%	75%
Average	97.16%	87.46%	96.84%	83.92%

May 2020

WARD	Fill Rate Day%	Fill Rate Day %	Fill Rate Night %	Fill Rate Night %
	RN/RM	Care staff	RN/RM	Care staff
Gynae Ward	80%	65.3% *	90.3%	47.3% *
Delivery suite	86.2%	96.8%	87.7%	96.8%
Mat Base	96.8%	93.6%	92.6%	89%
MLU	93.5%	122.6%	86.5%	106.5%
Neo-nates	132.3%	61.3%	128.8%	77.4%
Average	97.76%	87.52%	97.18%	83.4%

*Lower – Covid – support workers utilised to support other areas as Gynaecology ward had capacity.

Appendix 2

CHPPD hrs

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020
Gynae Ward	7.1	6.2	7.0	14.1 *	

*Skewed – Covid

Appendix 3

Percentage of women receiving 1:1 Care in Labour

All	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Yes	496	421	448	465	426
No	1	6	1	2	3
Total	497	427	449	467	429
% Yes	99.80%	98.59%	99.78%	99.57%	99.30%
Trust Target	95.00%	95.00%	95.00%	95.00%	95.00%

MEETING	Board of Directors
PAPER/REPORT TITLE:	Annual Report of the Director of Infection Prevention and Control 2019/20
DATE OF MEETING:	Thursday, 04 July 2019
ACTION REQUIRED	For Approval
EXECUTIVE DIRECTOR:	Gaynor Hales, Interim Director of Nursing and Midwifery
AUTHOR(S):	Tim Neal, Director of Infection, Prevention and Control
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 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 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 type="checkbox"/></p>

	<i>supports learning and innovation, and promotes an open and fair culture.</i> ALL DOMAINS <input checked="" type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input checked="" type="checkbox"/> 2. Operational Plan <input 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: <i>(eg: The Board/Committee is asked to:-....)</i>	To approve the Director of Infection, Prevention and Control Annual Report 2019/20	
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.

Infection Prevention & Control

Annual Report 2019-2020

Dr Tim Neal, Director of Infection Prevention & Control

Infection Prevention & Control Annual Report 2019-2020

Dr Tim Neal, Director of Infection Prevention & Control

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TABLE OF ABBREVIATIONS

CCG	Clinical Commissioning Group
CPE	Carbapenamase-Producing Enterobacteriaceae
CQC	Care Quality Commission
DIPC	Director of Infection Prevention and Control
HCA	Health Care Act
HCAI	Health Care Associated Infection
PHE	Public Health England
IPC	Infection Prevention & Control
IPCC	Infection Prevention and Control Committee
IPCN	Infection Prevention and Control Nurse
IPCT	Infection Prevention & Control Team
IPS	Infection Prevention Society
IQR	Inter-quartile range
LWFT	Liverpool Women's NHS Foundation Trust
MRSA & MSSA	Meticillin Resistant (Sensitive) Staphylococcus Aureus
NLMS	National Learning Management System
NUMIS	Nursing & Midwifery Information System
OLM	Oracle Learning Management System
RLBUHT	Royal Liverpool and Broadgreen University Hospital Trust
SS	Safety Senate
SSI	Surgical Site Infection
TVN	Tissue Viability Nurse

1 Summary of Key Achievements and Main Findings

1.1 Key Achievements 2019 - 2020

The Trust was compliant with the prescribed *C.difficile* target

Table 1: Trust Attributable Infections

Organism	Target/Trajectory	April 2017 - March 2018	April 2018 - March 2019	April 2019 - March 2020
<i>Clostridium difficile</i> infection (CDI)	0	0	0	0
Meticillin resistant <i>Staphylococcus aureus</i> (MRSA) sepsis	0	0	0	1
Meticillin sensitive <i>Staphylococcus aureus</i> (MSSA) sepsis	Adult = 0 No target for NICU	2	2	5
<i>E.coli</i> sepsis	50% reduction by March 2021 (national not Trust target)	6	7	8

1.2 Main Findings

1.2.1 Education

The IPCT has maintained current induction and mandatory training.
The IPCT has contributed to local training as required and identified.

1.2.2 Guidelines

A Trust wide SOP for cleaning of fans has been reviewed

1.2.3 Infection Prevention and Control Audits and Clinical Practice Audits

42(100%) Infection Prevention and Control Audits 239 (81%) clinical practice ward audits (including 5 moments for hand hygiene) and 74 community midwives' audits have been completed in accordance with the Trust plan.

1.2.4 MRSA

22 adult patients were identified in the Trust with MRSA, 20 were identified by pre-emptive screening. 6 neonates were identified with MRSA colonization.

1.2.5 *C. difficile*

There have been no Trust acquired *C.difficile* infections in 2019-20 (Target = zero)

1.2.6 Bacteraemia

One neonatal MRSA bacteraemia was reported in 2019-20 (increased from last year Target = zero)

There were 5 MSSA bacteraemias in 2019-20 (all Neonates)

9 neonates had significant Gram-negative sepsis (4 congenital) and 12 neonates had significant Gram-positive infections (6 congenital).

There were 13 *E.coli* bacteraemias in 2019-20 (8 Trust attributable).

There were no glycopeptide resistant enterococcal bacteraemias in 2019-20

1.2.7 Surgical Site Infection Surveillance

The IPC team reviewed 162 potential surgical site infections from April 2019 – March 2020:-

- Out of 2143 caesarean sections 71 were identified as SSI (3.3%)
- Out of 1476 Gynaecology Abdominal surgery 17 were identified as SSI (1.1%)

2 Infection Prevention & Control Team Members

During 2019 - 2020 the Infection Prevention and Control team (IPCT) has been supported by a seconded Midwife, and a seconded Neonatal Nurse

Miss K Boyd

Infection Prevention & Control Analyst (part time 0.80 WTE - 30 hours/week Infection Prevention and Control Analyst, 0.20 WTE - 7.5 hours/week Policy Officer for the Governance team)

Mrs D Fahy

Infection Prevention & Control Nurse - (0.60 WTE – 22.50 hours/week)

Dr T J Neal

Consultant Microbiologist – Infection Prevention & Control Doctor and Director of Infection Prevention and Control (DIPC) (2 sessions / week worked on LWFT site)

Mrs Anne-Marie Roberts

Seconded Link Midwife (0.40 WTE - 16 hours)

Mrs Eleanor Walker

Seconded Link Neonatal Nurse (0.40 WTE – 15 hours)

Mrs Anne Thompson

Seconded Link Midwife (0.40 WTE – 14.5 hours)

The IPCT is represented at the following Trust Committees:

Safety Senate	Monthly
Effectiveness Senate	Monthly
Infection Prevention & Control	Bi-Monthly
Medicines Management	Bi-Monthly
Water Safety Group	Twice yearly
Multi Trust Water Safety Group	Monthly
PLACE	Ad-hoc
Building Planning	Ad-hoc
Health and Safety Committee	Quarterly
Nursing and Midwifery Forum	Monthly

The Team is managed by the Deputy Director of Nursing and Midwifery.

There are no Trust costs associated with the Infection Prevention and Control doctor and DIPC.

3 Role of the Infection Prevention & Control Team

The following roles are undertaken by the IPC team:-

- Education
- Surveillance of hospital infection
 - Surgical Site data collection
 - National bacteraemia data reporting
 - PHE data reporting
- Investigation and control of outbreaks
- Development, implementation and monitoring of Infection Prevention and Control policies
- Audit
- Assessment of new items of equipment
- Assessment and input into service development and buildings / estate works
- Patient care/ incident reviews

Infection Prevention and Control advice is available from the Infection Prevention & Control team and 'on-call' via the DIPC or duty Microbiologist at Liverpool Foundation Trust

4 Infection Prevention and Control Committee

The IPC Committee meets quarterly and is chaired by the Director of Nursing and Midwifery. The committee receives regular reports on Infection Prevention and Control activities from clinical and non-clinical divisions/departments.

Reports received include those from:

- Estates and Operational Services
- Health and Safety
- Occupational Health
- Decontamination
- Divisions/departments
- Link Group
- Water Safety group
- Infection Prevention and Control team members

The Terms of Reference of the IPCC are included as **Appendix A**

The IPCT report quarterly to IPCC and the DIPC reports quarterly to Safety Senate (SS) which also receive minutes of the IPCC meetings. The Quality committee (QC) receives minutes from SS. The Trust Board also receives an annual presentation and report from the DIPC.

Trust IPC issues, processes and surveillance data are relayed to the public via Infection Prevention and Control posters, patient information leaflets, the Trust website (copy of this report) a notice board in the main reception which is updated on a monthly basis and departmental notice boards in ward areas.

Throughout the year many changes in practice have been initiated, facilitated, supported or mandated through the work of the IPCT and IPCC. Some of these are on a large scale,

such as input of the IPCT into large capital projects undertaken by the Trust (see section 8.2) however many appear smaller and take place in the clinical areas as a consequence of audit, observations and recommendations. These interventions equally contribute to the provision of clean and safe care in the organisation. The IPCT examined its effectiveness throughout the year. The following detail some of the changes facilitated throughout the year.

- ANTT is now monitored and included within the Divisional Study days
- IPCT more visible within areas

5 External Bodies

5.1 Health Care Act & Care Quality Commission

The Health Care Act (HCA) was published in October 2006 and revised in January 2008 and January 2011 as the Health and Social Care Act. This code of practice sets out the criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean environment where the risk of HCAI is kept as low as possible.

The Health Care Act action plan is a standing item on the IPCC agenda which monitors progress. There is one outstanding standard of the HCA with which the Trust is not fully compliant; (detailed in Appendix B). This relates to surveillance software which is awaiting the implementation of suitable software at the provider laboratory with hope of acquisition by LWFT following this.

5.2 Liverpool Clinical Commissioning Group (CCG) Assurance Framework

Assurance data is reported monthly to the CCG and bi-monthly at IPCC it incorporates performance data, exception reporting audit data and screening compliance.

5.3 Mandatory Surveillance

The Trust submits data on MRSA, MSSA, *E.coli*, *Clostridium difficile*, *Klebsiella* and *Pseudomonas* infections by the 15th day of each month to the Public Health England via an online Health Care Associated Infection Data Capture System. HCAI data is also submitted each month for the Trust Quality Report and Corporate Information.

6 Education

6.1 Mandatory training and Induction:

Mandatory training in Infection Prevention and Control is a requirement for all Trust staff including clinical, non-clinical staff and contractors. The IPCT update the training package annually and ensure that it reflects best practice, national recommendations and issues identified as non-compliant in the previous year. All staff receives training in Infection Prevention and Control every three years via electronic learning and a Hand Hygiene Assessment. The electronic package is incorporated into the NLMS and linked to OLM. Three hand hygiene sessions have been delivered on corporate induction throughout 2019-20; six hand hygiene sessions have been delivered on the Maternity study day and seven on the Gynaecology study days.

Training continues to be provided by the IPCT for medical staff which includes consultants, trainees and ad-hoc mandatory training for corporate services. Six formal teaching sessions have been delivered by the DIPC throughout 2019-20

The IPCT has provided 28 general training sessions in 2019-20 (Including, the use of standard precautions, and Audit/NUMIS/ad hoc hand hygiene training)

Although the majority of mandatory training is delivered by the IPC team a number of Link Staff also provide training including hand hygiene within their areas.

6.2 Link Staff

The IP&C link staff meetings have changed to twice yearly and held at the end of the Professional Development days. The programme is organised to reflect current initiatives, implementation of new guidance and reinforcement of any non-compliance relating to IPC. The number of attendees on each development day was 15 (44%) and 11 (32%), Link Staff meetings and Professional Development days are included in the TNA provision for Link Staff.

6.3 ANTT Training

ANTT is included in the training days provided by each division however records are not yet available by OLM. The IPCT have liaised with Training Department and this information should be readily available from June 2019. Fifteen sessions were provided by the IPC team in 2019-20, eight on Maternity study day and seven on Gynaecology study day.

6.4 Donning and Doffing of Personal Protective Equipment (PPE) Training

With the outbreak of COVID-19 in 2020 IP&C staff completed 26 donning and doffing training sessions trust wide. The team also assisted with the Health and Safety Team with Face Fit Test Training.

6.5 Guidelines/Policies

No new IPC policies have been required. The below SOP has been reviewed in line with Trust policy process.

- Cleaning of Fans SOP reviewed
- Reusable Visor COVID-19 SOP Created
- COVID-19 PPE Quick Reference guide

7 Audits

7.1 ICNA Trust audit programme

The IPCT continue to use the IPS audit tools originally devised in 2004. The audit programme for the year is established and agreed by the IPCC. Clinical practice audits (PPE, and Hand Hygiene) are completed with a minimum frequency of twice yearly by ward/clinical staff. 5 moments for hand hygiene audits are completed by ward/clinical staff monthly.

The IPS Clinical Practice audits, Saving Lives audits and monthly '5 moment's' audits are entered onto the NICERS system allowing real-time oversight of results and compliance by local managers. A total of 59 (78%) Clinical Practice audits have been carried out by ward department staff and have been reviewed by the IPCT. Clinical Practice audits scores range from 90 -100%.

Saving Lives audits have been carried out by ward department staff and have been reviewed by IPCT. Saving Lives scores range from 66 – 100%.

A total of 180 (83%) Hand Hygiene audits have been carried out by ward department staff and have been reviewed by the IPCT. Hand Hygiene audit scores range from 67-100%.

A common theme of non-compliance with documentation on the VIAAD chart has been identified within Saving Lives Ongoing Cannula care audits. The IPCT have given feedback to relevant departments and local action plans have been implemented.

The IPS Environmental, Ward, Kitchen, Linen and Waste audits have been streamlined into an overarching Infection Prevention and Control Audit. The Infection Prevention and Control audits are carried out twice a year in each clinical area unannounced by the IP&C team. A total of 42 Infection Prevention and Control audits (reviewing the general environment and clinical practice) in 21 clinical areas have been undertaken. Individual department scores, main themes of non-compliance and areas of improvement are recorded and available on NUMIS - and emailed to Matrons and Ward Mangers.

2019-20 IPC audit scores range from 72-100% with a mean score of 91.5%

Community midwives are expected to complete a combined self- assessment of environmental and clinical practice elements twice per year. The Community Team Leaders are responsible for entering the data. From the period April 2019 – Mar 2020 74 self-assessments have been completed.

In 2018-19 there were insufficiencies with the NUMIS system in relation to entering and viewing ward scores. The IPCT were involved in the re-implementation of NUMIS renamed NICERS in July 2019. There remain insufficiencies within NICERS in regard to clinical staff viewing data and the ability to print reports.

Mattress audits

Mattress audits are completed in all areas in the Trust. The audit examines cleanliness and mattress integrity. Results are reported through the Divisional report to IPCC. The audits are forwarded to IP&C team but local areas have ownership for replacement and condemning of any mattress not fit for purpose. There is a system in place for the provision and storage of replacement mattresses across the Trust.

8 Other Issues

8.1 COVID-19 Pandemic

In March 2020 the Trust had to put plans into place to prepare for the current COVID-19 Pandemic. This consisted of:-

- Increasing staff within the IPC team to ensure there is sufficient cover over a 7 day period
- Increasing training across the Trust in regards to PPE (Donning and Doffing)
- Producing IPC local guidance in line with daily changing PHE guidance
- Setting up process for areas to order swabs and packs via Haematology Lab
- Daily communications
- Daily advice and support in relation to procurement, COVID-19 swabs, staff queries
- Creation of SOP's in regards to reusable Visors and PPE quick reference guides

8.2 Water Safety

The Water Safety group has met in line with its terms of reference. The Trust has an appointed Authorising Engineer (water) to support the Water Safety group. The Trust Executive Management group has agreed that the Trust participate in a Multi-Trust Water Safety group which includes representatives of 4 neighbouring Trusts and allows standardisation of policies and procedures involving safe water practices. The Multi-Trust Water Safety group is reviewing a common Water Safety plan. Water testing for *Pseudomonas aeruginosa* in augmented care areas has been performed in accordance with national guidance and results have been compliant with expected standards.

The Trust has installed a Hydrop Compass Water system to complete flushing records electronically. All areas have nominated 3 staff members to evaluate and flush the outlets, with an escalation process if not completed

8.3 Building Projects & Design Developments

The team remain reliant on the Estates department and the Divisions alerting and involving the team in impending projects via the Infection Prevention and Control committee meetings.

2019-20 projects requiring IPC Team involvement included:

- Neonatal Unit redevelopment / Delivery suite refurbishment of 2 rooms
- GED Storage cupboard
- Physiotherapy refurbishment
- St CHAD's design stage

9 Surveillance of Infection

Hospital infection (or possible infection) is monitored in the majority of the hospital by 'Alert Organism Surveillance' this involves scrutiny of laboratory reports for organisms associated with a cross infection risk e.g. MRSA, *Clostridium difficile* etc.

On the Neonatal Unit, which houses most of the long-stay patients, surveillance is undertaken by both 'Alert Organism' and by prospective routine weekly surveillance of designated samples. The IPCT examines results of these samples and action points are in place for the unit based on these results.

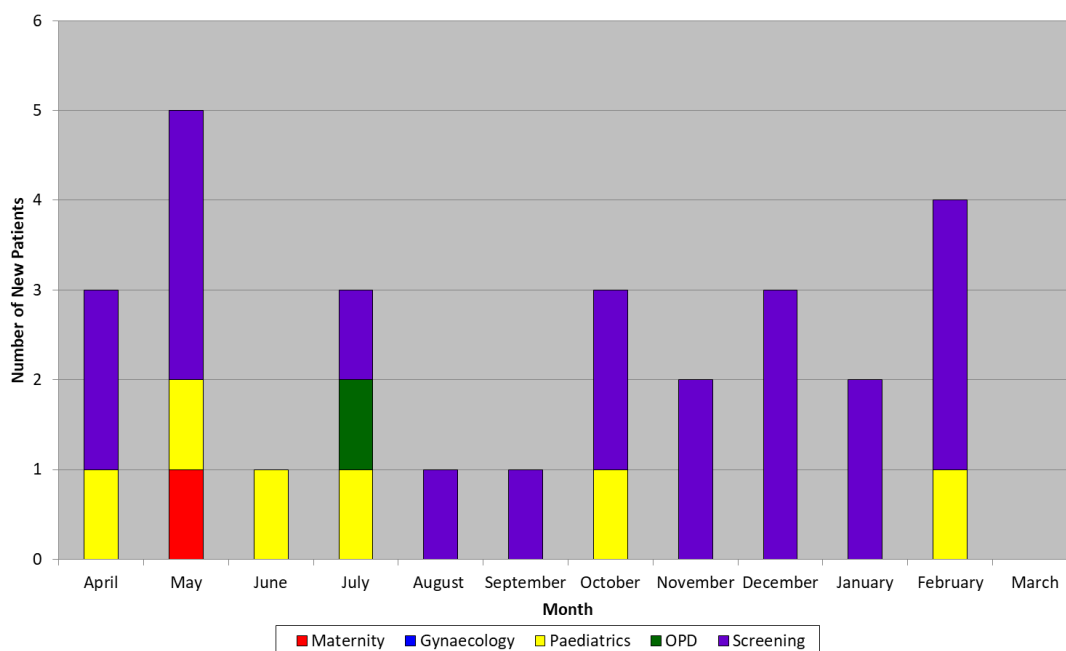
Surveillance of bacteraemias (blood stream infections) for both national mandatory and in house schemes is also undertaken. National mandatory reporting of blood stream infections includes *Klebsiella* and *Pseudomonas* in addition to *E.coli* and *S.aureus*.

9.1 Alert Organism Surveillance

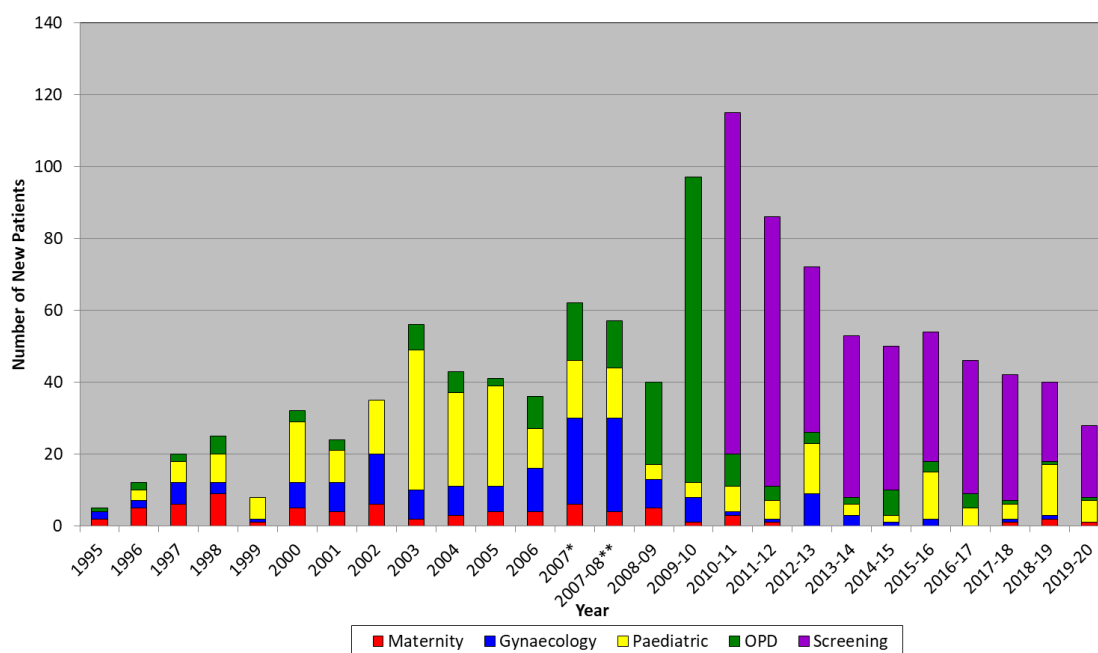
9.1.1 MRSA

The total number of patients identified carrying Methicillin Resistant *Staphylococcus aureus* (MRSA) in the Trust during the year 2019-20 was 28. The majority of patients were identified by routine screening either on or prior to admission. The increase in neonatal cases reported last year (14) was not sustained. The charts below show the number of new patients identified with MRSA and the annual totals for the period 1995 – 2020.

MRSA LWH 2019 - 20



MRSA LWH 1995-2019



As outlined in previous Annual Reports the Government had established targets for screening such that all elective admissions and all eligible emergency admissions to hospital should be screened for carriage of MRSA.

In the period April 2019 to March 2020, 3698 adult patients were screened for MRSA carriage; 24 (0.6%) were positive.

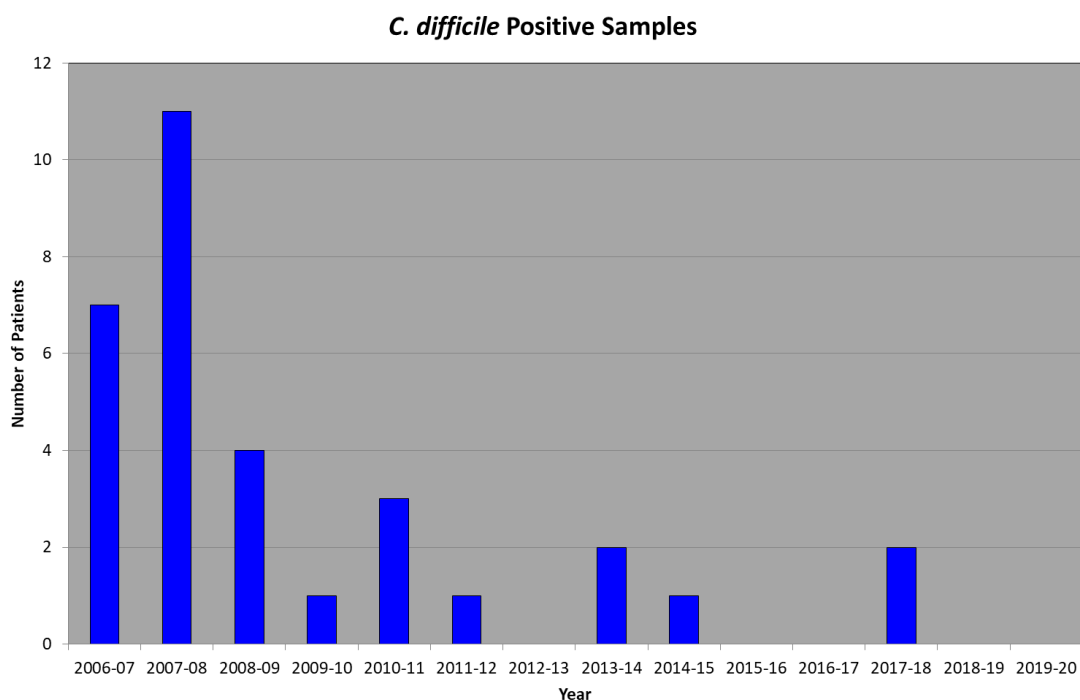
During the period of this report 6 babies were identified with MRSA a decrease from the previous year. Apart from one mother-baby pairing there were no clusters or other epidemiological linking of adult or neonatal patients with MRSA.

There was one MRSA bacteraemia in a neonatal patient in the reported year (See section 9.2.1).

9.1.2 Clostridium difficile

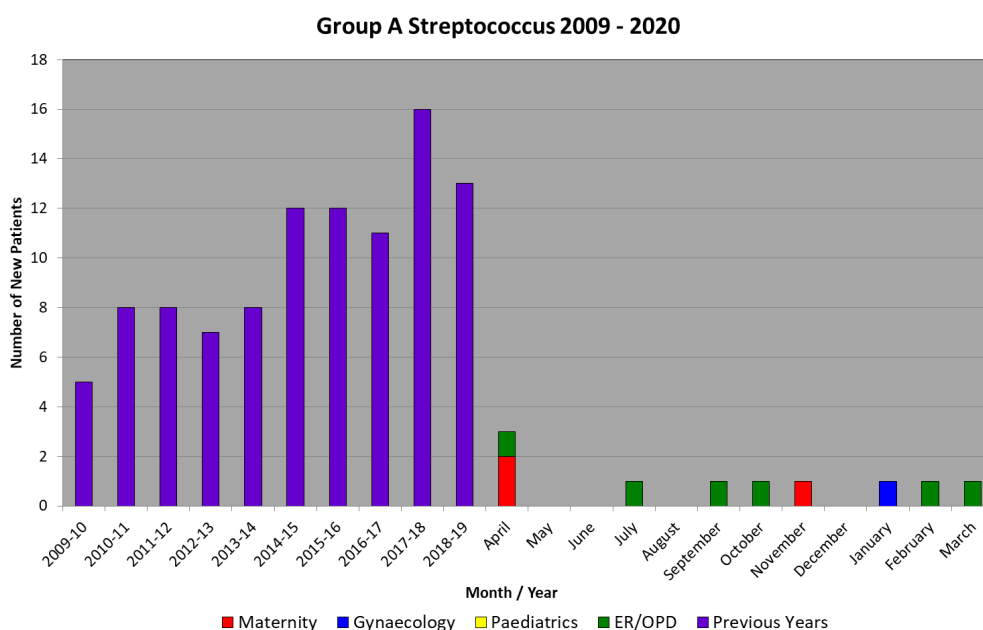
Mandatory reporting of this disease commenced in January 2004 and includes all patients over 2 years old. Historically the number of cases at LWFT has been low (see chart below). The prescribed trajectory for this disease for the Trust in 2019-20 was one.

During the period April 2019 – Mar 2020 there were no patients identified with *C.difficile* infection in the Trust.



9.1.3 Group A Streptococcus

In the period April 2019 to March 2020, 10 patients were identified with Group A Streptococcus as detailed below. One patient (post-natal) presented shortly after discharge with invasive Group A Streptococcal infection (iGAS) (See section 9.2). All patients with Group A Streptococcal infection are reviewed. There was no identified transmission of Group A Streptococci in the Trust.



9.1.4 Glycopeptide Resistant Enterococcus (GRE)

There were no GRE bacteraemia's reported.

9.1.5 Carbapenemase Producing Enterobacteriaceae

The screening for multidrug - resistant organisms was incorporated into National guidance and in 2014 LWH commenced screening patients in high risk groups for Carbapenemase producing Enterobacteriaceae (CPE). In June 2016 the screening process was extended. All patients who have been an inpatient in any other hospital within the preceding 12 months require screening. Meditech facilitates the risk assessment. CPE screening compliance is audited weekly by the IPCT Overall compliance – 77%.

Month	Screening Compliance
Apr 19 - June 19	81%
July 19 – Sept 19	78%
Oct 19 – Dec 19	71%
Jan 20 – Mar 20	78%

The main theme of non-compliance identified has been missed screens on patients who are direct transfers from another hospital. This issue has been addressed with Ward Managers, IPCT Link staff and clinical staff in the relevant areas.

9.1.6 Routine Neonatal Surveillance

Nearly all infection on the Neonatal unit is, by definition, hospital acquired although a small proportion is maternally derived. Routine weekly colonization surveillance has continued this year on the Neonatal unit. Results are shown in Appendix C

As colonisation is a precursor to invasive infection the purpose of this form of surveillance is to give an early warning of the presence of resistant or aggressive organisms and to ensure current empirical antimicrobial therapy remains appropriate. Action points are embedded in the Neonatal unit and IPC policies linked to thresholds of colonisation numbers to limit spread of resistant or difficult to treat organisms.

As well as resistant or aggressive organisms focus has remained on both *Pseudomonas spp.* and *Staphylococcus aureus* as potential serious pathogens. The median number of babies colonized with *Pseudomonas* each week was 0 (decreased from 1 last year), and with *S.aureus* was 3 (unchanged from last year).

