Liverpool Women's
NHS Foundation Trust

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

Board of Directors Meeting

PUBLIC

3 September 2020

Meeting of the Board of Directors
HELD ELECTRONICALLY
Thursday 3 September 2020 at 1300hrs
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.					
138	Thank you	To provide a Team thank you – above and beyond			1300 (5mins)
139	Apologies for absence Declarations of interest	Receive apologies & declarations of interest	Verbal	Chair	
140	Meeting guidance notes	To receive the meeting attendees' guidance notes	Written	Chair	
141	Patient Story • Tele-neonatology programme	To receive the patient story	Presentation	Medical Director	1305 (15mins)
142	Minutes of the previous meeting held on 2 July 2020	Confirm as an accurate record the minutes of the previous meeting	Written	Chair	1320 (5mins)
143	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written	Chair	
144	Chair's announcements	Announce items of significance not found elsewhere on the agenda	Verbal	Chair	1325 (5mins)
145	Chief Executive Report	Report key developments and announce items of significance not found elsewhere on the agenda	Written	Chief Executive	1330 (5mins)
BOARD COMMITTEE ASSURANCE					
146	Chair's Reports from Quality Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1335 (5mins)
147	Chair's Report from Finance, Performance and Business Development Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1340 (5mins)
148	Chair's Report from Audit Committee	For assurance, any escalated risks and matters for approval	Written	Committee Chair	1345 (5mins)
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					
149	Covid-19 Pandemic: Phase 3 Response	For assurance	Written	Chief Operating Officer	1350 (10mins)
150	Safer Nurse/Midwife Staffing Report, M3 & M4 2020/21	For assurance and to note any escalated risks	Written	Interim Director of Nursing and Midwifery	1400 (5mins)
151	CNST – Maternity Incentive Scheme Year 3: Monthly Update: September 2020	For Assurance	Written	Chief Operating Officer	1405 (5 mins)

Item no. 2020/21/	Title of item	Objectives/desired outcome	Process	Item presenter	Time
152	Clinical Mandatory Training - Compliance	For Assurance	Written	Medical Director / Chief People Officer	1410 (10 mins)
153	Clinical & Quality Strategy	For Approval	Written	Medical Director	1420 (10 mins)
154	Care Quality Commission Update	For Assurance	Written	Interim Director of Nursing and Midwifery	1430 (10 mins)
155	Serious Incident Report – Quarter 1, 2020-21	For Assurance	Written	Interim Director of Nursing and Midwifery	1440 (5mins)
TRUST PERFORMANCE - TO DELIVER THE MOST EFFECTIVE OUTCOMES; TO BE EFFICIENT AND MAKE BEST USE OF AVAILABLE RESOURCES					
156	Operational Performance Report period M4, 2020/21	For assurance –To note the latest performance measures	Written	Chief Operating Officer	1445 (5 mins)
157	Finance Report period M4, 2020/21	For assurance - To note the status of the Trust's financial position	Written	Director of Finance	1450 (5 mins)
BOARD GOVERNANCE					
158	NHS People Plan August 2020	For Information & Assurance	Written	Chief People Officer	1455 (10 mins)
159	Trust Strategy Update	For Information	Written	Director of Finance	1505 (10 mins)
160	Digital.Generations Strategy	For Assurance	Written	Director of Finance	1515 (10 mins)
161	Well-Led Self-Assessment Action Plan	For Assurance	Written	Trust Secretary	1525 (5 mins)
162	Board Assurance Framework 2020/21	For Assurance and Approval	TO FOLLOW	Trust Secretary/ Executive Leads	1530 (5mins)
163	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	1535 (5mins)
CONSENT AGENDA (all items 'to note' unless stated otherwise)					
164	7 Day services – self – assessment against priority standards	For Assurance	Written	Medical Director	Consent
165	Corporate Governance Manual	For Approval	Written	Trust Secretary	Consent
166	Corporate Objectives 2020/21: Three Monthly Review	For Assurance	Written	Chief Executive	Consent
167	Membership Strategy Update	For approval	Written	Trust Secretary	Consent
HOUSEKEEPING					
168	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	1540 (5mins)

Date of next meeting

Board in Public: 5 November 2020

Meeting to end at 1550

1550 - 1600	***Questions raised by members of the public***	To respond to members of the public on matters of clarification and understanding.	Verbal	Chair

Liverpool Women's

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

Liverpool Women's NHS Foundation Trust

Board of Directors

Minutes of the meeting of the Board of Directors held virtually at 10.00am on 2 July 2020

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 Thomason	Interim Director of Nursing & Midwifery
Mr Gary Price	Chief Operating Officer
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
Prof Louise Kenny	Non-Executive Director

IN ATTENDANCE

Mr Mark Grimshaw	Trust Secretary
Mrs Mary McDonald	Appointed Governor
Mrs Jackie Sudworth	Public Governor
Mrs Denise Richardson	Public Governor
Mrs Evie Jeffries	Public Governor
Dr John Kirwan	Consultant Gynaeoncologist (until item 089)
Dr Paul Skaife	Consultant Colorectal surgeon (until item 089)
Dr Marianne Hamer	Clinical Lead for Imaging (item 089 only)
Dr Umber Agarwal	Consultant in Maternal-Fetal Medicine (item 089 only)
Dr Christopher Dewhurst	Clinical Director, Neonatal Service (item 100 only)
Miss Jo Minford	Deputy Clinical Director and Surgical Lead (Alder Hey) (item 100 only)
Mrs Jen Deeney	Head of Nursing, Neonatal Service (item 100 only)
Ms Sian Calderwood	General Manager (Alder Hey) (item 100 only)

APOLOGIES:

Mrs Tracy Ellery	Non-Executive Director

20/21/ 085	**Thank You** The Chair stated that whilst the Board continued to want to acknowledge the hard work and flexibility shown by all staff in response to the Covid-19 pandemic, it was felt appropriate to identify staff and teams who had gone above and beyond in their service and care to patients. **Gemma Birkett** – The Medical Director noted that feedback had been provided from a family whose daughter had been born at the Trust at the beginning of May 2020. There had been some complications during the birth and the father had wanted to recognise the skill, diligence and compassion displayed by every single member of the staff that they encountered. Particular praise

	was noted for Gemma, a midwife, who had gone the extra mile to provide excellent care. A video was shown of the Medical Director presenting the 'thank you' to Gemma. OCS – The Chief Operating Officer reported that the Trust's partner organisations had been key to an effective response to the pandemic. The Trust's catering and cleaning partner OCS had been asked to undertake further work to help maintain safety and it was stated that the Trust would not have been able to function without their support. A video was shown of the Chief Operating Officer presenting the 'thank you' to the OCS management team. Gynae-Oncology Team – The Medical Director noted that a letter had been received from the gynaecological pathology team at Liverpool Clinical Laboratories congratulating the surgical oncology team at the Trust in relation to the response to the Covid-19 pandemic. It was highlighted that whilst there had been a reduction in workload for several pathology subspecialties, the gynae-oncology team had continued operating and providing care to not only patients in Liverpool but across Cheshire and Merseyside. Thanks were extended at the meeting to Dr John Kirwan and Dr Paul Skaife, who had been a fundamental part of the response.
086	Apologies – as above Declaration of Interests – Ms Gaynor Thomason noted that she was a Non-Executive Director at Merseycare NHS Foundation Trust.
087	Meeting guidance notes The Board received the meeting attendees' guidance notes which had been updated to reflect 'virtual meetings'.
088	Patient Story Dr John Kirwan and Dr Paul Skaife attended to outline how cancer care at the Trust had been impacted during the Covid-19 pandemic through describing the journey of a patient who had experienced a complex cancer pathway pre-lockdown and during lockdown. Once lockdown was put into place at the end of March 2020, the challenge for the team had been to develop interventions that managed the risk of infection whilst ensuring that they continued in a timely manner for those most at need. An immediate response taken was to stratify patients in relation to the severity of their condition. Diagnostic tools were utilised as part of this. Changes were made to theatre practice which included pre-operation self-isolation, more open and less radical surgery, strict PPE usage and then robust follow up. Key to this approach had been co-ordination and effective partnership working across Cheshire and Merseyside. The Trust had become the gynaecological hub, taking patients from across the region. It was noted that lessons had been learned from the Covid-19 pandemic and it was likely that changes in practice would remain in place. A five-year plan for cancer had been developed, the delivery of which would be greatly supported by the recent appointment of new consultants. Central to the plan was treating the patient holistically and the ensuring that personalised stratified follow up was embedded in practice. The Chief Executive noted thanks to the team for their innovative and committed work. Prof Louise Kenny asked whether the five-year plan was achievable. Dr John Kirwan confirmed this to be the case, stating that capacity and robust contingency plans had been developed. It was also queried why there had been progress made recently with consultant recruitment when it had been a challenge for several years. Dr John Kirwan stated that there tended to be cyclical element regarding the supply and demand of adequately trained candidates. It was also stated the development of cancer services in the city, particularly with Clatterbridge Cancer Centre, had made practicing in Liverpool a more attractive option. This had been strengthened with a more focused recruitment exercise.

	The Board noted the presentation.
089	**BAME Staff Listening Event Feedback** The Chief People Officer reported that a staff listening event had been held with the Trust's BAME staff to better understand how the Trust could offer support throughout the Covid-19 pandemic and beyond. It was noted that the issues highlighted by the Covid-19 pandemic had assisted in moving conversations forward and building relationships with staff. This work aligned with the Fair & Just culture project which was encouraging an open culture throughout the organisation. Dr Marianne Hamer and Dr Umber Agarwal attended to present feedback from the listening event. The key issues identified included: • Whilst risk assessments for BAME staff and advice for these had arrived late, the Trust had acted quickly once they became available. • There was renewed interest in developing a Trust BAME network to provide a support mechanism for staff. • Positive feedback had been received on the Trust offering vitamin D testing to BAME staff and the availability of PPE. • Suggested that education on BAME issues could be improved and that BAME staff should be involved in the development of training. • There were concerns regarding return to work from staff who had been shielding and the importance of providing support was identified. The Chair thanked Dr Marianne Hamer and Dr Umber Agarwal for providing the feedback and queried if there were specific actions they would wish the Board to take. Dr Umber Agarwal suggested that it would be useful to develop a risk framework document for the Trust that would bring together risk assessment, stratification and identified mitigations. This would include principles that went beyond BAME staff. The Chief People Officer agreed that this would be a useful document to develop and stated that it was important that risk assessments for all vulnerable groups had been undertaken. The Chief People Officer stressed the importance of ensuring a BAME voice on decision-making bodies in the Trust. Adding to this point, the Chief Executive suggested that the BAME network could have a developmental role in addition to a support function. Mr Tony Okotie noted that he had recently joined the BAME North West Strategic Advisory Group and there had been discussions at this forum about how organisations go further and faster in achieving equality aims. It was suggested that the Board consider its WRES objectives at a future workshop to determine whether the aims outlined within these were sufficiently ambitious. **Action: To review the WRES objectives to consider they were sufficiently ambitious for the Trust to meet its equality aims.** The Chief Operating Officer added that in reviewing the equality objectives and aims, consideration would need to be given to the resource implications to ensure that they were fully achievable. The Board noted the feedback and agreed that a regular item would be received at future meetings to monitor progress.
090	**Minutes of previous meetings** The minutes of the Board of Directors meetings held on 7 May 2020 and 18 June 2020 were agreed as a true and accurate record.
091	**Matters arising and action log.**

	There were no matters arising. The Board of Directors reviewed the Action Log and noted that there were no overdue actions. It was agreed that actions would be reviewed to identify timescales for completion.
092	**Chair's Announcements** The Chair briefed the Board on events since the last meeting. Whilst physical meetings had been stopped, scheduled meetings of the Council of Governors had continued utilising technology such as Microsoft Teams. A Communications & Engagement Sub-Group meeting had been held recently and there had been productive discussions regarding a refresh of the Trust's approach to membership engagement. There were upcoming governor elections over the summer months and a particular focus for these would be to try and encourage participation from underrepresented groups. The Chair reported that he had participated in recent consultant interviews. He commented that the quality of the candidates was very strong. The Board noted the Chair's verbal update.
093	**Chief Executive's report** The Chief Executive presented the report which detailed local, regional and national developments. She briefed the Board on the content of the report and drew attention to the section on the Electronic Patient Record. It was reported that a business case had been developed that, due to its commercially sensitive nature, would be considered in the private section of the Board meeting. Once a decision had been made, this would be reported in due course. The opening of the new Clatterbridge Cancer Centre adjacent to the Royal Liverpool Hospital was noted. A letter had been written from the Trust welcoming them to the city. The Board of Directors received and noted the Chief Executive's Report.
094	**Chair's Report from the Quality Committee** Dr Susan Milner presented the Chair's Reports for the meetings of the Quality Committee held on 18 May 2020 and 22 June 2020. She briefed the Board on the content of the reports and noted that meetings continued to be held virtually. Following a request from the Board, a report had been received at the June 2020 meeting which provided assurance on how the Trust had monitored the patient experience during the Covid-19 pandemic, acting when necessary. An update had been received on the CQC Action Planning process and the Committee provided sign off on the divisional level action plans. A review of the Trust's compliance against the Paterson report had been provided. The Committee had 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. Discussions were underway with divisions to establish a proactive change to local practice. The Chief Executive had noted that the Trust had been involved in a lawsuit against a gynaecologist 10 years previously and asked the Committee to consider commissioning a lookback exercise to review lessons learnt and embedded actions The Committee had been informed that an error had been identified in reporting with regards to Continuity of Carer ('COC' not 'CQC' as identified in the report) compliance and the percentage of achievement for COC. The Medical Director explained that the measurement of compliance was for women who had maintained a continuity of carer throughout their care, not just been placed on the pathway. The Trust was currently at 15% compliant against a 51% target. An action plan was in place that would provide 46% compliance by December 2020. There was also a 60% stretch target for March 2021. Mr Ian Knight queried whether there would be a cost implication for achieving compliance. The Chief Operating Officer stated that there would be a need to recruit and make amendments to the current rostering system. Work was underway to fully understand the resource requirements with the Director of Finance.

	The Committee reviewed the Quality related BAF risks. The Committee had recommended 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. The suggestion was to increase the risk score for likelihood to 4 giving a risk score of 16. The Board considered this item under agenda item 110. The Board of Directors: • Received and noted the Chair's Reports from the Quality Committee meeting held on 18 May 2020 and 22 June 2020
095	**Chair's Reports from Finance, Performance and Business Development Committee (FPBD)** Ms Jo Moore presented the Chair's Reports for the meeting of the Finance, Performance and Business Development Committee held on 19 May 2020 and 23 June 2020. She briefed the Board on the content of the reports and noted that in the May 2020 meeting, the Committee had received an analytical review of the 2019/20 financial position which had been a helpful process. It was noted that the actions required by the Board from the May 2020 meeting had been covered by previous Board meetings. In the June 2020 meeting, the Committee had been assured in relation to the financial rigour being applied to track costs related to the Covid-19 pandemic. The impact of the pandemic was also considered in the context of the operational performance. There was now a change in focus on long waiting patients that would continue to be monitored. The Committee had reviewed the EPR business case and had requested that further detail be provided on the financial implications. This detail had been included within the Board paper due for consideration in the private section of the meeting. The Committee reviewed the risks that it was accountable for within the BAF. The Committee had recommended to increase the risk score of BAF risk 2335: Major and sustained failure of essential IT systems due to a cyber-attack as a result of the impact of Covid-19 increasing the Trust risk. The Board of Directors: • Received and noted the Chair's Reports from the FPBD Committee meeting held on 19 May 2020 and 23 June 2020.
096	**Chair's Report from Putting People First Committee (PPF)** Mr Tony Okotie presented the Chair's Report for the meeting of the PPF Committee held on 22 June 2020. He briefed the Board on the content of the report and noted that the Committee had identified that further work was required on the workforce performance dashboard. In its current form, the report was not providing sufficient triangulation of data to alert the Committee to key areas of underperformance and therefore was providing limited assurance. The Committee had also identified on-going issues relating to staff engagement scores within the IT and Estates teams. Further assurance that appropriate action was being taken was requested. The Committee had been informed regarding on-going challenges relating to mandatory training for resus and blood transfusion. It was agreed that a 'deep dive' report on this issue would be tabled to the September 2020 Board meeting. **Action: For a 'deep dive' report to be provided to the September 2020 Board on action being taken to improve mandatory training compliance for resus and blood transfusion.** The Board of Directors:

- Received and noted the Chair's Report from the PPF Committee meeting held on 22 June 2020.