9.2 Bacteraemia Surveillance

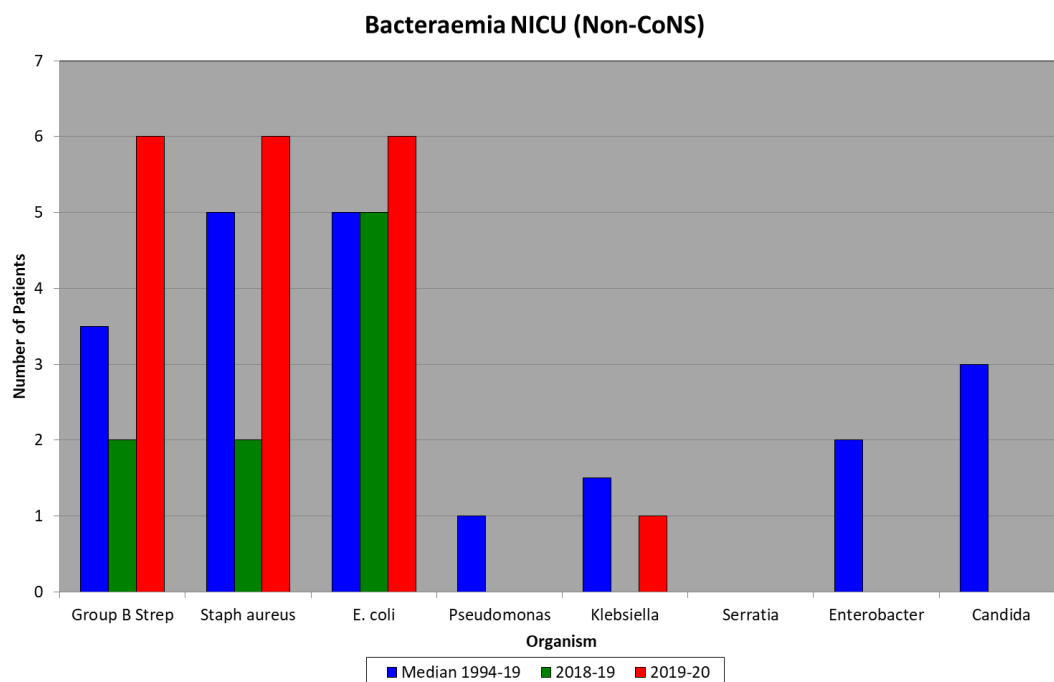
9.2.1 Neonatal Bacteraemia

As always the commonest organism responsible for Neonatal sepsis was the common skin organism, coagulase-negative staphylococcus (CoNS). In the period April 2019 – March 2020 9 babies (5 in 2018-19 and 14 in 2017-18) had infections with Gram-negative organisms, 4 of these infections (3 *E.coli* and 1 *Haemophilus influenza*) occurred in the first 5 days of life and were congenitally acquired. The remaining 3 *E.coli*, 1 *Klebsiella* and 1 *Acinetobacter* infections occurred after 5 days of life.

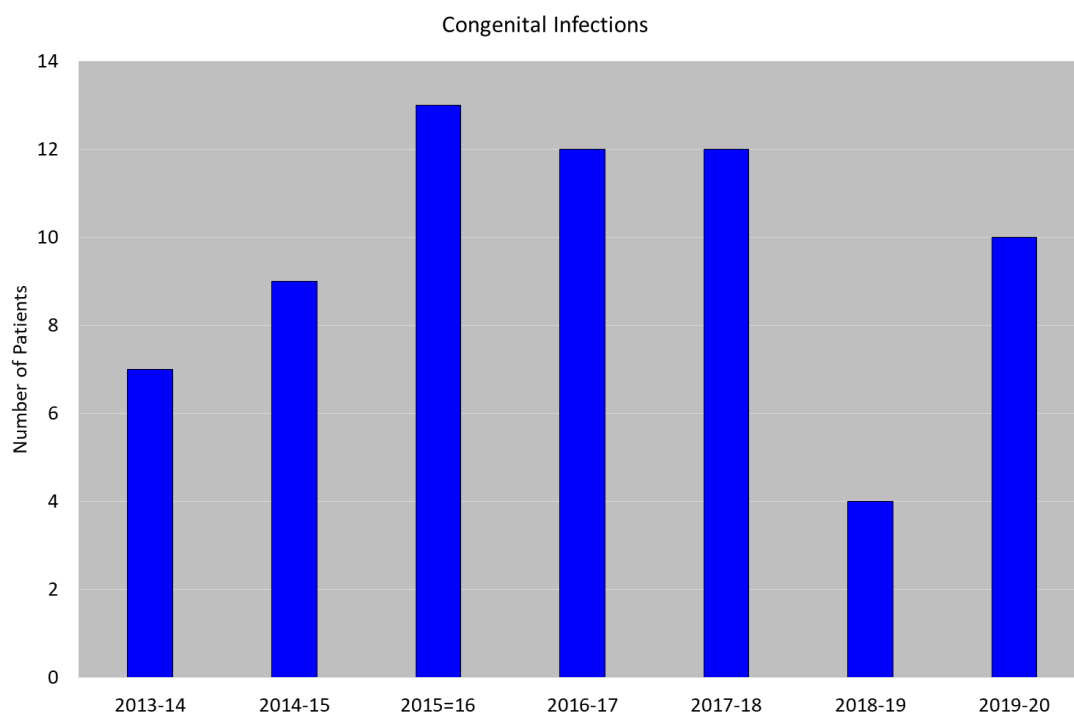
There were 12 episodes of infection with significant Gram-positive pathogens (4 in 2018-19, and 12 in 2017-18); 6 of these infections (5 Group B streptococcus and 1 *S.aureus*) were congenitally acquired and the remainder (1 Group B streptococcus and 4 *S.aureus* and 1 MRSA) were late onset.

All Non-coagulase-negative Staphylococcal sepsis on the unit is subject to a review to determine the focus of infection, precipitating causes and the appropriateness of care. The MRSA bacteraemia was subject to specific review with a multidisciplinary team from the hospital and the CCG, no lapses in the care provided were identified and the neonatal team were congratulated on the level of care provided.

The bar chart below describes the pattern of 'definite-pathogen' Neonatal bacteraemia in the current year in comparison to last year and the median value for each organism for preceding years. There is considerable variability in the figures from year to year (probably reflecting the complex of pathogen host relationship in this group). No *Pseudomonas* sepsis or *Candidaemia* has been reported since 2017-18 although in the current year 1 baby had a contaminated blood culture which included a mixture of organisms including *pseudomonas* (not reported).



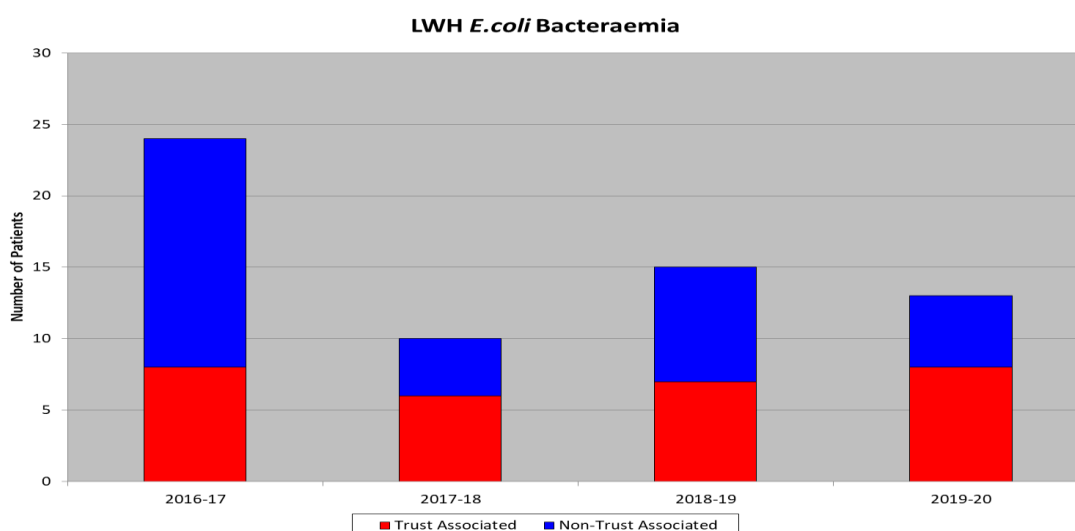
The IPCT have been monitoring the number of Neonatal infections classified as 'congenital' ie presenting in the first 5 days of life. 10 babies this year had congenital infection.



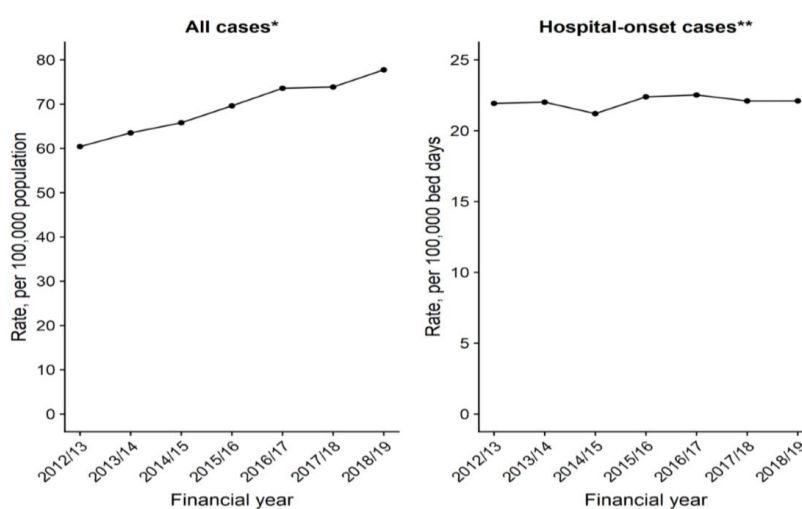
9.2.2 Adult Bacteraemia Surveillance

There have been no MRSA or MSSA bacteraemia cases in adult patients in the period April 2019 to March 2020, however there was one neonatal MRSA bacteraemia and 5 neonatal MSSA bacteraemias (see section 9.2.1.).

There is a national ambition to reduce Gram-negative bacteraemia (particularly *E.coli*) by 50% initially by 2020/21. Although this is not a specific Trust target the IPCT have been working with regional groups facilitated by the CCG to reduce *E.coli* sepsis. In 2019-20 the Trust reported 13 *E.coli* bacteraemias (6 Neonates (3 congenital) and 7 adults) compared to 15 in 2018-19. The number of *E.coli* bacteraemias assessed as Trust associated has marginally increased in the last 3 years. Although not compliant with the national reduction target this is in line with regional and national data which is also showing a general increase. One *Klebsiella* bacteraemia (neonatal) was reported in 2019-20 additionally there was a contaminated blood culture from a neonate which included *Pseudomonas* (see section 9.2.1)



Trends in the rate of *E. coli* bacteraemia in England, 2012/13 to 2018/19



The IPCT expect clinical areas to undertake an RCA of all significant bacteraemias to establish any elements of sub-optimal care. A regular multidisciplinary meeting is held with members of the maternity and gynaecology divisions to review all infective pathology.

In addition to the mandatory surveillance the IPCT has been collecting clinical data on bacteraemic adults in the Trust; 34 patients were identified with positive blood cultures from 318 cultures submitted (11%). 21 (62% of positives, 7% of total) of these were contaminated with skin organisms. Details of the 13 significant bacteraemias are provided in Appendix D

9.3 Surgical Site Surveillance

The Trust signed up to the National Get it Right First Time (GIRFT) survey for Surgical Site Infections during May 2019 – October 2019.

For the period 01.05.2019 – 31.10.2019 the report showed Trust overall SSI rate was 2.2%.

- For caesarean sections, Trust SSI rate was 2.4% (national rate 2.2%) Trust ranked 27 of 40 participating in GIRFT
- Gynaecological abdominal surgery, Trust SSI rate was 0.8% (national rate 2.5%). Trust ranked 13 of 38 participating in GIRFT

The IPC team completed the SSI data for the remaining period of the year:-

Between November 2019 – March 2020 the Trust overall SSI rate was 1.4%:-

- Trust SSI rate for caesarean sections was 1.7%
- Trust SSI rate for Gynaecology abdominal surgery was 1.0%

10 Risk Register

- 1578 - Risk of infectious diseases causing disruption to Trust services including risk to patient and staff safety requiring the implementation of emergency preparedness intervention has now been closed; an annual audit will now be undertaken.

11 Health & Wellbeing

The Trust Health & Wellbeing Department report monthly to the IPCC including vaccination updates. Staff have historically been screened for TB, Hepatitis B and Rubella immunity. Guidance on Measles, Chicken pox, HIV and Hepatitis C have been incorporated for all 'new starters' and a catch up exercise is in place for staff already employed. The IPCC supports the Health & Wellbeing team in ensuring that workers in designated areas have appropriate vaccinations and immunity.

12 Infection Control Team Work Plan

12.1 Infection Control Team Work Plan 2019 - 20

<u>Work Plan</u>	<u>Completion Date</u>	<u>Comments</u>
Training <ul style="list-style-type: none"> Continue all Trust mandatory & induction training Continue to support link staff personal development 	ongoing	Section 6.1 Section 6.2
Audit <ul style="list-style-type: none"> Continue to audit in line with the IPS Audit programme 	ongoing	Section 7
Surveillance <ul style="list-style-type: none"> Continue 'Alert Organism' surveillance focused on resistant pathogens Continue to monitor cases mandatorily reportable infections Undertake a comprehensive review surgical site infections Implement actions identified through RCA of bacteremia's and <i>C.difficile</i> infections Work with the CCG and Trust Sepsis lead to deliver their target reduction in Gram-negative sepsis. 	ongoing	Section 9.1 Section 9.2 Section 9.3 Section 9.2.2 Section 9.2.2
Health Act & NICE <ul style="list-style-type: none"> Review compliance and evidence Review and ensure Trust maintains its compliance with current NICE guidance relating to infection, infection control, sepsis and antimicrobial stewardship. 	ongoing	

12.2 Infection Control Team Work Plan 2020-21

<u>Work Plan</u>	<u>Completion Date</u>	<u>Comments</u>
Covid-19 Planning <ul style="list-style-type: none"> Advise and support management and care of patients with Covid-19 Work within Trust structures to support the Trust reset plan Maintain and update the Board assurance framework related to Covid-19 		
Training <ul style="list-style-type: none"> Continue all Trust mandatory & induction training Continue to support link staff personal development Link staff to be given allocated time and working alongside managers across the areas 		
Audit <ul style="list-style-type: none"> Continue to audit in line with the IPS Audit programme Ensure Trust Covid audit is undertaken to provide assurance to Trust Investigate the potential for having a new Audit system and link to Power BI 		
Team <ul style="list-style-type: none"> Business continuity for IPC team in view of a further Pandemic Better IT devices and processes to make the team paperless 		
Engage <ul style="list-style-type: none"> More engagement with the Link Staff Back to basics with Infection Control processes and policies with staff 		
Surveillance <ul style="list-style-type: none"> Continue 'Alert Organism' surveillance focused on resistant pathogens Continue to monitor cases mandatorily reportable infections Undertake a comprehensive review surgical site infections Implement actions identified through RCA of bacteremia's and C.difficile infections Work with the CCG and Trust Sepsis lead to deliver their target reduction in Gram-negative sepsis. Send Business case to Head of Governance for ICNET surveillance system 		
Health Act & NICE <ul style="list-style-type: none"> Review compliance and evidence Review and ensure Trust maintains its compliance with current NICE guidance relating to infection, infection control, sepsis and antimicrobial stewardship. 		

13 Appendices

13.1 Appendix A – Terms of Reference - Infection Prevention and Control Committee Terms

INFECTION PREVENTION AND CONTROL COMMITTEE TERMS OF REFERENCE

Constitution:	The Committee is established by the Trust Board and will be known as the Infection Prevention and Control Committee.
Duties:	<p>The Committee is responsible for providing assurance to the Trust Board in relation to those systems and processes it monitors and ensure compliance with external agency's standards e.g.: CQC etc.</p> <ol style="list-style-type: none"> 1. Agree and disseminate the systems and processes for effective Infection Prevention and Control. 2. Develop the strategic direction of Infection Prevention and Control, ensuring that the team is resourced sufficiently to achieve improvement in performance. 3. Review and approve the work of the Infection Prevention & Control team members in line with Trust objectives through the IPCC team work plan. 4. Review and endorse all policies relating to Infection Prevention & Control and evaluate their implementation. 5. Receive and review regular reports of infection incidents or outbreaks and ensure that reports are forwarded to appropriate external authorities. 6. Ensure that lessons identified from incidents, outbreaks, or reports from external organisations are actioned by relevant Divisions in the organisation. 7. Implement a regular reporting timetable including comprehensive Division reports and reports from support services at regular intervals. 8. Ensure that effective Infection Prevention and Control is being delivered in Divisions and monitor evidence of prevention and control practice. 9. Promote and facilitate the education of staff of all grades in hand hygiene Infection Prevention & Control and related topics <p>Receive, discuss and endorse the annual Infection Prevention & Control report produced by the Infection Prevention & Control team prior to submission to the Safety Senate Committee and Trust Chief Executive.</p>

Membership:	<p>The Committee membership will consist of:</p> <ul style="list-style-type: none"> • The Chair – Director of Nursing, Midwifery or Representative of CEO • Director of Infection Prevention and Control • Trust Decontamination Lead • Infection Prevention & Control Nurse • Family Health Safety Lead • Gynaecology Safety Lead • Clinical Support Services Safety Lead • Occupational Health Nurse • Matron from Gynaecology • Matron from Family Health (Maternity) • Matron from Family Health (Neonatal) • Matron from Gynaecology (Reproductive Medicine Unit) • Matron from Clinical Support Services • Antibiotic Pharmacist • Estates or Patient Facilities Manager • Health and Safety Advisor • Representative from Clinical Commissioning Group • Representative of Public Health England <p>Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum</p> <p>The Committee will appoint a member of the Committee as Chair of the Infection Prevention and Control committee and another member to be Vice Chair from the outset. The Vice Chair will automatically assume the authority of the Chair should the latter be absent.</p>
Quorum:	<p>Chair (or approved Deputy) DIPC or IPCN Representative from each Division (either Safety Lead or Matron) Representative from Facilities Department</p>
Voting:	<p>Each member will have one vote with the Chair having a second and casting vote, if required. Should a vote be necessary a decision will be determined by a simple majority?</p>
Attendance:	<p>a. Members Members will be required to attend a minimum of 75% of all meetings. Safety Leads and external representatives will be required to attend a minimum of 50% of all meetings.</p> <p>b. Officers The DIPC / Director of Nursing, Midwifery shall normally attend meetings.</p> <p>Other officers and staff of the Trust will be invited to attend the meeting as appropriate when an issue relating to their area of</p>

	operation or responsibility is being discussed. Representatives from partner organisations or other external bodies may be invited to attend as appropriate. Such representatives will not have voting rights.
Frequency:	Meetings shall be held 4 times per year. Additional meetings may be arranged from time to time, if required, to support the effective functioning of the Trust.
Authority:	The Committee is authorised by the Trust to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee
Accountability and reporting arrangements:	<p>The Committee will be accountable to the Chief Executive and Trust Board. The minutes of the committee will be formally recorded and submitted to the Quality committee (QC). The Chair of the committee shall draw to the attention of the QC any issues that require disclosure to it, or require executive action.</p> <p>The committee will report to the Board annually on its work and performance in the preceding year.</p> <p>Trust standing orders and standing financial instructions apply to the operation of the Infection Prevention and Control committee.</p>
Monitoring effectiveness:	The Infection Prevention and Control committee / IPC team will undertake an annual review of its performance against its duties in order to evaluate its achievements.
Review:	These terms of reference will be reviewed at least annually by the Infection Prevention and Control committee.
Reviewed by [Committee/Subcommittee/Group]:	Infection Prevention and Control committee
Approved by [name of establishing Committee]:	Infection Prevention and Control committee
Review date:	April 2019
Document owner:	Caron Lappin, Director of Nursing and Midwifery Caron.lappin@lwh.nhs.uk

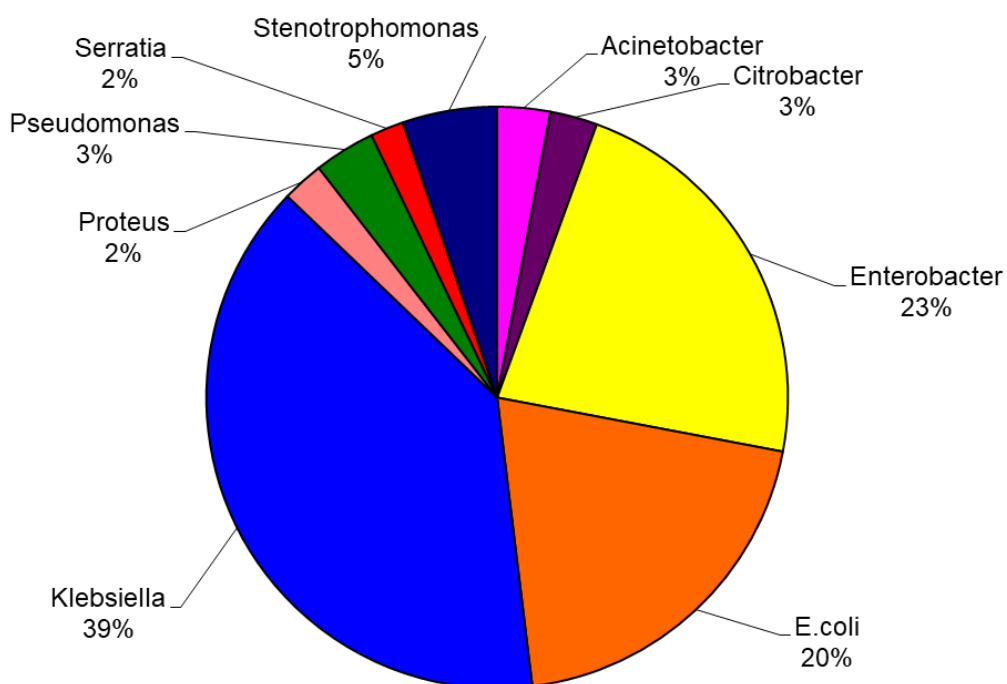
13.2 Appendix B – Health Care Act

Criterion	Additional Quality Elements	Baseline Assurance Dec 19	Update Mar 20	Responsibility	RAG
1.8 An infection prevention and control infrastructure should encompass: In acute healthcare settings for example, an ICT consisting of appropriate mix of both nursing and consultant medical expertise (with specialist training in infection control) and appropriate administrative and analytical support, including adequate information technology. The DIPC is a key member of the ICT		Awaiting implementation at Host Laboratory site prior to implementation at LWFT	Awaiting implementation at Host Laboratory site prior to implementation at LWFT	Director of Nursing / Midwifery / Director of Infection Prevention and Control	Amber

13.3 Appendix C - Neonatal Colonisation Surveillance

Organism	2009/10	2010/11	2011/12	2012-13	2013/14	2014/15	2015-16	2016-17	2017-18	2018-19	2019-20
Acinetobacter	1	2	1	3	3	6	3	3	3	3	3
Citrobacter	4	2	6	6	4	3	4	7	4	6	3
Enterobacter	16	15	21	21	17	14	17	22	19	18	23
E.coli	30	30	23	20	30	27	21	22	28	23	20
Klebsiella	33	31	38	32	34	39	41	35	31	34	39
Proteus	2	4	0	3	1	1	1	1	1	0	2
Pseudomonas	10	9	6	11	5	4	3	3	4	6	3
Serratia	3	4	2	2	2	1	3	2	5	3	2
Stenotrophomonas	1	3	3	2	4	4	7	5	5	7	5

Percentage Colonisation 2019-20



13.4 Appendix D - Adult Bacteraemia Surveillance 2018 - 19

34 Positive blood cultures

21 Coagulase-negative staphylococcus or other contaminant.

13 Pathogens

Directorate	Organism	Potentially Hospital Associated	Likely Source
Gynaecology	<i>E.coli</i>	Y	?UTI ?Bowel
	<i>Streptococcus milleri</i>	N	Pelvic Collection
	<i>E.coli</i>	N	Pelvic Collection
Maternity	<i>E.coli</i>	N	UTI
	<i>E.coli</i> and Grp B Strep	Y	Chorioamnionitis
	<i>E.coli</i>	N	UTI
	<i>Haemophilus influenzae</i>	N	Genital tract
	<i>E.coli</i>	N	Genital tract
	GNB	N	Genital tract
	<i>E.coli</i>	Y	UTI
	<i>Fusobacterium g</i>	Y	Chorioamnionitis
	Grp B Streptococcus	N	Peripartum
	Grp A Streptococcus	N	Genital tract

	Agenda Item
MEETING	Quality Committee
PAPER/REPORT TITLE:	Lessons Learnt from Mortality
DATE OF MEETING:	Monday, 22 June 2020
ACTION REQUIRED	Assurance
EXECUTIVE DIRECTOR:	Andrew Loughney, Medical Director
AUTHOR(S):	Devender Roberts, Deputy Medical Director
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 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 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 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 type="checkbox"/></p>
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 <input checked="" type="checkbox"/></p>

	<i>organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.</i>	
	ALL DOMAINS <input checked="" type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input 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 Committee members are asked to review the contents of the paper and take assurance that there is adequate process in place for learning from deaths.	
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 is the 2019/20 Learning from deaths report for the Trust collated from the quarterly mortality reports to Quality Committee.

There are processes in place for review in all three types of death at the Trust. Unlike other Trusts, **every** death in the Trust, including expected adult deaths, are reviewed.

Key areas the report addresses:

- All adult deaths, stillbirths & neonatal deaths have a mortality review conducted.
- No LeDeR related adult deaths in the period 19/20.
- The stillbirth rate for 2019/20 is 2.89/1000 (lower than the peer average of 4.4/1000 and last year's Trust rate of 3.91/1000)
- The overall standard of care in stillbirth was good.
- The overall standard of care in neonatal death was good.
- The Perinatal Mortality Review Tool (PMRT) continues to be used to support all perinatal death reviews during 2019/20
- Learning and themes from the perinatal reviews are identified and action plan in place to address issues that arise.

Learning from deaths 2019/2020

Strategic context

Learning from the care provided to patients who die is a key part of clinical governance and quality improvement work (CQC 2016). In February 2017 the CQC set out new requirements for the investigation of deaths to run alongside the local existing processes. The National Quality Board has subsequently provided further guidance and recommendations for learning from deaths entitled 'National Guidance for Learning from Deaths – A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care'.

A quarterly Adult and Perinatal Mortality report is presented to the Quality Committee as a core requirement of the National Guidance for Learning from Deaths. This report is the 19/20 Board assurance report regarding compliance with review process and learning from deaths.

Local context

The number of adult deaths in the Trust is low. Deaths are usually expected, end of life care related. Due to the low level of mortality numbers encountered and the complexity of the patients cared for by the Trust, adult mortality data is presented as pure data, not standardised mortality such as SHMI.

The use of pure data and not standardised mortality rates has been previously agreed with the CCG as the Trust's approach to monitoring adult mortality rates.

Stillbirths and neonatal mortality rates are reported in absolute numbers and /1000 births. Stillbirths are reported as overall rate and rate excluding terminations. Neonatal deaths are reported as overall rate and rate for in-booked babies.

Table 1. Overall mortality rate in the Trust 2019/20

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	TOTAL
ADULT	0	0	0	0	0	0	0	0	0	0	0	0	0
Obstetrics													
Gynaecology (Oncology)	2	1	1	0	0	1	0	0	1	1	0	0	7
Gynaecology (non-Oncology)	0	0	0	0	0	0	0	0	0	0	0	0	0
STILLBIRTHS													
Total stillbirths	2	8	4	7	7	6	5	2	3	3	1	2	50
Stillbirths (excl.terminations)	1	5	2	4	2	3	1	1	1	1	1	1	23
Births	665	684	666	714	750	711	703	583	664	638	562	608	7949
Overall Rate per 1000 births	3.0	11.7	6.0	9.8	9.3	8.4	7.1	3.4	4.5	4.7	1.8	3.3	6.29
Rate (excluding TOP) per 1000	1.5	7.3	3.0	5.6	2.7	4.2	1.4	1.7	1.5	1.6	1.8	1.6	2.89

NEONATAL MORTALITY	1	5	3	3	2	5	2	3	2	3	2	3	34
Total Mortality													
Deliveries	641	668	654	690	733	682	686	576	654	631	552	587	7664
Mortality Rate per 1000 Deliveries	1.6	7.5	4.6	4.3	2.7	7.3	2.9	4.3	3.4	4.6	3.6	5.1	4.4
Mortality for LWH in-booked babies	1	2	2	2	0	5	2	2	1	2	2	1	22
Mortality rate per 1000 LWH in-booked babies	1.6	3	3	2.9	0	7.3	2.9	3.4	1.5	3.1	3.6	1.7	2.9

1. ADULT DEATHS:

The Trust's policy for analysis after an adult death relies upon the following activities:

- Gathering detailed intelligence on all individual instances of adult mortality in the Trust
- Identifying local issues arising from each of those events individually
- Exploring themes that may be emerging from groups of events

Adult deaths - Mortality reviews		
	Maternity (Direct)	Gynaecology
No of Adult Deaths	0	7
No of Mortality Reviews completed	0	7
No of deaths requiring RCA's	0	1
No of deaths due to deficiencies in care	0	0
Mortality Themes	N/A	N/A
Progress v Smart Plans	N/A	N/A
Mortality Outcomes	N/A	N/A
Measures for ongoing scrutiny	N/A	N/A

No deficiencies in care was identified in the single RCA/72-hour report.

Crash call was not sent out in accordance with Trust policy. This did not lead to any delays however the learning is that an update re: cardiac arrest notification is required on the wards. Since this incident and the COVID-19 pandemic, cardiac arrest simulations have taken place on the wards. Resuscitation trolleys have been updated and life support training has been updated to align with the stand-alone nature of the Trust. It is expected that this will have improved performance during the rare event of a cardiac arrest at LWH. It is also expected that the learning from simulations during the COVID-19 pandemic will be retained.

Out of hospital adult deaths 2019-20

Out of hospital adult deaths in Maternity are considered as Community deaths and not allocated to the Trust. The Trust does however, review care provided in all these cases to determine any thematic points for learning.

	Department	Cause	Review findings	Notes
Death 1	Maternity	Death by suicide	No care issues identified	
Death 2	Maternity	Death by suicide	Prior history of mental health issues Out of area booking at LWH Communication issues identified between local Community Midwifery team/GP and Perinatal Mental Health team.	Care issues identified would probably not have changed outcome
Death 3	Maternity	Maternal cardiac disease	Developed cardiac condition in pregnancy. Attended adult acute unit and transferred to National centre in Sheffield. There may have been an opportunity for the adult acute unit to detect the cardiac condition	Awaiting full review by adult acute unit to determine if earlier diagnosis would have been possible
Death 4	Gynaecology	Multi-organ failure	No care issues identified. Post-operative lady transferred to adult acute site	

2. PERINATAL DEATHS

All Perinatal death in the Trust are subject to review using the Perinatal Mortality Review Tool. The tool grades care as shown in the table below.

Table 2: MBRRACE - UK Care Grading

Care Grade	Description
Grade A	No improvements in care identified
Grade B	Improvements in care identified that would not have changed the outcome
Grade C	Improvements in care identified that may have changed the outcome
Grade D	Improvements in care provided that would have changed the outcome

Any cases graded D are automatically reported as a Serious Incident and added to StEIS. A root cause analysis, (RCA), investigation is completed and the family are informed of the findings.

Stillbirth reviews and Key Themes

Table 3. Reasons for review panel grading of antenatal management.

Reason for grading	Review panel grading	Level of investigation	Learning
Stillbirth during the induction of labour process in previous LSCS	D	SI review	Women with unsuccessful IOL should be offered admission Patient allocation at handover should include expected admissions
Static SFH was not identified from 37 weeks.	D	SI review	Further training on GROW chart plotting and identification of SGA
Aspirin not prescribed at booking – previous risk not identified	C	PMRT review with external representation	A simpler Aspirin pathway and a PGD for midwives to prescribe aspirin is proposed to reduce delays
Failure to diagnose possible rupture of membranes	C	PMRT review with external representation	When there is discrepancy between Amnisure and scan the benefit of the doubt should be given to the test that is positive and arrangements for review made accordingly
Failure to advise attendance when mother reported RFM at ANC	C	PMRT review with external representation	New written information leaflets in the notes to advise women what to do with RFM. Regional guideline in practice for RFM.
Documentation issues re: parental wishes for monitoring in labour in cases with poor prognosis. Failure to recognise progress in preterm labour and full dilatation.	C	PMRT review with external representation	The diagnosis and management of pre-term labour is challenging and needs senior input. Teaching on the complications and how to manage is required for medics and midwives.

The following tables address the most commonly occurring issues and the most common relevant issues identified with care at PMRT review panels.

Issue text	Frequency	Outcome Contribution	Contributory factor	Comment
Domestic abuse questioning at booking was lacking	16	Not relevant to the outcome, but action is needed	Task Factors - Guidelines, Policies and Procedures	SOP to be introduced around routine enquiry and method of discreet documentation in maternal hand held notes. LOTW has been sent out
Late booker	4	Not relevant to the outcome, and no action is needed	Patient Factors - Social Factors	No concerns identified during the review process
Fundal height measurements were not correctly plotted	2	Relevant and future action needed	Education and Training - Competence	LOTW using stationary for plotting of growth charts until automatic plotting is underway with use of the GROW app.
Reduced fetal movements not managed in line with national guidance	2	Relevant and future action needed	Task Factors - Guidelines, Policies and Procedures	

Actions which have been taken to address these and other findings include:

- Debrief process needs streamlining to ensure families are debriefed in a consistent and time appropriate manner. If parents do not wish a debrief, a letter should be offered. If parents decline the letter a plan for future pregnancy needs to be documented
- Co-ordination of appointments for non-English speaking women with medical disorders needs to come through the LINK clinic and NEST team. A service evaluation is required to ensure the service is meeting the needs of the women.

Progress on previous actions

- Screening for pre-term labour is now part of the Meditech booking questions
- SOP for assessment of domestic violence risk is written, has been approved by safeguarding and is awaiting sign off at division
- PGD for aspirin prescription and simplifying the aspirin prescription in pregnancy is under discussion
- Pre-term labour guideline for counselling and management of extreme prematurity labour is on hold due to COVID 19

- Junior doctor teaching is on hold for COVID – 19
- Partogram in labour - a lesson of the week has gone out but as this is a culture change it will need consistent reinforcement from shift leaders and senior obstetricians

Neonatal reviews and key themes

3 babies died in PICU at Alder Hey having been cared for in LWH, all 3 cases were non-LWH booked, 2 post-natal transfers and 1 in-utero transfer. The reasons for transfer to PICU were for ECMO in a baby with congenital diaphragmatic hernia, to facilitate renal replacement therapy for a baby with severe hypoxic ischaemic encephalopathy and for surgery in a baby with necrotising enterocolitis.

For babies who die in PICU, the case is reviewed through the Alder Hey mortality review process with neonatal input from LWNHSFT partnership team.

	Q1	Q2	Q3	Q4	Total
NICU deaths	9	10	7	8	34
LWH booked NICU deaths	5	7	5	5	22
Mortality rate /1000 deliveries	4.6	4.8	3.6	4.5	4.4
LWH booked mortality rate / 1000 deliveries	2.5	2.9	3.1	2.8	2.9
PMRT Reviews completed	9	10	7	6	32
No. of deaths where care issues were identified (grade B/ C/D)	5	6	4	2	18
No. of deaths where care issues may have or were likely to have affected the outcome (grade C/D)	1	0	0	0	1

Themes which have emerged from neonatal PMRT reviews in 2019/20 include:

- Access to paediatric sub-speciality services
- Unplanned extubation
- Umbilical line dislodgement
- Thermal management
- Timely involvement of palliative care
- Documentation

Actions which have been taken to address these themes include:

- Development of the Liverpool Neonatal Partnership
- All unplanned extubations to be reported and reviewed
- Thematic review of umbilical line incidents, in particular fixation of the lines
- **Include umbilical line fixation training in junior doctor induction programme**
- QIP for thermal management at birth
- Palliative care nurse specialist weekly attendance at ward rounds

3. Conclusion:

The Board is asked to note and take assurance that:

- All adult deaths, stillbirths & neonatal deaths have a mortality review conducted.
- No LeDeR related adult deaths in the period 19/20.
- The stillbirth rate for 2019/20 is 2.89/1000 (lower than the peer average of 4.4/1000 and last year's Trust rate of 3.91/1000)
- The overall standard of care in stillbirth was good.
- The overall standard of care in neonatal deaths was good.
- The Perinatal Mortality Review Tool (PMRT) continues to be used to support all perinatal death reviews during 2019/20
- Learning and themes from the perinatal reviews are identified and action plan in place to address issues that arise.

		Agenda Item
MEETING	Trust Board	
PAPER/REPORT TITLE:	Liverpool City Covid-19 Recovery Plan	
DATE OF MEETING:	Thursday, 02 July 2020	
ACTION REQUIRED	Information	
EXECUTIVE DIRECTOR:	Kathy Thomson, Chief Executive	
AUTHOR(S):	Kathy Thomson, Chief Executive	
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 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 type="checkbox"/> Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input checked="" type="checkbox"/> Ineffective understanding and learning following significant events..... <input type="checkbox"/> Inability to achieve and maintain regulatory compliance, performance and assurance..... <input type="checkbox"/> 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 type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input checked="" type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, <input checked="" type="checkbox"/></p>	

	<i>supports learning and innovation, and promotes an open and fair culture.</i> ALL DOMAINS <input 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 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):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	<i>The Board is requested to note the Liverpool City Covid-19 Recovery Plan and consider the implications and potential opportunities for the Trust</i>	
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

Commissioned by the Mayor of Liverpool Joe Anderson, the city has submitted a 178-page report to the Prime Minister and the Chancellor outlining a multi-layered programme which if delivered, will create 25,600 jobs, provide an additional 12,000 construction jobs and more than 9,700 apprenticeships.

The post-Covid-19 recovery strategy sets out a five-year vision that also underlines Liverpool's key strategic role as a global gateway in post-Brexit Britain. Co-signed by the Metro Mayor of Liverpool City Region, the Liverpool Economic Recovery Plan (LERP) also has the backing of 72 leading figures from the city's commercial, legal, financial and cultural sectors including Liverpool FC Chief Executive Peter Moore, Vice-Chancellor of the University of Liverpool Professor Dame Janet Beer and John Godfrey of the fund Legal & General.

The LERP report focuses on four key themes – Innovation, Housing, Employment and Creativity – with the goal of providing jobs and supporting people in accessing lifelong careers in the areas which will drive the UK economy in future decades. The report which will be going to the city council's cabinet for endorsement next Friday, 3 July, has identified a number of projects most of which could begin before the end of 2020.

Totalling £1.4bn these projects include a new cruise terminal, a major housing development next to the International Festival Gardens site, the next phase of the city's health innovation campus at Paddington Village as well as a Science and Tech Innovation Centre as part of the Liverpool John Moores University development at Copperas Hill in the city's Knowledge Quarter (KQ Liverpool).

The Board is requested to note the Liverpool City Covid-19 Recovery Plan (summary provided as an appendix) and consider the implications and potential opportunities for the Trust.

Liverpool Economic Recovery and Renewal



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Liverpool's plan for recovery and renewal: At a glance

Liverpool has developed an ambitious programme to regain our economic standing, respond to structural shifts and promote future growth. Liverpool is one of the UK's leading cities, and will emerge from COVID-19 stronger than before. Together, the proposals in this recovery plan will inject over £1.4 billion into the City and City Region economies.

LIVERPOOL'S ECONOMIC TRAJECTORY



A GROWING CITY
Liverpool's population recently passed 500k



A DIVERSE, COMPLEX
and innovative economy with new opportunities



A VIBRANT, CREATIVE CITY
with growth in creative digital and tech

LOCAL VULNERABILITY TO COVID-19



3rd HIGHEST
Health deprivation and disability out of 317 LA's in UK



40%
Of adults have less than £1,000 in savings



29%
Loss of public funding between 2010-2020

THE PLAN: BUILDING STRENGTHS IN FOUR PILLARS



INNOVATION
Fixing the future



HOUSING
Breaking the Cycle



EMPLOYMENT
A force to work with



CREATIVE & VISITOR
Keeping the flame burning

THE PRIZE



£793m
In new innovative developments



25,628
FTE jobs created



12,013
Construction jobs



9,768
Training placements



LEADING
UK digital healthcare provision



4,000
Homes retrofitted



258
New modular homes

Introduction

Liverpool is one of the UK's leading cities and a beacon of culture, creativity and innovation. Since becoming European Capital of Culture in 2008, the city has been on a journey of renewal, with creative and technology businesses leading the recovery from economic recession. Today, that spirit of creativity and entrepreneurship will again power Liverpool's recovery from economic shock.

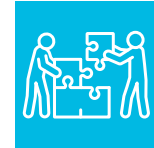
Liverpool has a unique mixture of culture, knowledge intensive research and innovative business activity. The city has nurtured and grown a powerful global brand, reinforced by sport and music, attracting large numbers of visitors and students from the UK and abroad. This adds further fuel to the cultural economy by attracting the very brightest academics, expanding the capabilities of Liverpool's research facilities, particularly in health, life sciences and technology, all culminating in the exponential growth of the knowledge economy. Liverpool's Knowledge Quarter (KQ Liverpool), a Mayoral development zone covering half of the city centre, has become one of the UK's leading innovation districts in just four years.

This city, like many others, is in a moment of profound crisis. Liverpool's recent economic trajectory has left it exposed to the impacts of COVID-19, and the pandemic has put individuals' lives and livelihoods at risk. Liverpool has one of the highest rates of deaths from COVID-19 in the country. As sectors like tourism, arts and culture, higher education and construction are the most exposed to pandemic control measures, the pause to economic activity greatly threatens businesses and jobs. An estimated 48,600 people in Liverpool are currently furloughed via the national scheme, in addition to the many people who are reliant on state welfare or are falling into poverty.

Liverpool's plan for recovery and renewal



£793m
In new innovative
developments



25,628
FTE jobs
created

People in Liverpool are not the type to sit back, waiting for solutions to come along. We have come together as a range of public and private sector partners across the City and City Region to take responsibility for this plan, address the crisis and get the city back on track. It is through our world-leading research and business activity in infectious disease, public health, data science and materials chemistry, and through innovations in advanced manufacturing, that we can make the greatest contribution to the UK's economic recovery.

Together, we have developed an ambitious and extensive programme that will help Liverpool regain its economic standing, respond to structural economic shifts and grow. The combined funding ask of these projects and programmes is £202,918,500. Together, the proposals in this recovery plan would inject £1,400,803,500 into the City and City Region economies, create 25,628 jobs in the city, and provide 12,013 construction jobs. These benefits will take shape immediately, as every project within this plan will commence on-site development this calendar year. Our commitment is to work with Government now to deliver the investment, jobs and training our city needs to jumpstart recovery and prepare for renewal ¹.

¹ The value for the city will be unlocked only if the funding provision to Liverpool City Region Combined Authority for the £264m for the LCR Ways to Work and LCR People – Skills employment programmes is confirmed.



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Construction
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We focus on where we can make the greatest difference for the widest benefit, for the City and City Region. We recognise the importance of Liverpool's waterfront, the commercial district, the Baltic creative district and the retail core, but highlight the importance of innovation in health, life sciences and technology, commerce, culture and the creative industries, as Liverpool's key economic drivers in recent years. By investing in these strengths, we will expedite the city's recovery, creating construction jobs, training and high skilled employment in the shortest time frame, but with a lasting legacy.

The Bruntwood SciTech deal to acquire an equity stake in Sciotec, the owners of Liverpool Science Park, further strengthens the links between Knowledge Quarter Liverpool, Alderley Park and Oxford Road Corridor Manchester. This presents real opportunities for strategic alignment and collaboration in applied research and innovation to build on the North West's growing reputation as a world leading region in health and life sciences. When selecting Bruntwood SciTech it became clear that 95% of the activity across these 3 significant innovation districts is complementary rather than competing and the strengthened links between us create a strong platform for accelerated growth in this crucial sector.

Our plan has four main pillars – each will help our economy to recovery by building and improving on the long-term assets and strengths of the City Region:

- 1 Innovation** will build on our world leading work in infectious disease research, public health, data sciences, materials chemistry, advanced manufacturing, and technology.
- 2 New Housing** and retrofit development will address the difficulties in hard to reach areas of the city, delivering cost and energy efficient housing, transforming neighbourhoods and improving livelihoods of residents.
- 3 Employment schemes** will support local people in accessing much needed jobs and skills programmes in a time of great crisis.
- 4 Creative and Visitor** investment and action will protect the heartbeat of Liverpool and the sectors that led the recovery from the 2008 recession.

Liverpool is the urban core of our wider region, the base of our area's knowledge-intensive industries, strong and adaptive businesses and our outstanding cultural and research institutions. As such, Liverpool's recovery is the first step in the resurgence of our region. Everyone involved in Liverpool has a role to play in the further development and funding of our plans. The City and Combined Authority are putting this plan to the Government to secure its support. Many of the private sector companies supporting it have invested in Liverpool, and more will do so in the future as we bring forward ambitious and deliverable projects which meet identified and investible opportunities.

Our challenge is to think not just about how much we invest but how we do so. We and the Combined Authority look forward to discussing with Government and with investors how we can move beyond pure grant funding where appropriate to a model based on shared risk and commercial investment. That will provide a basis on which we can then recycle funds, enabling the public and private sectors to co-invest in more projects over time. To supplement this process, we want to be able to retain more of the proceeds of the growth we will create through continuation of the retention of Business Rates across the city, work with Government on smoothing the impact of any short-term Collection Fund deficits resulting from the present crisis to cushion the impact on the funding of vital front-line Council services.

Since submitting our City Deal in 2012, we have worked alongside businesses across the City Region to set our economy onto the right path, using our combined resources to reorient the city towards innovation. Based on a sound understanding of the city's development, its exposure, and its potential, our plan addresses the fundamental challenges to Liverpool's economy. These are investments, built to last, and backed by some of the country's leading science and innovation investors. They will provide jobs for people in the most innovative industries: clean energy, sustainable construction and the creative and technology sectors. By acting now, we can support people in accessing lifelong careers in the areas which will drive the UK economy in future decades.

We are committed to not only withstanding this economic crisis, but also to emerging stronger than before. As destructive as COVID-19 has been, this is an opportunity to invest and accelerate delivery of our ambitions. By focusing on and increasing our strengths, we will generate the economic momentum to re-establish growth in the short term, secure our investments and developments to set us back on track in the medium term, and build the productive, resilient and inclusive economy we need to thrive in the long term. By 2025, Liverpool will be ready to take its place as one of the world's most vibrant cities.

COVID-19 – global developments and local impact

Since emerging late last year, COVID-19 has spread to nearly every country on earth, infecting millions. In the UK, it has killed tens of thousands of people. To control the spread of the virus and reduce pressure on the NHS, on 23rd March the UK Government imposed emergency social distancing measures nationwide.

The consequences of the last three months have been severe: more than a quarter of all private sector employees in the UK have been furloughed or are reliant on state welfare, and the latest surveys show that around a fifth of businesses have closed ². The consequences for the national economy are likely to be dramatic: the Bank of England has predicted GDP to be 30% lower in quarter two of 2020 than in the last quarter of 2019 ³.

Local impact

The pandemic has not affected everywhere equally, and it has taken a severe toll here.

1 The death toll is high

Liverpool had the third highest rates of deaths from COVID-19 among local authorities, excluding London, between 1st March and 17th April 2020, and the death rate, at 81.8 people per 100,000 was well over double that of England's rate of 36.6 ⁴. There are also 14,199 Liverpool residents, or 3% of the total population, on the shielded population list of people at greater risk of serious illness, and a further 35,506 people on a list produced by Liverpool Clinical Commissioning Group with serious underlying health conditions ⁵.

2 More people in Liverpool are reliant on state welfare or are falling into poverty

Between the start of March and the start of April, the number of people on Universal Credit soared from 32,000 to 45,000, an increase of over 40% ⁶. The human cost of people losing their jobs is all too apparent, and requests for Urgent Needs Support from the Liverpool Citizen Support Scheme (LCSS) hit unprecedented demand as COVID-19 now adds an additional demand on citizen incomes. More people are struggling to access the money they need for necessities.

3 Large areas of the economy have been forced to shut

Since the Government announced its Stay at Home guidance, emergency business support grants for 7,620 businesses have been approved in Liverpool, totalling £92.1m in payments ⁷. The majority of these, in both number and value, have been allocated to small businesses. Those businesses which have resorted to the Government's emergency business loans will have to manage this debt as they attempt to return to profitability. An estimated 48,600 people in Liverpool are currently furloughed via the national scheme. Like almost every part of the country, suspension of the economy is having a dramatic impact in Liverpool, threatening the livelihood of its residents.

2 Labour market overview, UK: May 2020, ONS, May 2020. Business Impact of COVID-19 Survey (BICS), ONS, May 2020. RF.

3 Monetary Policy Report, Bank of England, May 2020.

4 Deaths involving COVID-19 by local area and deprivation, ONS, May 2020.

5 Liverpool City Council 2020.

6 Department of Work and Pensions Stat-Xplore, 2020.

7 Department for Business, Energy & Industrial Strategy, Local Authority grant payments as of May 1st 2020.

Liverpool's vulnerability to COVID-19

Liverpool economic characteristics have made it vulnerable to the pandemic.

1 Liverpool is one of the most deprived local authority areas in the UK

Liverpool ranks third out of the 317 local authorities in England for health deprivation and disability. 49% of its neighbourhoods are in the bottom 10% of national deprivation rankings, which rises to 66% for health and disability deprivation specifically, the second highest proportion of all the local authorities in the country. Liverpool has a high number of cases for nearly every major category of disease, and before COVID-19, the number of deaths from respiratory diseases was already 42% higher than should be expected for the city's age distribution⁸.

This deprivation and ill-health have put Liverpool's residents at much greater risk from COVID-19, which is borne out by the high death rate in the city. Unsurprisingly,

the evidence so far shows that deprivation increases the risk of deaths from COVID-19: mortality rates in England's most deprived areas are more than double those of the least deprived areas.

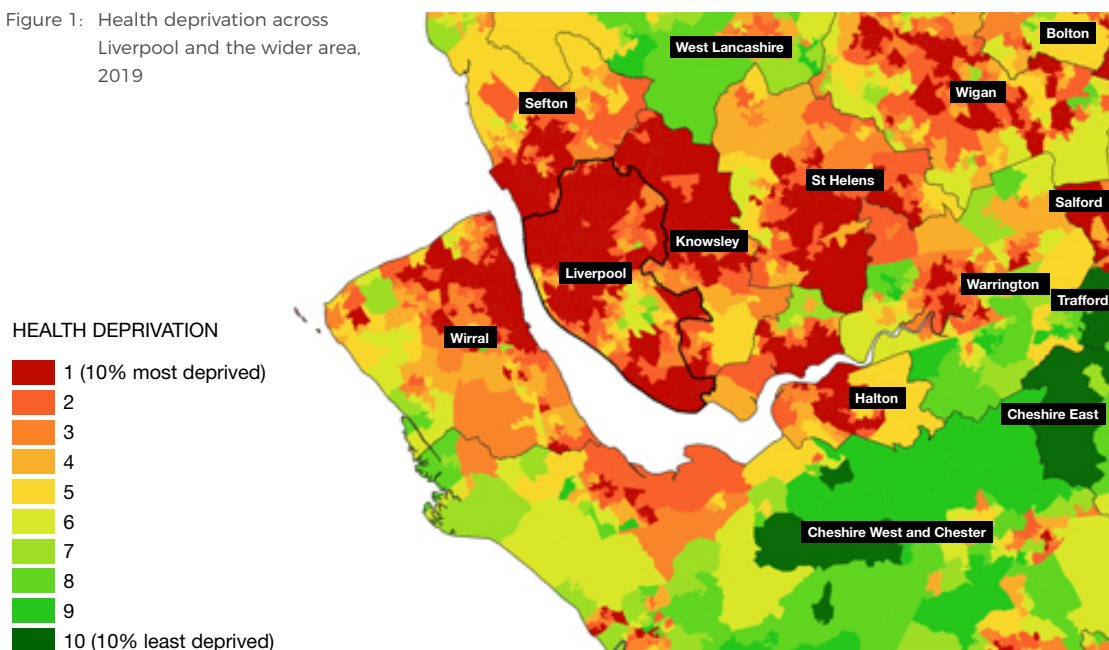
2 Liverpool residents are financially vulnerable

Liverpool's vulnerability to the pandemic is a result of decades of profound challenge. Since the city's deindustrialisation in the 1980s, when the core population of Liverpool fell to below 500,000 and unemployment rates were as high as 40% in certain neighbourhoods, the city has suffered from low employment levels, low skills levels, and deprivation. Liverpool currently has an employment rate among working age adults of 67%, well below the UK average of 76%. This is significantly impacting productivity growth.

Large numbers of people in Liverpool are living hand-to-mouth and will be very vulnerable if they lose their incomes.

⁸ Index of Multiple Deprivation, ONS, 2019.

Figure 1: Health deprivation across Liverpool and the wider area, 2019



Liverpool has the second highest rates of County Court Judgments for problem debts per 100,000 population, and some of the fastest growth rates in this measure over recent years. Nearly a fifth of adults in Liverpool are overindebted, and as many as 40% of adults within Liverpool have fewer than £1,000 in savings, of which approximately half have none whatsoever ⁹.

There is too much poor-quality housing in Liverpool, which limits the quality of life and health of residents and contributes to the city's high levels of deprivation. There is a larger private rented sector in Liverpool than the national average, an older housing stock and lack of diverse options for local people, particularly in inner city neighbourhoods.

3 **Liverpool's recent trajectory has left it exposed to the pandemic**

Since 2008, Liverpool has used the legacy of the Capital of Culture as a launchpad, and growth over the last decade has been driven by sectors most exposed to the economic impact of COVID-19: tourism, arts and culture, and construction. A large proportion of total employment in the city is within lower-value sectors, such as retail, accommodation and food, health, and education. Liverpool is also a major student city, and its universities play a significant role in the local economy, attracting talent to the city and acting as anchors for innovative and creative activity. It is currently unclear when and to what extent universities will be able to resume normal activity, and when students will be able to return to the city.

Emergency social distancing measures have dramatically limited the ability of businesses in such sectors to carry on working, and social distancing over the long-term will continue to have an impact. In Liverpool, 49.8% of business rate revenue comes from businesses in the leisure, hospitality,

visitor, creative and digital and culture sectors. These sectors are some of the most exposed to the pandemic. The economic consequences of such areas pausing activity will be drastic: Liverpool's large tourist sector, which has grown quickly in recent years, is set to shrink by 85% because of the pandemic, and this decline will become more severe if social distancing continues into the summer months and international travel restrictions remain in place ¹⁰.

The rapid growth of these sectors in Liverpool has led to a rise in informal working. Much of the employment and business growth of the last decade has taken place in the so-called gig economy, where sole traders are able to work flexibly but on short-term and insecure contracts. These people are more vulnerable, unable to access the Job Retention Scheme and are more likely to fall back on Universal Credit.

4 **Liverpool lacks the tools to respond**

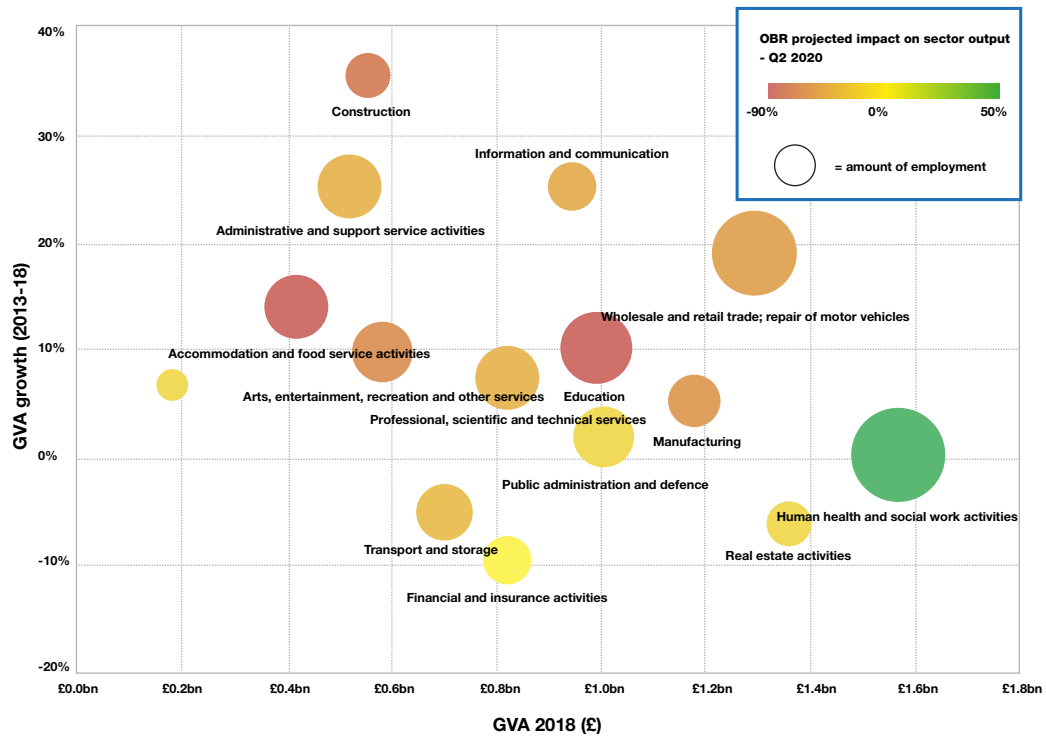
Despite the seriousness of its challenges, over the last decade Liverpool has had to face these with dwindling resources. Between 2010 and 2020, Liverpool lost 29% of its public funding, a cut of £396 for every resident, over twice the England average of £188 per person. Together the local authorities across Liverpool City Region have lost more than 28% ¹².

⁹ Household debt and problem debt in British cities, Centre for Cities, April 2020; Money Advice Service; Financial Conduct Authority.

¹⁰ Office for Budget Responsibility, ONS Regional Accounts, ONS Business Register and Employment Survey.

¹² The Case for the Liverpool City Region, Liverpool City Region, May 2020.

Figure 2: OBR projected economic impact on UK sectors, by local GVA, GVA growth, and unemployment ¹¹.



¹¹ Office for Budget Responsibility, ONS Regional Accounts, ONS Business Register and Employment Survey

Liverpool's economic trajectory

Over the last few decades Liverpool has begun to resurge.

1 Liverpool is growing

Liverpool's population recently surpassed half a million people. After twenty years of continuous growth, Liverpool added 50,000 people since 2001 and reversing 70 years of continuous decline.

2 Liverpool is developing into a diverse, complex and innovative economy

With research-intensive universities, including the world-class Liverpool School of Tropical Medicine and University of Liverpool, the city is fast becoming well-known for the quality of its research and the innovative excellence of its businesses. Liverpool is a centre of excellence for health research, in areas from vaccine manufacture to the application of data science to public health, through which businesses and research institutions in the city are tackling the world's most urgent challenges.

The number of start-ups in the city have grown quickly, and the innovation districts – KQ Liverpool, home to Liverpool Science Park, and the Baltic Triangle Area are pushing the city on. While there is work to be done to support promising businesses to grow, Liverpool has the infrastructure and the institutions in place to become a centre of innovation in the next decade. Considerable progress has already been made, as evidenced by Liverpool Science Park reaching full capacity since becoming part of Sciointec 12 months ago and the subsequent Bruntwood SciTech investment in that development company.

Liverpool is an economy in transformation. Though the effects of deindustrialisation have been long lasting and limiting to the city, leaders from the public sector, business and higher education are working to move Liverpool in a new direction. Liverpool needs the diverse economy and the innovative businesses which can adapt to crises and a changing market. Through growth, it can make the reforms to basic skills systems and public services that give local people access to these new opportunities.

3 Liverpool is a vibrant and creative city.

Employment growth in arts, entertainment and recreation has been fast, as has growth in creative, digital and technology businesses. Liverpool has a popular nightlife, world-class cultural scene and emerging strengths in areas at the forefront of the creative economy, such as video games technology and virtual reality. Liverpool is a complex, and multifaceted urban economy, ready to incubate a new type of technical and creative industry. The mixture of creativity and technical innovation in cities, where scientists live alongside artists and performers, is linked to higher levels of innovation and economic productivity¹³. Liverpool's vibrancy is one of its greatest assets, attracting talented people who study and work at our universities and also establish businesses. This blend of knowledge, coupled with the exciting developments in the city, have not only led to great opportunities for residents and business, but position Liverpool as one of the most exciting opportunities in the UK.

¹³ Hipsters vs. Geeks? Creative workers, STEM and innovation in US cities, Andrés Rodríguez-Pose and Neil Lee, 2020.

The outlook for Liverpool

We are in an uncertain situation. Although there are encouraging signs that the UK is flattening the curve of new infections, the reproduction rate remains high in the North West. With a vaccine yet to be developed, the Government has published a cautious recovery strategy, a plan to gradually reopen the economy, subject to the rate of infection remaining low. It is understandably flexible, but this also makes it difficult to predict what activity will be permitted, and when.

The pandemic could not have come at a worse time for Liverpool. The City has been putting into place the investments, developments and reforms necessary to build on its successes and address its economic challenges. It has a plan to support the fast growing and successful parts of its economy, but also to address its fundamental weaknesses, ensuring that growth benefits everyone. The pandemic threatens this project before it has a chance to begin.

Given this uncertainty, in creating this plan for Liverpool we have taken a scenarios-based approach to look at three possible outcomes. We have not modelled these in extreme detail – this would be neither feasible nor particularly helpful. Instead, we have used them to show what the major risks in different sectors might be, and how Liverpool could best respond.

BEST CASE:

A quick return to economic growth (a “V-shaped” recession). A sharp drop is experienced in the second quarter (Q2) of 2020, before easing of restrictions are enacted by the end of this quarter (with social distancing practices introduced to help everyday activities carry on). Q3 sees a quick bounce back in output, and though some output has been permanently lost (particularly in the hospitality and cultural sectors), by the end of the year long-term growth is restored. There is no long-term scarring of economic productivity.

MIDDLE CASE:

A slow return to economic growth (a “U-shaped” recession). It does not prove as straightforward to ease restrictions as was hoped, due to recurring spikes in number of cases, as it becomes clear a vaccine will be needed before life can return to normal. An on-off policy approach is adopted throughout 2020, allowing some economic activity to return, but in a slower more cautious manner – any bounce back in Q3 is muted and a return to long-run growth rates is not seen until early 2021. This causes a greater increase in unemployment, though the overall effect on productivity once growth returns in 2021 is minimal.

WORST CASE:

A lingering cloud over economic growth (an “L-shaped” recession). Any hopes that COVID-19 might be a “blip” in the economic growth path are abandoned. Delays in being able to find a vaccine lead to a further significant global outbreak in 2021. Many sectors of the economy are largely unable to restart as social distancing restrictions persist. By the end of 2021, a vaccine is beginning to become available, leading to a gradual return of market and business confidence. However, as the duration of the outbreak becomes clear, many firms which were on the furlough scheme decide to cease trading. This causes a loss in worker-firm attachment capital and damages long-run productivity.