097 **Chair's Report from Audit Committee**

The Chair noted that the Audit Committee had met on 21 May 2020 to review items relating to the Annual Report and Accounts. The Board had met on 23 June 2020 to provide final sign off on the Annual Report and Accounts.

The Board of Directors:

- Received and noted the Chair's Report from the Audit Committee meeting held on 21 May 2020.

098 **Chair's Report from the Charitable Funds Committee**

Mr Phillip Huggon presented the Chair's Report for the meeting of the Charitable Funds Committee held on 23 June 2020. He briefed the Board on the content of the report and noted that the Committee received a position update in relation to Covid-19 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. A presentation from the charity's investment management provider was received. 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.

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. It was agreed that it would be helpful if the meeting frequency of the Committee increased to quarterly from bi-annual. This was to provide additional time to provide support to and seek assurance on the Trust's fundraising strategy. An additional meeting would be scheduled for the Autumn and amendments to the Committee Terms of Reference would be considered to reflect this increase in scope of activity.

It was noted that the Committee had reviewed a Terms of Reference in December 2019 and these required ratification by the Board.

The Board of Directors:

- Received and noted the Chair's Report from the Charitable Funds Committee meeting held on 23 June 2020.
- Approved the Charitable Funds Terms of Reference

099 **Annual Report of the Director of Infection Prevention and Control 2019/20**

Dr Tim Neal, Director of Infection Prevention and Control (DIPC), attended to present the Annual Report of the Director of Infection Prevention and Control 2019/20. Dr Tim Neal reminded the Board of their responsibilities regarding infection prevention and control and continued to provide an outline of Trust performance during 2019/20. Attention was drawn to the one MRSA incident during the year. This had occurred in the neonatal unit and following review, it had been found that there had been no lapses in care. It was noted that whilst incidents of other infections had increased on the previous year, the long-term position remained stable.

Dr Tim Neal continued to outline the Trust's approach to Covid-19. This included following national and specialty guidance regarding Personal Protective Equipment (PPE) and the robust implementation of national campaign messaging on hygiene measures. As the Trust was moving into

	the 'suppression' phase, the focus going forward would be on mitigating the risk of hospital acquired infection. As activity started to increase, there would also be an increased risk to transmission of Covid-19 and therefore the importance of maintaining infection control and prevention was emphasised. The Chief Executive noted that the risk of infection increased for patients who had longer stays in hospital and queried what arrangements the Trust had put into place to mitigate this. Dr Tim Neal stated that robust screening and PPE processes were key mitigations. Ms Jo Moore queried whether there was a risk of 'Covid-19 fatigue' with staff and if increased absences were anticipated. Dr Tim Neal noted that there was a concern regarding a potential relaxation of PPE measures as staff had not been used to social distancing whilst utilising PPE. Whilst there had been no instances to date, the risk was being monitored. The Chief People Officer noted that there was a risk recorded regarding the potential increase of staff retiring earlier once the recovery from Covid-19 was embedded. Work was underway to explore how best to maintain enjoyable and challenging roles and to ensure that there was a robust well-being approach for staff. The Board of Directors received and approved the Annual Report of the Director of Infection Prevention and Control 2019/20.
100	Liverpool Neonatal Partnership Dr Christopher Dewhurst, Miss Jo Minford, Jen Deeney, Sian Calderwood and Mary Passant attended the meeting in their capacity as the leadership team for the joint Liverpool Neonatal partnership (LNP). They briefed the Board on the timeline from 2009 when the NICE Quality Standards for hospitals providing Neonatal Care were developed. The trusts had been working together to develop the Neonatal Partnership including the implementation of a business case (agreed by commissioners) to provide a joint service supported by the appropriate resource. The aims and objectives of the partnership included: to reduce the number of transfers for babies between hospitals and to maximise the benefits for patient care by standardising care pathways where appropriate. Another key strand of work related to the expansion of the neonatal estate onto the Alder Hey site. The scoping for this had been completed and the preferred estates option had been agreed. The procurement process remained on-going and it was planned that the unit would open in Winter 2022/23. The impact of Covid-19 on the partnership was outlined and whilst consultant capacity had been reduced, the use of telemedicine had been utilised to mitigate this. It was stated that this approach would continue as it would support a cross-site working approach. The Board noted the importance of maintaining good practice that had progressed as part of the Covid-19 response. Mr Phillip Huggon queried how the funding for the partnership was structured and whether it was sustainable. The Director of Finance noted that the funding was adequate for current service delivery requirements and had been agreed until 2023. However, the long-term funding for the partnership would need on-going monitoring. It was noted that cross-organisational boundary working was complex, and the partnership team had worked well to overcome the challenges. The Chief Executive stated that it was important to start from what was right for patients and not from an organisational perspective when designing patient pathways. The partnership was a good example of removing organisational barriers and of a clinically led solution. The Board noted the presentation and stated its support for the work of the Liverpool Neonatal Partnership in creating a world-leading service.
101	Covid-19 Pandemic: Trust response

	The Chief Operating Officer 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 Chief Operating Officer 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 therefore focussed on how the Trust would continue to operate safely and effectively as the 'recovery' and 're-start' phases of the pandemic began. The Chair agreed that it would be important for the Trust to maintain a forward-looking approach to the response to the Covid-19 pandemic. The Board of Directors: • Noted the update for information and assurance.
102	Safer Nurse/Midwife Staffing Report, M1 & M2 2020/21 The Interim Director of Nursing & Midwifery presented a report which detailed Ward Staffing levels across all inpatient clinical areas during April and May 2020. She briefed the Board on the content of the reports and noted that whilst the need to submit safe staffing positions had been suspended, the Trust had continued to collect safe staffing data and report to the Board. The report had also been supplemented with assurance on medical and allied health professional staffing levels in the context of managing the challenges posed by the Covid-19 pandemic. The Board of Directors: • Noted the content of the report and the assurances that appropriate information was being provided to meet the national and local requirements. • Noted that the organisation had the appropriate number of nursing & midwifery staff on its inpatient wards to manage the current clinical workload as assessed by the Interim Director of Nursing & Midwifery • Noted the staffing issues highlighted in the report relating to the Covid-19 pandemic.
103	Bi-Annual Safer staffing paper Nursing and Midwifery The Interim Director of Nursing & Midwifery introduced the report which set out the Trust position in the context of the national nursing and midwifery workforce challenges. It was noted that the report provided assurance that there were 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 had been included. The Putting People First (PPF) Committee had reviewed the report in advance of it being submitted to Board with no issues identified for escalation. The Board of Directors: • Noted the content of the report and the assurances that nurse/midwife staffing levels were safe and appropriate at present. • Noted the risk to the organisation of the number of nursing and midwifery staff over 50 years of age. • Noted the issues identified regarding the national shortage of nurses and midwives.
104	Lessons Learnt from Mortality The Medical Director explained that the report had been collated from the quarterly adult, stillbirths & neonatal mortality reports provided to the Quality Committee. It was stated that there were 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, were reviewed. Key issues in the report were highlighted as follows: • The stillbirth rate for 2019/20 was 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) continued to be used to support all perinatal death reviews during 2019/20 • Learning and themes from the perinatal reviews were identified and action plans put in place to address issues that arise. The Board of Directors: • Noted the report and the assurance that there were adequate processes in place for learning from deaths.
105	Liverpool City Covid-19 Recovery Plan The Chief Executive reported that the city had submitted post-Covid-19 recovery strategy to the Prime Minister and the Chancellor outlining a multi-layered programme which if delivered, would create 25,600 jobs, provide an additional 12,000 construction jobs and more than 9,700 apprenticeships. One of the key strands of the strategy related to the next phase of the city's health innovation campus at Paddington Village and the Chief Executive highlighted that discussions were scheduled with the city council and other partners to review the potential opportunities for the Trust. It was noted that the outcome of these discussions would be reported to the Board in due course. The Board of Directors noted the report.
106	Operational Performance Report Month 2 2020/21 The Chief Operating Officer presented the Operational Performance Report for Month 2 2020/21. 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. It was noted that benign activity had been paused for two months during the pandemic and work was re-starting on a priority basis. A planned approach was being undertaken to increase elective capacity to 80% and 're-set' guidance was being awaited from the government to provide further instruction. It was noted that whilst the Trust's cancer performance had been well maintained during the pandemic, it would continue to be challenging to maintain performance levels during the 're-set' phase and that it would require continued attention and focus. The Board of Directors: • Received and noted the Month 2 Operational Performance Report.
107	Financial Report & Dashboard Month 2, 2020/21 The Director of Finance presented the Finance Report and Financial Dashboard for Month 2, 2020/21. She briefed the Board on the content of the report and advised that due to the impact of the Covid-19 pandemic, a temporary financial regime would remain in place until the end of July 2020. Under this regime, the Trust received 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 was the subject of a high

	level of scrutiny and would not be fully paid across by NHSI/E until further checks and scrutiny had taken place (across many organisations). The Trust's annual budget for 2020/21 was a breakeven position after a budgeted top up of £7.6m. The actual top up was likely to be higher due to anticipated shortfalls in private patient income, commercial income, Cost Improvement Programme (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. It was highlighted that whilst there was no requirement currently to deliver or report on CIP progress, where it had been deemed safe to do so the Trust had 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. The Director of Finance noted that once information was received on the new financial regime, the Trust's BAF risk relating to financial performance would require review. The Board of Directors: • Received and noted the Month 2 Financial Performance Report.
108	Fair & Just Covenant The Chief People Officer explained that following the Fair & Just (F&J) Culture presentation to the Board Workshop on 4 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. It was intended that once agreed and signed, the Covenant would be used as part of the communication plans for the coming year. The Board approved the signing of the Fair & Just Covenant by the Chief Executive.
109	Well-Led Self-Assessment Action Plan The Trust Secretary noted that the Trust undertook a self-assessment against the Well-Led Framework during January-March 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. Attention was drawn to the action plan which provided an outline of the specific actions against the Well-Led Key Line of Enquiry (KLOE) headings. The Board was asked to review the draft action plan, agree to regular review at the Board and to provide a view regarding the progression of a procurement exercise for the external well-led review. The Chair stated that it would be important to be clear on the key issues that required focus in the external review to ensure that the value from the exercise was maximised. The Board of Directors: • Received and agreed the Well-Led Self-Assessment Action Plan • Agreed that an update on the action plan would be received at each Board meeting

- Agreed to progress with the procurement exercise for the external well-led review.

110 **Board Assurance Framework 2020/21**

The Trust Secretary presented the Board Assurance Framework 2020/21. Since the last report to the Board, the executive directors and Board Committees had 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 had 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 being maintained 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 noted as potentially being impacted by the Covid-19 pandemic were identified as requiring an increase in their current risk score; these were recommended 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 Board of Directors:

- Received the Board Assurance Framework
- Approved the proposed changes in relation to BAF risks 2295, 2335 & 2340

111 **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 Continuity of Carer performance was closely monitored
- Mandatory training performance regarding blood transfusion and resus.

112 **Nomination & Remuneration Committee Terms of Reference**

The Chair provided an overview of the discussions held at the Committee meetings in June and July 2020. In June 2020, the Committee considered a report from the Chief Executive regarding the 2019/20 performance of the Executive team. Also received were updates on Very Senior Manager (VSM) pay and the Pension Alternative Award Policy. The July 2020 meeting received a report from the Chair on the 2019/20 performance of the Chief Executive. The Committee terms of reference had also been considered at the July 2020 meeting.

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

Following the review by the Remuneration Committee, further changes were also suggested to the Accountability and Reporting Arrangements section. This included removing the requirement to provide the full minutes to the Board and summary minutes to members of the Audit Committee.

113 Subject to the above amendments, the Board approved the Nomination & Remuneration Committee Terms of Reference.

The following items were considered as part of the consent agenda

114	**Whistleblowing Annual Report/Speak Up Guardian Annual Report** The Board of Directors: • Accepted the assurance provided by the report and; • Endorsed the further actions proposed. **Medical Appraisal and Revalidation Annual Report 2019/20** The Board of Directors: • Approved the action plan agreed following the visit of the higher-level responsible officer in January 2020 and; • Took assurance from the Trust position as at March 2020 regarding progress made on the recommendations.
115	**Any other business & review of meeting** There was agreement that it had been appropriate to utilise the majority of the Board meeting to consider patient safety and staff wellbeing issues. It had also been evident throughout the meeting that the Trust was working effectively with partners to meet challenges and service needs. The Chief Executive noted that the Trust had recently received a letter from the CQC regarding positive inpatient survey results. The results had been embargoed until 2 July 2020 and would therefore be communicated more widely following the meeting. The Chair extended thanks to the Interim Director of Nursing and Midwifery as it was her last Trust Board meeting in the role. The Board agreed that she had provided significant insight and the Trust had benefited greatly from her experience and knowledge. **Date of next meeting** The Chair reported that the next meeting of the Board of Directors in public would be held on 3 September 2020. **Exclusion of the Public** The Board of Directors resolved to exclude the press and public from the meeting at this point on the grounds that publicity of the matters being reviewed would be prejudicial to public interest, by reason of the confidential nature of business. Members of the public were requested to leave the meeting room at this point.

TRUST BOARD
3 September 2020
Action Plan

Meeting date	Minute Reference	Action	Responsibility	Target Dates	Status
2 July 2020	20/21/96	For a 'deep dive' report to be provided to the September 2020 Board on action being taken to improve mandatory training compliance for resus and blood transfusion.	Medical Director	Sept 2020 Completed	Scheduled for September 2020 Board (item 20/21/152)
2 July 2020	20/21/89	To review the WRES objectives to consider they were sufficiently ambitious for the Trust to meet its equality aims.	Chief People Officer	Oct 2020 In Progress	To be discussed at Board Workshop in October 2020 under Equality & Diversity item.
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	Oct 2020 In Progress	To be discussed at Board Workshop in October 2020 under Equality & Diversity item.
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	Oct 2020 In Progress	To be discussed at Board Workshop in October 2020 under Equality & Diversity item.
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	Nov 2020 In Progress	To be circulated in advance of the November 2020 Board via email.

	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

Agenda Item	2020/21/145

MEETING	Board of Directors
PAPER/REPORT TITLE:	Chief Executive Report
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	Information
EXECUTIVE DIRECTOR:	Kathy Thomson, Chief Executive
AUTHOR(S):	Mark Grimshaw, Trust Secretary
STRATEGIC OBJECTIVES:	*Which Objective(s)?* 1. To develop a well led, capable, motivated and entrepreneurial ***workforce*** ☒ 2. To be ambitious and ***efficient*** and make the best use of available resource ☒ 3. To deliver ***safe*** services ☒ 4. To participate in high quality research and to deliver the most ***effective*** Outcomes ☒ 5. To deliver the best possible ***experience*** for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	*Which condition(s)?* 1. *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☒ 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. ……* ☒ 3. *The Trust is not financially sustainable beyond the current financial year……* ☒ 4. *Failure to deliver the annual financial plan ……* ☒ 5. *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☒ 6. *Ineffective understanding and learning following significant events……* ☒ 7. *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ 8. *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☒
CQC DOMAIN	*Which Domain?* ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE –*** *the services meet people's needs.* ☐ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ☐

	ALL DOMAINS ☒	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution ☒ 2. Operational Plan ☒ 3. NHS Compliance ☒	4. NHS Constitution ☒ 5. Equality and Diversity ☒ *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 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 effort to enact the third phase of NHS England and NHS Improvement's response to Coronavirus, as set out in a letter from NHS E/I's Chief Executive, Sir Simon Stevens and Chief Operating Officer, Amanda Pritchard (detailed below), is currently a key area of focus for the Trust. There is a separate agenda item outlining the actions being taken by the Trust.

Electronic Patient Record – It was reported in July 2020 that earlier in the year the Trust took the decision to end its involvement in the joint EPR Liverpool programme. Following this decision, our attention turned to developing our own EPR vision to best meet the needs of our patients and staff.

I am pleased to announce that the Trust Board has approved plans to proceed with an upgrade to Meditech Expanse as part of this journey. Meditech Expanse is a cutting-edge electronic patient record (EPR) solution that offers greater clarity, functionality and navigation, making the user experience the best it can be.

Following the Board's decision in July 2020, Matt Connor, the Trust's Chief Information Officer, stated: "We know that the recent EPR journey for Liverpool Women's has not been without its challenges. Therefore, we are delighted to be able to announce the approval to embark on the implementation of Meditech Expanse. Not only will this solution be tailored to the individual needs of Liverpool Women's, it will deliver a truly integrated care records system, meaning our staff will have access to information at the right time and in the right place. Meditech Expanse's point of care functionality makes it the perfect fit for the Trust.

"In addition, it will complement the Trust's long-term digital strategy which we are currently in the process of finalising before launching it later in the year. What is critical now, as with any new project, is to ensure that we engage with all key staff and other stakeholders as we begin the implementation of Meditech Expanse over the next 18 months. This project will go through a number of phases from planning, configuration, testing, go live, and a post-implementation optimisation. Staff engagement will be key to the project at all stages and we will soon establish a number of opportunities for staff to get involved."

2020 Flu Campaign Update - In autumn each year, all NHS organisations are tasked with running a campaign to provide flu vaccinations for their staff. The aim of the campaign is to support staff in ensuring that their own health, and the health of our patients, is protected against seasonal flu. There is a CQUIN target linked to this and in 2019, the Trust achieved the target of having at least 80% on frontline staff vaccinated, with the final figures as follows:

	Doctors	Nurses & Midwives	AHP	Support Staff	Total Frontline	Other (non frontline)
number of staff	114	686	65	218	1083	307
number vaccinated	114	493	65	205	877	125
% vaccinated	100.0%	71.9%	100.0%	94.0%	81.0%	40.7%

Preparations for the 2020 Staff Flu Vaccination Campaign
As in previous years, the campaign to vaccinate staff against flu will run from late September 2020 to the end of March 2021. Our occupational health provider has already ordered our vaccines, and unlike last year, there is not any anticipated shortage of vaccines nationally.

This year, the CQUIN target for staff flu vaccinations has been increased from 80% of frontline staff to be vaccinated to 90%. Monitoring will be through monthly data submission to NHS England and our aim is to try and reach that target as soon as possible, ideally before the end of the year. Although the CQUIN target only relates to frontline staff who have patient contact, as in previous years, we will make the vaccination programme open to all our staff with the ambition to reach 100% of our staff being vaccinated.

We will again work closely with our occupational health providers, Liverpool University Hospitals, to provide a comprehensive programme of drop in sessions and ward/department visits, including some to cover nights and weekends.

Last year, the more widespread use of peer vaccinators made the key difference in our successfully achieving the required 80% of frontline staff being vaccinated. While the drop-in sessions and ward/department visits made by the Occupational Health Team were clearly important in getting significant numbers of staff vaccinated, the peer vaccinators made a crucial difference in allowing a more flexible approach to ensuring that all frontline staff had the opportunity to be vaccinated, and in being visible 'flu champions' across the Trust.

Training for this year's peer vaccinators has been scheduled for 21st September, and the request has gone out to the divisions and the senior nursing & midwifery team to nominate staff for the role. During the flu campaign, regular updates will be provided to the Executive team and to the divisional management teams.

As in previous years, there will be a comprehensive communications campaign, beginning in mid-September, including posters around the Trust, screensavers, all staff e-mails, twitter feeds, regular updates in the Trust's LWH Weekly Digest, and regular updates at 'In The Loop'. Also, as in previous years, it is hoped to vaccinate the Trust Board at one of their meetings and use photographs of this to help publicise the campaign.

FTSU Index Report 2020 – The Freedom to Speak Up (FTSU) Index Report 2020 was published on the 9th July 2020. This showed that the Trust was among the 10 trusts with the greatest overall increase in their index score over the past year which is very encouraging.

The FTSU Index is a key metric for organisations to monitor their speaking up culture.

The index report can be read by clicking on the following link:

https://www.nationalguardian.org.uk/wp-content/uploads/2020/07/ftsu_index_report_2020.pdf

SECTION B – Local

Alliance awarded £0.5million from Vaccine Taskforce

The North West Coast Vaccine Alliance is a collaborative model set up to deliver public participation to vaccine trials across three regional hubs. The Alliance builds on our experience of delivering the Oxford COVID-19 vaccine trial at the Liverpool School of Tropical Medicine and will now scale up to deliver vaccine research across the whole of the North West Coast region. Chair of the North West Coast Vaccine Alliance is Jane Tomkinson OBE. Jane is also Chief Executive Officer of Liverpool Heart and Chest Hospital NHS Foundation Trust.

The Government's Vaccine Taskforce, led by Kate Bingham and Patrick Vallance has been set up to drive forward, expedite and co-ordinate efforts to research and then produce a coronavirus vaccine and make sure one is made available to the public as quickly as possible. The Taskforce plans to deliver eight or more 10,000 participant studies in the UK consecutively / simultaneously, starting in the early autumn and lasting 12-18 months.

Cheshire and Merseyside Partnership appoints Director of Finance

The Partnership has announced that Keith Griffiths has been appointed as Director of Finance. Keith will be responsible for improving financial governance, enhancing financial performance and ensuring investment has an improved evidence base.

SECTION C – National

Third phase of the NHS response to COVID-19 - On 31 July, NHS England and NHS Improvement (NHSEI) chief executive Sir Simon Stevens and chief operating officer Amanda Pritchard wrote to NHS organisations to outline the third phase of the response to COVID-19 and the NHS's priorities from 1 August. The focus for this phase is on restoring and recovering services and preparing for winter pressure demands. This was followed by implementation guidance published on 7 August. As noted, there is a separate item on the agenda outlining the Trust response to this.

Copies of the letter and guidance can be found on the following link:

https://www.england.nhs.uk/coronavirus/publication/third-phase-response/

Board of Directors

Committee Chair's report of Quality Committee meeting held 20 July 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 Hospital Safeguarding Board and approved its Terms of Reference.
- **Monthly Quality Performance Review M3 2020/21 including Covid-19 Pandemic Update:** The Committee received a report on Operational Performance at Month 3 2020/21, noting the impact on quality. The Committee noted the targets that had not been met in month, notably sickness absence, serious incidents, continuity of carer and access standards. The Committee was assured by subsequent action undertaken to address the deterioration in performance. The Committee noted that the Trust remained in Phase 2 under a central command and control operating environment in response to the Covid-19 pandemic. The Committee noted the national step towards reintroducing shielding staff into the workforce.
- **Quality and Regulatory Update:** The Committee was assured by the Care Quality Commission (CQC) Update report received, which included updated CQC action plans and a Ward Accreditation programme update. The Committee accepted the next steps identified to implement and strengthen ward accreditation further. The Committee was assured by the proposal to incorporate quality improvements into the CQC action plans to support the Trust towards achieving an outstanding rating in a future inspection.
- **Clinical Negligence Scheme for Trusts (CNST) Assurance Report:** The Committee received a position update against the CNST Maternity standards, noting progress specifically against three safety actions that remained an area of concern. It was confirmed that the areas of concern applied nationally and were not Trust specific. A position report would be presented to the Board in September 2020.
- **Integrated Governance Assurance Report Quarter 1 2020/21:** The Committee noted the contents of the report and was assured by the overview of governance processes in place provided within the report and the increased focus on developing lessons learnt across the Trust. This included commissioning an internal audit on serious incidents and never events, as described by the Head of Governance & Quality.
- **Serious Incidents and Learning Reports Quarter 1 2020/21:** The Committee noted that five serious incident cases and one serious incident report had been reported to the CCG during Quarter 1. The Committee reviewed the summary provided against each incident which included lessons learnt and was assured by the SI process undertaken.
- **Medicines Management Assurance Report Quarter 1 2020/21:** The Committee received a detailed assurance report covering the period April – June 2020/21. It was noted that Medicines Management had become increasingly stable as evidenced by a reduced number of prescribing errors logged and a strengthened and strong divisional focus to ensure divisional responsibility of medicine management issues. The Committee was assured by the strengthened governance process described within the report to recognise and respond to medicine management issues both locally and nationally and appropriate duties were being undertaken following the CQC visit in December 2019.
- **National Institute for Health and Care Excellence (NICE) Annual report:** The Committee noted that the Effectiveness Senate had reviewed the NICE Annual Report and recommended a revision to the annual report to include an explanation of the decision making behind compliance and non-compliance against the NICE guidelines. The Committee would receive the updated and final version.

- ~ **Equality and Human Rights Goals 1&2 progress report: Quarter 1:** The Committee noted the work undertaken towards achieving the patient focused goals. It was noted that the Trust remained hopeful that the assessment to be undertaken by Healthwatch would take place in September 2020 as planned.
- ~ **Contract Quality Schedule Assurance Report:** The Committee noted the self-assessment against Quarter 4 of the 2019/20 Quality Contract. Due to Covid-19 the revised 2020/21 Quality Contract had not been agreed or published by the CCG. The Committee noted the contents of the report and the action undertaken to ensure compliance was attained.
- ~ **Complaints Annual Report 2019/20:** The Committee noted that the adjustments to the Complaints Annual Report as requested at the last meeting had been added. The Committee approved the Complaints Annual Report for external publication.

3. **Board Assurance Framework (BAF) risks reviewed**
   The Committee reviewed the Quality 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 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
20 July 2020

Board of Directors

Committee Chair's report of Quality Committee meeting held 24 August 2020

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

2. **Agenda items covered**

- **Quality and Regulatory Update:** The Committee was assured by the Care Quality Commission (CQC) Update report, which included updated CQC action plans. The Committee was informed that a focused inspection had been carried out on 28 July 2020 which reviewed issues raised in the warning notice. The focused inspection had noted the actions taken in response to the warning notice and had identified some further issues with regards to fridge temperature compliance. The Committee was assured regarding the actions taken and / or being put in place in response to these additional issues.
- **Clinical Negligence Scheme for Trusts (CNST) Assurance Report:** The Committee received a position update against the CNST Maternity standards, noting that NHS Resolution had confirmed that Board sign off would not be required in September 2020. A proposed date for resubmission had not been provided but was unlikely to be before 2021. It was confirmed that the premium had not been collected for this year. A written position report would be presented to the Board in September 2020.
- **LocSSIPs Quarterly Assurance Report:** The Committee noted the contents of the report and was assured that progress was being made in terms of process with implementing the required standards. Although assured that progress was being achieved against the LocSSIPs standards the Committee considered the current reports under commission, most notably the Never Event thematic review, and the Gynaecology Oversight review. Within this context it was agreed that it was not currently germane to approve the recommendation to reduce the frequency of reporting both to the LocSSIP implementation group or to the Quality Committee
- **Annual Quality Report Account 2019-20 (Final Draft):** The Committee reviewed the contents of the final draft of the 2019-20 Annual Quality Report. It was noted that the 2019-20 Quality Report would not be audited as per national directive and was required to be published unaudited as of 15 December 2020. Due to the publication date being 9 months after the reporting period the Committee considered an addendum be included to explain the context post Covid-19. The Committee noted that the stakeholder statements had not been received as the stakeholders had not yet agreed on a timeframe to review the Quality Reports. The Committee approved the content of the report and recommended approval by the Board of Directors, subject to receipt of stakeholder responses and the inclusion of a current position note.
- **Clinical & Quality Strategy 2020-2025:** The Committee received a detailed presentation alongside the written report and the Strategy document. It was noted that this Strategy combined two pre-existing strategies the Clinical Strategy and the Quality Strategy into one document. The Committee undertook a detailed review of the content and tone of the strategy and recommended a more focussed emphasis on the ambition and priorities to be included at the beginning of the Strategy. The Committee considered five questions in response to the development and content of the strategy as part of the presentation. It was noted that the Strategy had been written in line with the Future Generations Strategy. The Committee recommended approval by the Board of Directors subject to the recommended amendments.

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
   ~ Clinical & Quality Strategy 2020-2025: to receive and approve at meeting of September 2020

Susan Milner
Chair of Quality Committee
24 August 2020

Board of Directors

Committee Chair's report of Finance, Performance and Business Development Committee meeting held 21 July 2020

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

2. Agenda items covered

- **Strategic Progress Update:** The Committee received a presentation on the Estate Strategy Development presented by the Director of Estates and Facilities. The Committee noted that engagement with speciality teams regarding clinical priorities continued.
- **Finance Performance Review Month 3 2020/21:** The Committee received a report on the Month 3 finance position noting that, as at 30 June 2020, the Trust was reporting a breakeven position after an expected cumulative top up of £3.9m. A copy of correspondence from NHS Providers related to financial planning in response to Covid-19 was shared with the Committee. The Committee noted continued careful monitoring and recording with respect to Covid-19 related costs.
- **Operational Performance Month 3 2020/21 including Covid-19 response:** The Committee received a report on Operational Performance as at Month 3 2020/21. The Committee noted the targets that had not been met in month, notably sickness absence, continuity of carer and access standards, and subsequent actions taken to improve the position. The Committee noted that the Trust remained in phase 2 under a central command and control operating environment.
- **Neonatal Capital Programme Build Update:** The Committee was informed that the build would be completed on 24 July ahead of plan and on budget despite Covid-19 which had not significantly impacted on the project. The Committee appreciated the significant work undertaken to deliver a capital scheme on time and to budget.
- **Digital Generations Strategy 2020 -2024:** The Committee received the Strategy, approving its content. It was recommended that the Board receive the Strategy for review. The Committee agreed to receive a quarterly progress update against the Digital Strategy.
- **Information Governance Quarterly Update:** The Committee noted that there had been no ICO reportable incidents since the last Committee update. The Committee was assured that although it was not known what steps would be taken by NHS Digital to address the impact of Covid-19 on the DSP Toolkit submission timetable, the Trust had submitted the toolkit as per the original scheduled deadline of 31 March 2020. It was not expected that the decision by NHS Digital would impact on the Trust response to the toolkit.
- **Treasury Management Quarterly Report:** The Committee was assured by the strong closing cash balance as at the end of Month 3, £3.5m higher than plan which is in large part due to the fact that the Trust received two instalments of monthly block payments from CCG's and NHS England in April 2020 per guidance issued by NHSI as a result of the COVID-19 pandemic. The Committee noted amendments to the internal capital plan and work to reprioritise expenditure.
- **NHS Enforcement Undertakings Update:** The Committee received a position update in relation to the Enforcement Undertakings with Monitor (the statutory body which now operates as NHS Improvement). It was confirmed that all actions had been completed and/or breaches are no longer in place. The Director of Finance wrote to NHSI on this matter in May 2020 and this has been followed up subsequently with NHSI, who have agreed to share a date when this can be taken to the Regional Support Group (RSG) Committee. NHSI have confirmed that the Undertakings either need to be removed or reviewed.

- ~ **One to one midwives update:** The Committee noted that the administration process and the investigation process were underway. The Committee noted that the Trust would be fully co-operating with the investigation process.
- ~ **Corporate Objectives FPBD Review:** The Committee reviewed the designated FPBD objectives and agreed that they remained feasible and deliverable in the context of Covid-19.
- ~ **Sub Committee Chairs report:** The Committee received and noted the Chair's report from the Digital Hospital Subcommittee and the Emergency Preparedness, Resilience and Response 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 change the risk description of risk 2337: trust clinical records system (paper and electronic) are sub-optimal, due to work undertaken. The change was in relation to the cause element. As such a new version of the risk was created and a new initial risk score of 20. It was noted that this risk score was lower than the previous iteration. The Committee approved the new risk descriptor and score.

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:

- ~ Receive the Digital Generations Strategy 2020 - 2024
- ~ Approve the revised BAF risk 2337 descriptor and initial risk score

Jo Moore
Chair of FPBD Committee
21 July 2020

2020/21/xx

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

1. Meeting Quorate: Yes

2. Agenda items covered

~ **Follow up of Internal Audit and External Audit Recommendations:** The Committee received an updated position on audit recommendations. It was noted that there were 37 outstanding actions that were not yet due. The majority of the outstanding actions related to a Cyber Security Baseline Security Review and a number of deadlines had been required to be extended due to the impact of the Covid-19 pandemic. The Chief Information Officer provided assurance that the outstanding actions had been prioritised following a risk assessment and that the Trust maintained robust cyber security processes. Good progress had been made against many actions even if they were not fully completed. The Committee stated that it expected significant progress to have been made on the actions by October 2020 with narrative provided for those that remained outstanding. The Finance, Performance and Business Development Committee was requested to receive an interim update in September 2020. It was noted that lessons would be learned from Cyber Security Baseline Security Review in relation to ensuring that realistic timescales for completing actions were set and interdependencies with other areas of work identified.