We will probably not end up exactly in any of these scenarios, but somewhere between them. Each has different implications for Liverpool and would result in higher unemployment or a greater loss of growth. The situation is serious – the worst-case scenario is likely to lead to high unemployment in Liverpool well into 2021, and much reduced long-run growth.

These scenarios provide a means to measure the projects and schemes included in this plan for ambition and efficacy – Liverpool cannot afford half measures, and these projects must address the risks to the local economy. The development

of this crisis up until now suggests that the best-case scenario is very unlikely – consumer confidence and demand are unlikely to bounce back, and restrictions will limit businesses' ability to act. Instead, the middle case scenario is possible, and at this stage would represent a good outcome. Unfortunately, the worst-case scenario should be taken seriously and planned for as a possible outcome. We have measured the projects and schemes which make up this recovery plan against these possibilities.

Liverpool's Economic Recovery & Renewal – The Plan

This document represents Liverpool's recovery and renewal plan. It has been written by a coalition from across the city and region, leaders from the public sector, business and academia, all of whom have combined their expertise and their resources to respond to this crisis. It is comprised of projects, both capital developments and new initiatives, which will support growth in the local economy following this crisis, meeting challenges and helping businesses and residents adapt to new circumstances. This plan needs to bring people across the city together and needs to do so to be successful.

The plan addresses the fundamental challenges to Liverpool's economy, based on a sound understanding of the city's development and its potential. Liverpool is committed to withstanding this crisis, and in doing so contributing to the national economy. Maintaining public health and safety will remain the paramount principle informing all of our recovery actions and decisions, and we are putting in place the measures needed to ensure these.

The projects in this recovery plan have the support of local businesses and investors, who have pledged their support and resources into backing these plans. These are commercial propositions, built to last, and backed by some of the country's leading science and innovation investors, including L&C and Bruntwood. In Liverpool, we are determined to face this crisis head on. By focusing on our strengths, we will build the economic momentum to re-establish growth in the short term, securing our investments and developments to set us back on track in the medium term, and build the productive, resilient and inclusive economy that we need to thrive in the long term.

Each of these projects will provide immediate jobs to Liverpool, while laying the foundations for future growth. As the UK emerges from this crisis, cities around the country will need to manage the resurgence of market forces and

plot a path to growth. The national economy is facing a large contraction in economic output, and unemployment is rising at its fastest rate in over half a century. When the furlough scheme is phased out, this will rise further still. Without investment now, places around the country will struggle to respond when they most need to.

Government has put in place multiple national schemes to support businesses and jobs, however support for the space in which landlords operate remains unclear. The impact the pandemic has on commercial landlords is twofold. Firstly, as the market moves downwards, yields move out and the value of property is reduced. Secondly, as rental income reduces through increased vacancies and the demand for space falls, value further decreases.

Liverpool relies on a strong retail and hospitality sector where commercial landlords, like Liverpool One shopping centre, are fundamentally important to the success of the regional economy. While this is not part of this initial ask, we want to work with the City Region and Government, to develop a business case that prevents landlords from falling into administration and protects those that are strategically important to Liverpool. This may take the form of a strategic investment fund, designed to enable the City in its stewardship role to make targeted property investments aligned to our economic recovery principles, to support property owners in key sectors.

Liverpool is not a city in isolation but sits at the heart of a City Region. The Council has been working closely with the Liverpool City Region Combined Authority on this plan, to the benefit of the whole region, building on the work of LCR's Economic Recovery Panel to stimulate economic resurgence. City centres, as the bases for knowledge-intensive industries, strong, adaptive businesses, and cultural and research institutions, will take the first step in the resurgence of our whole region. The City and Combined Authority are putting this plan to the Government to secure its support. Many

of the private sector companies supporting it have invested in Liverpool and more will do so in the future as we bring forward ambitious but realistic projects which meet identified and investible opportunities. Our challenge is to think about how we can use this plan to discuss moving beyond pure grant funding where appropriate to support a risk sharing model based on risk based and commercial investment which will allow us to invest in our place, sustainably, over the long term.

By 2025, Liverpool must be ready to take its place as one of the country's leading economies and one of the world's most vibrant cities. These measures will achieve this.

Innovation – Fixing the Future

Liverpool is a dynamic and innovative economy. The city's universities are renowned for their outputs from applied research, training the talented people within the city and attracting those from further afield. The research excellence of the Liverpool School of Tropical Medicine and University of Liverpool, alongside the rise of healthcare and biotech firms has seen the city emerge as a major life sciences hub, home to the flagship Centre of Excellence in Infectious Disease Research. The growth in KQ Liverpool over the last decade sets up the North West as one of the world's leading regions for health innovation. The strength of these assets means the city is well-placed to build resilience against the economic and societal consequences of any future pandemics.

Today, the city is home to businesses undertaking world leading research in infectious diseases, biologics, vaccine development and digital healthcare. These assets are well-placed to lead the world in tackling its major healthcare challenges, whether it is measuring infection rates or understanding pandemic mitigation measures. The digital sector is growing, with companies specialising in video games development, virtual reality, and smart cities. This activity is fuelling Liverpool's cultural economy, pioneering new ways to entertain and adding to the character of the city. Liverpool does business differently to elsewhere, working with our region's businesses to resolve social challenges, set new ethical standards, and invest in the innovative health and energy industries the country needs. In our City Deal in 2012 we worked with our region's businesses to establish shared skills infrastructure, our Business Festival, and invest in green jobs. Partnership is our blueprint for success and has set us on our path to a more dynamic economy with inclusive growth at its heart.

Liverpool is building the infrastructure it needs to accelerate this growth. With KQ Liverpool, the city has a magnet for innovative businesses

and research institutions at its heart, the future site of cutting-edge healthcare facilities such as the one of the UK's first proton beam cancer treatment centre. These will be some of the greenest developments in the country, exemplars of carbon neutral infrastructure, transport, and air quality, fit for the most innovative businesses.

Even in the current circumstances these schemes are continuing to attract investment. Upper Central Liverpool, a new mixed-use development of offices and high-quality residential development, has been attracting institutional investment interest and prospective new tenants, even during this crisis. It will anchor the city's media, digital and creative sectors and become a base for some of the country's leading telecoms and media firms, connecting the existing science hubs in the city to new developments and Lime Street and Central Station.

With Central Park, the city is working through the Sciortec partnership with Bruntwood SciTech to expand the fully occupied Liverpool Science Park (LSP), proposing the development of a new science and tech space at the heart of the city in order to answer demand. Central Park will create a new central park space in KQ Liverpool, acting as the link between Upper Central and Paddington Village, whilst also transforming the derelict Grade II* Wellington Rooms to a new entrance and event space for the Liverpool John Moores University campus.

Liverpool is preparing to establish a centre of manufacturing innovation at Paddington South. Anchored by the Manufacturing Technology Centre (MTC), a new facility to support manufacturing growth and innovation in the region and specialising in Modern Methods of Construction (MCC), the area will host labs, high quality office space, production facilities, and a new school. MTC will ensure Liverpool plays a guiding role in the future of construction, allowing it to produce 50 homes per year in the

city and an additional 500 homes per year in the region, with the skills systems to train local people for advanced, technical jobs.

Whilst a number of these projects are set to emerge in the future some are already underway: Paddington Central, a major mixed-use development, will expand on the success of KQ Liverpool and create an environment for the most innovative firms.

The pandemic has put some of these developments at risk when they are most needed. In developed, urban economies, those organisations offering advanced services and developing cutting-edge technologies drive economic growth. They draw in skilled workers and investment and are most adaptive to the ruptures we are currently experiencing. Often the most productive and valuable businesses work to tackle the problems the world needs answers to.

With Health Innovation Liverpool, (The HILL), we are building on the growth of life science and health innovation in the city. A 10-acre physical health campus, with research and trial facilities and commercial space, we will begin this project with a new initiative, a new virtual health innovation system, integrating health care infrastructure across the City Region. It is step one of an ambitious plan to link up our world-class health and life-science assets, combining world class research and advanced digital technologies. This is one of the major challenges of modern healthcare, but Liverpool is well equipped to tackle one of the world's most pressing problems: the timely and effective management of disease.

These projects will provide the stimulus Liverpool's emerging knowledge economy needs to reach its full potential, removing limitations on growth and providing the kinds of environment which researchers need to interact. This, in turn, will boost productivity and establish the city as a home of ingenious, civic

minded businesses finding new answers to global problems.

These projects in total are worth £793,000,000, with an ask to Government of £61,500,000.

Upon implementation, they would create 8,737 jobs in addition to 5,296 fixed term or construction jobs.

Housing renewal – Breaking the cycle

Building new homes, and improving the quality of existing ones, is an integral part of economic recovery in Liverpool. Many of the city's neighbourhoods are among the most deprived in the country, with large numbers of poor-quality housing where people struggle to afford the necessities needed for a decent quality of life. The city's most vulnerable people, the unemployed and those with health problems, live in the communities with the worst housing. These have been the areas most at risk from COVID-19; enhancing the existing housing stock and creating communities which improve the livelihoods and productivity of residents are important parts of the city's economic growth.

An ambitious, mass retrofit programme is at the core of Liverpool's recovery programme. Liverpool's population is growing again, with significant demand for high quality homes in healthy neighbourhoods. Attractive urban neighbourhoods are important to attracting and housing young, skilled workers, new investment and supporting the growth of cutting-edge businesses. Building good homes is a prerequisite to improving Liverpool's economic performance as a modern thriving city.

Major developments are already in preparation. The Festival Gardens project in the south of the city will develop 28-acres on Liverpool's waterfront, building 1,500 of the greenest and most sustainable homes in the region. Liverpool City Council is currently working with private developers who are producing a masterplan for redevelopment, with remediation starting on site in June 2020.

With Stonebridge Cross, LCC is deploying its role as key strategic enabler, working with local Partners to develop a comprehensive master plan, which will deliver the largest housing growth project in Liverpool over the

next 10 years. This £300m scheme, which will deliver 2,500 homes, has the potential to deliver not just quality housing but a new neighbourhood and commercial centre, with public health and education services in a deprived area of Liverpool in need of major investment.

We recognise the diversity of our neighbourhoods requires a housing offer which meets a range of needs and aspirations which create resilient, confident communities capable of participating in the city's growth. Through its housing company Liverpool Foundation Homes (LFH), the Council has focussed on delivering Rent to Buy, allowing low paid, prospective purchasers to rent below market rate for up to five years before transitioning to acquire their home. LFH is also due to complete the direct delivery of a modular housing scheme, located in one of the poorest areas of the city. Eligible enquiries for these homes have been un-precedented, even during the pandemic, symbolising the aspiration that exists across so many of our neighbourhoods.

This pandemic is a precursor to a much larger challenge, one posed by climate change. The UK faces the task of transitioning to renewable energy, improving energy efficiency and adapting to sustainable ways of living. Energy use in homes accounts for 13% of all UK emissions, which makes the retrofitting of homes to improve their energy efficiency and reduce their heat bills an urgent task for every city. Through the Clean Growth Grand Challenge, the Government's Industrial Strategy aims to use billions in investment to improve the energy efficiency of homes across the country.

In this context, the retrofit programme in this plan is crucial for Liverpool's growth. It will provide good quality housing to the people who most need it. The pandemic only makes it more urgent: this would provide thousands

of jobs to local people and directly address some of the social challenges which have made Liverpool fragile to COVID-19. We will aim to engage with every sector across the city by offering low-interest affordable loans as an incentive for private landlords and owner occupiers to participate within our retrofit programme.

We are also looking to promote a programme of “affordable homes, affordable living”, whereby the monthly rent and energy costs are taken into consideration when appraising new schemes - offering some of our most vulnerable residents the opportunity to live in a truly affordable and energy efficient home.

Critically, we will assist by providing a forward supply of land which will be allocated for modular housing development. Progress in this area is well underway, with sites identified which will deliver well designed, sustainable modular homes at scale.

These projects are significant undertakings but are essential if Liverpool is to emerge as an economic success. Tackling fundamental challenges such as these will help to raise the aspirations of local people, improve quality of life in the city and through it reduce the pressure on local welfare providers. In doing so, we will provide skilled, fulfilling jobs for thousands of people in the city.

This ambitious retrofit scheme is in total worth £159,410,000, with an ask to Government of £99,000,000. Upon implementation, it would create 4,360 jobs in construction, 258 new modular homes, and provide the retrofit of 4,000 homes.

Employment Support – A force to work with

Liverpool must keep people in work to alleviate the human cost of this crisis. Despite emergency Government support, which has so far prevented economic collapse, unemployment is rising in Liverpool. An uncertain future and the likelihood that social distancing will continue for some time means that businesses in many areas of the economy will find it difficult to operate, while job losses and limitations on free movement will constrain demand. Without further support and a robust plan, businesses in Liverpool will struggle and jobs will be lost.

The long-term scarring that the city experienced following the 1980s, where jobs losses in declining industrial sectors solidified into long-term unemployment, has left a lasting mark on the city. The gradual phasing out of the Job Retention Scheme and other forms of emergency employment and business protection will make protecting jobs a huge challenge for months ahead. The loss of another generation of working-age people to long-term unemployment must be avoided.

Liverpool is committed to tackling unemployment and to putting in place the vital skills infrastructure needed to help people into work. The persistent social problems which have restricted the city for so long: deprivation, low skills levels and high rates of worklessness require bold action and consistent application. Helping people into jobs has a huge impact on reducing health inequalities, improving individual resilience and increasing life expectancy. By getting people into employment, they are empowered to take control of their lives. With the measures in this plan, the city will address the immediate challenge and invest in the people of this city, supporting them through the crisis with thousands of fulfilling jobs, improving their skills, and supporting their businesses. If Liverpool is to emerge stronger from this crisis, it must act now.

In meeting this challenge there is an opportunity for Liverpool to provide new sources of productive, personally fulfilling work to the people of Liverpool, giving them the chance to develop the confidence and the skills they need to develop. There are opportunities to be taken in new industries – clean energy and the creative industries: by acting now, we can support people to access lifelong careers in the cutting edge sectors which will drive the UK economy in future decades. The following projects will provide this opportunity, supporting the thousands of jobs needed to pull Liverpool through this period and build for the next phase of growth.

These projects are an ask to Government of £267,150,000, with £264,000,000 on behalf of Liverpool City Region Combined Authority and £3,150,000 on behalf of Liverpool City Council. The employment programmes, would be delivered by Liverpool City Region Combined Authority to the Combined Authority area as a whole. They are included in this plan to show their specific benefit to Liverpool. Upon implementation, these projects, combined with Liverpool City Council Creative Enterprise Allowance, would create 12,583 permanent jobs, 250 fixed term placements, and 5,548 apprenticeships or training placements within the City of Liverpool. Altogether, the programmes would create over 30,000 jobs in the City Region.

The Creative and Visitor Economy – Keeping the Flame Burning

Arts and culture in Liverpool is the jewel in the crown of the city. The European Capital of Culture Celebrations in 2008 were a catalyst for growth, and since then creative arts have thrived in Liverpool. The city is now home to a UNESCO World Heritage Site and City of Music, world class museums and art galleries such as Tate Liverpool, and some of the world's most famous football teams. Liverpool is one of the country's cultural beacons, known around the world as the birthplace of the Beatles, the inspiration for great literature, visual arts, and as an architectural spectacle. The Creative and Visitor Economy has been fundamental in transforming Liverpool into an international visitor destination.

This activity and enthusiasm have bled into the local economy, with a start-up ecosystem in wide ranging creative technologies such as video games development, virtual reality and film production establishing the city as a centre of modern entertainment and innovation. Over the last few years, Liverpool has built partnerships with international cities such as Amsterdam and Bordeaux and global brands from English National Opera to Pokémon. All of these see Liverpool as a stage and are ready to fill the city with cultural content.

Full Stay at Home measures and an extended period of social distancing threaten to douse the flame of Liverpool's creative economy. Residents and visitors are unable to enjoy arts and entertainment together. In Liverpool, 49.8% of business rate revenue comes from businesses in the leisure, hospitality, visitor, creative and digital and culture sectors. This requires an immediate response to sustain performers, artists and businesses through the immediate crisis, but also medium and long-term strategies to ensure that Liverpool's cultural life and creative businesses emerge from the crisis ready to realise the city's promise as a major international destination.

The measures in this plan will address these three phases. With the Liverpool Without Walls

strategy, artists, performers and hospitality businesses will be supported to reopen under social distancing guidelines. Planning for this is already well underway, the City Council and Combined Authority have mobilised immense resource to kickstart a series of pilot projects that will safely reopen the city centre. The projects within Liverpool Without Walls include plans to expand retail and leisure space safely, to expand bicycle and non-traditional transport offerings, and to produce new digital content for residents and for international audiences.

As Stay at Home and social distancing measures are relaxed further Liverpool needs to take bold action to maintain its cultural standing, putting in place the structures that will allow its major events to take place and cultural activity to be developed and sustained aligned with safety guidance. This will mean supporting and publicising the International Good Business Festival, Liverpool Biennial and a new international tourism strategy.

Finally, when Liverpool emerges from this crisis it should do so dynamically. Liverpool can be at the forefront of the UK's renewal: outward-facing, open to visitors, and a vibrant and colourful place to visit. We are an international city, with global relationships, evidenced in our links to cities such as Shanghai, our twin city, stretching back to the nineteenth century. We exhibit the best arts and culture from abroad, while showcasing our city overseas, through our major university partnerships in China and musical and artistic exchanges.

New developments will welcome visitors from around the world and showcase the best the city has to offer. Our promise of an internationally leading city will be empowered by The Pool, a new cultural, commercial and civic destination that pays homage to Liverpool's history and musical legacy, a Cruise Liner Terminal and by the National Museums Liverpool (NML) waterfront expansions. NML's International Slavery Museum (ISM) and Maritime Museum project and overall

waterfront developments in the next decade will be crucial to the sustainability of NML, to driving long term revenue returns and to supporting Liverpool's cultural offer.

Over the last decade we have been preparing the infrastructure that will re-establish our city as an exciting destination for cruise passengers. Despite setbacks, in 2011 returning grant funding to Government for our cruise terminal, we have continued to invest in this proposition. In 2012, we opened passenger facilities at Liverpool's Pier Head, doing so knowing that we will progress our long-term plans. We are committed to our status as an exciting and thriving tourist city, open to visitors from around the world.

Liverpool has the global profile and the creative economy to pull through and act as a beacon of national resilience and openness despite the threat of the pandemic. In the years to come, relationships with the wider world will change and trade patterns will shift. Liverpool will be the UK's Western Gateway, an Atlantic

seaport and creative metropolis, ready to welcome visitors and connect to new trading partners. Liverpool is pivoting its economy to build growth while also shaping a progressive and responsible society, with a clear support network for entrepreneurship and innovation. This set of proposals is the statement of intent to achieve this, working towards connected delivery with the other recovery projects and interventions underway throughout the city. This would be symbolic of wider economic recovery and provide a feel-good factor for both city and the country. Liverpool has a global profile; it can be a symbol of hope, national resilience and renewal following the pandemic and the UK's exit from the EU.

These projects in total are worth £181,243,500, with an ask to Government of £39,268,500. Upon implementation, they would create 4,308 jobs in addition to 2,107 fixed term or construction jobs and 785 training or apprenticeship placements.

Preparing for the aftermath

These projects are Liverpool's plan to resurge from this crisis. They are ambitious but credible propositions for growth, putting in place the infrastructure businesses need to grow, providing the good jobs local people need, and safely allowing life and creativity to return to this modern, open city.

By 2025, Liverpool should showcase all that is good about the UK – innovative businesses, creative approaches to serious problems, a thriving cultural life, and bold action to tackle serious and persistent social challenges. The pandemic has rocked Liverpool – this plan will allow the city to emerge from the crisis stronger, more focussed and more able to lead a productive, inclusive economy.

The combined funding ask of these projects and programmes is £202,918,500. Together, the proposals in this recovery plan would inject £ £1,400,803,500 into the City and City Region economies, create 25,628 jobs in the city, and provide 12,013 construction jobs ¹⁴.

¹⁴ The value for the city will be unlocked only if the funding provision to Liverpool City Region Combined Authority for the £264m for the LCR Ways to Work and LCR People – Skills employment programmes is confirmed.

Agenda Item	
MEETING	Trust Board
PAPER/REPORT TITLE:	Performance Report Month 2 2020/21
DATE OF MEETING:	Thursday, 02 July 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 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 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 checked="" type="checkbox"/> Inability to achieve and maintain regulatory compliance, performance and assurance..... <input type="checkbox"/> Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/>
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input type="checkbox"/></p> <p>ALL DOMAINS <input checked="" type="checkbox"/></p>

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution	<input 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):	<i>Choose an item.</i>			
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	<i>The Board is asked to note this 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 an exception position against the Trusts key performance standards. It outlines the measures being undertaken to improve performance where required. The paper includes information on key workforce metrics and access targets for Month 2 2020/21.

A full appendix is included at the end of the report detailing all Trust Board performance indicators.

Report

1. Introduction

Delivering high quality, timely and safe care is the key priority for the organization. This report provides an overview of the Trust's performance for month 2 20/21 against the key standards. It highlights those areas where the targets have not been met in month and subsequent actions taken to improve this position. The full dashboard is included as an appendix to this paper which includes the full suite of indicators achieved and not achieved.

The Covid-19 Pandemic continues to have a detrimental effect on some Trust performance indicators in month 2 2020/21.

2. Workforce

KPI ID	Source	Service	Target < or >	Target Value		Trend	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Sickness Absence Rate Owner - Deputy Director of Workforce																		
KPI101T	NHSI	Trust	<=	4.5%	Numerator		1700	2041	2321	1989	2499	2264	2532	2549	2229	3195	3148	2327
					Denominator		39805	41056	39241	38077	40070	39330	40809	40902	38492	41197	39757	41513
					Performance		4.27%	4.97%	5.92%	5.22%	6.24%	5.76%	6.21%	6.23%	5.79%	7.75%	7.92%	5.61%
					Trend		4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
					Qtrly Performance		4.94%	5.37%	5.37%	5.37%	6.07%	6.07%	6.07%	6.61%	6.61%	6.61%	6.74%	6.74%
Mandatory Training Compliance Owner - Deputy Director of Workforce																		
KPI095T	Quality Strategy	Trust	>=	95.0%	Numerator		88.00%	89.00%	89.00%	90.00%	90.00%	89.00%	91.00%	91.00%	91.00%	91.00%	90.00%	92.00%
					Denominator		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
					Performance		88.00%	89.00%	89.00%	90.00%	90.00%	89.00%	91.00%	91.00%	91.00%	91.00%	90.00%	92.00%
					Trend		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 overall single month sickness figure decreased significantly by 2.31% from 7.92% in month one to 5.61% in month two. Please note that these figures include those staff who have been off sick with coronavirus symptoms but does not include those staff who are having to self-isolate or 'shield'.

Across the divisions: sickness fell in all the divisions, by 2.55% in Gynaecology, 2.87% to Family Health, 3.00% in Clinical Support Services, and by 0.73% in Corporate. At service level: similarly, the three largest clinical areas all saw reductions in sickness, with the figures falling by 3.72% in Gynaecology, 2.27% in Maternity, and 4.06% in Neonates.

The split between short term and long-term sickness has shifted significantly towards long term sickness, with the split going from 37% / 63% in month one, to 19% / 81% in month two. In terms of diagnoses, these remained unchanged with cold/cough/flu the most common diagnosis, followed by anxiety/stress/depression, and then other gastrointestinal problems.

The overall Trust mandatory training compliance rate increased by 2% from 90% in month one, to 92% in month two. This is now 3% under the Trust's target rate of 95% and therefore rated as amber. Across the divisions: Gynaecology Division – remained unchanged at 95%. Family Health Division – increased from 88% to 91%. Clinical Support Services Division – remained unchanged at 91%. Corporate – decreased from 92% to 91%. In terms of the three largest clinical areas, compliance remained unchanged in Gynaecology, increased by 4% in Maternity, but decreased by 1% in Neonates.

3. Access standards

INDICATOR		METRIC	THRESHOLD	ACTUALS												
				May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Cancer	2WW for suspected cancer	%	≥93% Higher values are better	97.7	93.3	95.0	93.9	96.2	98.3	96.7	94.8	92.6	96.7	95.7	96.5	
	31 Days from Diagnosis to 1st Definitive Treatment	%	≥96% Higher values are better	90.3	60.0	70.3	59.1	28.6	93.6	85.2	70.0	78.3	81.8	75.0	89.7	
	62 Days for First Treatment from urgent GP Referral (After re-allocation) Final Reported Position	%	≥85% Higher values are better	81.0	22.2	34.5	33.3	28.6	22.7	47.1	37.5	44.4	39.1	66.7	65.0	
	104d Referral to First Definitive Treatment	Count	0 Zero tolerance	1	3	4	1	7	2	1	5	2	5	1	1	
RTT	RTT Incomplete Pathways <18 weeks	%	≥92% Higher values are better	83.0	81.5	82.0	83.0	83.3	83.1	83.7	82.0	82.6	81.1	79.5	71.9	64.0
	Incomplete Pathway > 52 Weeks	Count	0 Zero tolerance	3	3	1	1	1	3	5	1	0	0	0	2	5
Diagnostics	Diagnostic Tests: 6 week wait	%	≥99% Higher values are better	97.2	99.1	99.5	98.4	98.3	98.1	98.85	95.61	96.47	98.83	87.80	27.60	47.00
A&E	A&E Maximum waiting time of 4 hours from arrival to admission, transfer or discharge	%	95% Higher values are better	98.5	98.6	98.7	99.5	99.1	99.2	99.9	99.1	99.6	98.5	98.1	100.0	98.2

(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. Trends therefore cannot incorporate or reflect the May data until the formal submissions are made.)

3.1 Cancer

Cancer services have been prioritised in the Covid-19 pandemic with the Trust named as the regional gynaecology hub for Cheshire and Merseyside. The 2-week performance remains strong. The oncology performance continues to be sustained or above levels prior to Covid 19 outbreak. The breaches in April across 31 and 62-day KPI's were largely due to patients not being fit for intervention and requiring optimisation although there remained a small number due to lack of capacity. The service recruited to 2 Consultant posts in May which will provide stability in capacity when they commence in post later in the year

3.2 Referral to Treatment

As expected, the Trust continues to see a deterioration in performance in response to Covid 19. In order to mitigate the risks all patients on the admitted and non-admitted pathways have had a clinical review against an agreed risk matrix. Any patients who are deemed urgent are being accommodated either virtually or face to face, with interventions taking place where deemed clinically required.

The Trust had 5 52-week breaches in May, both patients were clinically triaged and would come to no harm waiting for intervention and therefore did not meet the urgent criteria agreed for intervention during the Covid response.

In recovery and re-opening our routine elective services patients will be seen in order of clinical priority not chronological order and therefore we will continue to see a reduction in performance in RTT due to a restriction in capacity and therefore activity, and the Trust prioritising the capacity available for the patients in greatest clinical need.

4. Continuity of Care: (COC)

KPI ID	Source	Service ID	Target < or >	Target Value	Trend	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Maternity Services: Proportion of relevant service users who are booked onto a continuity of care										
KPI356	Quality Schedule	Maternity	>=	35.0%	Numerator	117	106	142	96	101
					Denominator	892	775	819	816	751
					Performance	13.12%	13.68%	17.34%	11.76%	13.45%
					Trend	▼	▲	▲	▼	▲
					Target %	35%	35%	35%	35%	35%
					Qtrly Performance	14.68%	14.68%	14.68%	12.57%	12.57%

Maternity has undertaken a deep dive into its failure to achieve the mandated NHS target of 35% COC compliance, as part of this review it has become apparent that the recording of this data has been incorrect from a clinical level, and maternity has been recording partial COC pathways, as COC complaint care pathways, this coupled with a change in the NHS E technical guidance around gestation at 29 weeks, has resulted in a marked decrease in COC compliance. There has been no patient harm associated with this recording error, maternity have completed a comprehensive action plan including trajectories to ensure compliance is achieved by the March 2021 mandate, this action plan will be monitored monthly at Executive board.

5. Conclusion

This paper highlights the key performance metrics where there is challenge in achievement and outlines the steps taken to address improvement.

Board Performance Report

Published Month - June 2020

Data Included - Up to May2020

Workforce

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Sickness Absence Rate							Owner - Deputy Director of Workforce												
KPI101T	NHSI	Trust	<=	4.5%	Numerator		2083	1700	2041	2321	1989	2499	2264	2532	2549	2229	3195	3148	2327
					Denominator		41042	39805	41056	39241	38077	40070	39330	40809	40902	38492	41197	39757	41513
					Performance		5.07%	4.27%	4.97%	5.92%	5.22%	6.24%	5.76%	6.21%	6.23%	5.79%	7.75%	7.92%	5.61%
					Trend		▼	▼	▲	▲	▼	▲	▼	▲	▲	▼	▲	▲	▼
					Target %		4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
					Qtrly Performance		4.94%	4.94%	5.37%	5.37%	5.37%	6.07%	6.07%	6.07%	6.61%	6.61%	6.61%	6.74%	6.74%
Mandatory Training Compliance							Owner - Deputy Director of Workforce												
KPI095T	Quality Strategy	Trust	>=	95.0%	Numerator		86.00%	88.00%	89.00%	89.00%	90.00%	90.00%	89.00%	91.00%	91.00%	91.00%	91.00%	90.00%	92.00%
					Denominator														
					Performance		86.00%	88.00%	89.00%	89.00%	90.00%	90.00%	89.00%	91.00%	91.00%	91.00%	91.00%	90.00%	92.00%
					Trend		▲	▲	▲	▲	▲	▲	▼	▲	▲	▲	▲	▼	▲
					Target %		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
					Qtrly Performance														















KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
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	3
					Trend		▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶
					Target Value		3	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	6	6

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Never Events Owner - Head of Governance																			
KPI181T	NHSI	Trust	=	0	Performance Value		0	0	0	0	1	0	0	0	0	0	0	0	1
					Trend		0	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	0
					Qtrly Performance Value		0	0	1	1	1	0	0	0	0	0	0	1	1
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	0
					Trend		0	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	0
					Qtrly Performance Value		0	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	0
					Trend		0	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	0
					Qtrly Performance Value		0	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	1	0	0	0	0	0	0	0	0	0	0	0
					Trend		0	1	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	0
					Qtrly Performance Value		1	1	0	0	0	0	0	0	0	0	0	0	0

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Intensive Care Transfers Out Owner - Clinical Director Gynaecology																			
KPI107T	Trust Objectives	Trust			Performance Value		2	0	2	0	2	1	2	1	0	0	0	0	1
					Trend		▲	▼	▲	▼	▲	▼	▲	▼	▼	▶	▶	▶	▲
					Target Value														
					Qtrly Performance Value		3	3	4	4	4	4	4	4	0	0	0	1	1

KPI ID	Source	Service ID	Target < or >	Target Value	Trend	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
18 Week RTT: Incomplete Pathways Owner - Divisional Manager Gynaecology																		
KPI003T	NHSI	Trust	>=	92.0%	Numerator	4973	5033	5117	5307	5310	5324	5224	4971	5187	5152	5149	4657	4217
					Denominator	5990	6173	6244	6396	6377	6405	6243	6061	6283	6349	6476	6476	6584
					Performance	83.02%	81.53%	81.95%	82.97%	83.27%	83.12%	83.68%	82.02%	82.56%	81.15%	79.51%	71.91%	64.05%
					Trend	▼	▼	▲	▲	▲	▲	▲	▼	▲	▼	▼	▼	▼
					Target %	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
					Qtrly Performance	83.02%	83.02%	82.74%	82.74%	82.74%	82.95%	82.95%	82.95%	81.06%	81.06%	81.06%	67.95%	67.95%
18 Week RTT: Incomplete Pathway > 52 Weeks Owner - Divisional Manager Gynaecology																		
KPI002T	Quality Schedule	Trust	=	0	Performance Value	3	3	1	1	1	3	5	1	0	0	0	2	5
					Trend													
					Target Value	0	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	353	334	329	387	340	359	374	230	192	196	170	123	79
					Denominator	397	396	401	462	411	469	453	283	290	278	243	137	104
					Performance	88.92%	84.34%	82.04%	83.77%	82.73%	76.55%	82.56%	81.27%	66.21%	70.50%	69.96%	89.78%	75.96%
					Trend	▲	▼	▼	▲	▼	▼	▲	▼	▼	▲	▼	▲	▼
					Target %	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
					Qtrly Performance	86.94%	86.94%	82.89%	82.89%	82.89%	79.92%	79.92%	79.92%	68.80%	68.80%	68.80%	83.82%	83.82%
18 Week RTT: Non-Admitted Completed Pathways Owner - Divisional Manager Gynaecology																		
KPI004T	Trust Objectives	Trust	>=	95.0%	Numerator	1786	1615	1681	1384	1619	1589	1605	1490	1864	1766	1417	798	659
					Denominator	2021	1869	1999	1617	1924	1888	1958	1774	2230	2073	1673	898	795
					Performance	88.37%	86.41%	84.09%	85.59%	84.15%	84.16%	81.97%	83.99%	83.59%	85.19%	84.70%	88.86%	82.89%
					Trend	▼	▼	▼	▲	▼	▼	▼	▲	▼	▲	▲	▲	▼
					Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
					Qtrly Performance	88.23%	88.23%	84.55%	84.55%	84.55%	83.35%	83.35%	83.35%	84.45%	84.45%	84.45%	86.06%	86.06%
All Cancers: 62 day wait for first treatment from urgent GP Referral for suspected cancer (After Re-allocation) Owner - Divisional Manager Gynaecology																		
KPI030	NHSI	Gynaecology	>=	85.0%	Numerator	8.5	3.0	5.0	2.0	4.0	2.5	4	4.5	4	4.5	9	6.5	
					Denominator	10.5	13.5	15.5	6.0	14.0	11	8.5	12	9	11.5	13.5	10	
					Performance	80.95%	22.22%	32.26%	33.33%	28.57%	22.73%	47.06%	37.50%	44.44%	39.13%	66.67%	65.00%	
					Trend	▲	▼	▲	▲	▼	▼	▲	▼	▲	▼	▲	▼	
					Target %	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	
					Qtrly Performance	50.60%	50.60%	30.99%	30.99%	30.99%	34.92%	34.92%	34.92%	51.47%	51.47%	51.47%	65.00%	65.00%
Cancer: 62 Day Screening Referrals (Numbers) Owner - Divisional Manager Gynaecology																		
KPI033	NHSI	Gynaecology	<=	5	Performance Value	4.5	0.5	2.0	3.5	1.5	2.0	2.0	0.0	1.0	1.0	1.0	1.0	
					Trend	▲	▼	▲	▲	▼	▲	▲	▼	▲	▲	▲	▲	
					Target Value	5	5	5	5	5	5	5	5	5	5	5	5	5
					Qtrly Performance Value	5	5	7	7	7	4	4	4	3	3	3	1	1
Cancer: 62 Day Screening Referrals (Percentage) Owner - Divisional Manager Gynaecology																		
KPI034	NHSI	Gynaecology	>=	90.0%	Numerator	4.0	0.0	1.0	3.5	1.0	2	2	0	1	1	1	1	
					Denominator	4.5	0.5	2.0	3.5	1.5	2	2	0	1	1	1	1	
					Performance	88.89%	0.00%	50.00%	100.00%	66.67%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	
					Trend	▼	▼	▲	▲	▼	▲	▲		▲	▲	▲	▲	
					Target %	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
					Qtrly Performance	80.00%	80.00%	78.57%	78.57%	78.57%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Cancer: 104 Day Breaches Owner - Divisional Manager Gynaecology																		
KPI352	Trust Objectives	Gynaecology	=	0	Performance Value	1	3	4	1	7	2	1	5	2	5	1	1	
					Trend	▲	▲	▲	▼	▲	▼	▼	▲	▼	▲	▼	▲	
					Target Value	0	0	0	0	0	0	0	0	0	0	0	0	0
					Qtrly Performance Value	4	4	12	12	12	8	8	8	8	8	8	1	1

Experience

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Diagnostic Tests: 6 Week Wait							Owner - Divisional Manager Gynaecology												
KPI204	NHSI	Trust	>=	99.0%	Numerator		493	526	568	493	633	468	516	436	464	421	165	35	195
					Denominator		507	531	571	501	644	477	522	456	481	426	188	127	415
					Performance		97.24%	99.06%	99.47%	98.40%	98.29%	98.11%	98.85%	95.61%	96.47%	98.83%	87.77%	27.56%	46.99%
					Trend		▲	▲	▲	▼	▼	▼	▲	▼	▲	▲	▼	▼	▲
					Target %		99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
					Qtrly Performance		97.25%	97.25%	98.72%	98.72%	98.72%	97.59%	97.59%	97.59%	95.89%	95.89%	95.89%	42.44%	42.44%
A&E: Total Time Spent in department (95th Percentile)							Owner - Divisional Manager Gynaecology												
KPI012	Trust Objectives	Gynaecology	<=	240	Performance Value		222	221	226	213	211	221	215	210	214	218	222	208	199
					Trend		▼	▼	▲	▼	▼	▲	▼	▼	▲	▲	▲	▼	▼
					Target Value		240	240	240	240	240	240	240	240	240	240	240	240	240
					Qtrly Performance Value		679	679	650	650	650	646	646	646	654	654	654	407	407
Complaints: Number Received							Owner - Head of Audit, Effectiveness and Patient Experience												
KPI038T	NHSI / Quality StrateTrust		<=	15	Performance Value		6	7	3	10	4	6	4	5	7	4	3	1	6
					Trend		▶	▲	▼	▲	▼	▲	▼	▲	▲	▼	▼	▼	▲
					Target Value		15	15	15	15	15	15	15	15	15	15	15	15	15
					Qtrly Performance Value		19	19	17	17	17	15	15	15	14	14	14	7	7

Agenda Item

MEETING	Trust Board	
PAPER/REPORT TITLE:	Finance Performance Review Month 2 2020/21	
DATE OF MEETING:	Thursday, 02 July 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> <p>1. To develop a well led, capable, motivated and entrepreneurial workforce <input 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 type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most effective Outcomes <input type="checkbox"/></p> <p>5. To deliver the best possible experience for patients and staff <input type="checkbox"/></p>	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input type="checkbox"/></p> <p>2. 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 checked="" type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></p> <p>8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/></p>	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input checked="" type="checkbox"/></p>	

	ALL DOMAINS <input type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/> 2. Operational Plan <input checked="" type="checkbox"/> 3. NHS Compliance <input checked="" type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other: Click here to enter text.
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	<i>The Board is asked to note the Month 2 Financial Position.</i>	
PREVIOUSLY CONSIDERED BY:	Committee name	Finance Performance and Business Development Committee Or type here if not on list: Click here to enter text.
	Date of meeting	Tuesday, 23 June 2020

Executive Summary

Due to the impact of the Covid-19 pandemic, a temporary financial regime is in place until the end of July 2020. Under this regime, the Trust will receive a block income payment each month from main commissioners and a top up payment from NHSI/E to bring the position to breakeven. This top up is the subject of a high level of scrutiny and will not be fully paid across by NHSI/E until further checks and scrutiny takes place (across many organisations).

The Trust's annual budget for 2020/21 is a breakeven position after a budgeted top up of £7.6m. The actual top up is likely to be higher due to anticipated shortfalls in private patient income, commercial income, CIP underperformance and additional costs related to Covid-19.

At Month 2 the Trust is reporting a breakeven position after an expected cumulative top up of £2.7m.

The key areas of financial performance are summarised below.¹ Please note that there is no requirement currently to deliver or report on CIP, however where it has been deemed safe to do so the Trust has initiated those schemes that would not negatively impact during the current situation. The Board also recently approved a change to the Trust's capital plan moving £1.6m of expenditure into 2021/22 to support achievement of the wider Cheshire & Merseyside system plan.

¹ NHS I/E 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.

	Plan	Actual	Variance	RAG
Surplus/(Deficit) YTD	-£0.1m	£0.0m	£0.1m	↔
NHS I/E Rating	3	3	0	↔
Cash	£4.6m	£10.1m	£5.5m	↑
Total CIP Achievement YTD	£0.4m	£0.3m	-£0.1m	↔
Recurrent CIP Achievement YTD	£0.4m	£0.3m	-£0.1m	↔
Capital Spend YTD	£1.0m	£1.0m	£0.0m	

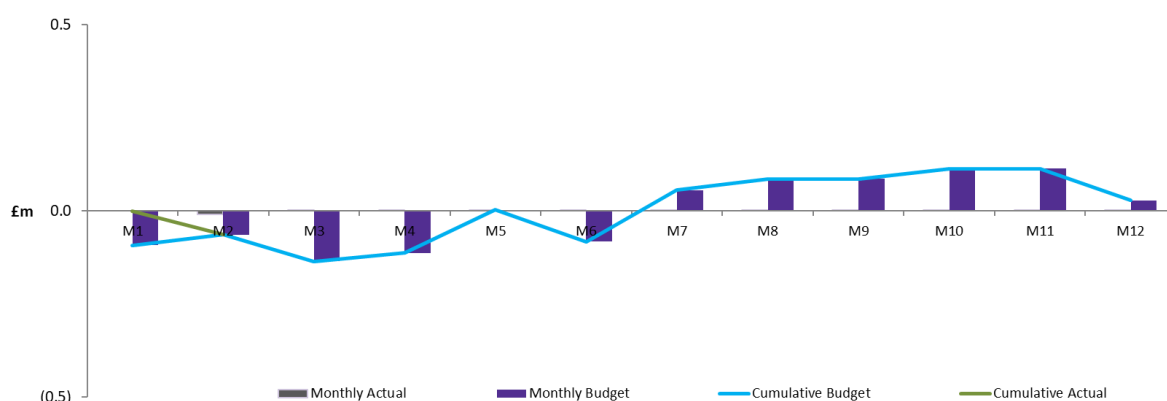
Please also note that the Trust's internal plan is different from the NHSI/E plan (more detail is contained in the appendix). This is because the plan as given to the Trust by NHSI/E during the COVID-19 response is materially different from the actual budgets. Note that NHSI/E have given trusts the opportunity to feed back on the block and top up calculations, which LWH has done. The outcome of this is awaited.

Report

1. Summary Financial Position

At Month 2 the Trust is reporting a breakeven position, after £2.7m top up.

2020/21 Surplus/ Deficit



The Retrospective Top Up is comprised as follows; there is an additional £198k which has been received as a Projected Top Up.

	M1 £000	M2 £000	YTD £000
Anticipated structural shortfall	780	780	1,560
Private Patient income shortfall	222	253	475
Commercial income shortfall	56	51	107
CIP under delivery	49	50	99
Covid-19 costs	484	409	893
Activity related underspends - non pay	-174	-92	-266
Activity related underspends - pay	-116	-280	-396
Other	23	-30	-6
Total	1,325	1,140	2,465

2. Divisional Summary Overview

Note that whilst activity and notional income under the Payment by Results regime (PbR) is still being recorded and monitored, it does not impact on the Trust's NHS clinical income position which is comprised of block payments and top ups. There are no income targets at divisional level so the positions below relate to expenditure only. All Covid-19 costs are recorded separately and not contained within divisional positions.

Family Health: The division was underspent in month (£19k) and year to date (YTD) (£48k) largely related to non pay which was £73k underspent, offset by a small pay overspend (£34k).

Gynaecology: The division was underspent by £407k YTD, primarily related to underspends on medical staffing (£156k YTD), largely related to the reduction in private patient activity, and non pay underspends due to reduced activity (£111k).

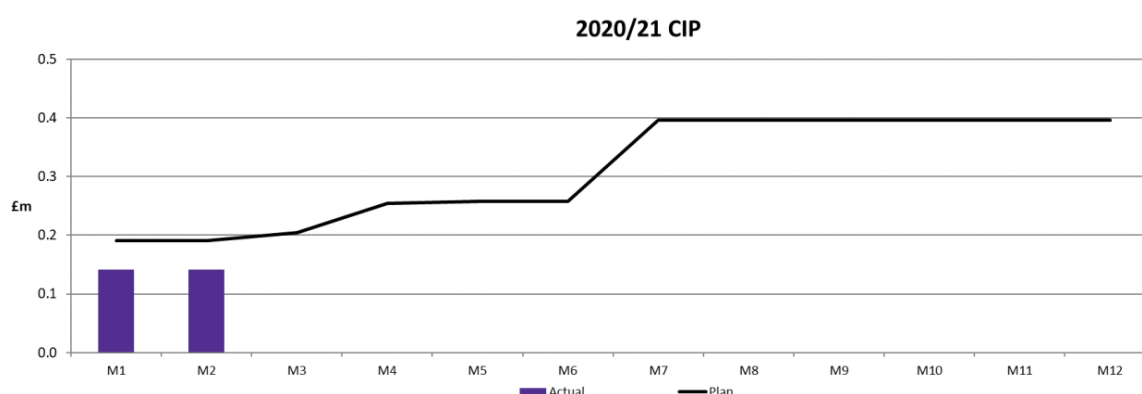
Clinical Support Services: The division was underspent by £379k YTD, primarily related to activity related underspends on non pay (£81k) plus an underspend on medical staffing (£129k).

Agency: Total agency spend was £88k YTD, of which £107k was Covid-19 related (there was a credit of £23k in month following final billing being received).

3. CIP

CIP delivery is not required nationally at this time and is not reportable to NHSI. A number of schemes have been paused during the pandemic. However, those schemes which could safely proceed have done so, delivering CIP of £142k in month. The Trust had £3.7m of schemes identified before delivery was paused and will be well positioned to move forward with this when possible.

The graph below shows current performance and plan.



4. COVID-19

A total of £409k was spent on Covid-19 related costs in May, down from £484k in April. Full detail is contained in the appendix. Note that there are some underspends within divisions as resources have been diverted to Covid-19. Key components of this cost are given below.

	M1 £000	M2 £000	YTD £000
Bank costs to cover Covid-19 related vacancies	119	62	181
Student Nurses	0	40	40
Agency and WLI costs for medical cover	104	76	181
PPE and equipment (not including centrally purchased items)	69	25	94
Enhancements paid to staff off sick	58	26	85
Staff meals (after £15k charity contribution)	28	60	88
Other catering and cleaning	32	33	64
Other	75	86	161
Total	484	409	894

Costs in this area continue to be carefully monitored. All non-pay costs are approved by the Deputy Director of Finance or Director of Finance through a separate cost centre. All pay costs are approved either by the Executives at the weekly vacancy control panel or at the Covid Oversight Group. Further guidance on allowable expenditure has been received and reviewed and the Trust has been in contact with others in the region to ensure consistency.

5. Cash and Borrowings

The month end cash balance was £10.1m, significantly above the plan of £4.6m. This is largely because two block payments were received in April to assist trusts with cashflow. A detailed cashflow has been produced for the year and will be updated regularly.

The Trust has been informed that £14.6m of its total borrowings will be converted to Public Dividend Capital (PDC) related to the Neonatal Redevelopment loan. This means that no further loan or interest payments will be made. Whilst this does mean there is a higher PDC payment, it will be a net benefit to the I&E of over £100k per year and will assist the Trust's cash position. Note that the Trust will be left with a small amount of ITFF loans taken out for capital improvements in prior years; these were not classified as "interim" and so will not be written off.

6. Balance Sheet

Overall debtors reduced by £0.3m and overdue debt by £0.4m. Work continues with counterparties to resolve any disputes. £0.5m of debt remains in relation to One to One Midwives; which the Trust continues to pursue through the administration process.

Deferred income remains high due to the cash receipt in April of two months' worth of block payments.

7. BAF Risk

The BAF risk has been remains at 16 (likelihood and severity both at 4).

8. Conclusion & Recommendation

The Board are asked to note the Month 2 financial position.

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

FINANCE REPORT: M2

YEAR ENDING 31 MARCH 2021

Contents

- 1 NHSI Score
- 2 Income & Expenditure
- 3 Expenditure
- 4 Covid-19 Expenditure
- 5 Service Performance
- 6 CIP
- 7 Balance Sheet
- 8 Cashflow statement
- 9 Capital

USE OF RESOURCES RISK RATING	YEAR TO DATE	
	Budget	Actual
CAPITAL SERVICING CAPACITY (CSC)		
(a) EBITDA + Interest Receivable	482	596
(b) PDC + Interest Payable + Loans Repaid	160	178
CSC Ratio = (a) / (b)	3.02	3.34
NHSI CSC SCORE	1	1
Ratio Score 1 = > 2.5 2 = 1.75 - 2.5 3 = 1.25 - 1.75 4 = < 1.25		
LIQUIDITY		
(a) Cash for Liquidity Purposes	(14,231)	(11,966)
(b) Expenditure	9,553	9,567
(c) Daily Expenditure	157	157
Liquidity Ratio = (a) / (c)	(90.9)	(76.3)
NHSI LIQUIDITY SCORE	4	4
Ratio Score 1 = > 0 2 = (7) - 0 3 = (14) - (7) 4 = < (14)		
I&E MARGIN		
Deficit (Adjusted for donations and asset disposals)	64	6
Total Income	(10,031)	(10,164)
I&E Margin	-0.6%	-0.1%
NHSI I&E MARGIN SCORE	3	3
Ratio Score 1 = > 1% 2 = 1 - 0% 3 = 0 - (-1%) 4 = < (-1%)		
I&E MARGIN VARIANCE FROM PLAN		
I&E Margin (Actual)		-0.10%
I&E Margin (Plan)		-0.60%
I&E Variance Margin	0.00%	0.50%
NHSI I&E MARGIN VARIANCE SCORE	1	1
Ratio Score 1 = > 0% 2 = (1) - 0% 3 = (2) - (1)% 4 = < (2)%		
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	298	298
YTD Agency Expenditure	111	87
	-63%	-71%
NHSI AGENCY SPEND SCORE	1	1
Ratio Score 1 = < 0% 2 = 0% - 25% 3 = 25% - 50% 4 = > 50%		
Overall Use of Resources Risk Rating	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: M2
YEAR ENDING 31 MARCH 2021

INCOME & EXPENDITURE £'000	M2 - NHSI Plan			M2 - Internal Budget			YTD - NHSI Plan			YTD - Internal Budget			YEAR		
	NHSI Plan	Actual	Variance	Budget	Actual	Variance	NHSI Plan	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Income															
Clinical Income	(8,501)	(7,996)	(505)	(8,712)	(7,996)	(716)	(17,002)	(17,774)	772	(18,053)	(17,774)	(279)	(104,793)	(104,793)	0
Top Up	(99)	(1,424)	1,325	(630)	(1,424)	794	(198)	(1,424)	1,226	(630)	(1,424)	794	(7,561)	(7,561)	0
Non-Clinical Income	(697)	(744)	47	(690)	(744)	55	(1,394)	(1,268)	(126)	(1,379)	(1,268)	(111)	(8,339)	(8,339)	0
Total Income	(9,297)	(10,164)	867	(10,031)	(10,164)	133	(18,594)	(20,466)	1,872	(20,062)	(20,466)	404	(120,693)	(120,693)	0
Expenditure															
Pay Costs	5,897	5,997	(100)	5,985	5,997	(12)	11,794	12,194	(400)	11,971	12,194	(223)	71,670	71,670	0
Non-Pay Costs	1,668	2,273	(605)	2,271	2,273	(2)	3,336	4,501	(1,165)	4,542	4,501	41	26,283	26,283	0
CNST	1,201	1,297	(96)	1,297	1,297	0	2,402	2,594	(192)	2,594	2,594	0	15,563	15,563	0
Total Expenditure	8,766	9,567	(801)	9,553	9,567	(14)	17,532	19,289	(1,757)	19,106	19,289	(182)	113,516	113,516	0
EBITDA	(531)	(596)	65	(478)	(596)	118	(1,062)	(1,177)	115	(956)	(1,177)	221	(7,177)	(7,177)	0
Technical Items															
Depreciation	363	439	(76)	386	439	(53)	726	879	(153)	792	879	(87)	5,109	5,109	0
Interest Payable	28	5	23	37	5	32	56	(31)	87	76	(31)	107	488	488	0
Interest Receivable	(5)	0	(5)	(4)	0	(4)	(10)	3	(13)	(8)	3	(10)	(51)	(51)	0
PDC Dividend	145	174	(29)	123	174	(51)	290	348	(58)	252	348	(95)	1,630	1,630	0
Profit/Loss on Disposal or Transfer Absorption	0	(12)	12	0	(12)	12	0	(12)	12	0	(12)	12	0	(0)	0
Total Technical Items	531	606	(75)	542	606	(64)	1,062	1,186	(124)	1,112	1,186	(74)	7,177	7,177	0
(Surplus) / Deficit	0	9	(9)	64	9	55	0	9	(9)	156	9	147	0	0	0
Break-even adjusting items															
Depn on donated assets		3	(3)		3	(3)		4	(4)		4	(4)		0	0
Profit on disposal		(12)	12		(12)	12		(12)	12		(12)	12		0	0
Breakeven Position	0	0	(0)	64	0	64	0	1	(1)	156	1	155	0	0	0
Top-up values from NHSI/E															
Top-up Phase 1 - Received		99	(99)		99	(99)		198	(198)		198	(198)		0	0
Top-up Phase 2 - To follow		1,140	(1,140)		1,140	(1,140)		2,465	(2,465)		2,465	(2,465)		0	0
Variance against Trust planned budget	0	1,240	(1,240)	128	1,240	(1,112)	0	2,665	(2,665)	312	2,665	(2,352)	0	0	0

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
EXPENDITURE: M2
YEAR ENDING 31 MARCH 2021

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EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
Pay Costs									
Board, Execs & Senior Managers	329	372	(42)	659	690	(32)	3,954	3,954	0
Medical	1,557	1,464	93	3,114	3,023	91	18,673	18,673	0
Nursing & Midwifery	2,650	2,813	(164)	5,299	5,683	(384)	31,695	31,695	0
Healthcare Assistants	424	425	(1)	847	900	(52)	5,084	5,084	0
Other Clinical	376	322	55	753	658	95	4,517	4,517	0
Admin Support	183	177	5	365	351	15	2,192	2,192	0
Corporate Services	403	410	(6)	806	803	4	4,794	4,794	0
Agency & Locum	63	15	49	127	88	39	761	761	0
Total Pay Costs	5,985	5,997	(12)	11,971	12,194	(223)	71,670	71,670	0
Non Pay Costs									
Clinical Supplies	636	639	(3)	1,272	1,242	30	7,502	7,502	0
Non-Clinical Supplies	555	559	(3)	1,111	1,173	(62)	6,665	6,665	0
CNST	1,297	1,297	0	2,594	2,594	0	15,563	15,563	0
Premises & IT Costs	603	571	32	1,206	1,140	66	7,202	7,202	0
Service Contracts	476	504	(27)	952	945	8	4,915	4,915	0
Total Non-Pay Costs	3,568	3,570	(2)	7,136	7,094	42	41,847	41,847	0
Total Expenditure	9,553	9,567	(14)	19,106	19,288	(182)	113,516	113,516	0

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
COVID EXPENDITURE: M2
YEAR ENDING 31 MARCH 2021

Type	Description	£'s April	£'s May	Details	NHSI Expected Direction of Spend	LWH Perform ance
Pay Related Costs						
Medical Staffing	Sickness Cover	16,256	2,928	Additional WLI payments within Anaesthetics	↓	↓
Medical Staffing	Junior Doctors	43,505	32,377	Emergency on-call changes, returning from OOP and released to other Trusts	↓	↓
Medical Staffing	Agency cover	44,366	41,150	Extension of agency contracts within Gynaecology	↑	↓
Nursing, Midwifery and Support Staff	Enhancements	58,338	26,368	Paid to staff isolating/off-sick as per NHS Employers guidance	↓	↓
Nursing, Midwifery and Support Staff	Bank costs	118,571	62,313	To backfill Covid related absences	↓	↓
Nursing, Midwifery and Support Staff	'Royal' Ward	21,000	29,000	Capacity to support geriatric referrals from LUHFT	↑	↑
Nursing, Midwifery and Support Staff	Infection Control Team	3,930	4,995	Additional support	↔	↔
Nursing, Midwifery and Support Staff	Other	3,818	1,575	Acting up-arrangements, overtime for swabbing service etc.	↓	↓
Nursing, Midwifery and Support Staff	3rd Year Students	-	40,272	24 students May - July 2020	↑	↑
Corporate	All	9,317	21,146	Additional support in Estates, IM&T, Admin & Operational Management	↓	↑
Non-Pay Related Costs						
Clinical Supplies	PPE & Equipment	68,605	24,997	Various procurement	N/A	↓
Non-clinical Supplies	OCS (Free food for Staff)	28,034	60,131	Free food for staff	N/A	↑
Non-clinical Supplies	OCS (Other)	31,741	32,575	Additional snacks for partners, cleaning etc	N/A	↔
Non-clinical Supplies	Accommodation	17,250	17,250	NICU parents	N/A	↔
Non-clinical Supplies	Accommodation	1,775	-	Staff	N/A	↓
Other	Other	19,518	11,722	Postage, Expenses, miscellaneous	N/A	↓
TOTAL		486,024	408,799			

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
BUDGET ANALYSIS: M2
YEAR ENDING 31 MARCH 2021

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
Maternity									
Income	0	(4)	4	0	(8)	8	0	(0)	0
Expenditure	1,879	1,846	33	3,759	3,709	50	22,554	22,554	0
Total Maternity	1,879	1,842	37	3,759	3,701	58	22,554	22,554	0
Neonatal									
Income	0	0	0	0	0	(0)	0	0	(0)
Expenditure	1,120	1,139	(19)	2,240	2,250	(10)	13,441	13,441	0
Total Neonatal	1,120	1,139	(19)	2,240	2,251	(10)	13,441	13,441	(0)
Division of Family Health - Total	3,000	2,981	19	5,999	5,951	48	35,995	35,995	0
Gynaecology									
Income	0	0	0	0	0	0	0	0	0
Expenditure	1,005	921	84	2,009	1,935	74	12,056	12,056	0
Total Gynaecology	1,005	921	84	2,009	1,935	74	12,056	12,056	0
Hewitt Centre									
Income	0	0	0	0	0	0	0	0	0
Expenditure	695	523	173	1,390	1,058	332	8,311	8,311	0
Total Hewitt Centre	695	523	173	1,390	1,058	332	8,311	8,311	0
Division of Gynaecology - Total	1,700	1,443	257	3,400	2,993	407	20,367	20,367	0
Theatres									
Income	0	0	0	0	0	0	0	0	0
Expenditure	739	599	140	1,477	1,253	225	8,663	8,663	0
Total Theatres	739	599	140	1,477	1,253	225	8,663	8,663	0
Genetics									
Income	0	(130)	130	0	(152)	152	0	0	(0)
Expenditure	151	247	(96)	303	394	(91)	1,816	1,816	0
Total Genetics	151	118	34	303	241	62	1,816	1,816	(0)
Other Clinical Support									
Income	0	(0)	0	0	(0)	0	0	0	(0)
Expenditure	647	575	72	1,328	1,231	98	7,849	7,849	0
Total Clinical Support	647	574	72	1,328	1,231	98	7,849	7,849	(0)
Division of Clinical Support - Total	1,537	1,291	246	3,108	2,725	384	18,329	18,329	(0)
Corporate & Trust Technical Items									
Income	(10,031)	(10,030)	(1)	(20,062)	(20,305)	243	(120,693)	(120,693)	0
Expenditure	3,859	4,324	(465)	7,711	8,645	(934)	46,002	46,002	0
Total Corporate	(6,172)	(5,706)	(466)	(12,351)	(11,660)	(691)	(74,691)	(74,691)	0
(Surplus) / Deficit	64	9	55	156	9	148	0	0	0

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

CIP: M2

YEAR ENDING 31 MARCH 2020

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Division	Month 2			YTD			Full Year		
	Original Target	Actual	Variance	Original Target	Actual	Variance	Original Target	Revised Target	Variance
Family Health	29	23	(6)	58	46	(12)	458	23	(435)
Gynaecology	14	4	(10)	27	8	(19)	549	56	(493)
CSS	38	24	(14)	76	48	(28)	796	495	(301)
Estates	12	10	(3)	24	19	(5)	231	181	(50)
Finance	3	3		7	7		540	540	
HR	17	15	(2)	33	30	(4)	220	198	(22)
IM&T	14		(14)	27		(27)	162		(162)
PMO	8	8		17	17		100	100	
R&D	2		(2)	3		(3)	20		(20)
Other	55	55		109	109		656	456	(200)
Total	191	141	(50)	382	283	(99)	3,732	2,049	(1,683)

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
BALANCE SHEET: M02
YEAR ENDING 31 MARCH 2021

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BALANCE SHEET £'000	YEAR TO DATE			YEAR TO DATE		
	Opening	M02 Actual	Movement	Budget	M02 Actual	Movement
Non Current Assets	92,282	92,442	160	93,421	92,442	(979)
Current Assets						
Cash	4,647	10,108	5,461	4,600	10,108	5,508
Debtors	6,329	5,868	(461)	7,516	5,868	(1,648)
Inventories	432	449	17	452	449	(3)
Total Current Assets	11,408	16,425	5,017	12,568	16,425	3,857
Liabilities						
Creditors due < 1 year - Capital Payables	(2,809)	(1,111)	1,698	(266)	(1,111)	(845)
Creditors due < 1 year - Trade Payables	(15,314)	(14,176)	1,138	(17,052)	(14,176)	2,876
Creditors due < 1 year - Deferred Income	(2,918)	(10,985)	(8,067)	(3,471)	(10,985)	(7,514)
Creditors due > 1 year - Deferred Income	(1,623)	(1,618)	5	(1,612)	(1,618)	(6)
Loans	(17,359)	(17,320)	39	(17,533)	(17,320)	213
Provisions	(1,698)	(1,697)	1	(4,870)	(1,697)	3,173
Total Liabilities	(41,721)	(46,907)	(5,186)	(44,804)	(46,907)	(2,103)
TOTAL ASSETS EMPLOYED	61,969	61,960	(9)	61,185	61,960	775
Taxpayers Equity						
PDC	42,519	42,519	0	42,488	42,519	31
Revaluation Reserve	14,329	14,329	0	14,503	14,329	(174)
Retained Earnings	5,121	5,112	(9)	4,194	5,112	918
TOTAL TAXPAYERS EQUITY	61,969	61,960	(9)	61,185	61,960	775

CASHFLOW STATEMENT £'000	YEAR TO DATE		
	Budget	Actual	Variance
Cash flows from operating activities	(236)	296	(532)
Depreciation and amortisation	434	879	(445)
Impairments and reversals	0	0	0
Income recognised in respect of capital donations (cash and non-cash)	0	0	0
Movement in working capital	173	6,936	(6,763)
Net cash generated from / (used in) operations	371	8,111	(7,740)
Interest received	4	0	4
Purchase of property, plant and equipment and intangible assets	(482)	(2,662)	2,180
Proceeds from sales of property, plant and equipment and intangible assets	0	12	(12)
Net cash generated from/(used in) investing activities	(478)	(2,650)	2,172
PDC Capital Programme Funding - received	0	0	0
Loans from Department of Health Capital - received	107	0	107
Loans from Department of Health Capital - repaid	0	0	0
Loans from Department of Health Revenue - received	0	0	0
Loans from Department of Health Revenue - repaid	0	0	0
Interest paid	0	0	0
PDC dividend (paid)/refunded	0	0	0
Net cash generated from/(used in) financing activities	107	0	107
Increase/(decrease) in cash and cash equivalents	0	5,461	(5,461)
Cash and cash equivalents at start of period	4,600	4,647	(47)
Cash and cash equivalents at end of period	4,600	10,108	(5,508)

LOANS SUMMARY			
£'000			
	Loan Principal Drawdown	Loan Principal Repaid	Loan Principal Outstanding
Loans from Department of Health - Capital (ITFF) - 2.0% Interest Rate	5,500	(2,752)	2,748
Loans from Department of Health - Capital (Neonatal) - 2.54% Interest Rate	14,572	0	14,572
Loans from Department of Health - Revenue - 1.50% Interest Rate	14,612	(14,612)	0
Total	34,684	(17,364)	17,320

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
CAPITAL EXPENDITURE: M02
YEAR ENDING 31 MARCH 2021

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CAPITAL EXPENDITURE £'000	Year to Date		
	Budget	Actual	Variance
Neonatal New Building	766	605	161
Estates Schemes	0	0	0
IT Schemes	179	339	(160)
Medical Equipment	19	20	(1)
COVID-19 Items	0	0	0
Total	964	964	0

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	
PAPER/REPORT TITLE:	Fair & Just Covenant	
DATE OF MEETING:	Thursday, 02 July 2020	
ACTION REQUIRED	Approve	
EXECUTIVE DIRECTOR:	Michelle Turner, Director of Workforce and Marketing	
AUTHOR(S):	Jeanette Chalk, Head of Culture and Talent (Interim)	
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 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 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 type="checkbox"/> The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/> Failure to deliver the annual financial plan <input type="checkbox"/> Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/> Ineffective understanding and learning following significant events..... <input type="checkbox"/> Inability to achieve and maintain regulatory compliance, performance and assurance..... <input type="checkbox"/> Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/> 	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input checked="" type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input checked="" type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, <input checked="" type="checkbox"/></p>	

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

Following the Fair & Just (F&J) Culture presentation to the Board Workshop on 4th June 2020, it was agreed that to support the next phase, the Board would visibly support the F&J Programme by signing a Covenant – a set of commitments designed to underline some of the key aspects of a F&J culture.