~ **Internal Audit Progress Reports and follow up:** The Committee noted that three reports had been provided since the last update in March 2020. These were as follows:

- BAF Deep Dive Review – High Assurance
- Data Security and Protection Toolkit (DSPT) – Substantial Assurance
- CQC Action Follow Up: Medicines Management – noted that the outcome of this report had been reported to the May 2020 Audit Committee.

The Committee was informed that due to the Covid-19 pandemic, amendments to the original internal audit plan had been made to reprioritise and re-order to reflect lockdown conditions. The Committee agreed that progress against the 2020/21 plan would require close monitoring.

~ **Anti-Fraud Annual Report 2019/20 & Progress Report 2020/21:** The Committee received two reports from the MIAA Anti-Fraud Specialist (AFS), the Annual Report 2019/20 and the Anti-Fraud Progress Report 2020/21: The Committee received the Annual Report noting that since reviewing the draft of the report at its March 2020 meeting the most significant change made related to the level of compliance with the current 'Standards for Providers'. Following further assurance provided by the Trust, two previously rated 'amber standards' for 'holding to account' were now assessed as 'green'.

It was noted that the face-to-face anti-fraud awareness sessions by the AFS had been paused due to the moratorium on corporate inductions. These were expected to re-start virtually. The Committee was informed that anti-fraud referrals had reduced by 20% across the trusts within MIAA's portfolio in comparison to the same period in the previous year. The possible link between the pause in corporate inductions and the reduction in ant-fraud referrals was identified. It was confirmed that a review would be undertaken to understand the reasons behind a potential drop in referrals at the Trust and whether there had been any consequences.

- **KPMG Health Sector Technical Update Update:** The Committee received the Health Sector Technical Update from the Audit Partner that highlighted the following items which would likely impact the 2020/21 audit:

  - Revision to value for money reporting arrangements
  - Group Accounting Manual (GAM) 2020-21
  - Revision to ISA570 – going concern

  Further detail on these matters would be provided at subsequent meetings.

- **Waivers Q4 Full Year 2019/20 and Q1 Financial Year 2020/21:** The Committee received the Audit Waiver Report Quarter One 2020/21 report that included waivers for Q4 2019/20, which showed a significant reduction in waivers The Committee received assurance regarding the introduction of strengthened processes and additional scrutiny that was expected to support a longer term reduction in waivers required.

- **Raising staff concerns arrangements:** The received assurance regarding the Trust's processes for managing staff concerns. Continued improvement was demonstrated from the Staff Survey and the national Freedom to Speak Up Index Score. It was acknowledged that the report could be enhanced to include instances of staff reporting concerns externally e.g. directly to the CQC. A reduction in such instances would be a strong indicator of an improving culture.

- **Settlement Agreement Report 2019/20:** The Committee received the Settlement Agreement Report 2019/20, noting that there was a total of three settlement agreements entered into during the year.

- **Waiting Times External Audit:** The Committee was informed that in early 2018 two Serious Incidents related to reporting of Referral to Treatment (RTT) and Cancer Waiting Time (CWT) were declared. Regular external audits of waiting times data were agreed as necessary to provide assurance for future submissions. The most recent audit focused on the Trust's January 2020 RTT and CWT submissions. Overall, the audits showed that RTT and Cancer information available within the Trust continued to be managed appropriately.

- **Covid-19 Trust donations:** The Committee noted the assurance that the Trust had ensured that all gifts and donations accepted during the Covid-19 pandemic were appropriate and recorded correctly.

- **Corporate Governance Manual**: The Committee agreed the amendments made to the Corporate Governance Manual and recommended approval by the Board (further detail on September 2020 agenda).

- **Chairs Reports**: The Committee received and reviewed the Chairs reports for each of the Board Committees. The Committee noted that the format of the Chair's Report could be improved to more clearly identify the assurances and risks noted by the Committees. It was also noted that the template should also support the clear tracking of items escalated / cascaded to other Committees / meetings.

- **Board Assurance Framework:** The Committee was assured of the processes in place to review the BAF, consistent with the outcome from the completed internal audit report earlier in the meeting. It was remarked however that the most effective and well-led trusts utilised their BAF as a dynamic tool to drive the assurance agenda of the organisation. Work was progressing to strengthen this element across the Board Committees.

- **Review of effectiveness of Internal Audit and External Audit:** The Committee discussed the effectiveness of the Trust's internal and external audit functions noting that both were performing satisfactorily.

- **Appointment of Internal Audit and External Audit**: Following from the discussion regarding the effectiveness of service, the Committee was asked to consider the appointment of the Trust's internal and external auditor. The Committee approved the appointed of MIAA as the Trust's internal audit provider on a 2 + 2 year basis. A recommendation was made to the Council of Governors for the extension of KPMG's contract for a further two years.

4. Escalation report to the Board on Audit Performance Measures
   - None

5. Issues to highlight to Board
   - The following risks were identified:
     - A potential new financial regime with currently unknown implications for the Trust
     - The need for close monitoring of the delivery of the 2020/21 internal audit plan
     - The lack of anti-fraud awareness training due to the pause of corporate induction and the reduction in anti-fraud reporting rates

6. Action required by Board
   - Approval of the updated Corporate Governance Manual

Tracy Ellery
Chair of Audit Committee
July 2020

Liverpool Women's NHS Foundation Trust

Agenda Item	20/21/149

MEETING	**Trust Board**
PAPER/REPORT TITLE:	**Covid-19 Pandemic: Phase 3 Trust response**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**Assurance**
EXECUTIVE DIRECTOR:	Gary Price, Chief Operating Officer
AUTHOR(S):	Gary Price, Chief Operating Officer
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☐ 2. To be ambitious and *efficient* and make the best use of available resource ☒ 3. To deliver *safe* services ☒ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☐ 5. To deliver the best possible *experience* for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☐ ***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. ……* ☒ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☐ ***4.*** *Failure to deliver the annual financial plan ……* ☐ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☐ ***6.*** *Ineffective understanding and learning following significant events……* ☒ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☐ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☐
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE –*** *the services meet people's needs.* ☐ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ☐ ***ALL DOMAINS*** ☒

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☐ **2.** Operational Plan ☒ **3.** NHS Compliance ☒	**4.** NHS Constitution ☐ **5.** Equality and Diversity ☐ ***6.*** Other: Click here to enter text.
FREEDOM OF INFORMATION (FOIA):	*Choose an item.*	
RECOMMENDATION: ***(eg: The Board/Committee is asked to:-….)***	***The Board is asked to*** ***a) note this report for information and assurance*** ***b) approve the Chief People Officer as the Trust's Executive Lead for Inequalities.***	
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

This paper;

- Provides an update on the Covid phase 3 documentation published by the government
- Outlines the specific actions resulting from the documentation and provides assurance on the Trust's response.

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. The level of incident has been stepped down in July 2020 to a level 3, however the Trust remains under command and control. Phase 3 guidance has been published in July 2020 with subsequent further guidance in August 2020. This paper details the guidance and outlines the Trust's response.

Phase 3 Documentation

Phase 3 Letter from Sir Simon Stevens – 31st July 2020

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf

Implementing phase 3 of the NHS response to the COVID-19 pandemic – 7th August 2020

https://www.england.nhs.uk/wp-content/uploads/2020/08/implementing-phase-3-of-the-nhs-response-to-covid-19.pdf

2. Third Phase of NHS response to Covid-19 – letter from NHS England

Action (relevant to the Trust)	Trust Response	Lead	Timescale for completion if stated
Restore full operation of all cancer services. This work will be overseen by a national cancer delivery taskforce, involving major patient charities and other key stakeholders.	The Trust is actively engaged with the Cheshire and Mersey Cancer Alliance and has been throughout the pandemic. The Trust has prioritised Cancer throughout the period and performance is in line with or exceeding the original 2020/21 plan. The Trust has supported the region by taking patients from other trusts during the pandemic.	Chief Operating Officer (COO)	September 2020
Recover the maximum elective activity possible between now and winter, making full use of the NHS capacity currently available, as well as re-contracted independent hospitals.	The phase 3 guidance states elective activity should be at 70% in August, 80% in September, and 90% in October of previous year. The Trust is delivering the same number of theatre sessions as last year, however due to IPC requirements these are not as efficient as previous years. The Trust will be able to meet these targets in part due to increased Consultant workforce and is looking to exceed where possible.	COO	October 2020
Continue to follow good Covid-19 related practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid-19 outbreaks or a wider national wave.	The Trust has assessed itself against the IPC BAF Framework three times since its publication on the 4th May 2020. At each of these review points the Trust has assessed itself as being compliant, with only a few actions required in May (first review), these have been identified as being completed as part of the latest review in August 20. The Trust has implemented numerous actions to maintain the safety of staff, patients and visitors, following national guidance, during Covid-19. These	Director of Nursing & Midwifery (DoN&M)	Ongoing

	include temperature checks of everyone entering the hospital, ensuring all staff, patients and visitors are wearing masks and gelling hands. Social distancing is maintained with adequate signage. Only 2 entrances and exits are in use and these are supervised by staff These actions have been maintained and continue to keep Staff, visitors and patients safe whilst in LWH. Visiting the Trust continues to be limited in line with guidance from the regional response team. With an additional local measure, that once in the building visitors are not allowed to come and go outside, unless it is for a specific reason which has been agreed by the senior nurse/midwife where the person is visiting. All key actions have been supported by the production of Covid-19 specific Standard Operating Procedures which continue to be in use at this time. When the pandemic was declared the Trust set up a robust PPE stock control and distribution system which has ensured that all staff have had access to and use of the PPE required for their roles; which has seen no staff member contracting Covid-19 due to exposure to the virus due to lack of or unsuitable PPE. This process has been adapted, but there continues to be a robust control process in place and the level of stocks of PPE have been maintained, in line with guidance in preparation for a localised or wider wave occurring. The Trust has ensured throughout the pandemic and continuing moving forward, to have clear		

	communication lines with all staff, visitors and patients as to requirements to maintain safety to all and meet the requirements of national guidance and policy. This has included the use of social media, Trust web page, Posters, Text messages with appointments and information leaflets. The Trust Infection control team have been and continues to undertake regular spot checks across all areas of the Trust to ensure all staff, visitors and patients are adhering to the requirements set out by the Trust. These audits are presented to our Oversight and Scrutiny group on a weekly basis to ensure clear line of monitoring is in place. As part of changes to how the Trust operates there have been a number of changes in relation to the establishment of a triage system for our Gynaecology Emergency Department and Maternity Assessment Unit. Virtual clinics have been introduced in Gynaecology outpatients and a virtual ward rounds on our Neonatal Intensive care unit by a consultant shielding at home. There are plans for these new forms of clinics and patient reviews to continue. The Trust has set up a swabbing service for all staff with symptoms and follows national guidance in relation to isolation and shielding. The Trust also swabs patients and visitors in line with national guidance.		

Prepare for winter by: 1. Sustaining current NHS staffing, beds and capacity 2. Deliver a very significantly expanded seasonal flu vaccination programme for DHSC-determined priority groups, including providing easy access for all NHS staff promoting universal uptake. 3. Expanding the 111 First offer to provide low complexity urgent care without the need for an A&E attendance, ensuring those who need care can receive it in the right setting more quickly.	1. The Trust is actively engaged in the system urgent care delivery and will respond as part of a system in the event of increasing winter pressures. Business continuity plans have been reviewed to take into account Covid learning. 2. The Flu campaign will run from late September 20 to March 21. Vaccines are already in place. The CQUIN target has been increased from 80% of frontline staff to 90% however the vaccine will be offered to all staff as in previous years. Peer vaccinators proved crucial in hitting the target last year, training for this year's peer vaccinator has been scheduled for 21st September, and requests have gone out to the divisions and the senior nursing & midwifery team to nominate staff for the role. 3. The Trust and has reviewed urgent pathways in line with NHS 111 first principles and is compliant. This has been supported by the CCG	1. COO 2. Chief People Officer (CPO) 3. COO	Ongoing
Contribute to system level People Plan	The Cheshire and Merseyside People Plan will be submitted by 21st September and will be approved by the North West People Board which will meet for the first time on the 4th September. LWH will submit its contribution into the People Plan including suggestions around systems working and collaboration in areas including E&D and psychological support. Further detail is to be provided at the September 2020 Board in a separate report.	CPO	September 2020
Work collaboratively with your local communities and partners to take urgent action to increase the scale and pace of progress of reducing health inequalities, through: 1. Protect the most vulnerable from Covid, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected	1. The Trusts Patient Experience Team continues to interact and work with Local Healthwatch organisations to gain feedback from their local community contacts. The trust works with the maternity voices partnership to ensure community engagement.	1. DoN&M 2. COO 3. DoN&M 4. Trust Secretary (TS)/CEO/CPO	

characteristics and social and economic conditions; and better engage those communities who need most support. 2. Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October. 3. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes. This should include more accessible flu vaccinations, the better targeting of long-term condition prevention and management programmes, obesity reduction programmes including self-referral to the NHS Diabetes Prevention Programme, health checks for people with learning disabilities, and increasing the continuity of maternity carers including for BAME women and those in high risk groups. 4. Strengthen leadership and accountability, with a named executive Board member responsible for tackling inequalities in place in September in every NHS organisation. Each NHS board to publish an action plan showing how over the next five years its board and senior staffing will in percentage terms at least match the overall BAME composition of its	The Maternity enhanced team which supports the most vulnerable women accessing Maternity care have continued to provide antenatal and postnatal care during COVID. All women under the enhanced team have been receiving all antenatal and postnatal appointments visits face to face rather than virtual. During COVID referrals to the enhanced team have increased slightly with women reporting from women that COVID has caused more anxiety and increased isolation at home. All other women under the care of LWH have a risk assessment to determine if the booking appointment and antenatal and postnatal appointments are suitable for virtual/ telephone consultation and if not face to face contact is undertaken. This includes women from the NEST team. LWH has established a Multi-disciplinary clinic for women who are homeless and those receiving enhanced care. Local Maternity Systems have been asked to increase support for at-risk pregnant women and we are currently working with our Maternity Voices Partnership (MVP) who are representative of local women and families to develop an action plan and identify additional ways in which we can manage the risks of COVID-19 for pregnant women from a Black, Asian and minority ethnic background. The action plan will identify ways in which women of		

overall workforce, or its local community, whichever is the higher.	a Black, Asian and minority ethnic background should be advised that they may be at higher risk of complications of COVID-19 and to seek advice without delay if they are concerned about their health. Clinicians are aware of this increased risk, and have a lower threshold to review, admit and consider multidisciplinary escalation in women from a Black, Asian and minority ethnic background. 2. The Trust is preparing and enhancing our information systems so we can continue to target services at the most vulnerable. The Trust will continue to work with our NEST (Non-English-Speaking Team) in maternity to develop bespoke Continuity of Care Pathways for these ladies and families in line with national guidance. In addition, the Trust Maternity services have established a pilot with the Local Authority to focus on targeted support for pregnant ladies and families in some of the most deprived wards. The enhanced team caseload women with serious mental health issues with either care coordinated by Merseycare Perinatal Mental health Team or community mental health, the enhanced team are the link into this service. During COVID these women have been provided with face to face appointments and we have liaised with mental health services providing updates or concerns. Care from this team is also provided to women with emotionally unstable personality disorders. These women		

	usually have chaotic lifestyles (drugs, domestic abuse self-harm and mental health problems) but do not meet the criteria of the Specialist Mental Health services and they are referred to the MDT clinic at LWH. LWH has perinatal mental health midwives to provide support to women and assess for the most suitable care pathway following referral. LWH collect data at booking that captures a woman's ethnicity alongside additional risk factors, comorbidities, BMI, aged 35 years or over, significant mental health issues, safeguarding concerns, any learning or physical disabilities, to enable the identification of women at risk of poor outcomes and tailor the most appropriate care. 3. As above. Making Every Contact Count (MECC) which covers weight loss, smoking cessation and alcohol reduction, continues to be implemented across the Trust. Review to be undertaken at the next MECC meeting to ensure roll out program is compatible with those at greatest risk of poor health outcomes. Flu vaccination programme will be proactively engaging and targeting those high-risk groups. The Maternity service has links with the Integrated Care Team at Merseycare and attend joint meetings as required for women with complex needs. The enhanced team continue to refer and offer joint visits with agencies as pre COVID however this has proved difficult as many		

	other agencies are not currently providing face to face except Maternity. In these circumstances, LWH update all relevant agencies (Social care, HV, mental health services, GP etc) of the situation, we share any required information to ensure appropriate plans of care are developed and continue with our own internal safeguarding teams' processes with escalation as necessary. The MDT clinic has a named Consultant Obstetrician and the clinics remit is a multiagency approach, which includes contact with drug and alcohol services, parent infant services and the social inclusion team. Some of these appointments have been held virtually in conjunction with other services with the support of the enhanced midwifery team and a named Consultant Obstetrician. This year's flu planning will see the offer of the flu vaccines in ANC and inpatient areas with plans to commence specific flu vaccination clinics following a woman's 20-week scan within the hospital to try and increase the uptake and offer provided at LWH. Liaison is ongoing with Merseycare who are trying to identify a health room in the community for the enhanced team to utilise to provide accessibility for women under the care of the enhanced team who are often a difficult clientele to reach The Homeless and Outreach service have asked to work collaboratively with the enhanced team to improve engagement and outcomes during		

	COVID if we can utilise these clinics collaboratively. All women have a risk assessment at booking and those with an increased BMI are referred to a Consultant led clinic where specific plans of care are developed in conjunction with the woman including healthy eating. The NEST team currently provide continuity of care for non-English speaking women both in the hospital and community setting and collaborative working with other services such as UC24 and social inclusion team. LWH ensure that we minimise the risk of Vitamin D insufficiency for pregnant women from a Black, Asian and minority ethnic background by discussing and providing vitamins and supplements at their antenatal appointment . The maternity services are available 24/7 and encourage them to seek help if they have any concerns. 4. The Action plan will be integrated into the existing Workforce Race Equality Action Plan and overall LWH Equality Objective. All board level and senior management recruitment will use recruitment agencies to positively target applicants from a BAME background (with immediate effect). Named Executive board member to be appointed by September.		

The implications of the transition from a level 4 to level 3 incident (Annex 1)	The Trust has stepped down its Emergency Planning response in line with national guidance and maintains a level 3 surveillance and response. This is overseen by the Trusts Covid Oversite and interaction Group which reports into the Executive Team	COO	September 2020
Revised Financial Arrangements (Annex 2)	The Trust is awaiting the detail of the funding arrangements for the remainder of the financial year. It is expected that the revised framework will retain simplified arrangements for payment and contracting but with a greater focus on system partnership and the restoration of elective services. The intention is that systems will be issued with funding envelopes comprising funding for NHS providers equivalent in nature to the current block and prospective top-up payments and a system-wide Covid funding envelope. There will no longer be a retrospective payment mechanism. The block received by LWH in months 1-4 does not take into account some nuances of planning for 20/21, NHSI are aware of this position and the detail. The Trust is hopeful this will be reflected in a revised block, if not there will be a significant shortfall in income for the Trust. The expectation is that Providers and CCGs must achieve financial balance within these envelopes in line with a return to usual financial disciplines. Whilst systems will be expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions.	Director of Finance (DoF)	September 2020

	The Trust is in the process of submitting a template to C&M HCP for collation as a system ahead of submission to the NW & centrally. There has been significant consideration given to the approach across the system, however the system and the trust will require the detail of the financial settlement (due end of August) to fully understand the position.		

5. Implementing phase 3 of the NHS response to the COVID-19 pandemic – issued 7 August

COVID-19 has further exposed some of the health and wider inequalities that persist in our society. NHS England has therefore asked the Trust to work collaboratively with its local communities and partners to take the following eight urgent actions

Action	Trust Response	Lead	By when
Action 1: Protect the most vulnerable from COVID-19			
Protect the most vulnerable from COVID-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.	Risk assessments have been undertaken on 100% of BAME staff and 90% of other staff who fall into at risk groups with appropriate actions taken. Risk assessments are being rolled out to all staff to ensure that any 'hidden' vulnerabilities are identified and acted upon. Throughout Covid the Trust has utilised the Covid Governance structures to ensure that measures are in place to support the most vulnerable patients, e.g. Oncology patients. This is a focus of the Clinical Advisory subgroup.	Patient – MD Staff - CPO	September 2020
Action 2: Restore NHS Services inclusively			
Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived	The Trust has targeted services for Maternity via the NEST (Non English-Speaking Team) that are well established and embedded into the community.	Chief Information Officer (CIO) / DoN&M	31 October 2020

neighbourhoods and from Black and Asian communities, by 31 October.	Maternity are working on a pilot for the most vulnerable families with the Local Authority which commences September 2020. The Trust will ensure that we are able to report on outcomes from the most vulnerable groups within the timescales once defined.		
Action 3: Develop digitally enabled care pathways in ways which increase inclusion			
Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March.	The informatics team will prioritise working with the Divisions to achieve this target within the timeframes. This will be a Divisional objective for our services and monitored by the Digital Hospital Subcommittee into FPBD	COO / CIO	31 March 2021
Action 4: Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes			
Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations, better targeting of long-term condition prevention and management programmes such as obesity reduction programmes, health checks for people with learning disabilities, and increasing the continuity of maternity carers.	The Trust has received the updated national guidance to deliver 35% of those on a Maternity Pathway on a Continuity of Care Pathway by March 2021. Our Maternity services are reviewing their staffing and team to be able to meet this target, plus the additional targets for the BAME population The Trust is committed to delivering the national flu programme for NHS staff	CPO COO	Ongoing
Action 5: Particularly support those who suffer mental ill-health			
Particularly support those who suffer mental ill health, as society and the NHS recover from COVID-19, underpinned by more robust data collection and monitoring by 31 December.	The Trust has a Peri-natal mental health service for our Maternity patients that is able to identify and signpost patients and families who may benefit from support directly related to Covid. The Trust is engaged with the CCG to develop methods to support those patients with Covid related anxiety who may not want to access the services. LWH has a specific clinic for women whose first language is not English, The NEST team continue to support women attending the LINK clinic to ensure they are signposted to the	DoN&M / CIO	Ongoing

	relevant authorities for support as the Social Inclusion Merseycare attendance stopped due to COVID. This service pre COVID was used as support for women and the families as the conduit into other health services, housing support, debt support, items for the new-born, home office support and emotional health support which. Discussions ongoing for a way to now reinstate this joint working in the hospital and the community.		
Action 6: Strengthen leadership and accountability			
Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders.	The Chief People Officer is the named Executive Board member responsible for tackling inequalities with a commitment from the whole Executive Team to lead on this Agenda.	TS/ CPO	September 2020
Action 7: Ensure datasets are complete and timely			
Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later than 31 December.	This action will be overseen by the Digital Hospital Sub Committee and reported into FPBD Currently the Trust monitors the SUS data quality dashboard to ensure the completeness and validity of a number of key data items, including Ethnic categories. This is discussed and reviewed within the Data Quality sub-committee on a regular basis. The Trust will introduce a dashboard that demonstrates the completeness of these key data items down to Service level and ensure the review of this data with key Service Managers. IM&T have supported the implementation of the Virtual clinic platform and telephone clinics and made available to all Clinicians in all services across the organisation, this has given the choice to patients to access care in their chosen	Medical Director (MD) / CIO	31 December 2020

	way. We are able to provide Clinical staff access to the data that will demonstrate how various population groups are accessing our service, and their preferred method of engagement.		
Action 8: Collaborate locally in planning and delivering action			
Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact, including a full report by 31 March	The Trust is fully engaged in the planning round and contributed to the 'One Liverpool' plan with the Local Authority which seeks to address health inequalities across the city. The Trust is committed to partnerships to improve outcomes for our patients and has active clinical partnerships with Local Trusts to deliver this The Trust is reviewing ways in which it can further engage voluntary and community groups in the implementation of the actions.	DoF	31 March 2020

In addition to the urgent actions, the guidance also included the following sections:

Section 2 – Mental Health Planning			
Supporting mental health and health and wellbeing for staff.	The current offer specific to LWH staff includes - Risk assessments for all staff - Access to counselling and 24/7 helpline for staff - Team resilience sessions - Staff peer supporter network - Mental health first aider team - Access to HWB resources for individual teams via charitable funds - Provision of gym equipment for staff via charitable funds	CPO	Ongoing

	- Investment in staff relaxation areas. This is in addition to the wide range of generic resources available for NHS staff including online exercise classes, mindfulness resources, psychological first aid, forums for specific staff groups etc. 1-1 wellbeing conversations for every staff member are about to be rolled out. Currently under review is the specific provision of - Psychological support services: whether to procure individually or collaboratively- awaiting further regional guidance		
Section 3 - Restoration of adult and older people's community health services			
Not directly applicable to the Trust.			
Section 4 - Using patient-initiated follow-ups as part of the NHS COVID-19 recovery			
Implementing patient-initiated follow-up (PIFU) processes Gynaecological cancers recommendations and guidance on PIFU: British Gynaecological Cancer Society Gynaecology services guidance and case study: Transforming elective care services: Gynaecology, pp 29-32.	The Trust is working with clinical teams to identify patients who are suitable for Patient Imitated Follow Up (PIFU). This will be overseen by Access Board and the Trusts Clinical Advisory Group to ensure measures are in place to continue to ensure these patients engage with the Trust.	COO/MD	October 2020

4. Recommendation

The Board is asked to

a) note this report for information and assurance
b) approve the Chief People Officer as the Trust's Executive Lead for Inequalities.

Agenda Item	**2020/20/150**

MEETING	**Board of Directors**
PAPER/REPORT TITLE:	**Safer Nurse/Midwife Staffing Report, M3 & M4 2020/21**
DATE OF MEETING:	3rd September 2020
ACTION REQUIRED	**For Assurance**
EXECUTIVE DIRECTOR:	Gaynor Thomason, Interim Director of Nursing and Midwifery
AUTHOR(S):	Janet Brennan, Deputy Director of Nursing and Midwifery
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☐ 2. To be ambitious and *efficient* and make the best use of available resource ☐ 3. To deliver *safe* services ☒ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☐ 5. To deliver the best possible *experience* for patients and staff ☐
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust* ☒ ***2.*** *The Trust is not financially sustainable beyond the current financial year* ☐ ***3.*** *Failure to deliver the annual financial plan* ☐ ***4.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision* ☐ ***5.*** *Ineffective understanding and learning following significant events* ☐ ***6.*** *Inability to achieve and maintain regulatory compliance, performance and assurance* ☒ ***7.*** *Inability to deliver the best clinical outcomes for patients* ☒ ***8.*** *Poorly delivered positive experience for those engaging with our services* ☒
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes,* ☐ *promotes a good quality of life and is based on the best available evidence.* ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity* ☐ *and respect.* ***RESPONSIVE –*** *the services meet people's needs* ☐ ***WELL-LED -*** *the leadership, management and governance of the* ☐ *organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ***ALL DOMAINS*** ☒
LINK TO TRUST STRATEGY, PLAN AND	**1.** Trust Constitution ☐ **4.** NHS Constitution ☐ **2.** Operational Plan ☐ **5.** Equality and Diversity ☐ **3.** NHS Compliance ☒ ***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: • 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 • Staffing relating to CNST – safety standard 5- Maternity	
PREVIOUSLY CONSIDERED BY:	Committee name	*Choose an item.* 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 report **(June and July data)** 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, this is not always reflected in the fill rate for each area.

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 was been suspended, however this has now been re-instated.

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 have been 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.

In June 2020, absence rate:

Nursing and Midwifery absence total: 9.15% (3.36% non- covid)

Medical staffing absence total: 7.7% (1.94% non- covid)

AHP: 0%

In July 2020, absence rate:

Nursing and Midwifery absence total: 8.72% (3.49% non- covid)

Medical staffing absence total: 8.72 % (2.02 % non- covid)

AHP staffing absence total: 5.88% (5.88% non- covid)

LWH also have the opportunity to accept retirees/ returners via the NW region. LWH have accepted 1 retired Nurse.

LWH also accepted 24 3rd year students (N & M) in their last 6 months of training who are part of the workforce. They completed July 31st, 2020.

Jeffcoate ward re-opened in June for low risk post -natal patients, opened when staffing allowed.

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.

CNST – Also included is a maternity staffing update which contains all the elements requested for board evidence for the CNST – safety action 5

Ward Staffing Levels – Nursing and Midwifery
Report June and July 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.

AHP's are now included as part of the monthly staffing paper.

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 11 currently on maternity leave, this is being closely monitored. It has been agreed that maternity can over establish by 11 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 **June and July 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.

There is currently a review of Bands 2, 3 and 4 JD and competencies across the organisation to ensure consistency. This has now been completed and will form part of the divisional workforce planning.

There is also been a review of HONM, Matron and Ward manager JD and a competency framework has been introduced as part of the N&M strategy.

2.2 Red Flags

In June and July there were 29 red flags reported, with only 1 due to staffing shortfall
An Investigation into this concluded that staffing levels and skill mix were safe at the time and did not contribute directly to any incidents.

3.0 National information

There is no nationally agreed measure of the shortfall in the nursing and midwifery workforce in England, however, Health Education England state that there are circa 43 ,000 nursing vacancies and 2,500 midwives in the NHS in England.

During COVID-19 HEE 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 were paid a band 4 which will be re-imbursed to trusts. LWH accepted to take 24 students (17 midwifery & 7 Nursing) students in their last 6 months of training. They have now all completed.

4.0 Vacancies

In July there were 57.48 wte registered nursing, midwifery, ODP , HCSW and AHP vacancies across LWH. With a vacancy rate of 7% . This has increased since the last report. Recruitment is ongoing with many of those vacancies now filled.

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. These will now become bi-annual in line with the bi-annual staffing paper requirements.

5.0 AHP's

Previously this report has not reported on AHP staffing.

Imaging (sonographers)

The Imaging Department is currently operating with 7.05 vacancies.
There has been a slight change to the team structure which increases the number of Trainee Sonographer posts.

Physiotherapy Department

Physiotherapy are fully established after a recruitment campaign in 2019

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 at the start of Covid , they are now returning to face to face consultations.

6.0 COVID-19

Since the onset of Covid- 19 as of 31.07.2020 there were 32.07 wte Nurses & Midwives with Covid- 19 related absences across all divisions, 5.16 wte Medical staff and 0 AHP. Each division is managing this daily with cross divisional support being offered when able. Services are now in recovery phase with plans to get back to normal. Across the trust staff are also supporting the swabbing of staff and patients 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- continued
- Free meals- stopped May
- Chaplaincy drop in
- Delivery of goods to areas
- Relaxation areas

Feedback from staff has overall been positive.

7.0 CNST- Maternity Safety Standard 5

In 2017 the NQB published an improvement resource to achieve safe, sustainable and productive staffing of maternity services. The guidance endorses Birth-rate Plus, which is endorsed by the Royal college of Midwives (RCM) as an approved tool to ensure maternity staff are rostered in the correct clinical location.

A workforce assessment was commissioned by LWH Maternity unit in July 2018, undertaken by Birth-rate Plus; this was based on 8200 births with a 21.4% uplift, which had been agreed by the Trust board, this additional uplift was granted due to the complexities and additional training requirements of maternity care. This BR plus methodology calculates clinical establishment based on agreed national standards of care and specialist needs of providers, this includes non-direct clinical midwifery roles and skill mix adjustments, of clinical staffing areas, such as 90/10 split in intrapartum areas, as opposed to a 70/30 spilt in postnatal and certain clinical areas. The results demonstrated there is a short fall of non-direct caring giving posts within maternity services, in comparison to other tertiary level units of our size.

The HoM and senior management team, have reviewed the reduction in births across the maternity service using the Birth Rate Plus methodology, we have also reviewed and refreshed our case mix analysis, which is what and how safe maternity staffing is based upon. Using a combination of professional judgement and birth Rate Plus methodologies we are confident that our WTE within maternity of 362.97wte is sufficient to address workforce requirements across maternity, based on a reduction in births and clinical activity (births set presently at 7700 for staffing purposes). The staffing requirement against the actual births is regularly reviewed and the review is scheduled for September 2020.

Maternity presently reviews its staffing establishments on a monthly basis with the MDT, of our family health division, reviewing activity and acuity, maternity also presents forthcoming activity based on EDD, which allows the service to predict fluctuations in clinical activity and predict an increase in staffing requirements in a timely manner. The output of this review is presented to the Director of Nursing and Midwifery as part of Family Health Divisional Board assurance meeting.