The attached is the proposed wording. It is intended that once agreed and signed, the Covenant will be used as part of the communication plans for this coming year.

The Board is asked to approve the signing of the Fair & Just Covenant by the Chief Executive.

Fair & Just Culture – A Covenant

In 2018 our Trust began its Fair & Just Culture Programme – our journey to developing a different type of organisational culture – one which recognises the inherent fallibility of each and every one of us, both as people and as colleagues and what this fallibility means in relation to how we do our jobs and how we make decisions.

We also recognise that we are all equipped with free will, and by the very nature of choice available to us, we will occasionally drift into risky choices, with little or no personal recognition of the risks we take. That drift, like human error, is simply a natural and predictable part of being human. There is much we can do, however, to support our colleagues to make values-supporting choices – from designing good systems, to role modelling, mentoring and coaching. Better results come from helping colleagues make good choices. Errors just happen; choices we can control.

As we now move into the next phase of our Fair & Just Culture Programme, where we will begin embed the Fair & Just methodologies into our everyday working lives, I feel that the time is right for the Board and I to make a formal promise to you about how we will work to support the development of our culture even further.

Through this Covenant, we make the following commitments:

1. We will understand that as people we are not perfect, and we will have no expectation of perfection, either at individual or at system level. We will instead, strive to help our colleagues be as successful as they can be, given their natural talents, and their willingness to apply those talents in the workplace.
2. We will work hard to put our colleagues within well designed systems and processes to support them in making the best decisions in all situations, every day.
3. As an employer, we understand that the choices we make are linked to the outcomes we produce. We recognise, however, that even the best choices can lead to the worst of outcomes, as there are some aspects of the world we cannot fully control – our fallibility, the inherent faults of the systems, equipment design, and the acts of Mother Nature. As a result, we will cautiously evaluate outcomes, to ensure that we do not display a severity bias in our response to adverse events.
4. As an employer, we will recognise that there are also procedural components of justice that we must respect, from informing our employees of our expectations, to conducting an appropriate investigation when things have gone wrong. Due Process itself becomes a necessary part of a Just Culture.

As a Board, we make these commitments to help our organisation produce better outcomes, and to develop a culture which is fair and just in its support of all our colleagues.

Kathy Thompson
Chief Executive
July 2020

		Agenda Item
MEETING	Board	
PAPER/REPORT TITLE:	Well-Led Framework Self-Assessment – Action Plan	
DATE OF MEETING:	Thursday, 02 July 2020	
ACTION REQUIRED	Approve	
EXECUTIVE DIRECTOR:	Kathy Thomson, Chief Executive	
AUTHOR(S):	Mark Grimshaw, 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 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 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 type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input checked="" type="checkbox"/></p>	

	ALL DOMAINS <input type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/> 2. Operational Plan <input type="checkbox"/> 3. NHS Compliance <input checked="" type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other: Click here to enter text.
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	<i>The Board is asked to review the draft action plan, noting whether there are any areas that require amendment. A view is also requested regarding the progression of beginning a procurement exercise for the external well-led review.</i>	
PREVIOUSLY CONSIDERED BY:	Committee name	N/A
	Date of meeting	

Executive Summary

The Trust undertook a self-assessment against the Well-Led Framework during Jan-Mar 2020. This resulted in an overall view of performance which was agreed by the Board in April 2020. The next step was to develop an action plan and work against this ahead of the procurement of an external review during 2020/21.

The action plan below provides an outline of the specific actions against the KLOE headings. As a reminder, the key themes identified in April were as follows:

- The need for an updated Organisational Development & Leadership strategy which will provide focus on:
 - Roles, Responsibilities and Accountabilities
 - Ensuring that there are robust governance processes within the newly formed Divisional teams
 - Strengthened succession planning and talent management
 - Continuing to embed the 'Fair & Just' Culture
- The requirement for a defined approach to Continuous Improvement that is recognised and utilised throughout the organisation so that it becomes a demonstrable 'improvement mindset'.
- To ensure that the Trust's strategy is well understood by all staff and external stakeholders and that there are clear links between the Trust's short and medium term plans to the overarching strategy.
- To ensure that there is a consistent approach to 'lesson learning' throughout the organisation

The Board is asked to review the draft action plan, noting whether there are any areas that require amendment. A view is also requested regarding the progression of beginning a procurement exercise for the external well-led review.

Well-Led Self-Assessment Action Plan

KLOE 1. Is there the leadership capacity and capability to deliver high quality, sustainable care?						
Lead Executive: Chief Executive Management Lead: Trust Secretary NED Lead: Trust Chair						
Action Ref	Action	Timescale	Lead	Progress	Comments	Link with CQC Action Plan
K1/1.1	Development of a Board Terms of Reference to provide additional clarity on roles and responsibilities	May-20	TS		Complete	
K1/1.2	Ensure that an annual declaration against the Code of Conduct is completed by Board members	Sep-20	TS			
K1/1.3	Ensure that safeguarding issues are highlighted more prominently in Board and Committee papers	Sep-20	TS / Chair / Committee Chairs			
K1/1.4	Although the gender balance is good there are further opportunities to improve the diversity of the Board to ensure that it mirrors the population that the Trust serves. This should feature in future succession plans.	Nov-20	TS / Chair			
K1/1.5	To share findings from the external well-led review once complete and ensure that progress against the action plan is reported through the public Board.	Apr-21	TS			
K1/1.6	To seek Committee feedback into the effectiveness reviews from all members – take into consideration the recommendations from the MIAA Audit Committee Effectiveness Review.	Mar-21	TS			
K1/1.7	Consider how to formalise feedback from the Shadow Board process	Oct-20	TS / Chair			
K1/1.8	Effective assurance minute writing guidance to be produced for all relevant administrative staff.	Nov-20	TS			
K1/1.9	To develop Leadership & Organisational Development Strategy	Sep-20	CPO			
KLOE 2. Is there a clear vision and a credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?						
Lead Executive: Director of Finance Management Lead: Strategic Finance Manager NED Lead: Jo Moore						
Action Ref	Action	Timescale	Lead	Progress	Comments	Link with CQC Action Plan
K2/2.1	Strategy re-refresh to be undertaken with public facing document also produced. This will be socialised with the public, stakeholders, and staff. Strategy to ensure that it; a) References operational priorities – e.g. RTT, GIRFT b) is aligned to newly published Long-Term Plan; c) Clearly articulates short- and medium-term plans linked to overarching strategy, and; d) Shows how it has used NHSI Strategy tool	Apr-21	DoF / CPO		A review of the strategy has been undertaken and a paper is scheduled for the Board in July 2020. This includes the 'public facing' document. A refresh of the strategy is scheduled ahead of the next financial year.	SHOULD DO #19
K2/2.2	Ensuring there is a clear link to strategy when producing annual service plans	Sep-20	DoF		Annual Service Plans have been paused due to the Covid-19. It is expected that guidance will be published in August 2020 and a review will be undertaken at that point	SHOULD DO #19
K2/2.3	To undertake testing on whether more junior staff in all areas can articulate the Trust strategy	Oct-20	CPO			SHOULD DO #19
K2/2.4	Re-establish robust patient engagement mechanisms regarding the Trust Strategy with reporting through to the Experience Senate	Sep-20	DoN&M			SHOULD DO #19
K2/2.5	Ensure that there are documented links from overarching strategy to individual performance target levels	Sep-20	CPO			SHOULD DO #19
K2/2.6	To ensure that there is a post implementation review process for strategy	Jun-21	DoF			SHOULD DO #19
K2/2.7	Clear links to strategy in divisional priorities with references to strategy delivery in Divisional Performance meetings	Oct-20	COO			SHOULD DO #19
KLOE 3. Is there a culture of high quality, sustainable care?						

Lead Executive: Director of Nursing & Midwifery		Management Lead: Deputy Director of Nursing		NED Lead: Tony Okotie		
Action Ref	Action	Timescale	Lead	Progress	Comments	Link with CQC Action Plan
K3/3.1	Quality improvement work needs to be more focused with clear demonstration of training, projects identified with robust evaluations. Although to some extent this is demonstrated through audit and effectiveness (service evaluations) further work needs to be done with the evidencing of QI projects and sustainability specifically in clinical areas. To be a focus in the quality strategy 2020-2025.	Nov-20	MD		The draft quality strategy is timetabled for ratification at Board in September 2020. It articulates the QI processes of the Trust. The Divisional Boards are now being instructed to include QI as one of their key agenda items and oversight is provided by the Effectiveness Senate.	
K3/3.2	It is recognised and evidenced through the staff survey that the quality of appraisals needs improving. A review of appraisal process and documentation / conversation needs to happen with a talent management conversation as a separate discussion. To start in September 2020.	Mar-21	CPO			
K3/3.3	Focus areas remain incident reporting / learning from incidents (safety culture) where we have improved year on year but below average and the best performing Trusts. Embedding learning from incidents/ complaints is a key part of N, M& AHP strategy and the Quality strategy with focused actions to achieve this. Continued and improved recognition awards both internal and external.	Sep-20	DoN&M			
K3/3.4	LWH still receive some complaints from staff via CQC, there are some complex dignity at work investigations. To improve there needs to be a more consistent approach across all teams needs to be evident utilising the fair and just culture approach.	Mar-21	CPO			
K3/3.5	There needs to be more evidence of embedding lessons learnt and sharing across the trust. There is evidence of divisional lessons learnt but lack of trust wide evidence and utilising quality improvement methodology to sustain this	Sep-20	MD		An assurance paper regarding recurrent never events has been requested by safety senate with a focus on common themes and our apparent failure to learn lessons across the Trust. The MD, DoNM and Head of Governance are meeting separately to consider how better functionality can be achieved wrt lessons learnt.	
K3/3.6	More work needs to be undertaken with the reporting of incidents. Although staff do speak out regarding concerns to CQC, Freedom to speak up more needs to be done to give staff the confidence to report incidences internally and that they have feedback regarding the issues raised.	Sep-20	DoN&M			
K3/3.7	Although there are some effective systems and processes in place for documenting lessons learnt/ action plans this is not readily available for teams in an electronic format (reminder) for them to monitor out of date actions. Also, lessons learnt is not embedded at 'shop floor' level.	Sep-20	DoN&M		Action Tracking module now in place through the Ulysses system. Priority has been given to the CQC action plan but other actions will be migrated over in due course.	
K3/3.8	Although the Training needs analysis is completed this is separately with no overarching view. Educational governance meets quarterly there is a lack of operational educational group to support delivery of the strategy.	Sep-20	MD		Ed Gov has been asked to consider this point. Ed Gov arguably does provide an overarching view but an operational group may also be of benefit. If so, the educational leads will put forward a proposal for the creation of that group.	
K3/3.9	Training and appraisal performance needs to be consistently above 95% in all areas	Nov-20	COO & CPO			
K3/3.10	A need to provide evidence of supporting BAME into senior roles	Nov-20	CPO			
KLOE 4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?						
Lead Executive: Chief Executive		Management Lead: Trust Secretary		NED Lead: Tracy Ellery		
Action Ref	Action	Timescale	Lead	Progress	Comments	Link with CQC Action Plan
K4/4.1	To hold a Board Development session on Duties of Directors	Oct-20	TS			

K4/4.2	The level of challenge between Governors and Non-Executive Directors can be strengthened in order for the former to demonstrate discharge of holding to account responsibilities.	Jan-20	TS			
K4/4.3	A review of Board agendas from 2017-2020 demonstrates that there is an imbalance in the Board time allocated to current performance and the time allocated to strategic discussion during meetings held in public. Whilst this is developing in right direction, further emphasis can be given to strategic discussion.	Jan-20	TS			
KLOE 5. Are there clear and effective processes for managing risks, issues and performance?						
Lead Executive: Director of Operations Management Lead: Head of Governance & Quality NED Lead: Susan Milner						
Action Ref	Action	Timescale	Lead	Progress	Comments	Link with CQC Action Plan
K5/5.1	Whilst processes are in place further work is required with senior managers to ensure that they fully understand and can articulate the mechanisms for managing risks and performance (link with Accountability Framework)	Oct-20	DoN&M		This is part of the CQC Action Plan	MUST Do #12
K5/5.2	Further work required to formalise horizon scanning processes at operational level.	Oct-20	COO			
K5/5.3	Further work required to embed the 'follow up' process to business case implementation. Need to clearly define approach to developing and delivering CIPs.	Oct-20	DoF			
KLOE 6. Is appropriate and accurate information being effectively processed, challenged and acted on?						
Lead Executive: Director of Finance Management Lead: Chief Information Officer NED Lead: Ian Knight						
Action Ref	Action	Timescale	Lead	Progress	Comments	Link with CQC Action Plan
	No actions identified					
KLOE 7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?						
Lead Executive: Director of Workforce & Marketing Management Lead: Deputy Director of Workforce NED Lead: Phil Huggon						
Action Ref	Action	Timescale	Lead	Progress	Comments	Link with CQC Action Plan
K7/7.1	Consider how to evidence that staff at all levels are involved in the planning and delivery of service developments and give due regard to the public sector equality duty.	Nov-20	DoF & CPO			
K7/7.2	To consider how best to receive and analyse 360 degree feedback from system leaders noted.	Sep-20	DoF / CEO			
K7/7.3	How do we evidence that the Trust is involved in pooled activities in the local health economy.	Oct-20	COO		Partnerships Paper on July 2020 agenda supports this.	
KLOE 8. Are there robust systems and processes for learning, continuous improvement and innovation?						
Lead Executive: Medical Director Management Lead: Deputy Medical Director NED Lead: Louise Kenny						

Action Ref	Action	Timescale	Lead	Progress	Comments	Link with CQC Action Plan
K8/8.1	The Trust requires strengthened articulation of a quality improvement preferred methodology and strategy either within the existing quality strategy or in a new QI strategy.	Sep-20	MD		This is included in the Draft QI strategy which is due for ratification at Board in September 2020.	
K8/8.2	Consider an 'innovation hackathon day' for Divisions/Departments to showcase and suggest innovations for improving patient care and safety, effectiveness and learning.	Oct-20	MD		This has been proposed as a theme for a Great Day. A revised schedule for Great Days is being created with the use of digital technologies to account for the limitations imposed by Covid.	
K8/8.3	Review of the work-plan of the Divisional partnership board meetings, Senates and Board committees to ensure that learning from external sources is reflected.	Sep-20	TS/MD		Work remains on-going	
K8/8.4	Board and its Committees to find a process by which they can reflect upon their successes and failures; review how quality, financial and operational information has resulted in actions that have successfully improved performance; articulate the same and plan for improvement.	Nov-20	TS			
K8/8.5	Governance team to evidence activity around improvement using PDSA cycles being discussed and supported in Divisions and Senates and develop a training and implementation plan if one is needed.	Sep-20	DoN&M			
K8/8.6	Board development session to provide learning and discussion around improvement methodologies.	Jun-20	MD/TS		QI Session at June 2020 Board Workshop	
K8/8.7	Governance department to produce a co-ordinated planned roll-out of improvement methodology teaching to encompass all key groups as agreed with the executive group	Oct-20	DoN&M			
K8/8.8	Documentation of skill sharing demonstrated by delivery of improvement methodology events by a broader group of staff	Oct-20	DoN&M			
K8/8.9	Strengthened evidence required that the Senates record issues on internal and external reviews and can robustly identify assurance.	Oct-20	TS/MD/DoN&M		This has been a theme for the senates but a current review of workplans is taking place to ensure that assurances are provided and are easily identified.	
K8/8.10	Senior leaders in each profession to consider how 'timely and balanced feedback' against personal objectives can be delivered. Is this simply an annual event, a response to an adverse event or something more nuanced?	Oct-20	All			

Agenda Item

MEETING	Trust Board Meeting
PAPER/REPORT TITLE:	Board Assurance Framework
DATE OF MEETING:	Thursday, 02 July 2020
ACTION REQUIRED	Assurance
EXECUTIVE DIRECTOR:	Mark Grimshaw, 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	April 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 2020/21 (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 executive directors and Trust board committees have reviewed each of the BAF risks in relation to the potential Impact of Covid-19 pandemic on the risks. The Trust overarching Covid-19 risk has been reviewed by the Executive Directors with some updates being identified and made.

Of the 10 risks reviewed only one risk, 2266 - Ineffective understanding and learning following significant events, was identified as not being impacted upon by the Pandemic due to the divisional and corporate governance oversight and activity has not been reduced or stopped during this time. Nine risks were identified as potentially being impacted on by the Covid-19 Pandemic.

Following the Covid-19 impact review, two of the nine BAF risks identified as potentially being impacted by the Covid-19 pandemic were identified as requiring an increase in their current risk score; these were approved by the relevant board committees:

- 2295 - Inability to achieve and maintain regulatory compliance, performance and assurance. Risk score for likelihood to be increased to 4 giving a risk score of 16.
- 2335 - Major and sustained failure of essential IT systems due to a cyber-attack. Proposed increase in current risk score, likelihood increased by 1 to 4 making the risk score 20.

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: June 2020

Please refer to appendix 1

Full BAF Register – June 20:

See Appendix 2

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

3. New Risks and Closed Risk

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

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 June 2020 v1.0

Risk No.	Assurance Committee	Description	Current risk score			Target Risk Score by 31/03/2020	Assurance				Proposed Changes, Additions & Removals
			Severity	Likelihood	Risk Score		Status	Controls identified	Gap in Controls Identified	Assurances identified	
1986	Finance, Performance and Business Development Committee	<p>Condition: The Trust is not financially sustainable beyond the current financial year</p> <p>Cause: On-going requirement for annual CIPs; Significant CNST premium; Overhead costs; Impact of service change; reduction in activity and income; declining birth rates.</p> <p>Consequence: Lack of financial stability, invocation of NHSI sanctions, special measures. Continued borrowing to meet operational expenses resulting in significant debt.</p> <p>Covid-19 Impact: There is an impact on this BAF risk. Although the Trust is currently in a block contract, the pandemic will have an impact on the efficiency and capacity of the Trust in how we deliver our services. There is also an uncertain future commissioning/funding landscape. This situation will require close monitoring. No proposed change to risk score.</p>	5	5	25	25	↔	Y	Y	Y	This situation will be monitored via FPBD. No change in current risk score.
2266	Quality Committee	<p>Condition: Ineffective understanding and learning following significant events</p> <p>Cause: Failure to identify root cause, system structures and process, failure to analyse thematically, failure to respond proportionately.</p> <p>Consequence: Patient harm, failure to learn and improve the quality of service and experience, poor quality services, loss of income and activity, reputational damage, increased staff turnover.</p> <p>Covid-19 Impact: There is no impact on the BAF risk as the Trust has not reduced governance oversight or activity at divisional and corporate level during this pandemic. No change in the current risk score.</p>	4	3	12	6	↔	Y	Y	Y	No change in the current risk score.

Risk No.	Assurance Committee	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	Putting People First Committee	<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> <p>Covid-19 Impact: The Covid-19 pandemic has the potential to impact staff wellbeing, particularly in relation to morale and a result of changed ways of working. There are also increased risk to staff mental health. No proposed change to the current risk score.</p>	4	2	8	6	↔	Y	Y	Y	No change to the current risk score, to be closely monitored by PPF.
2294	Putting People First Committee	<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; Ageing 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> <p>Covid-19 Impact: The pandemic will have an impact on this BAF risk. Impact on education and training; the potential loss of experienced staff due to retirement; reduced student places; potential requirement for supervised re-introduction in some job related roles due to reduced exposure to 'normal work'; more staff required to deliver same amount of care. There is also a related to the introduction of Test, Track & Trace and the potential number of staff from teams being asked to isolate at short notice for 14 days due to contact with a positive case. No change in the current risk score.</p>	5	3	15	10	↔	Y	Y	Y	There is not change in the current risk core at this time but there is a potential at a later date.

Risk No.	Assurance Committee	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	
2295	Quality Committee	<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, reputation damage, loss of commissioner and patient confidence in provision of services.</p> <p>Covid-19 Impact: - There may be impact in relation to the Trust not being able to meet the Health and Safety Executive requirements for supporting staff retuning to the work environment, due to the current estate layout and capacity i.e. social distancing. There is also an impact due to the H&S staff not being able to be on site during the pandemic, oversight and support from home working H&S Manager and HoG on site. Proposed to increase likelihood score to 4.</p>	4	↑ 4	16	8	↑	Y	Y	Y	Risk score for likelihood increased to 4 giving a risk score of 16
2297	Quality Committee	<p>Condition: Location , size, layout and accessibility of current services do not provide for sustainable integrated care or safe and high quality service provision.</p> <p>Cause: Lack of on site 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 co-located paediatric surgical support.</p> <p>Consequence: Patient harm, poor continuity of care, poor patient experience due to transfer away for booking location.</p> <p>Covid-19 impact: The pandemic has increased the challenge of providing additional services within the current Crown street site due to the need for additional space to maintain current services. No change in risk score at this time.</p>	5	5	25	25	↔	Y	Y	Y	No change in risk score at this time.

Risk No.	Assurance Committee	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	
2337	Quality Committee	<p>Condition: The Trusts current clinical records system (paper and Electronic) are sub-optimal.</p> <p>Cause: Failure to upgrade present Electronic Patient Records system in recent years and failure of 3 Trust electronic Patient Records to deliver on time.</p> <p>Consequence: There is potential impact on patient safety, quality, experience and negative effect on staff, Staff are unable to work effectively and safely. Reporting requirements will be impacted if systems fail. There is a financial cost of replacement and penalties to the Trust, of withdrawal from three way electronic Patient record</p> <p>Covid-19 impact: There may be an impact due to the pandemic in relation to an increased challenge to staff engaging in the development of the EPR system. No change in current risk score proposed.</p>	5	4	20	20	↔	Y	Y	Y	No change in current risk score.
2335	Finance, Performance and Business Development Committee	<p>Condition: Major and sustained failure of essential IT systems due to a cyber attack</p> <p>Cause: ineffective cyber controls and technology, inadequate investment in systems and infrastructure, failure in skills or capacity of staff or service providers, poor end user culture regarding cyber security and IT systems use, inadequate contract management.</p> <p>Consequence: Reduced quality or safety of services, financial penalties, reduced patient experience, loss of reputation, loss of market share/ commissioner contracts.</p> <p>Covid-19 Impact: The Covid-19 pandemic has increased the Trust's risk to cyber attack. Whilst there have been several communications circulated to staff advising them of the risks, there are increased vulnerabilities due to different ways of working and particularly home working. Proposal to increase the 'likelihood' score by 1.</p>	5	↑ 4	20	10	↑	Y	Y	Y	Increase in current risk score, likelihood increased by 1 to 4 making the risk score 20.

Risk No.	Assurance Committee	Description	Current risk score			Target Risk Score by 31/03/2020	Assurance				Proposed Changes, Additions & Removals
			Severity	Likelihood	Risk Score		Status	Controls identified	Gap in Controls identified	Assurances identified	
2340	Finance, Performance and Business Development Committee	<p>Overarching Covid-19 Trust Risk Version 2</p> <p>Condition: Failure to - a) maintain pre-Covid-19 level of service for our patients due to the outbreak of the Covid-19 pandemic; b) protect staff, patients and visitors from infection; c) effectively manage increased demands and provide support to the wider system; and d) failure to recover to pre-Covid-19 service levels following the pandemic and be sufficiently resilient to manage a potential 'second wave' of infection.</p> <p>Cause: Reduction of a number of elective services to focus capacity and reduction of efficiency due to infection, prevention and prevention measures. Increased number of staff absent due to Covid-19 health restrictions</p> <p>Consequence: Lack of service provision to Liverpool Womens Hospital patient groups, reduced services in some areas, life altering impact on some patients, reduced patient experience, impact on patient safety and potential loss of reputation and inability to recover service provision in the future.</p>	4	4	16	8	↔	Y	Y	Y	Reviewed by Executive Directors. Changes made in relation to impacts of Covid-19, no change in risk score
2344	Finance, Performance and Business Development Committee	<p>Condition: There is a risk that the Trust will not deliver a breakeven position or have sufficient cash resources in the 2020/21 financial year.</p> <p>Cause: Lack of contractual income position due to the Covid-19 pandemic, gap in baseline position and block payment compared to actual activity and cost, risk to CIP and income streams, timing of recovery and uncertainty over future regime.</p> <p>Consequence: Potential for insufficient operational cash reserves and non-compliance with regulations.</p> <p>Covid-19 Impact: The impact of Covid-19-19 is inherent in the risk description. No further issues identified. No changes required.</p>	4	4	16	8	↔	Y	Y	Y	No further issues identified. No changes in risk score.