Maternity presently is again reviewing the direct and non-direct midwifery roles to ensure we have the correct balance within the workforce, especially with the introduction of national safety programmes within maternity, such as Fetal Surveillance roles as part of Saving Babies Lives Version 2 (SBLV2). Maternity is confident in its workforce review and planning in relation to midwifery staffing; work remains ongoing in relation to the workforce elements and operational workforce delivery of Continuity of Carer.

Active recruitment has been undertaken to address gaps by a rising trend within maternity, of maternity leave, maternity has seen in the past two years a change in the demographic of its midwifery and support worker age profiles, bringing an increase in maternity leave. This is constantly monitored on a monthly basis by the senior midwifery team and HRBP; we have Trust board approval to over recruit to negate this risk of increased maternity leave.

Maternity has a process for daily review of planned/v actual staffing, this information is fed into both the Trust staffing safety huddle and the overall senior manager safety huddles. We have a specific maternity bank policy which supports gaps in planned staffing levels.

Maternity has a clear escalation policy, to review maternity staffing and acuity every 4 hours, staff undertake a rotational training programme, allowing midwives to rotate between all clinical areas, meaning we have a moveable workforce and midwifery staff can be redeployed to the areas of highest clinical demand. Maternity also has an escalation policy, whereby we can adapt our service delivery to concentrate staffing if required; during this reportable six-month period, maternity has not instigated its escalation policy.

Staff turnover within maternity is currently reported at 7%, within the reporting period it has never reached greater than 9%, which remains below the Trust target of 10%. The HOM /DHOM have reviewed all leavers in the last 6 months and attrition is mainly due to staff relocating outside of the North West and retirement.

Maternity Staff Turnover					
Feb 2020	**March 2020**	**April 2020**	**May 2020**	**June 2020**	**July 2020**
8%	9%	9%	8%	7%	7%

National recommendations suggest a 1:28 midwife to birth ratio, this ratio is monitored monthly through the maternity dashboard and published externally as part of our SCN (Strategic Clinical Network) dashboard, and we are currently reporting a ratio of 1:27.1. This ratio has never exceeded the 1:28 within the last reporting period.

Midwife to Birth Ratio					
Feb 2020	**March 2020**	**April 2020**	**May 2020**	**June 2020**	**July 2020**
1:19	1:21	1:20	1:21	1:24	

NICE guidance supports one to one care in established labour, as one of the indicators of effective midwifery workforce planning. LWH has consistently in both our intrapartum areas, of MLU (midwifery led unit), and our Central Delivery Suite (consultant high risk care), each month achieved greater than the CCG compliance target, and are pleased to announce an overall compliance rate in this reporting period of 98.22%. We remain at LWH in a green positive performance position in relation to 1:1 care in established labour; this is reported on our maternal clinical dashboard, - again reviewed as part of our assurance process to the FHDB, as well as external reporting to our local LMS and SCN.

1:1 Care in Established Labour					
Feb 2020	**March 2020**	**April 2020**	**May 2020**	**June 2020**	**July 2020**
98.59%	99.78%	99.57%	99.30%	99.58%	100%

LWH within its labour ward, consistently achieves compliance of 100% of a supernumerary shift co-ordinatror, this role is pivotal in providing a total oversight into all birth activity within the first floor and provides a helicopter view of all staffing/workforce requirements as well as birth activity. The band 7 midwifery co-ordinator is rostered independently from the core midwifery staff; therefore, we achieve 100% compliance against this target.

Maternity produces a 'Red Flag' report, which outlines red flag incidents, this report is discussed at maternity risk meeting by the quality and safety midwife, with any themes or actions required, fed into Maternity safety champions, and to our FHDB. Within the reporting period maternity has reported 59 red flag incidents, 4 of which relate directly to staffing. On all 4 occasions staffing was less than the planned staffing level, in each case; a review was undertaken no harm is reported to any patient.

There are robust systems and process at a local divisional and overall Trust level to ensure Midwifery staffing levels are safe and appropriate. There is a much clearer understanding of the multiple factors which can impact on safe staffing and that there are robust and timely escalation process in place to manage effectively.

8.0 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.

In July the medical absence rate was 5.76 % Covid related and 1.94% non- covid.

9.0 Summary

During the months of **June and July 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.

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.

The Board also needs to note staffing in maternity relating to CNST safety action 5.

10.0 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
- Staffing relating to CNST – safety standard 5- Maternity

Appendix 1

June 2020

WARD	Fill Rate Day% RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff
Gynae Ward **	73.3%	108.9%	94.4%	103.3%

Delivery suite	95.4%	118.3%	94%	94.4%
Mat Base	98.6%	132.1%	96.2%	118.5%
MLU	86.7%	93.3%	99.3%	90%
Neo-nates	128.5%	71.7%	124.8%	86.7%
Jeffcoate *	71.9%	62.5%	71.4%	57.1%

July 2020

WARD	Fill Rate Day% RN/RM	Fill Rate Day % Care staff	Fill Rate Night % RN/RM	Fill Rate Night % Care staff
Gynae Ward **	61.9%	111.3%	80.6%	109.7%
Delivery suite	86.5%	95.2%	91%	80.6%
Mat Base	87.1%	108.6%	88.5%	94
MLU	79.4%	80.6%	73.5%	83.9%
Neo-nates	125%	80.6%	121.2%	91%
Jeffcoate *	112.5%	50%	100%	71.4%

*skewed due to open and closing unit.

** skewed due to covid

Liverpool Women's NHS Foundation Trust

Agenda Item **20/21/151**

MEETING	**Trust Board**
PAPER/REPORT TITLE:	**CNST – Maternity Incentive Scheme Year 3: Monthly Update: September 2020**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	For assurance.
EXECUTIVE DIRECTOR:	Gary Price Chief Operating Officer
AUTHOR(S):	Nicky Murdoch, Divisional Manager – Family Health
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☒ 2. To be ambitious and *efficient* and make the best use of available resource ☐ 3. To deliver *safe* services ☒ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☐ 5. To deliver the best possible *experience* for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☐ ***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. ……* ☒ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☐ ***4.*** *Failure to deliver the annual financial plan ……* ☐ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☐ ***6.*** *Ineffective understanding and learning following significant events……* ☒ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☐
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE –*** *the services meet people's needs.* ☐ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ☐ ***ALL DOMAINS*** ☒

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☐ **2.** Operational Plan ☒ **3.** NHS Compliance ☒	**4.** NHS Constitution ☐ **5.** Equality and Diversity ☐ ***6.*** Other:
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION:	The Board is asked to be assured of progress against CNST year 3 to date	
PREVIOUSLY CONSIDERED BY:	**Committee name**	Quality Committee Or type here if not on list: ***Click here to enter text.***
	Date of meeting	Monday, 24 August 2020

Executive Summary

This report is to update the Trust Board on progress towards the Maternity Incentive Scheme Year 3.

The Board is asked to note that submission has been deferred to 2021 (date TBC) and the scheme revised as a result of the Covid -19 Pandemic, therefore no longer requiring Board sign off in September 2020 as originally intended. However, the Trust intends to continue to internally monitor progress as patient safety is a key priority for the Trust.

Divisional monitoring on all safety standards is in place with designated safety leads, to provide the Family Health Division with assurance that all safety elements can be achieved by the required timescales.

Report

1. Introduction

At the start of 2020/21 Trusts were required to submit their completed Board declaration to NHS Resolution, with original timescales for submission of evidence 12 noon on Thursday 17th September 2020.

At the start of the year Liverpool Women's were required to comply with the following conditions:

- The Trust must achieve all ten maternity safety actions
- The Board must give their permission to the Chief Executive to sign the Board declaration form prior to submission to NHS Resolution.

Following communication issued in March 2020 from NHS Resolution, in relation to a pause in reporting requirements due to COVID-19, Liverpool Women's remained committed to apply the principles of the 10 safety actions, given that the aim of the maternity incentive scheme is to support the delivery of safer maternity care.

2. Scheme update against Covid 19 pandemic

On Wednesday 12th August 2020, the Trust received communication from NHS Resolution detailed below

The current plan is to relaunch the scheme in line with Maternity Transformation Programme (MTP) planning for programme recovery by working closely with the MTP policy team. The MIS safety actions are currently being reviewed by members of the Collaborative Advisory Group.

- *The review/submission dates for the year three maternity safety actions initially planned from March 2020 onwards are being revised and will be updated. As there have been specific requests from trusts regarding training requirements, we have provided early indications for training.*
- *The timeline for the MIS will also be revised and the submission date for the board declaration form will be deferred to 2021 (submission date TBC).*
- *The trust declarations will be required to be submitted six months after the launch date of the scheme.*
- *There will be additional elements within some safety actions to ensure that learning from important, emerging Covid-19 themes is rapidly implemented by maternity services. In particular, safety action eight has been affected by Covid-19 (see below).*

Safety action two – maternity service data set

- *Item 14 on the Maternity Record Standard has been removed from action two and will be progressed separately by NHSX. NHS Digital announced on 1 April 2020 that the Digital Maternity Record Standard (DMRS) compliance date had been delayed from* ***Monday 30 November 2020 to Sunday 28 February 2021****.*

Safety action six – saving babies lives care bundle (SBLCB)

- *During the Covid-19 pandemic it has been difficult to implement some elements of SBLCB and in particular element one as carbon monoxide testing has been suspended. Compliance with element 1 will therefore require an audit based on the percentage of women asked whether they smoke at booking and at 36 weeks gestation.*

Safety action eight – multi-disciplinary training

- *NHS Resolution appreciates that local face-to-face, multi-professional training has not been possible during the emergency response due to Covid-19. When it is possible to resume training, social distancing/Covid-19 precautions will still affect the ability of units to provide face-to-face training.*
- *As an interim arrangement, we are planning to amend the requirements of safety action eight, as we recognise that traditional 'hands-on' drills and skills/in situ simulations may not be possible or practical for the immediate future.*
- *The interim arrangements will include local multidisciplinary training being provided as a local, half-day virtual/on-line training package as an alternative option for local MIS training requirements.*
- *If any 'hands-on' training is undertaken, or training is held in one room, as with clinical work, teams should follow the current guidance in relation to infection prevention control procedures, social distancing and personal protective equipment requirements, to ensure staff safety.*

In addition to the above, from the national NHS Covid Response phase 3 guidance the Trust has received confirmation that the national Continuity of Care standard to now be achieved in March 2021 is 35% (revised from 51%) with specific targets for BAME groups.

3. Divisional Assurance

The Family Health Division has continued to progress all original safety actions via all Safety Leads (which includes leads outside of the Division) and has requested that each safety action lead ensures they can provide the evidence as outlined within the technical guidance of the documentation until further detail is provided.

Safety Action Point	Description	Criterion Evidence	Divisional Safety Action Lead (SAL)	How assurance is received against original timescales
SA.1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard	See Appendix 1	Angela Winstanley	Externally reported and validated via MBBRACE (Mothers and Babies, Reducing Risk through Audits and Confidential Enquiries)
SA.2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?		Richard Strover	Externally Validated via NHS Digital
SA.3	Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal Unit Programme?		Jennifer Deeney	Externally Validated by the North West Neonatal Operational Delivery Network
SA.4	Can you demonstrate an effective system of clinical* workforce planning to the required standard?		Mark Clement-Jones Rakesh Parikh Chris Dewhurst Jennifer Deeney	Evidence to be reviewed in September meeting
SA.5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?		Clare Fitzpatrick	Evidence to be reviewed in September review meeting
SA.6	Can you demonstrate compliance with five elements of the Saving Babies' Lives Care Bundle Version 2?		Angela Winstanley/Alice Bird	Evidence to be reviewed in September review meeting
SA.7	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to co-produce local maternity services		Sue Orchard	Evidence to be reviewed in September review meeting
SA.8	Can you evidence that at least 90% of each maternity unit staff group attended an 'in-house' multi-professional maternity emergencies training session with the last training year?		Clare Fitzpatrick/Alison Murray	The national requirements will be updated September 20 against this standard
SA.9	Can you demonstrate that the Trust Safety Champions (Obstetrician and Midwife) are		Rachel McFarland Fauzia Paize	Evidence to be reviewed in

	meeting bi-monthly with Board level champions to escalate locally identified issues?			September review meeting
SA.10	Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's early Notification Scheme?		Ai-Wei Tang Laura Thorpe	Externally Validated: Report to be provided by legal team September 2020

4. Conclusion & Recommendations.

Submission of compliance against the 10 safety actions has been deferred until 2021 (date TBC). As the Trust is still committed to patient safety progress will continue to be reviewed and any escalations made to Quality Committee. Trust Board will be updated again once revised submission timescales are known.

As this report has been produced upon receipt of the update from NHS Resolution, all Safety Action Leads have been asked to review the content of the updates, with written assurance that all actions can be achieved based on the technical guidance provided to date and the interim communication received in relation to the scheme to date.

Through their review, the Family Health Division, with Executive Oversite and Scrutiny, will accept confirmation of evidence in line with the technical guidance detailed for each safety action to support assurance to be provided to the Board at a future date and in line with updated requirements when received from NHS Resolution.

Appendix 1

Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

Required standard	a) A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Friday 20 December 2019 will have been started within four months of each death. This includes deaths after home births where care was provided by your trust staff and the baby died. b) At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your trust, including home births, from Friday 20 December 2019 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool, within four months of each death. c) For 95% of all deaths of babies who were born and died in your trust from Friday 20 December 2019, the parents were told that a review of their baby's death will take place, and that the parents' perspectives and any concerns they have about their care and that of their baby have been sought. This includes any home births where care was provided by your trust staff and the baby died. d) Quarterly reports have been submitted to the trust Board that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the trust maternity safety champion.

Safety Action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

Required Standard	This relates to the quality, completeness of the submission to the Maternity Services Data Set (MSDS) and ongoing plans to make improvements.
Minimum evidential requirement for trust Board	NHS Digital will issue a monthly scorecard to data submitters (trusts) that can be presented to the Board. It will help trusts understand the improvements needed in advance of the assessment months. The scorecard will be used by NHS Digital to assess whether each MSDS data quality criteria has been met. All 14 criteria are mandatory. Criteria 1-13 will be assessed by NHS Digital and included in the scorecard, the final criterion 14, will be assessed by the trust and a declaration made to NHS Resolution.

Safety Action 3: Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?

Required Standard	a) Pathways of care into transitional care have been jointly approved by maternity and neonatal teams with neonatal involvement in decision making and planning care for all babies in transitional care. b) The pathway of care into transitional care has been fully implemented and is audited monthly. Audit findings are shared with the neonatal safety champion. c) A data recording process for capturing transitional care activity, (regardless of place - which could be a Transitional Care (TC), postnatal ward, virtual outreach pathway etc) has been embedded. d) Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2 have been shared, on request, with the Operational Delivery Network (ODN) and commissioner to inform a future regional approach to developing TC. e) An action plan to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews has been agreed with the neonatal safety champion and Board level champion. f) Progress with the agreed ATAIN action plan has been shared with the neonatal safety champion and Board level champion.
Minimum evidential requirement for trust Board	Local policy available which is based on principles of British Association of Perinatal Medicine (BAPM) transitional care where: **Evidence for standard a) to include:** • There is evidence of neonatal involvement in care planning • Admission criteria meets a minimum of HRG XA04 but could extend beyond to BAPM transitional care framework for practice • There is an explicit staffing model

	• The policy is signed by maternity/neonatal clinical leads • The policy has been fully implemented and monthly audits of compliance with the policy are conducted. **Evidence for standard b) to include:** • Audit findings are shared with the neonatal safety champion. Where barriers to achieving full implementation of the policy are encountered, an action plan should be agreed and progress overseen by both the board and neonatal safety champions. **Evidence for standard c) to include:** • Data is available (electronic or paper based) on transitional care activity (regardless of place - which could be a TC, postnatal ward, virtual outreach pathway etc) and which has been recorded as per XA04 2016 NCCMDS. **Evidence for standard d) to include:** • As and when requested, commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2 are shared with the Local Maternity System (LMS), ODN or commissioner. **Evidence for standard e) to include:** • An audit trail is available which provides evidence and rationale for developing the agreed action plan to address local findings from ATAIN reviews. • Evidence of an action plan to address identified and modifiable factors for admission to transitional care. **Evidence for standard f) to include:** • Evidence that the action plan has been shared and agreed with the neonatal safety champion and Board level champion. • Evidence that progress with the agreed ATAIN action plan has been shared with the neonatal safety champion and Board level champion.

Safety Action 4: Can you demonstrate an effective system of clinical* workforce planning to the required standard?

Required standard	Obstetric medical workforce
There are four components to the maternity safety action	• All boards should formally record in their minutes the proportion of obstetrics and gynaecology trainees in their trust who responded 'Disagreed or /Strongly disagreed' to the 2019 General Medical Council (GMC) National Trainees Survey question: 'In my current post, educational/training opportunities are rarely lost due to gaps in the rota.' • Furthermore, there should be an agreed strategy and an action plan with deadlines produced by the Trust to address these lost educational opportunities due to rota gaps. The Royal College of Obstetricians and Gynaecologists (RCOG) has examples of trust level innovations that have successfully addressed rota gaps available to view at www.rcog.org.uk/workforce • The action plan should be signed off by the trust Board and a copy (with evidence of Board approval) submitted to the RCOG at workforce@rcog.org.uk **Anaesthetic medical workforce** • An action plan is in place and agreed at trust Board level to meet Anaesthesia Clinical Services Accreditation (ACSA) standards 1.2.4.6, 2.6.5.1 and 2.6.5.6 **Neonatal medical workforce** • The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing. If this is not met, an action plan to address deficiencies is in place and agreed at board level **Neonatal nursing workforce** • The neonatal unit meets the service specification for neonatal nursing standards. If these are not met, an action plan is in place and agreed at board level to meet these recommendations

Minimum evidential requirement for Trust Board	**Obstetric medical workforce** Proportion of trainees formally recorded in Board minutes and an action plan to address lost educational opportunities should be signed off by the trust Board. The plan must also include an agreed strategy with dates, to address their rota gaps. A copy should be submitted to the RCOG at workforce@rcog.org.uk **Anaesthetic medical workforce** Trust Board minutes formally recording the proportion of ACSA standards 1.2.4.6, 2.6.5.1 and 2.6.5.6 that are met. Where trusts did not meet these standards, they must produce an action plan (ratified by the trust Board) stating how they are working to meet the standards. **Neonatal medical workforce** The Trust is required to formally record in trust Board minutes whether it meets the recommendations of the neonatal medical workforce training action. If the requirements are not met, an action plan should be developed to meet the recommendations and should be signed off by the Trust Board. **Neonatal nursing workforce** The Trust is required to formally record to the trust Board minutes the compliance to the service specification standards annually using the neonatal clinical reference group nursing workforce calculator. For units that do not meet the standard, an action plan should be developed to meet the standards and should be signed off by the trust board and a copy submitted to the Royal College of Nursing (Fiona.Smith@rcn.org.uk) and Neonatal Operational Delivery Network (ODN)

Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

Required standard	a) A systematic, evidence-based process to calculate midwifery staffing establishment is complete. b) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service c) All women in active labour receive one-to-one midwifery care d) Submit a bi-annual midwifery staffing oversight report that covers staffing/safety issues to the Board
Minimum evidential requirement for Trust Board	The bi-annual report submitted will comprise evidence to support a, b and c progress or achievement. **It should include:** • A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated. • Details of planned versus actual midwifery staffing levels. To include evidence of mitigation/escalation for managing a shortfall in staffing. • An action plan to address the findings from the full audit or table-top exercise of BirthRate+ or equivalent undertaken, where deficits in staffing levels have been identified. • Maternity services should detail progress against the action plan to demonstrate an increase in staffing levels and any mitigation to cover any shortfalls. • The midwife: birth ratio. • The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives. • Evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator status

	and the provision of one-to-one care in active labour. Must include plan for mitigation/escalation to cover any shortfalls.

Safety Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

Required Standard	a) Trust Board level consideration of how its organisation is complying with the Saving Babies' Lives Care Bundle Version 2 (SBLCBv2), published in April 2019. Note: Full implementation of the SBLCBv2 is included in the 2019/20 standard contract. b) Each element of the SBLCBv2 should have been implemented. Trusts can implement an alternative intervention to deliver an element of the care bundle if it has been agreed with their commissioner (CCG). It is important that specific variations from the pathways described within SBLCBv2 are also agreed as acceptable clinical practice by their Clinical Network c) The quarterly care bundle survey should be completed until the provider trust has fully implemented the SBLCBv2 including the data submission requirements
Minimum evidential requirement for trust Board	Evidence of the completed quarterly care bundle surveys for 2020 should be submitted to the Trust board. **Element 1:** • Recording of carbon monoxide reading for each pregnant woman on Maternity Information System (MIS) and inclusion of these data in the providers' Maternity Services Data Set (MSDS) submission to NHS Digital. • Percentage of women where CO measurement at booking is recorded. • Percentage of women where CO measurement at 36 weeks is recorded. Note: The relevant data items for these indicators should be recorded on the provider's Maternity Information System (MIS) and included in the April 2020 MSDS submission to NHS Digital. If there is a delay in the provider trust MIS's ability to record these

	data at the time of submission an inhouse audit of 40 consecutive cases using locally available data or case records should have been undertaken to assess compliance with this indicator. A threshold score of 80% compliance should be used to confirm successful implementation. • If the process metric scores are less than 95% Trusts must also have an action plan for achieving >95% **Element 2:** • Percentage of pregnancies where a risk status for fetal growth restriction (FGR) is identified and recorded at booking. Note: The relevant data items for these indicators should be recorded on the provider's Maternity Information System (MIS) and included in the April 2020 MSDS submission to NHS Digital. If there is a delay in the provider trust MIS's ability to record these data at the time of submission an inhouse audit of 40 consecutive cases using locally available data or case records should have been undertaken to assess compliance with this indicator. A threshold score of 80% compliance should be used to confirm successful implementation. If the process indicator scores are less than 95% Trusts must also have an action plan for achieving >95%. In addition the trust board should specifically confirm that within their organisation: 1) women with a BMI>35 kg/m2 are offered ultrasound assessment of growth from 32 weeks' gestation onwards 2) in pregnancies identified as high risk at booking uterine artery Doppler flow velocimetry is performed by 24 completed weeks gestation 3) There is a quarterly audit of the percentage of babies born <3rd centile >37+6 weeks' gestation. If this is not the case the trust board should describe the alternative intervention that has been agreed with their commissioner (CCG) and that their Clinical Network has agreed that it is acceptable clinical practice. Element 3: • Percentage of women booked for antenatal care who had received leaflet/information by 28+0 weeks of pregnancy. • Percentage of women who attend with RFM who have a computerised CTG. Note: The SNOMED CT code is still under development for RFM and therefore an in-house audit of 2 weeks'

	worth of 32 cases or 20 cases whichever is the smaller to assess compliance with the element 3 indicators. A threshold score of 80% compliance should be used to confirm successful implementation. If the process indicator scores are less than 95% Trusts must also have an action plan for achieving >95% Element 4: • Percentage of staff who have received training on fetal monitoring in labour, including: intermittent auscultation, electronic fetal monitoring, human factors and situational awareness. • Percentage of staff who have successfully completed mandatory annual competency assessment. Note: An in-house audit should have been undertaken to assess compliance with these indicators. The compliance required is the same as safety action 8 i.e. 90% of maternity staff which includes 90% of each of the following groups: • Obstetric consultants • All other obstetric doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota • Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives). Maternity theatre midwives who also work outside of theatres. Element 5: • Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth. • Percentage of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior birth. • Percentage of women who give birth in an appropriate care setting for gestation (in accordance with local ODN guidance). Note: The relevant data items for these indicators should be recorded on the provider's Maternity Information System (MIS) and included in the April 2020 MSDS submission to NHS Digital. If there

	is a delay in the provider trust MIS's ability to record these data at the time of submission an inhouse audit of a minimum of 4 weeks' worth of consecutive cases up to a maximum of 20 cases to assess compliance with the element 5 indicators. Completion of the audits should be used to confirm successful implementation. If the process indicator scores are less than 85% Trusts must also have an action plan for achieving >85%. In addition, the trust board should specifically confirm that within their organisation: • women at high risk of pre-term birth have access to a specialist preterm birth clinic where transvaginal ultrasound to assess cervical length is provided. If this is not the case the board should describe the alternative intervention that has been agreed with their commissioner (CCG) and that their Clinical Network has agreed is acceptable clinical practice. • an audit has been completed to measure the percentage of singleton live births (less than 34+0 weeks) occurring more than seven days after completion of their first course of antenatal corticosteroids

Safety Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?

Required Standard	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?
Minimum evidential requirement for Trust Board Evidence should include:	**Evidence should include:** • Use of Care Quality Commission National Maternity Survey results

	• Terms of Reference for your Maternity Voices Partnership, • Minutes of Maternity Voices Partnership meetings demonstrating explicitly how feedback is obtained and the consistent involvement of trust staff in coproducing service developments based on this feedback. • Evidence of service developments resulting from coproduction with service users. • Written confirmation from the service user chair that they are being remunerated for their work and that they and other service user members of the Committee are able to claim out of pocket expenses

Safety Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?

Required standard and minimum evidential requirement	a) Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training day within the last training year? b) Can you evidence that multi-professional training occurs at least twice a year with anaesthetic/maternity/neonatal teams in the clinical area, and that risks/issues identified are addressed. c) Can you evidence that 90% of the team required to be involved in immediate resuscitation of the newborn and management of the deteriorating new born infant have attended your in-house neonatal resuscitation training or Newborn Life Support (NLS) course in the last training year?

Safety Action 9: Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?

Required standard	a) A pathway has been developed that describes how frontline midwifery, neonatal, obstetric and board safety champions, including the Executive Sponsor for the MatNeoSIP, share safety intelligence from floor to board and through the LMS and Local Learning System (LLS). b) Board level safety champions are undertaking monthly feedback sessions for maternity and neonatal staff to raise concerns relating to safety issues and can demonstrate that progress with actioning named concerns are visible to staff. c) Board level safety champions have agreed and maintain oversight of an action plan that describes how the maternity service is working towards a minimum of 51% of women receiving continuity of carer pathway by March 2021. d) The Executive Sponsor (and/or Board Level Safety Champion) for the Maternity and Neonatal Safety Improvement Programme (MatNeoSIP) is actively supporting capacity (and capability) building for all staff involved in the following areas: • maternity and neonatal quality and safety improvement activity within the trust • the LLS of which the trust is a member • specific national improvement work lead by MatNeoSIP that the trust is directly involved with • the national Clinical Improvement Leaders Group (CILG) where trust staff are members
Minimum evidential requirement for Trust Board	a) Evidence of a written pathway which describes how frontline midwifery, neonatal, obstetric and board safety champions, including the Executive Sponsor for the MatNeoSIP, share safety intelligence between a) each other, b) the board, c) the LMS and d) LLS. b) Evidence that a clear description of the pathway and names of safety champions are visible to maternity and neonatal staff.

	c) Evidence that discussions regarding safety intelligence, concerns raised by staff, progress and actions relating to the local improvement plan and QI activity are reflected in the minutes of Board, LMS and LLS meetings. Minutes should also include discussions on where efforts should be positively recognised. d) Evidence of a safety dashboard or equivalent, visible to both maternity and neonatal staff which reflects action and progress made on identified concerns raised by staff e) Evidence that Board level safety champions have agreed an action plan that describes how the maternity service is working towards a minimum of 51% of women receiving continuity of carer pathway by March 2021. f) Evidence of board level oversight and discussion of progress in meeting the continuity of carer action plan. g) Evidence of how the Board has supported staff involved in the four key areas outlined in part d) of the required standard and specifically to: • identify key trust-level safety improvement priorities, including areas identified via the SCORE culture survey • develop a trust-level improvement plan • implement the plan and engage in relevant improvement/capability building initiatives nationally, regionally or via the local learning systems • maintain oversight of improvement outcomes and learning

Safety Action 10: Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?

Required Standard	Reporting of all qualifying incidents that occurred in the 2019/20 financial year to NHS Resolution under the Early Notification scheme reporting criteria.
Minimum evidential requirement for Trust Board	Trust Board sight of Trust legal services and maternity clinical governance records of qualifying Early Notification incidents and numbers reported to NHS Resolution Early Notification team

Liverpool Women's NHS Foundation Trust

Agenda Item	20/21/152

MEETING	**Board**
PAPER/REPORT TITLE:	**Clinical Mandatory Training - Compliance**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**Assurance**
AUTHOR(S):	Andrew Loughney, Medical Director Michelle Turner, Chief People Officer
EXECUTIVE DIRECTOR:	As above
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial ***workforce*** ☒ 2. To be ambitious and ***efficient*** and make the best use of available resource ☒ 3. To deliver ***safe*** services ☒ 4. To participate in high quality research and to deliver the most ***effective*** Outcomes ☐ 5. To deliver the best possible ***experience*** for patients and staff ☐
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☒ ***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. ……* ☒ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☐ ***4.*** *Failure to deliver the annual financial plan ……* ☐ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☒ ***6.*** *Ineffective understanding and learning following significant events……* ☐ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☐
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE –*** *the services meet people's needs.* ☐ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ☐

	ALL DOMAINS ☒	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☐ **2.** Operational Plan ☒ **3.** NHS Compliance ☒	**4.** NHS Constitution ☒ **5.** Equality and Diversity ☐ ***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 of Directors is asked to:*** • ***note the current position on compliance with regard to Core Clinical Mandatory Training;*** • ***take assurance from the actions in place to monitor and drive improved compliance and associated action to address any deficiency in training provision, specifically with regard to Resuscitation and Transfusion training*** • ***remit ongoing oversight of compliance and provision of training to the Quality and People Committees to provide assurance to the Board of Directors through their respective Chairs Reports.***	
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 Trust has in place a comprehensive mandatory training policy and framework, which sets out the training required by all staff, dependent upon their role, and the frequency of that training. The appropriateness of this policy and framework is regularly reviewed and updated by the Education Governance Committee, who provide assurance to the Board via the People Committee.

Mandatory training performance is monitored at service, divisional and organisational level.

In July, the Board was alerted by the People Committee to two specific areas of concern with respect to clinical mandatory training – namely, Resuscitation Training and Blood Competencies, where compliance was consistently below the requirement of 95%.

The report sets out current compliance, the issues that are impacting on compliance, the actions to address and the process for ongoing monitoring and driving improvement.

Report

Introduction

Liverpool Women's Hospital is situated on an isolated site at Crown Street around 1.6 miles away from the nearest major adult acute hospital. Because of the nature of the work carried out in the trust, cardiac arrest is an uncommon

event but when it happens, the resuscitation team is drawn from the Trust's clinical workforce. It is therefore incumbent upon the trust to ensure that staff are trained to a level of competence in resuscitation commensurate with their clinical roles and responsibilities.

The lack of a blood bank on the Crown Street site poses an additional risk to the trust's patients and because of this, it is essential that all relevant clinical staff maintain their competencies in blood transfusion practice, so that in the event of an haemorrhagic emergency, rapid and seamless care can be provided.

Current Compliance

Core Clinical Mandatory Training is a subset of the Trust's overarching Mandatory Training Framework. It relates to specific clinical training required to be undertaken by staff working in defined roles and specialties. The Trust's Mandatory Training Policy requires 95% compliance. Performance for each clinical division as at July 2020 is set out below:

Family Health - Clinical Mandatory Training	Jun-20	Jul-20
Maternity	81%	84%
Medical Staff - Maternity	73%	74%
Neonates	90%	92%
Medical staff - Neonates	83%	75%
Division (exc Medical)	84%	86%
Trust	85%	81%

In July 2020, the modules with compliance of less than 75% at a Divisional Level are:

- Safeguarding Adults (Level 3) – 63.79%
- Patient Handling – 54.38%
- Adult Basic Life Support – 69.75%

The Division was working to a trajectory to achieve compliance by the end of August although accessing Hospital Life Support training is proving challenging to that anticipated timescale and it is anticipated that they will not meet that timescale. The performance trend is, however, improving with a 6% improvement since June and intensive support will be afforded the Division to achieve compliance by September 2020.

Gynaecology - Clinical Mandatory Training	Jun-20	Jul-20
Gynae	89%	91%
Medical Staff - Gynae	84%	87%
Hewitt	92%	95%
Medical staff - Hewitt	96%	94%
Division (exc Medical)	90%	92%
Trust	85%	81%

In July 2020, the modules with compliance of less than 75% at a Divisional Level are:

- Medical Staff – Gynaecology
  - BLS - 70% (was 61.90% in June 2020)
- Medical Staff - Hewitt
  - Safeguarding Adults Level 3 - 60%

Gynaecology are working to a trajectory to achieve compliance by the end of September and are making good progress and are within 1% of their trajectory as at July.