Listing For: 4.BAF

Risk Register Level: 4. BAF

Directorate: Financial Services

Service / Department: Finance

Position at: 17/06/2020 18:15:50

Risk Number: 1986	Version: 7	Domain: Finance Including Claims	Linked Risks:	Executive Lead: Jenny Hannon	Operational Lead: Eva Horgan
Strategic Objective: To Be Ambitious & Efficient & Make Best Use Of Available Resources				Assurance Committee: Finance, Performance &	Review Due: 05/07/2020
Risk Appetite: 3.Moderate				Last Review Narrative: Date: 05/06/2020 Reviewed By: Eva Horgan	
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; reduction in activity and income; declining birth rates. Consequence: Lack of financial stability, invocation of NHSI sanctions, special measures. Continued borrowing to meet operational expenses resulting in significant debt. Covid-19 Impact: There is an impact on this BAF risk. Although the Trust is currently in a block contract, the pandemic will have an impact on the efficiency and capacity of the Trust in how we deliver our services. There is also an uncertain future commissioning/funding landscape. This situation will require close monitoring. No proposed change to risk score.				Moved date for merger group back to September due to Covid-19 pandemic	

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. Application for emergency capital for mitigations on site	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. Financial short term impact of mitigation's on site	Not Yet Tested	5 Year plan approved (BoD Nov 2014) 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 5 year Strategy refresh underway	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	Business Case 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.	02/05/2022	29/07/2022	EvaHorgan	Work ongoing Date Entered : 09/08/2019 14:11 Entered By : Christopher Lube	Ongoing	/ /
6	Business Case 2 - Public consultation by CCG following development of preferred option (Subject to capital bid)	01/07/2021	29/10/2021	EvaHorgan	Dependent on external influences and agencies Date Entered : 09/08/2019 14:14 Entered By : Christopher Lube	Ongoing	/ /
7	Business Case 3 - Decision making business case produced in partnership with CCG and final decision following outcome of public consultation required	01/11/2021	29/04/2022	EvaHorgan	Closely linked to other actions and external influences Date Entered : 09/08/2019 14:16 Entered By : Christopher Lube	Ongoing	/ /
8	Business case - to support the application for capital to support the relocation required	01/04/2019	31/07/2020	EvaHorgan	Put back due to Covid-19 pandemic. Date Entered : 28/04/2020 14:05 Entered By : Eva Horgan	Ongoing	/ /

					Timescale TBC - requirements to be confirmed, subject to outcome of bid.		
					Date Entered : 09/08/2019 14:18 Entered By : Christopher Lube		
11	Merger 1 - Agree in principle to proceed to merger	13/02/2020	31/07/2020	Eva Horgan	Put back due to Covid-19 pandemic	Ongoing	/ /
					Date Entered : 28/04/2020 14:05 Entered By : Eva Horgan		
12	Merger 2 - Establish Merger Project (internal group)	01/04/2020	30/09/2020	Eva Horgan		Ongoing	/ /
13	Merger 3 - Develop Strategic case working with external organisations	01/07/2020	31/03/2021	Eva Horgan		Ongoing	/ /
14	Merger 4 - Develop and complete business case in conjunction with external organisations	01/04/2021	30/11/2021	Eva Horgan		Ongoing	/ /
15	Merger 5 - Merger / acquisition approval process with external organisation	01/12/2021	31/03/2022	Eva Horgan		Ongoing	/ /
16	Shared Exec Model 1 - Develop Shared Exec Model - Work in partnership with external body (LUHFT) in order to develop and assess options for a shared executive model which will deliver financial savings	01/07/2020	31/03/2021	Eva Horgan		Ongoing	/ /
17	Shared Exec Model 2 - Agree Model - Review and agree preferred model in conjunction with external organisation (LUHFT)	01/04/2021	30/06/2021	Eva Horgan		Ongoing	/ /
18	Shared Exec Model 3 - Implement Shared Exec Model - Detailed implementation plan to be developed in conjunction with external organisation (LUHFT) to implement agreed shared exec model.	01/10/2021	31/12/2021	Eva Horgan		Ongoing	/ /
19	Procurement 1 - OJEU - Undertake most appropriate formal procurement process to appoint primary building contractor & architect	03/10/2022	30/12/2022	Eva Horgan		Ongoing	/ /
20	Procurement 2 - PQQ Stage - Procurement team to complete Pre Qualification Questionnaire stage	02/01/2023	31/03/2023	Eva Horgan		Ongoing	/ /
21	Procurement 3 - ITPD Stage - Procurement team to complete Invitation to Participate in Dialogue stage	03/04/2023	31/10/2023	Eva Horgan		Ongoing	/ /
22	Procurement 4 - Financial Close - Procurement team to complete financial close stage	01/08/2023	31/01/2024	Eva Horgan		Ongoing	/ /
23	Procurement 5 - Contract Award - Trust to approve contract award	01/02/2024	29/03/2024	Eva Horgan		Ongoing	/ /
24	Short term investment through operational plan to ensure safety on site	06/01/2020	31/07/2020	Eva Horgan	On hold due to Covid-19 pandemic.	Ongoing	/ /
					Date Entered : 28/04/2020 14:04 Entered By : Eva Horgan		
25	Emergency capital funding application - submit emergency capital funding application to NHSI/E regarding new build and refurbishment work to house mitigations designed to reduce clinical risk on isolated site	06/01/2020	31/07/2020	Jennifer Huyton	Capital bid submitted to NHSI, was due for review in April. Covid-19 pandemic means this is on hold at least until the summer. There is a lack of clarity on the national capital allocation process. Likely to be managed by STP but no detail available as of April 2020. To be further reviewed once detail about the regime is available.	Ongoing	/ /
					Date Entered : 28/04/2020 14:03 Entered By : Eva Horgan		
26	Business Case 1 - Work in partnership with CCG to refresh PCBC document, including stakeholder engagement and	01/01/2020	31/12/2020	Jennifer Huyton		Ongoing	/ /

27 refresh of data
Business Case 5 - Approval for funding from NHSI/E based on refreshed SOC 01/08/2022 31/10/2022 Eva Horgan 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: Governance

Service / Department: Governance

Position at: 17/06/2020 18:15:50

Risk Number: 2266	Version: 3	Domain: Impact On The Safety Of Patient	Linked Risks:	Executive Lead: Devender Roberts	Operational Lead: Christopher Lube
Strategic Objective: To Deliver SAFE Services				Assurance Committee: Quality Committee	Review Due: 29/06/2020
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.					
Covid-19 Impact: There is no impact on the BAF risk as the Trust has not reduced governance oversight or activity at divisional and corporate level during this pandemic. No change in the current risk score.					
Last Review Narrative:				Date: 28/05/2020	Reviewed By: Christopher Lube
Risk reviewed at Exec away day in relation to the impact of Covid-19. Risk Description updated with outcome.					

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 through 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	Jeanette Chalk	Initial stages of training staff via book clubs in progress. Mapping exercise of SI ongoing	Ongoing	/ /
3	Develop better reporting from the Ulysses System There is a continuing commitment to improving reporting using Ulysses. A recent development has been the agreement to cross-tabulate incidents and complaints using Ulysses using a formal process.	01/04/2019	05/06/2020	Christopher Lube	Date Entered : 31/07/2019 10:57 Entered By : Christopher Lube There is a continuing commitment to improving reporting using Ulysses. A recent development has been the agreement to cross-tabulate incidents and complaints using Ulysses using a formal process. Date Entered : 06/05/2020 09:13 Entered By : Rowan Davies ----- Upgrades commencing to be rolled out to staff, review and close march 2020. Date Entered : 04/03/2020 13:23 Entered By : Christopher Lube -----	Ongoing	/ /

					<p>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 completed and training.</p> <p>Date Entered : 11/01/2020 10:40 Entered By : Christopher Lube -----</p> <p>The Upgrade of the Ulysses system is progressing. A slight delay was encountered due to the need to move to a new server.</p> <p>Date Entered : 30/10/2019 14:47 Entered By : Christopher Lube -----</p> <p>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.</p>		
6	Business case for the provision of Human Factors Training to be developed and submitted to education governance committee	01/04/2019	30/11/2020	Linda Watkins	<p>Date Entered : 31/07/2019 10:56 Entered By : Christopher Lube Work on hold due to Covid 19</p> <p>Date Entered : 08/05/2020 12:16 Entered By : Christopher Lube -----</p> <p>Business case for sim lead developed. Need to identify funding.</p> <p>As a result of feedback need to develop simulation strategy for the trust to present to ed gov.</p> <p>Delay as DME has been supporting colleague on mat leave as well as the acting specialty tutor for O&G after Specialty tutor resigned.</p> <p>Date Entered : 29/01/2020 17:57 Entered By : Linda Watkins -----</p> <p>Discussions are ongoing via Ed Gov Committee</p> <p>Date Entered : 11/01/2020 10:44 Entered By : Christopher Lube -----</p> <p>There is currently no lead for SIM Training in Trust, Lead for action has been changed to Chair of Ed Gov Comm.</p> <p>Date Entered : 03/10/2019 16:38 Entered By : Christopher Lube -----</p> <p>Update Received from Dr Hurst as to current position of Simulation</p>	Ongoing	/ /

7	New risk management and patient safety training package to be developed	01/04/2019	01/06/2020	Christopher Lube	<p>Tranining. See Document section for further detail.</p> <p>Date Entered : 14/08/2019 14:19 Entered By : Elaine Eccles -----</p> <p>Initial paper presented to Ed Gov and Safety Senate, acting Medical Director requested further information</p> <p>Date Entered : 31/07/2019 11:01 Entered By : Christopher Lube Work on this development has been delayed due to need to deal with Covid19 situation.</p> <p>Date Entered : 04/04/2020 13:42 Entered By : Christopher Lube -----</p> <p>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.</p> <p>Date Entered : 11/01/2020 10:48 Entered By : Christopher Lube -----</p> <p>Work is ongoing, plan for completion Nov 19</p> <p>Date Entered : 03/10/2019 16:39 Entered By : Christopher Lube -----</p> <p>Head of Governance in planning stages. May be affected by new national training system and curriculum which is due to be published in 2019-20.</p> <p>Date Entered : 31/07/2019 11:00 Entered By : Christopher Lube</p>	Ongoing	/ /
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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: 17/06/2020 18:15:50

Risk Number: 2293 **Version:** 5 **Domain:** HR/Organisational Development/ **Linked Risks:**

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.

Covid-19 Impact: The Covid-19 pandemic has the potential to impact staff wellbeing, particularly in relation to morale and a result of changed ways of working. There are also increased risk to staff mental health.No proposed change to the current risk score.

Executive Lead: Michelle Turner

Operational Lead: Jeanette Chalk

Assurance Committee: Putting People First

Review Due: 29/06/2020

Last Review Narrative:

Date: 28/05/2020

Reviewed By: Christopher Lube

Risk reviewed at Exec away day in relation to the impact of Covid-19. Risk Description updated with outcome.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
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 workface risks	01/04/2019	30/09/2020	Rachel London	To be completed on a monthly basis Date Entered : 08/08/2019 11:31 Entered By : Christopher Lube	Ongoing	/ /
2	Aspirant managers programme in place - this will be incorporated into the Trust Leadership strategy	01/04/2019	30/09/2020	Jeanette Chalk	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 Date Entered : 08/08/2019 11:33 Entered By : Christopher Lube	Ongoing	/ /

3	Executive team and staff side walkabouts	01/04/2019	30/09/2020	Rachel London	To be monitored monthly	Ongoing	/ /
4	Launch of Fair and Just Culture Project	01/04/2019	30/06/2020	Jeanette Chalk	<p>Date Entered : 08/08/2019 11:35 Entered By : Christopher Lube Year 1 completed on timescale in accordance with project plan.</p> <p>Date Entered : 16/11/2019 12:04 Entered By : Christopher Lube ----- Initial development work and staff training in progress</p> <p>Date Entered : 09/08/2019 15:24 Entered By : Christopher Lube</p>	Ongoing	/ /

Initial Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	5 Almost	25

Current Assessment		
Severity	Likelihood	Risk Score
4 Major	2 Unlikely	8

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: 17/06/2020 18:15:50

Risk Number: 2294	Version: 8	Domain: HR/Organisational Development/	Linked Risks:	Executive Lead: Michelle Turner	Operational Lead: Rachel London
Strategic Objective: Develop A Well-Led, Capable, Motivated And Entrepreneurial Workforce				Assurance Committee: Putting People First	Review Due: 29/06/2020
Risk Appetite: 3.Moderate				Last Review Narrative: Date: 28/05/2020 Reviewed By: Christopher Lube	
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; Ageing 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. Covid-19 Impact: The pandemic will have an impact on this BAF risk. Impact on education and training; the potential loss of experienced staff due to retirement; reduced student places; potential requirement for supervised re-introduction in some job related roles due to reduced exposure to 'normal work'; more staff required to deliver same amount of care. There is also a related to the introduction of Test, Track & Trace and the potential number of staff from teams being asked to isolate at short notice for 14 days due to contact with a positive case.No change in the current risk score.				Risk reviewed at Exec away day in relation to the impact of Covid-19. Risk Description updated with outcome.	

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 NHSI 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-Roistering System not fully utilised	Effective	Quarterly reporting by Guardian of Safe Working. Strategic Workforce reporting to PPF. Leadership Development programme Review (annual to PPF). Exception Reporting System and process working effectively. Junior Medical Staff GMC survey reporting to Education Governance and PPF - No concerns areas of specific concerns identified. Clinical and nursing roles being developed and enhanced to mitigate the 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						
Covid 19	Staff are required to social distance (2 meters) in all area where this is possible Staff are required to wear PPE in the clinical environment as per PHE guidance All staff re required to wear a face covering in all public areas and in offices where they are unable to social distance (2 meters) All areas have clear signage, including floor signage All staff entering the Trust are required to use one entrance and have a temperature check and provided with a face mask to use	The risk is staff do not comply with social distancing and/or PPE.	Not Effective	Trust has completed the NHSE/IPC Assurance Framework and presented to the Quality Committee Controls monitored daily at Command meeting and weekly at Oversight and Scrutiny meeting Requirements being managed by senior staff clinical and cooperate.	None at this time	Issue with staff with staff to complying with social distancing and use of face mask as required.	Inconclusive

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	31/10/2020	Rachel London	The Trust was unsuccessful in bidding for national funds to purchase the Allocate doctors rostering system. This system would not address the shortage in certain specialties but would be a more efficient means to roster the medical workforce. A business case will be developed to purchase the system ourselves, this has been delayed due to Covid-19 issues and will be developed by Autumn 2020.	Ongoing	/ /
5	Medical Workforce Recruitment and Retention process being developed	01/11/2019	31/08/2020	Rachel London	<p>Date Entered : 14/04/2020 14:51 Entered By : Rachel London</p> <p>There are a number of workstreams around identifying and developing talent in the medical workforce at junior doctor level and developing pathways to consultant level.</p> <p>A bespoke leadership programme for consultants has also been developed to deliver a pipeline of talent for future clinical director roles.</p> <p>These plans need to be co-ordinated into an overall medical recruitment and retention plan. This has been delayed due to Covid-19 and will be developed by the summer.</p> <p>Date Entered : 14/04/2020 14:54 Entered By : Rachel London</p>	Ongoing	/ /
6	Recruitment of two Gynae Oncologists took place in April- 1 FTC and 1 Permanent contract due to commence in June and October respectively	22/04/2020	01/06/2020	Rachel London			15/06/2020
7	In relation to Social Distancing and use of face masks, regular communication and senior staff and managers are required to continually remind individuals of their responsibilities and highly visible reminders around the workplace. Encourage and empower staff to challenge peers when not complying with requirements.	17/06/2020	31/03/2021	Rachel London		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: 17/06/2020 18:15:50

Risk Number: 2295 **Version:** 2 **Domain:** Impact On The Safety Of Patient **Linked Risks:**

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, reputation damage, loss of commissioner and patient confidence in provision of services.

Covid-19 Impact - There may be impact in relation to the Trust not being able to meet the Health and Safety Executive requirements for supporting staff returning to the work environment, due to the current estate layout and capacity i.e. social distancing. There is also an impact due to the H&S staff not being able to be on site during the pandemic, oversight and support from home working H&S Manager and HoG on site. Proposed to increase likelihood score to 4.

Executive Lead: Caron Lappin **Operational Lead:** Christopher Lube**Assurance Committee:** Quality Committee **Review Due:** 29/06/2020**Last Review Narrative:** **Date:** 28/05/2020 **Reviewed By:** Christopher Lube

Risk reviewed at Exec away day in relation to the impact of Covid-19. Risk Description updated with outcome.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
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
Covid 19	Impacts of Covid-19 identified for this BAF risk	Reduction of staff time on site to support direct actions for compliance	Not Yet Tested	Monitoring of compliance with regulations	External regulatory visits and reports	Ability to achieve action plans	Negative

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
1	Provide assurance to QC in relation to risk with appropriate information	01/04/2019	31/08/2020	Christopher Lube	New CQC compliance module roll out has been delayed due to Covid19 situation. As soon as able this will be commenced. Date Entered : 04/04/2020 13:39 Entered By : Christopher Lube ----- Information provided to CQC on request and at quarterly engagement meetings. Action to be monitored monthly Date Entered : 08/08/2019 14:57 Entered By : Christopher Lube	Ongoing	/ /
2	Ward accreditation to be rolled out following completion of pilot	01/04/2019	31/07/2020	Janet Brennan	Due to the current Covid19 situation the roll out of ward accreditation has been delayed.	Ongoing	/ /

					<p>Date Entered : 04/04/2020 13:31 Entered By : Christopher Lube</p> <p>-----</p> <p>Meeting with Ward Accreditation providers due on 08/08/19. Progress on pilot to be discussed and review of software to log data.</p>		
5	Undertake intermittent deep dive reviews into specialist services	01/04/2019	31/03/2021	Christopher Lube	<p>Date Entered : 08/08/2019 15:00 Entered By : Christopher Lube</p> <p>This is a long term ongoing action which will be completed as and when a deep dive is required.</p> <p>Action put onto annual review basis</p> <p>Date Entered : 04/04/2020 13:38 Entered By : Christopher Lube</p> <p>-----</p> <p>Reviews to be completed as and when identified by sub-committee of the board or at divisional board level.</p>	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	31/07/2020	Christopher Lube	<p>Date Entered : 08/08/2019 15:08 Entered By : Christopher Lube</p> <p>New module due to roll out but has been delayed slightly due to COovid19 situation.</p> <p>Date Entered : 04/04/2020 13:29 Entered By : Christopher Lube</p> <p>-----</p> <p>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.</p> <p>Date Entered : 11/01/2020 10:56 Entered By : Christopher Lube</p>	Ongoing	/ /

Initial Assessment		
Severity	Likelihood	Risk Score
4 Major	5 Almost	20

Current Assessment		
Severity	Likelihood	Risk Score
4 Major	3 Possible	12

Target Assessment		
Severity	Likelihood	Risk Score
4 Major	2 Unlikely	8

Listing For: 4.BAF

Risk Register Level: 4. BAF

Directorate: Governance

Service / Department: Executive Office

Position at: 17/06/2020 18:15:51

Risk Number: 2297 **Version:** 4 **Domain:** Impact On The Safety Of Patient **Linked Risks:**

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Risk Description:

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

Cause: Lack of on site 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 co-located paediatric surgical support.

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

Covid-19 impact: The pandemic has increased the challenge of providing additional services within the current Crown street site due to the need for additional space to maintain current services. No change in risk score at this time.

Executive Lead: Andrew Loughney **Operational Lead:** Jennifer Huyton**Assurance Committee:** Quality Committee **Review Due:** 29/06/2020**Last Review Narrative:** **Date:** 28/05/2020 **Reviewed By:** Christopher Lube

Risk reviewed at Exec away day in relation to the impact of Covid-19. Risk Description updated with outcome.

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 a partnership in relation to Neonates with AHCH has been established. £15m capital investment in neonatal estate to address infection risk Transfer arrangements well established for neonates and adults Formal partnership and board established with Liverpool Universities Hospitals with respect to: -Diagnostics -Medical and surgical expertise -Intensive care facilities -Theatre access at Liverpool Universities Hospitals 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 Future Generations project group established with the Trust	Clinical case for change is dependent on decision making external to the Trust (NHSE) Lack of system support outside of Cheshire and Mersey 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 Neonatal unit at Alder Hey Children's Hospital funding agreed re: capital. Alder Hey Children's Hospital estate not yet established Onsite and partnership mitigations cannot fully address the clinical risk - this can only be achieved through co-location Emerging clinical standard leading to potential loss of services and increase in difficulty in relation to recruitment of consultants	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 (2020) 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	Positive

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/)	01/04/2019	29/10/2021	Andrew Loughney	Target date changed to come into line with business case action plan - risk number 1986 Date Entered : 04/03/2020 07:28 Entered By : Christopher Lube ----- To be monitored monthly Date Entered : 09/08/2019 13:40 Entered By : Christopher Lube Target date changed to come into line with business case plan - risk 1986 Date Entered : 04/03/2020 07:29 Entered By : Christopher Lube ----- To be monitored monthly	Ongoing	/ /
2	Agree Business Case for new build	01/04/2019	29/04/2022	Jennifer Huyton		Ongoing	/ /

4	Divisional plans to be developed to support long term clinical sustainability via operational plan	01/04/2019	05/06/2020	Jennifer Huyton	<p>Date Entered : 09/08/2019 13:41 Entered By : Christopher Lube</p> <p>This has been impacted by Covid19 but a revised schedule for production of a short to medium term clinical strategy for the trust has been proposed, with input from each specialty and which will account for the changes that Covid19 has brought.</p> <p>Date Entered : 06/05/2020 09:14 Entered By : Rowan Davies</p> <p>-----</p> <p>Target date amended due to response to COVID19. Draft divisional plans presented to Senior Management Team in Feb/March 2020. Completion of final versions currently paused due to operational response to COVID19. Target completion date will remain under regular review.</p> <p>Date Entered : 06/04/2020 12:16 Entered By : Jennifer Huyton</p> <p>-----</p> <p>Operational plans under development but not due until March 20. Target date amended to March 20.</p> <p>Date Entered : 10/01/2020 14:18 Entered By : Jenny Hannon</p> <p>-----</p> <p>Work ongoing in Divisions</p>	Ongoing	/ /
5	Outcomes from the clinical summit to be actioned.	27/09/2019	30/06/2020	Jennifer Huyton	<p>Date Entered : 09/08/2019 13:46 Entered By : Christopher Lube</p> <p>Target date amended due to response to COVID19. Good progress had been made towards implementation of actions. Partnership Board established with LUHFT. Work now paused due to COVID19 but will remain under regular review.</p> <p>Date Entered : 06/04/2020 12:09 Entered By : Jennifer Huyton</p> <p>-----</p> <p>CT scanner and Blood Bank provision has been added to the draft operational plan, which is awaiting approval.</p> <p>Date Entered : 04/03/2020 07:27 Entered By : Christopher Lube</p> <p>-----</p> <p>Target date amended following development of MoU with LUH. Detailed plan is in place (to be attached) actions are in progress</p>	Ongoing	/ /

					<p>Date Entered : 10/01/2020 14:18 Entered By : Jenny Hannon</p> <p>-----</p> <p>Acting Medical Director working with Strategic Finance Manager on reviewing summit outcomes.</p>		
7	Management of Future Generations Strategy through Project Management Office	16/11/2019	30/06/2020	Andrew Loughney	<p>Date Entered : 27/09/2019 08:43 Entered By : Christopher Lube Reviewed 26 March 2020 by J Huyton: Project Manager recruitment completed in March 2020; post successfully appointed. Start date anticipated June 2020. Majority of FG programme paused during response to COVID19; work remains under regular review by PMO team.</p>	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	30/06/2020	Jennifer Huyton	<p>Date Entered : 06/04/2020 12:06 Entered By : Jennifer Huyton Reviewed 26 March 2020 by J Huyton: Application for emergency capital funding submitted to NHSI/E in Feb 2020 with decision originally expected early April. Revised guidance now expected from NHSE/I regarding emergency capital in light of response to COVID19. Guidance will be reviewed once released and target completion dates amended accordingly.</p>	Ongoing	/ /
10	Lobby systems and MP's for active support	16/11/2019	30/06/2020	Kathryn Thomson	<p>Date Entered : 06/04/2020 12:00 Entered By : Jennifer Huyton Reviewed 26 March 2020 by JHuyton: This work is ongoing but paused at present due to response to COVID19. Action completion dates will remain under regular review as situation develops.</p>	Ongoing	/ /
11	External review/testing of counterfactual case	01/04/2020	30/09/2020	Jennifer Huyton	<p>Date Entered : 06/04/2020 12:03 Entered By : Jennifer Huyton Counterfactual case developed and ready for external review, challenge and testing. Process likely to be delayed due to response to COVID19. Target completion dates will be reviewed regularly as response develops.</p> <p>Date Entered : 06/04/2020 11:55 Entered By : Jennifer Huyton</p>		/ /

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: 17/06/2020 18:15:51

Risk Number: 2335 **Version:** 3 **Domain:** Impact On The Safety Of Patient **Linked Risks:**

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Risk Description:

Condition: Major and sustained failure of essential IT systems due to a cyber attack

Cause: ineffective cyber controls and technology, inadequate investment in systems and infrastructure, failure in skills or capacity of staff or service providers, poor end user culture regarding cyber security and IT systems use, inadequate contract management.

Consequence: Reduced quality or safety of services, financial penalties, reduced patient experience, loss of reputation, loss of market share/ commissioner contracts.

Covid-19 Impact: The Covid-19 pandemic has increased the Trust's risk to cyber attack. Whilst there have been several communications circulated to staff advising them of the risks, there are increased vulnerabilities due to different ways of working and particularly home working. Proposal to increase the 'likelihood' score by 1.

Executive Lead: Jenny Hannon

Operational Lead: Matt Connor

Assurance Committee: Finance, Performance &

Review Due: 29/06/2020

Last Review Narrative:

Date: 28/05/2020

Reviewed By: Christopher Lube

Risk reviewed at Exec away day in relation to the impact of Covid-19. Risk Description updated with outcome.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Prevent	1. Microsoft Windows security and critical patches applied to all Trust servers on all servers/laptops and desktop devices on a monthly basis. 2. Network switches and firewalls have firmware updates as and when required installed. Wifi network firmware patches applied for Controllers and Access points. 3. Mobile end devices patched as and when released by the vendor. 4. Externally managed network service provider to ensure network is a securely managed with underpinning contract. 5. Robust carecert process to enact advice from NHS Digital regarding imminent threats. 6. Network perimeter controls (Firewall) to protect against unauthorised external intrusion. 7. Robust Information Governance training on information security and cyber security good practice. 8. Regular staff educational communications on types of cyber threats and advice on secure working of Trust IT systems. 9. Additional cyber security communications in relation to Covid phishing/ scams, advising diligence. 10. Enhanced VPN solution including increased capacity to secure home working connections into the Trust. 11. Review and updating of information security policies and home working IG guidance to support staff who are remote working.	Lack of Cyber Security strategy	Effective	Cyber Essentials Plus Standards/KPIs IMT Risk Management Meeting Digital Hospital Sub Committee Finance, Performance & Business Development	MIAA Cyber Controls Review Cyber Essentials Plus Accreditation Cyber Penetration Test NHS Care Cert Compliance	None known at this time	Positive
Detect	1. Malware protection identifies and removes known cyber threats and viruses within the Trusts network and at the network boundaries. 2. Cyber Security Monitoring System identifies suspicious network and potential cyber threat behaviour. 3. National CareCert alerts inform of known and imminent cyber threats and vulnerabilities.	1. Lack of Network Access Controls within the physical network.	Effective	Cyber Essentials Plus Standards/KPIs IMT Risk Management Meeting Digital Hospital Sub Committee Finance, Performance & Business Development	MIAA Cyber Controls Review Cyber Essentials Plus Accreditation Cyber Penetration Test NHS Care Cert Compliance	None Known at this time	Positive
Contingency	1. Departmental Business Continuity Plans being invoked. 2. Enactment of the IMT Dept. Disaster Recovery (DR) Plan 3. Seek C&M system wide support in recovery.	None known at this time	Not Yet Tested	EPRR	MIAA Audit on BCP and DR C&M Cyber Security workstream C&M Digital Leadership forum	None known at this time	Inconclusive

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
1	Implementation of the MIAA Cyber Security audit action	12/03/2020	31/08/2020	Philip Moss			/ /
2	Implementation of new network will introduce enhanced security capabilities.	13/03/2020	30/07/2020	Philip Moss			/ /
3	Implement a Cyber Security strategy	01/04/2020	30/09/2020	Matt Connor			/ /

Initial Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	4 Likely	20

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: IM & T

Service / Department: Executive Office

Position at: 17/06/2020 18:15:51

Risk Number: 2337 Version: 2 Domain: Impact On The Safety Of Patient Linked Risks:

Executive Lead: Jenny Hannon Operational Lead: Matt Connor

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Assurance Committee: Quality Committee

Review Due: 29/06/2020

Risk Description:

Condition:The Trusts current clinical records system (paper and Electronic) are sub-optimal.

Cause: Failure to upgrade present Electronic Patient Records system in recent years and failure of 3 Trust electronic Patient Records to deliver on time.

Consequence: There is potential impact on patient safety, quality, experience and negative effect on staff, Staff are unable to work effectively and safely.Reporting requirements will be impacted if systems fail. There is a financial cost of replacement and penalties to the Trust, of withdrawal from three way electronic Patient record

Covid-19 impact: There may be an impact due to the pandemic in relation to an increased challenge to staff engaging in the development of the EPR system. No change in current risk score proposed.

Last Review Narrative: Date: 28/05/2020 Reviewed By: Christopher Lube

Risk reviewed at Exec away day in relation to the impact of Covid-19. Risk Description updated with outcome.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
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Prevent	Maintenance of present system Development of individual / service solutions e.g. PENs (Gynaecology) and Staff training Development and deployment of ADT Whiteboard system to reduce risk of multiple systems. Implementation of contextual links into ADT Whiteboard system to reduce multiple logins. Incident reporting Oversight form Digital Hospital Committee, reporting into Finance, Performance and Business Development Committee(FPBD). Quarterly risk assessments reported to FPBD Tactical solutions including planned purchase of K2 Athena system Single Sign on review/ optimise, upgrade improvements. Financial provisions made for exit penalties Exchange/LHCRE enables for patent information sharing Legal Advice from Hill Dickinson regarding previous system supplier Robust exit action plan to mitigate residual financial exposure and liability Desktop refresh with dual screen configuration (where required) to improve system performance and simplify multiple systems use. Virtual Desktop technology to aid staff working flexibly. Microsoft Teams rolled out trust wide to aid collaboration. Additional network resilience for LUHFT supplied systems (ADT/PENS/CRIS) to reduce risk of unplanned systems downtime. PACS upgrade includes scope to remove a separate login for that system, reducing multiple systems issue.	Leadership group to be set up to manage clinical and financial implications of new system New product to be procured No plan for development and implementation phase Staff fatigue and loss of confidence. Not all Trust using LHCRE for patient information exchange	Effective	Quarterly risk assessments completed Quality Committee oversight and scrutiny FPBD Committee overview and scrutiny Digital Hospital Committee oversight	Independent lessons learnt review	Lack of Information Management &Technology Strategy Reactive rather than proactive identification and approach to problems caused by current sub optimal Electronic Patient Record, including patient risk and staff experience. Lack of revised business case	Positive
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Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
1	Terms of Reference for leadership group to be formalised	24/03/2020	30/06/2020	Andrew Loughney			/ /
3	Develop staff communication plan for new system	24/03/2020	30/09/2020	Andrew Duggan	Communication plan to be aligned with procurement, contract and implementation plan activities. Date Entered : 04/05/2020 12:57 Entered By : Matt Connor		/ /
4	Develop plan for system development and implementation	24/03/2020	30/09/2020	Matt Connor	The business case includes part of the plan i.e. resources, governance model. However a full implementation plan will be developed with supplier as part of the procurement. Therefore plan date changed in accordance with	Ongoing	/ /

contract renewal timescales.

Date Entered : 04/05/2020 12:56
Entered By : Matt Connor

Business case has been developed

Date Entered : 04/05/2020 12:54
Entered By : Matt Connor

5	Procurement of new system following evaluation	24/03/2020	31/07/2020	Matt Connor		/ /
6	Ongoing review of systems and mitigations quarterly (report to FPBD & QC)	24/03/2020	31/12/2020	Matt Connor		/ /
7	Development of an Information Management And Technology Strategy	24/03/2020	30/06/2020	Matt Connor		/ /
8	Implement PENS forms in Gynae ED to capture clinical documentation to reduce paper burden and simplify digital systems use. Gynae ED will solely be using PENS.	08/06/2020	31/08/2020	Richard Strover	PENS is now in use within the GED. Attendances are still recorded on Meditech to ensure a record of the attendance but all clinical documentation has been moved over to PENS.	/ /
					Work is ongoing to remap all data for reporting the daily ECDS from Meditech to PENS with completion anticipated by mid June. All data will be retrospectively submitted as agreed with Liverpool CCG.	
					The automated GP letter has been re-mapped from Meditech to PENS and these are now being sent to GPs electronically the day after attendance.	
					Date Entered : 08/06/2020 16:47 Entered By : Richard Strover	
9	Implement electronic ordering from ICE to replace a multi-system process through Meditech.	08/06/2020	31/08/2020	Richard Strover		/ /
10	Upgrade PACS to integrate fully into the network and remove a seperate system login feature.	08/06/2020	30/09/2020	Paula Brennan		/ /
11	Implement Virtual Smartcards which will allow clinical staff who access the national e-referral system or the summary care record to log on without the need for a physical smart card or password.	08/06/2020	31/08/2020	Paula Brennan		/ /

Initial Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	5 Almost	25

Current Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	4 Likely	20

Target Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	4 Likely	20

Listing For: 4.BAF

Risk Register Level: 4. BAF

Directorate: EPRR

Service / Department: Executive Office

Position at: 17/06/2020 18:15:51

Risk Number: 2340 **Version:** 2 **Domain:** Impact On The Safety Of Patient **Linked Risks:**

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Risk Description:

Condition: Failure to - a) maintain pre-Covid-19 level of service for our patients due to the outbreak of the Covid-19 pandemic; b) protect staff, patients and visitors from infection; c) effectively manage increased demands and provide support to the wider system; and d) failure to recover to pre-Covid-19 service levels following the pandemic and be sufficiently resilient to manage a potential 'second wave' of infection.

Cause: Reduction of a number of elective services to focus capacity and reduction of efficiency due to infection, prevention and prevention measures. Increased number of staff absent due to Covid-19 health restrictions

Consequence: Lack of service provision to Liverpool Womens Hospital patient groups, reduced services in some areas, life altering impact on some patients, reduced patient experience, impact on patient safety and potential loss of reputation and inability to recover service provision in the future.

Executive Lead: Kathryn Thomson **Operational Lead:** Gary Price**Assurance Committee:** Finance, Performance & **Review Due:** 01/07/2020**Last Review Narrative:** **Date:** 17/06/2020 **Reviewed By:** Christopher Lube

Risk Reviewed by Executive Team, new version saved.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Prevent	<p>RESPONSE</p> <p>Command and Control arrangements in place led by Executive Directors</p> <p>Regional Director of Nursing and Medical Directors groups meeting to discuss issues and develop assistance.</p> <p>Cheshire and Mersey Coordinated response including Chief executive Officer briefings and Hospital Cell approach</p> <p>Weekly oversight and scrutiny meetings chaired by Chief Executive Officer (internal)</p> <p>Daily incident meetings to support and respond to challenges</p> <p>Planning and monitoring of activity on a daily basis by Divisional Managers</p> <p>Partnership working with Liverpool University Hospitals, Alder Hey Hospital and wider Cheshire and Mersey network for coordinated provision of support</p> <p>Clear and on-going communication with the Clinical commissioning Group and Specialist Commissioners</p> <p>Working as part of the regional Local Resilience Forum</p> <p>Business Continuity Plans in place</p> <p>Pandemic plan in place and being followed</p> <p>Daily safety huddle</p> <p>Daily clinical Advisory Group (CAG) meetings.</p> <p>STAFFING</p> <p>Staff working from home wherever possible, move to virtual meetings and enhanced IT provision.</p> <p>Clear staff absence process and monitoring with increased flexibility.</p> <p>Taking steps to review work schedules including start and finish times/shift patterns, working from home etc. to reduce number of workers on site at any one time.</p> <p>Also relocating workers to other tasks.</p> <p>Enhanced well being support for staff</p> <p>Strict supply and demand process for Personal Protective Equipment in place.</p> <p>Fit testing process in place for FFP3 masks</p> <p>Clear criteria as to elements of activity and types of patients the Trust can assist with.</p> <p>Close working with Director of Infection Control and Infection Control team.</p> <p>Daily staff communications</p> <p>Listening Event for BAME staff - 24th June 2020 to consider what further action the Trust could take to ensure BAME staff are protected as much as possible.</p> <p>Risk Assessments undertaken for shielding & vulnerable staff including BAME, Pregnant workers, Age and Gender.</p> <p>Comprehensive testing programme for symptomatic staff & household, antibody testing programme and have commenced asymptomatic testing for staff in high risk clinical areas</p> <p>PATIENTS</p>	<p>External pressures on neighbouring Trust beds and services, impacting on ability of the LWH Trust to access critical care and other services.</p> <p>Ability to control PPE deliveries from centre</p> <p>Unknown staffing and service impact of potential 'second wave'</p> <p>Unknown length of time to return to pre Covid-19 service levels</p>	Effective	<p>Weekly Operations and Oversight meetings are effective</p> <p>Board Committee meetings continuing (although adjustments made).</p> <p>Maintenance of assurance reporting (performance metrics etc.) - identification of key performance measures.</p> <p>Reduced fallout though the Trust - activity and visitors (comms)</p> <p>Close monitoring of guidelines and mandatory requirements with assurance reported to Extraordinary Board on 18 June 2020</p> <p>Corporate BAU largely maintained despite remote working.</p> <p>Regular Covid-19 response reports to the public Board</p>	<p>Daily Regional command meetings</p> <p>Oversight by NHSE/</p> <p>Oversight by Commissioners</p> <p>Audit of financial accounts</p> <p>National Health Service</p> <p>Resolution.</p>	<p>External audit activity suspended for Quality Account</p> <p>Internal normal business audits have stopped due to workload</p> <p>Reduction in some performance measurement due to pressures</p> <p>Lack of covid-19 testing for staff.</p>	Positive

Clear communication to patients via direct communications and social media.
 Review of national guidance re: activity delivery via Clinical Advisory Group
 PALS service continuing
 Visiting Policy amended to reduce risk of spread
 Family liaison service established to supplement PALS service.
 All staff, patients and visitors required to wear masks whilst on site.
 Baby swabbing offer to new parents on leaving the hospital to provide assurance regarding hospital acquired infection.

Contingency BUSINESS AS USUAL, RECOVERY and RESILIENCE Not Yet Tested Inconclusive

Commitment to deliver Business as Usual wherever possible
 Executive lead assigned to manage Business as Usual
 Corporate controls remain in place
 On-going regulatory compliance
 Recovery plans in development to include areas of good practise which should be maintained

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
1	Ongoing dialogue with partners and consideration of mitigating arrangements to be introduced on site via Clinical Advisory Group - CAG is up and running and is a functional group	01/04/2020	01/09/2020	Andrew Loughney	CAG is up and running and is a functional group Date Entered : 04/05/2020 08:59 Entered By : Rowan Davies		/ /
3	Ongoing review of directives across national, regional and local forums	01/04/2020	30/06/2020	Andrew Loughney			/ /
4	Close working with Cheshire and Mersey procurement via Covid Supply Response (CSR)	01/04/2020	01/09/2020	Amy Noble			/ /
5	Work with partners such as Liverpool University to develop alternative means of supply	01/04/2020	31/05/2020	Andrew Loughney			/ /

Initial Assessment		
Severity	Likelihood	Risk Score
5 Catastrophic	4 Likely	20

Current Assessment		
Severity	Likelihood	Risk Score
4 Major	4 Likely	16

Target Assessment		
Severity	Likelihood	Risk Score
2 Minor	4 Likely	8

Listing For: 4.BAF

Risk Register Level: 4.BAF

Directorate: Financial Services

Service / Department: Finance

Position at: 17/06/2020 18:15:51

Risk Number: 2344 **Version:** 6 **Domain:** Finance Including Claims **Linked Risks:**

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

Risk Appetite: 3.Moderate

Risk Description:

Condition: There is a risk that the Trust will not deliver a breakeven position or have sufficient cash resources in the 2020/21 financial year.

Cause: Lack of contractual income position due to the Covid-19 pandemic, gap in baseline position and block payment compared to actual activity and cost, risk to CIP and income streams, timing of recovery and uncertainty over future regime.

Consequence: Potential for insufficient operational cash reserves and non-compliance with regulations.

Covid-19 Impact: The impact of Covid-19-19 is inherent in the risk description. No further issues identified. No changes required.

Executive Lead: Jenny Hannon **Operational Lead:** Eva Horgan

Assurance Committee: Finance, Performance & **Review Due:** 29/06/2020

Last Review Narrative: **Date:** 28/05/2020 **Reviewed By:** Christopher Lube

Risk reviewed at Exec away day in relation to the impact of Covid-19. Risk Description updated with outcome.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Contingency	Working with system including NHSI/E and commissioners to ensure Trust position is understood.	Uncertainty re financial regime.	Not Yet Tested				
Prevent	Breakeven draft plan agreed by Board demonstrating ability to meet targets	uncertainty re COVID-19 impacts and recovery	Not Yet Tested		MIAA assurance over budgetary controls	Lack of clarity over operational planning regime nationally	Inconclusive
Prevent	CIP schemes fully worked up with PIDs, QIAs and EIAs with post evaluation reviews	Delays due to COVID-19	Not Yet Tested				
Prevent	Budgetary sign off by divisional leaders		Not Yet Tested				Inconclusive
Detect	Monthly reporting and review of position against national regime and internally approved plan	Operational impacts of COVID-19	Not Yet Tested	FPBD scrutiny Track record of delivery	MIAA audit assurance re adequacy of budgetary controls and CIP NHSI/E top up system for trusts and Distressed Financing available as last resort		Inconclusive
Detect	Divisional performance reviews	Operational impacts of COVID-19	Not Yet Tested				Inconclusive
Prevent	Robust budget setting process	lack of contingency in budgets	Not Yet Tested				

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
1	Budgets uploaded to ledger. Regular reporting to divisions and FPBD/Board. Financial management processes to continue.	01/04/2020	31/03/2021	Eva Horgan			/ /
2	Full set of CIP mandates completed with QIAs, EIAs etc. Some schemes paused as not possible to implement during Covid-19 pandemic.	01/04/2020	31/03/2021	Eva Horgan			/ /
3	Regular communication with NHSI/E and Commissioners, plus other providers, to ensure position is clear and understood.	01/04/2020	31/03/2021	Eva Horgan			/ /

Initial Assessment		
Severity	Likelihood	Risk Score
4 Major	5 Almost	20

Current Assessment		
Severity	Likelihood	Risk Score
4 Major	4 Likely	16

Target Assessment		
Severity	Likelihood	Risk Score
4 Major	2 Unlikely	8

Agenda Item 20/21/111

MEETING	Trust Board
PAPER/REPORT TITLE:	Whistleblowing Annual Report/Speak Up Guardian Annual Report
DATE OF MEETING:	Thursday, 02 July 2020
ACTION REQUIRED	Assurance
EXECUTIVE DIRECTOR:	Michelle Turner, Director of Workforce and Marketing
AUTHOR(S):	Kevin Robinson, Freedom to Speak Up Guardian
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 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 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 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 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 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 type="checkbox"/> 5. Equality and Diversity <input checked="" type="checkbox"/> 6. Other: Click here to enter text.
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	<i>The Board is asked to accept the assurance provided by this report and endorse the further actions proposed.</i>	
PREVIOUSLY CONSIDERED BY:	Committee name	Putting People First Committee
	Date of meeting	22 June 2020

Executive Summary

This is the annual report completed by the Freedom To Speak Up Guardian to provide the Board with assurance regarding Whistleblowing. It includes details of those issues that have been formally raised with the Trust and how they have been dealt with. It was considered by the Putting People First Committee on 22 June 2020. Comments on the report have been provided through the Putting People First Chair's Report.

This item is being considered as part of the Board consent agenda.

Report

1. Introduction

The Trust is committed to developing and maintaining an open and constructive culture whereby all staff feel comfortable in raising any concerns they might have regarding the Trust and the services that it provides. All staff should feel able to raise concerns in the knowledge that they will be taken seriously, that their concerns will be addressed, and without any fear of reprisal or detriment. While this commitment is based in, and underpinned by our statutory and legal obligations, the Trust's Whistleblowing Policy & Procedure encapsulates it in a form that is easily accessible for all staff.

This report is produced on an annual basis to give the Board assurance that the policy is in place, and that it is both appropriate and regularly updated. It also provides a summary of whistleblowing cases over the previous financial year to further provide assurance that the policy is being appropriately implemented.

2. Issues for Consideration

2.1. Trust Policy

The Trust's policy is currently in the process of being reviewed. It is not anticipated that there will be any significant changes to it. The staff side have been consulted as part of this process and they were happy with the current content and form of the policy.

2.2. Assurance: Annual Staff Survey Results

The National NHS Staff Survey includes three questions that specifically relate to issues around raising concerns.

The table below shows the Trust's results from the 2019 survey, together with comparisons against the national comparator (in our case Acute Specialist Trusts) and the Trust's previous results:

Question	LWT 2019	Comparator 2019	LWT 2018	LWT 2017	LWT 2016	LWT 2015
If you were concerned about unsafe clinical practice, would you know how to report it ?						
yes	97%	95%	97%	97%	97%	96%
no	3%	5%	3%	3%	3%	4%
I would feel secure raising concerns about unsafe clinical practice.						
agree / strongly agree	75%	75%	71%	72%	67%	67%
disagree / strongly disagree	8%	8%	11%	10%	11%	11%
neither agree nor disagree	18%	18%	19%	19%	21%	21%
I am confident that my organisation would address my concern.						
agree / strongly agree	65%	66%	61%	62%	59%	61%
disagree / strongly disagree	10%	8%	11%	11%	1%	11%
neither agree nor disagree	26%	25%	27%	27%	30%	27%

source: raw data for 2019 NHS Staff Survey supplied by Quality Health

These figures show that the vast majority of our staff are clear about how to report any unsafe clinical practice. The results regarding staff feeling secure and confident about raising concerns both show a significant increase from the previous year. They also continue the pattern of improvement demonstrated over the past five years.

2.3. Whistleblowing Declarations

In the twelve months April 2019 to March 2020, no formal concerns were raised under the Trust's Whistleblowing Policy.

2.4. Freedom to Speak Up Guardian (F2SUG)

The chart below demonstrates the Guardian contacts per Quarter and the main themes; this recording is in line with National Guardian requirements and reported externally.

	Total number of concerns raised	Concerns where staff wanted to remain Anonymous	Concerns with element of Patient Safety/quality	Concerns with element of Bullying and Harassment	Concerns where concerns about detriment	Comments
Q1 2019/20	15	4	5	3	0	
Q2	8	0	4	4	0	Significant sickness with 1

2019/20						F2SUG
Q3 2019/20	8	0	2	1	0	Significant sickness with 1 F2SUG
Q4 2019/20	10	0	6	1	0	Significant sickness with 1 F2SUG - COVID 19 affected

In the last 12 months a total of 34 contacts were made to the Freedom to Speak up Guardian (F2SUG) requesting support to raise concerns or where staff want to speak to someone in a safe space to discuss work related issues. This is a reduction from the 58 contacts recorded in the previous 12 months. Where staff want to speak to someone in a safe space to discuss work related issues, these contacts are usually related to Grievance or Interpersonal issues within teams where no formal action is required by the Guardian. They are recorded and monitored with the individual to ensure if required to ensure appropriate avenues are able to be accessed by the staff member.

Concerns reduced over Q2 and Q3 which coincided with one Freedom to Speak up Guardian experiencing an extended period of absence. There has been no causal link that this is the reason for the reduction and may be only coincidental. Induction and training activities have continued to be undertaken during this time and availability has continued to be offered to attend staff meetings and events to promote the Freedom to Speak Up guardian role.

The rise in concerns in Q4 is linked to the uncertainty around the COVID-19 Pandemic and in particular around the provision of PPE. Much of the work undertaken by the Guardian in relation to these issues meant the concerns were able to be dealt with at the initial discussion. This was by reviewing the trust guidance and discussing their anxieties this with them. Many of the concerns were being influenced by national media coverage and hearsay.

Concerns throughout the year were raised from a wide variety of staff, with concerns raised by staff of all grades and from all services and teams have spoken to the Freedom to Speak Up Guardians. The trend data would seem to indicate that more staff feel confident to raise concerns in their own name.

Plans that were in place for 2019/20 have been severely affected by the reduction in Guardian availability over a significant portion of the year. In April 2020 it was confirmed one Guardian will not be returning to the Trust. As a result a review of the planned strategy and activity is currently underway. This is to ensure any plans made are deliverable with the resource available and they continue to meet the needs of the divisional structure as these have developed since introduction. Plans are also being created on how the Freedom to Speak up Guardian structure will look to support these plans. It is recognised that there is an opportunity to create increased diversity if the decision to appoint a second guardian is reached.

Thought and planning also now needs to include the workplace and social measures needed during the COVID-19 pandemic. New ways of raising concerns will need to be incorporated into the traditional communication channels used when raising concerns to ensure voices continue to be heard. With the vast majority of concerns historically being raised in face to face meetings, any innovative ways to continue to capture these issues need to be explored.

During 2019/20 the Board also completed the "Freedom to Speak Up review tool for NHS trusts and foundation trusts". This tool was to help the board reflect on its current position and identify any

improvement needed to meet the expectations of NHS England and NHS Improvement and the National Guardian's Office. The results of this also need to be incorporated into the new strategy and activity plans moving forward.

Feedback to the Guardians is collected at the end of an episode of raising concerns with staff feedback being wholly positive. There has been no negative feedback this year related to the support offered by the Guardians.

The F2SUG is an active member of the North West Regional F2SU Guardians network and has presented at regional events. This work helps to standardise Guardians works across a wider footprint and to create a support structure for Guardians to enable training, learning and debriefing after difficult cases.

The Freedom to Speak up Guardian continues to be heavily involved in the Fair and Just culture project within the Trust and is a certified manager in this methodology. The project has essential links in with the aims and ambitions of the nation Guardian programme.

The F2SUG continues to monitor training, policies and processes undertaken by the Guardians to ensure any national changes are implemented where appropriate. F2SUG continue to have a presence on all inductions and leadership courses within the Trust.

The National Guardians office continues to undertake case reviews within NHS Trusts and make recommendations for improvement where they see fit. These reports are then shared with the F2SUG's. They are then used within LWH for self-reflection and review of any areas of learning. , we have used these for LWH to ensure we are working within the best practice guidance of the National Guardians Office.

2.5. Actions for the Coming Year Ahead

Continue to engage with staff, to be visible within the Trust, support training for staff and managers around Speaking up

Implement actions from the Freedom to Speak Up review tool for NHS trusts and foundation trusts

Conduct review of the Freedom to Speak up Guardian structure to support the future plans and strategy.

Complete the review of F2SUG job descriptions to ensure aligned to National Guardian requirements and NHS contract.

Explore new communication channels to ensure concerns continue to be heard despite and social and workplace restrictions being put in place due to COVID-19

Continue to meet with staff groups to publicise the role of the Freedom to Speak Up Guardian both internally and externally to the Trust.

Continue to support the Fair and Just Culture work programme within the Trust and embed its principles into all aspects of Trust business.

Continue to work with Regional and National Guardians to improve communication and standards of working and reporting of Concerns Raised.

Work with HR colleagues on analysis of the latest Staff Survey to identify pockets of concern and prioritise these areas for contact and support.

Continue to Work with the Divisional Leads to identify any trends and themes in concerns raised and support Divisional leads to cross reference these with incidents and complaints to see if there is a correlation.

Complete review of Speaking up Policy to ensure it reflects the current National Guardian recommendations and best practice.

3. Conclusion

This paper demonstrates that the Trust does have an appropriate policy in place and that it is regularly reviewed and updated to take account of both local and national developments.

It also provides assurance that any concerns that have been raised have been dealt with appropriately.

4. Recommendation(s)

The Board is asked to accept the assurance provided by this report and endorse the further actions proposed.

Agenda Item	
MEETING	Trust Board
PAPER/REPORT TITLE:	Medical Appraisal and Revalidation Annual Report 2019/20
DATE OF MEETING:	Thursday, 02 July 2020
ACTION REQUIRED	For Approval
EXECUTIVE DIRECTOR:	Andrew Loughney, Medical Director
AUTHOR(S):	Devender Roberts, Responsible Officer & Deputy MD Lynn Johnson Revalidation Support Manager
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 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 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 junior medical staff with the capability and capacity to deliver the best care. <input type="checkbox"/> The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/> Failure to deliver the annual financial plan <input type="checkbox"/> Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/> Ineffective understanding and learning following significant events..... <input type="checkbox"/> Inability to achieve and maintain regulatory compliance, performance and assurance..... <input type="checkbox"/> Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/> Inability to deliver the best clinical outcomes for patients..... <input checked="" 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 checked="" type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p>

	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"/>	
	ALL DOMAINS <input type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input type="checkbox"/> 2. Operational Plan <input type="checkbox"/> 3. NHS Compliance <input checked="" type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other: 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 approve the action plan agreed following the visit of the higher level responsible officer in January 2020 and take assurance from the Trust position as at March 2020 regarding progress made on the recommendations.	
PREVIOUSLY CONSIDERED BY:	Committee name 	Choose an item. Or type here if not on list: Click here to enter text.
	Date of meeting 	Click here to enter a date.

Executive summary

The Trust annual Consultant revalidation report for 2018/19 was presented to the Board via the Putting People First Committee on 23rd September 2019.

In that report; out of 86 doctors, 72 appraisals were completed, eight doctors had an approved late appraisal and six had incomplete /missed appraisals that were not authorised

The reasons for the incomplete/missed appraisals were:

- 1 – annual leave and failed to organise date accordingly
- 2 – failed to organise date for appraisal and did not request extension
- 1 – change of appraiser at short notice
- 2 – appraiser was late in completing appraisal summary leading

This gave us an overall rate of 8.8% of unauthorised missed/incomplete appraisal when compared to the same sector national rate of 2.1% which triggered a Higher Level Responsible Officer (HLRO) visit in January 2020. The purpose of this visit is to identify barriers to appraisal compliance and offer assistance to Trusts.

A copy of the meeting notes are appended to this report. The HLRO was satisfied that the Trust figures for 2018/19 were a reflection of the transition from the previous Revalidation team to the current – in particular the Trust did not have an Appraisal lead until January 2020. An action plan was drawn up which requires approval from the Board.

The Board is also asked to receive assurance that the figures for 2019/20 show significant improvement reflecting the huge effort made by the Trust Appraisal lead, Revalidation Support Manager and Appraisers to raise the profile of and streamline the process for revalidation and appraisal within the Trust.

This report is scheduled to be considered on the consent agenda.

Revalidation report for 2019/20:

The team

During this revalidation year April 2019 to March 2020, the team supporting revalidation for the Trust was Dr Devender Roberts (Responsible Officer (RO)), Dr Bill Yoxall (Appraisal Lead), Lynn Johnson (Revalidation Support Manager) and a team of Appraisers who each undertake between 4-8 appraisals every year.

Appraisal performance data

99 doctors had a prescribed connection with the Trust – representing an increase of 13 from the previous year. All doctors were engaged with the process and all doctors were accounted for in terms of their participation.

The Trust did not have to submit an Annual Organisation report for 2019/20 due to the Coronavirus pandemic. All Consultant appraisals and revalidation from March 2020 are suspended till March 2021.

However, the data presented below shows the improved position of the Trust Revalidation performance since 2018/19.

	Number	Completed appraisals	Incomplete/missed appraisal Authorised	Incomplete/missed appraisal Not Authorised
Consultant	75	67	7	1
Staff Grade, Associate Specialist Speciality Doctor	3	2	1	0
Temporary or Short-term Contract holders.	21*	19	2	0
Total	99	88	10	1 (1%)

*increased from 15 in 2018/19

This gave us an overall rate of 1% of unauthorised missed/incomplete appraisal compared to 8.8% in the previous year. This is significantly below the same sector rate national rate of 2.1% in 2018/19 and represents significant improvement reflecting the huge effort made by the Trust Appraisal lead, Revalidation Support Manager and Appraisers to raise the profile of and streamline the process for revalidation and appraisal within the Trust to ensure doctors are supported to undertake an annual appraisal, in accordance with NHSE guidance.

Governance and Assurance

The appraisal and revalidation policy has been updated and will be submitted to the PPF Committee for ratification .

The Trust has an implemented framework of Information Governance to ensure all the information held on staff members are compliant with the Data protection and confidentiality, information security and information quality on an annual basis.

The usual quarterly assurance and annual report to NHS England has not been submitted this year due to the Coronavirus pandemic and suspension of appraisals/revalidation till March 2021.

However, this paper is aimed at providing assurance to the Board regarding appraisal and revalidation within the Trust.

Issues for Board consideration

- The action plan from the HLRO meeting requires Board approval
- Currently the Trust uses the Equiniti RMS (Revalidation Management System) as the system for doctors to upload their revalidation and appraisal evidence. The Trust have extended the contract (which expired in Jan 2020) for a further 12 months. Following that we propose to look at evaluating other options including the cost-free MAG system. This will mean that the resources can be directed towards ongoing training for appraisers and new appraises.
- In the 2018/19 report; strengthening assurance where doctors work in multiple locations was an area of key focus for the team. This includes private practice and doctors on short-term contracts. In 2019/20, all short-term contract holder with a prescribed connection to LWH were accounted for and appraised. Doctors are also more aware now that they are appraised on their whole scope of practice which includes academic and private work.
- The Board is asked to note the increase in the number of doctors with a prescribed connection. The team have worked hard to maintain the appraiser numbers to support the increase. The Divisions will be asked to identify appraisers in proportion to the number of Consultants. Progress against this will be tracked by the Revalidation team.
- The HLRO visit in January 2020 completes the Trust requirement for independent verification once every revalidation cycle for each designated body as described in the Framework of quality Assurance for Responsible Officers and Revalidation. An internal audit is also proposed.

Conclusions

The paper is intended to provide assurance to the Board that the Trust is fulfilling all the requirements for revalidation.

The trust is performing well and has turned around its management of doctors who do not seek approval for late/incomplete appraisals.

Recommendations

The Board is asked to:

- 1) Approve the action plan from the HLRO visit (see attached)
- 2) Receive assurance that the figures for 2019/20 show significant improvement reflecting the huge effort made by the Trust Appraisal lead, Revalidation Support Manager and Appraisers to raise the profile of and streamline the process for revalidation and appraisal within the Trust.

Action Plan Template: HLRO visit Liverpool Women's NHS Foundation Trust

Name of designated body	LIVERPOOL WOMEN'S NHSFT	
Name of responsible officer	Devender Roberts	
Area/concern/issue identified at Review Visit	Action	Timescale
Trust Medical revalidation policy needs better alignment with NHSE/I guidance and more clarity re: process	Policy to be reviewed in light of NHSE/I medical appraisal policy, information flows guidance and access statements	By end May 2020
QA tools for assurance of appraisal other than ASPAT	Review QA tools shared by NHSE/I	By end May 2020
Relationship building with other local providers	RO to meet with RLBUHT (now LUFT) RO	Meeting had been planned but cancelled due to illness of LUFT RO. Now rescheduled post Covid-19 lockdown
GMC Effective Clinical Governance Handbook and self-assessment	Trust to perform self-assessment and report findings to Board Committee	Autumn 2020
Follow up meeting / Telecon		
As responsible officer I confirm that the information above has been discussed and agreed with my Board or equivalent	Signature 7 th May 2020	
Date of Board sign-off		

		Agenda Item
MEETING	Trust Board	
PAPER/REPORT TITLE:	Remuneration & Nominations Committee Terms of Reference	
DATE OF MEETING:	Thursday, 02 July 2020	
ACTION REQUIRED	Approve	
EXECUTIVE DIRECTOR:	Mark Grimshaw, Trust Secretary	
AUTHOR(S):	Mark Grimshaw, 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 type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most effective Outcomes <input type="checkbox"/></p> <p>5. To deliver the best possible experience for patients and staff <input type="checkbox"/></p>	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input type="checkbox"/></p> <p>2. 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 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 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 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>	

	<i>supports learning and innovation, and promotes an open and fair culture.</i> ALL DOMAINS <input type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input checked="" type="checkbox"/> 2. Operational Plan <input type="checkbox"/> 3. NHS Compliance <input checked="" type="checkbox"/>	4. NHS Constitution <input checked="" type="checkbox"/> 5. Equality and Diversity <input 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>To approve the Terms of Reference as recommended by the Remuneration & Nominations Committee</i>	
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 Remuneration and Nominations Committee Terms of Reference have been reviewed by the Trust Secretary. An updated version has been attached as appendix one with amendments illustrated with track changes.

The terms of reference have been reviewed against the NHS Providers 'The Foundations of Good Governance: A Compendium of Good Practice'. The compendium suggests that the membership of the Remuneration and Nominations Committee should consist of Non-Executive Directors only. This has been reflected in the terms of reference in the 'membership' section. The 'attendance' section has also been updated accordingly.

To approve the Terms of Reference as recommended by the Remuneration & Nominations Committee

REMUNERATION & NOMINATION COMMITTEE

TERMS OF REFERENCE

Constitution:	The Committee is established by the Board of Directors and will be known as the Remuneration and Nomination Committee (the Committee).
Duties:	<p>The Committee is responsible for:</p> <ol style="list-style-type: none"> a. Overseeing the recruitment and selection process for the posts of ¹Chief Executive and Executive Directors b. Preparing a description of the role and capabilities required for the Chief Executive and Executive Director posts to reflect the balance of skills, knowledge and experience required c. Succession planning Executive appointments taking into account the challenges and opportunities facing the Trust and the skills and expertise required on the Board d. Reviewing the structure, size and composition of the Executive Director composition of the Board of Directors e. Reviewing Executive Directors' performance. f. Determining the remuneration and terms of service of the Chief Executive and the Executive Management Team g. Determining the annual cost of living award for senior managers (excluding those paid under Agenda for Change arrangements) h. Succession planning for Executive Director appointments i. Overseeing agreement of appropriate contractual arrangements relating to the Chief Executive and Executive Management Team j. Scrutinising any termination payments relating to the Chief Executive or the Executive Management Team, ensuring that they have been properly calculated and take account of any relevant guidance k. To be responsible for any disciplinary issue relating to the Chief Executive or member of the Executive Management Team which may result in their dismissal? The Committee will not be responsible for any disciplinary issue which is short of dismissal l. Such other duties as the Board of Directors may delegate.
Membership:	<p>The Committee membership will be appointed by the Board of Directors and will consist of:</p> <ul style="list-style-type: none"> • Trust Chair • All Non-Executive Directors •

¹ Note that Chief Executive appointments are subject to approval by the Council of Governors

	<p>Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum.</p> <p>The Chair of the Board of Directors will be the Chair of the Committee. The Vice Chair of the Board will be the Vice Chair of the Committee from the outset. The Vice Chair will automatically assume the authority of the Chair should the latter be absent.</p>
Quorum:	A quorum shall be three members including the Chair or Vice Chair and at least two Non-Executive Directors.
Voting:	Each member will have one vote with the Chair having a second and casting vote, if required. Should a vote be necessary a decision will be determined by a simple majority.
Attendance:	<p>a. Members Members will be required to attend a minimum of 75% of all meetings.</p> <p>b. Officers The Chief Executive and Chief People Officer (or equivalent executive lead for the Trust with responsibility for the human resources functions of the Trust) will be in attendance at its meetings, as and when appropriate and necessary.</p> <p>The Trust Secretary will act as Secretary to the Committee.</p>
Frequency:	Meetings shall be held at least once per year or as required to fill Executive Director vacancies. Additional meetings may be arranged from time to time, if required, to support the effective functioning of the Trust.
Authority:	<p>The Committee is authorised by the Board to investigate any activity within its Terms of Reference.</p> <p>The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject always to compliance with Trust delegated authorities.</p>
Accountability and reporting arrangements:	<p>The Remuneration and Nomination Committee will be accountable to the Board of Directors.</p> <p>The minutes of the Remuneration and Nomination Committee will be</p>

	<p>formally recorded and submitted to the Board of Directors. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to it or require executive action.</p> <p>Summary minutes will also be circulated to members of the Audit Committee.</p> <p>The Committee will report to the Board annually on its work and performance in the preceding year.</p> <p>Trust standing orders and standing financial instructions apply to the operation of the Remuneration and Nomination Committee.</p>
Monitoring effectiveness:	The Committee will undertake an annual review of its performance against its duties in order to evaluate its achievements.
Review:	These terms of reference will be reviewed at least annually by the Committee.
Reviewed by Nominations Committee:	2 July 2020
Approved by Board of Directors:	2 July 2020
Review date:	March 2021
Document owner:	Mark Grimshaw, Trust Secretary 0151 702 4033