Clinical Support Services - Clinical Mandatory Training	Jun-20	Jul-20
Theatres & Pre-Op (Surgical Services)	86%	90%
Patient Access, Clinical Admin & Reception (Integrated Admin)	87%	81%
Genetics	97%	97%
Imaging	92%	94%
Pharmacy	97%	86%
Anaesthetics - Medical	79%	89%
Genetics - Medical	96%	98%
Physiotherapy	67%	73%
Division (exc Medical)	88%	90%
Trust	85%	81%

As of 20th August 2020, there were no modules with compliance of less than 75% at a Divisional Level (exc. Medical) other than Anaesthetics compliance with Life Support training. Targeted action has been taken with additional sessions provided and compliance is now anticipated to be at 90% as at 28.8.20 (the date of the additional session), with one individual then to complete the training.

This issue also highlighted an anomaly in the on-line recording & reporting which captures Basic Life Support but does not provide for a separate report on Intermediate Life Support which is undertaken by Anaesthetists and other senior clinical staff. Assurance on compliance by scrutiny of locally held records is available for monitoring purposes. The issue of reporting is being actively addressed and progress will be monitored via Safety Senate and through the KPI report submitted to the People Committee.

Monitoring

Each Division is working to an agreed trajectory to achieve compliance. Performance against the trajectory is monitored at monthly Divisional Performance reviews with the Executive Team and Divisional Board. From an organisation perspective they are monitored via the Education Governance Committee and by the relevant sub Board Committee eg Resuscitation Committee, Hospital Transfusion Committee both of which report into Safety Senate and ultimately Quality Committee. The Trust's People Committee also reviews mandatory training compliance at each meeting.

Issues

Two elements of clinical mandatory training are of ongoing concern and are impacting on every clinical area:

- Resuscitation/Hospital Life Support

  This service has been impacted by the pandemic. These skills are taught in person and social distancing has significantly impacted on the numbers of staff who can attend each session with capacity for each taught session reduced by 60%. In addition, in the early phase of the pandemic when absence rates were high, it was challenging on occasion for clinical areas to release staff to attend planned training due to service need.

  The Trust is reliant on a very small team to deliver Resuscitation training and absence within that team during the pandemic also impacted on capacity to deliver the required level of training. The Trust has previously experienced challenges with Resuscitation training and sought to partner with a larger organisation to provide some resilience in the service. These arrangements were ended at short notice by the partner organisation and the Trust opted to make its own appointments.

  ACTION

  The Medical Director is actively working with the Clinical Support Services Division to identify a sustainable training solution either through recruitment or partnership arrangements for the longer term to ensure sustainability of training provision moving forward.

  In the meantime, the Trust has secured additional training capacity in the short term to support the divisions achieving and maintaining compliance.

- Transfusion competencies

  Transfusion competencies include:

  - Collecting a blood sample from a patient for transfusion purposes (3 yearly)
  - Collecting blood components that are going to be used for transfusion (2 yearly)
  - Administering blood components (3 yearly)

  Compliance levels were identified as a concern in the latter part of 2019, specifically in Gynaecology and Family Health. The following interventions were put in place:

  - An increased number of hours were allocated to the Transfusion Practitioner
  - Number of cascade trainers increased to 25, sourced from within the specialties
  - Training delivered close to clinical areas
  - Slots for transfusion training be included in maternity and gynaecology study days
  - OLM updated to reflect the training needs of different staff groups
  - Monthly review of compliance against training by the transfusion team.

  An improvement target of 75% compliance was set by the trust's Transfusion Lead (who is a Consultant Anaesthetist in the organisation) and with this renewed focus, the target was achieved in all areas by January 2020. More recently, a new Transfusion Practitioner has been appointed by the trust and a focus has been brought to bear on the timely training of new starters. In-coming trainee medical staff have all received their

transfusion training ahead of starting in their clinical practice. Recent performance across the three Divisions as at August 2020 is as follows:

Collecting a blood sample from a patient for transfusion purposes 86.41 – 100%

Collecting blood components that are going to be used for transfusion 80.24– 86.21 %

Administering blood components 85.11 – 94.00 %

Work continues to drive up the rates of training being achieved with levels of compliance presently being monitored weekly by the Executive Team. Assurance on training provision and compliance is provided via the Transfusion Committee into the Safety Senate.

Recommendation

The Board of Directors is asked to:

- note the current position on compliance with regard to Core Clinical Mandatory Training;
- take assurance from the actions in place to monitor and drive improved compliance and associated action to address any deficiency in training provision,specifically with regard to Resuscitation and Transfusion training
- remit ongoing oversight of compliance and provision of training to the Quality and People Committees to provide assurance to the Board of Directors through their respective Chairs Reports.

Liverpool Women's NHS Foundation Trust

Agenda Item	20/21/153

MEETING	**Trust Board**
PAPER/REPORT TITLE:	**Clinical and Quality Strategy**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**For Approval**
EXECUTIVE DIRECTOR:	Andrew Loughney, Medical Director
AUTHOR(S):	Jennifer Huyton, Head of Strategy and Transformation
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☒ 2. To be ambitious and *efficient* and make the best use of available resource ☒ 3. To deliver *safe* services ☒ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☒ 5. To deliver the best possible *experience* for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☒ ***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. ……* ☒ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☐ ***4.*** *Failure to deliver the annual financial plan ……* ☐ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☒ ***6.*** *Ineffective understanding and learning following significant events……* ☒ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☐
CQC DOMAIN	***Which Domain?*** ***SAFE****- People are protected from abuse and harm* ☒ ***EFFECTIVE*** *- people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☒ ***CARING*** *- the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☒ ***RESPONSIVE –*** *the services meet people's needs.* ☒ ***WELL-LED*** *- the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ☒ ***ALL DOMAINS*** ☒

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☒ **2.** Operational Plan ☒ **3.** NHS Compliance ☒	**4.** NHS Constitution ☒ **5.** Equality and Diversity ☒ ***6.*** Other: **Click here to enter text.**
FREEDOM OF INFORMATION (FOIA):	3. This report will not be published under the Trust's Publication Scheme due to exemptions under S22 of the Freedom of Information Act 2000, because the information contained is intended for future publication	
RECOMMENDATION: ***(eg: The Board/Committee is asked to:-….)***	The Committee is asked to review and discuss the strategy, and if appropriate recommend approval to the Trust Board.	
PREVIOUSLY CONSIDERED BY:	**Committee name**	Executive Committee
	Date of meeting	Wednesday, 12 August 2020

Executive Summary

The Clinical and Quality Strategy 2020 – 2025 has been developed over the past year following engagement with key stakeholder groups and consideration of national, regional and local requirements in the context of the Trust strategic framework. The strategy outlines the Trust's plans to become outstanding and highlights our aspirations and ambitions for our clinical services. This paper outlines the development of the strategy and its key features.

Report

1. Introduction and Background

Our vision as an organisation is to become the leading provider of healthcare for women, babies and their families. We have created a strategic framework, within which there are a number of aligned strategies and plans, mapping out the future direction for our organisation and the steps we need to take to realise our vision. This Clinical and Quality Strategy forms a pivotal part of that framework, and is a key driver in shaping the overall direction for the Trust.

Given the significant crossover and synergy between quality and clinical priorities, from 2020 the Trust has chosen to combine clinical and quality priorities into a single document. This Clinical and Quality Strategy sets out our plans for improving quality over the next five years, as well as outlining specific priorities for each of our clinical specialties.

In December 2019, the Trust was awarded an overall rating of 'Good' from the Care Quality Commission (CQC), with some areas identified for improvement. This strategy sets out our ambition to move from Good to Outstanding.

2. Developing the Strategy

Development of this strategy began in October 2019, with a series of listening events held for staff and governors focusing on quality improvement. Within the same time frame, the Medical Director set out a series of strategic principles for developing the clinical strategy, which were presented to the Board. Feedback from sessions,

alongside consideration of patient views, was analysed and formed the basis of an initial draft strategy. Implementation plans were developed in partnership with representatives from clinical divisions, and a draft strategy was presented to the Executive Committee in April 2020 for discussion. The Executive Committee then set the task of ensuring that the strategy adequately outlined our ambition as an organisation; setting out sufficiently challenging and stretching plans, to ensure that the strategy drives us towards our goal of becoming an Outstanding organisation. At the same time, the decision was made to combine the clinical and quality strategies, and articulate our quality improvement methodology in a separate document.

Following this decision, sessions were held with leaders from each clinical specialty. Teams were challenged to think about their past delivery against previous strategies, requirements of national, regional and local plans and programmes, our challenges as an organisation, our strengths and areas of outstanding practice, our compliance against key clinical standards and service specifications, what our patients are telling us, and our ambitions for our services.

This work allowed us to define a set of priorities for each clinical service, a series of ambitions for delivering outstanding quality at Liverpool Women's and some specific areas of focus for the first years of this strategy. Further engagement sessions have taken place with staff and governors, with further work planned to gather patient views.

4. Clinical and Quality Strategy 2020 – 2025

The strategy features a series of ambitions, aligned to the Trust's 'WE SEE' strategic aims, which set the long term direction for our organisation. They are intended to create the momentum and mind-set we need to become outstanding in everything we do, and will be featured in the overarching corporate strategy as well as here. Key priorities for delivering quality improvement in the first years of the strategy are outlined, balancing delivery of our 'brilliant basics' with our pursuit of those ambitions. The strategy also includes priorities for each clinical speciality. Key examples are included within the body of the strategy, with the complete list included in an appendix. Each clinical specialty priority is aligned to the Trust strategic objectives, which were agreed by the Board in June 2020.

At present, specific priorities for the Hewitt Centre have not been stated. While the priorities defined for Gynaecology are applicable and are relevant for fertility services, the Hewitt Centre is currently conducting a strategic and commercial review which will result in agreed specific priorities and strategic direction for the service. These priorities will be included in the strategy once finalised.

The strategy will be reviewed on an annual basis and refreshed if necessary to ensure that we are responding appropriately to any changes in our environment or our delivery against our plans. A full implementation plan for each of the quality priorities will be presented to and monitored by this Committee. Implementation plans for clinical service priorities will be developed through the operational planning process, refreshed on an annual basis and monitored through divisional performance reviews. Some areas of this strategy naturally cross over with other strategies and plans in place at the Trust. Where this is the case, it has been clearly stated, and monitoring of performance will not be duplicated.

Following approval by the Trust Broad, further engagement is planned with patient groups, governors and staff regarding the implementation of the strategy and the actions we need to take as an organisation to achieve our ambition. The key elements of the strategy are summarised overleaf:

Our Vision:
To be the recognised leader on healthcare for women, babies and their families

Our Aims:	To develop a well led, capable, motivated and entrepreneurial Workforce	To be ambitious and Efficient and make best use of available resources	To deliver Safe services	To participate in high quality research to deliver the most Effective outcomes	To deliver the best possible Experience for patients and staff
Our Ambitions:	We will be an outstanding employer	We will deliver maximum efficiency in our services	Our services will be the safest in the country	Outcomes will be the best in class	Every patient will have an outstanding experience
Our Quality Improvement Priorities:	Create a fair and just culture Deliver comprehensive Human Factors training	Adopt relevant tested interventions Deliver national targets in the context of Covid-19 recovery	Create a culture of safety Deliver outstanding medicines safety Deliver outstanding maternity and neonatal safety	Improve adult mortality Extended perinatal mortality Deliver all possible NICE quality standards	Accountable to our community Learning from patient experiences

5. Quality Committee

The Quality Committee considered the strategy on 24 August 2020. The Committee felt that the content of the strategy was both appropriate and sufficiently ambitious to drive the Trust towards becoming outstanding and delivering our vision, however it was agreed that the more ambitious elements of the strategy needed to be more prominent, to ensure that the direction set by the strategy was immediately clear. Following Quality Committee, the foreword has been re-written to bring more of the strategy's ambitious elements to the fore.

The Quality Committee also discussed whether the Trust's existing work and future aspirations regarding research, development and innovation were adequately expressed in the strategy. It was noted that the Trust does have an accompanying Research and Development strategy, which sits alongside and complements this document.

6. Conclusion and Recommendation

The Trust Board are asked to review and approve the content and structure of this strategy.

Liverpool Women's
NHS Foundation Trust

Liverpool Women's NHS Foundation Trust

Clinical & Quality Strategy 2020 - 2025

Foreword

Liverpool Women's Hospital has a proud history of providing world-leading clinical care to women, babies and their families dating back to 1796, when a dedicated group of local people set up the 'Ladies Charity' to help care for women in the city who were giving birth.

Over the years we have delivered our unique set of services from a variety of locations across the city, coming together under one roof in our current location on Crown Street in 1995. From here we now provide care to many thousands of people from Liverpool and beyond every year, as the country's last remaining standalone specialist Trust for women and their babies.

What have we achieved in these last 25 years? We have accompanied 200,000 women safely through their pregnancy and birthing experiences whatever their challenges, we have cared for 25,000 babies in need of highly specialised medical care often in the most extreme of circumstances and we have built a world-recognised fetal medicine service which is run by some of the best clinical specialists in the country. We have undertaken 225,000 gynaecological procedures to alleviate a full range of highly debilitating diseases and cancers, we house one of the largest and most successful NHS fertility services in the country and we have a leading genomics centre which supports multiple other strands of medical care using ground breaking technologies.

[Graphic on key achievements as per text, to be embedded in the foreword]

Quality matters at Liverpool Women's Hospital. Despite our many past and present achievements and our 'Good' rating from the CQC in December 2019, our ambition is to be outstanding in everything that we do:

- We will be an outstanding employer
- We will deliver maximum efficiency in our services
- Our services will be the safest in the country
- Outcomes will be the best in class
- Every patient will have an outstanding experience.

You will also find the detail behind these ambitions in this document, clearly stating service by service how we bring these ambitions to life, for example:

- We will develop a state of the art regional service for women at the highest risk of life threatening bleeding during birth
- Our neonatal partnership with Alder Hey will become the nationally leading surgical service for new born babies
- A pelvic robotic surgery service will be established to rival the very best in the country
- A unique and innovative approach will be taken to human factors training and service delivery in our operating theatres
- The highly specialised women's services physiotherapy offer at the trust will be enhanced so that we are the leaders in the field
- We will become a centre of excellence for pharmacy education in women's services
- World leading equity of access to genomic medicine will be established, reaching even the hardest to reach communities.

Underpinning all of this, our leading roles in research, innovation, education and digital medicine will be expanded to touch every part of our organisation, driving forward improvement in the quality of care we provide.

This ambitious Clinical and Quality Strategy builds on our current positive momentum and provides a blueprint for success in the coming years. Liverpool Women's Hospital: the Leaders in Healthcare.

Andrew Loughney, Medical Director

Contents

Our Quality and Clinical Strategy at a glance

Our Vision:
To be the recognised leader on healthcare for women, babies and their families

Our Values:	Care	Ambition	Respect	Engage	Learn
Our Aims:	To develop a well led, capable, motivated and entrepreneurial Workforce	To be ambitious and Efficient and make best use of available resources	To deliver Safe services	To participate in high quality research to deliver the most Effective outcomes	To deliver the best possible Experience for patients and staff
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Our Supporting strategies and plans:	Patient Experience Communications, Marketing & Engagement	LTFM Risk Management Research & Development	Leadership & Talent Digital Generations Operational Plan	Putting People First Nursing, Midwifery & AHPs Quality Improvement	

Where are we now?

Our strategic framework

Our vision for Liverpool Women's is to be the recognised leader in healthcare for women, babies and their families. We have identified five strategic aims, summarised by the acronym 'WE SEE', to enable us to realise our vision. Our aims are the 'golden threads' which run through everything we do, keeping us focused. Underpinning our vision and aims are a series of values; specific behaviours we encourage in our people that we feel are vital to delivering outstanding care for those using our services.

The healthcare needs of women and babies have changed over the last twenty-five years since our current hospital was built and we can no longer provide as high a standard of care as we would like to, primarily because we are unable to provide certain key services on site. For example, at the Crown Street site there is;

- An absence of critical care facilities and expertise
- A lack of rapid access to other specialist services in cases of urgent need
- An absence of essential clinical support services.

In order to access these services, patients either have to be transferred to the nearest adult acute site, 1.5 miles away, or services have to come to the Crown Street site; in both cases increasing clinical risk and impacting on the quality of experience for women and their families.

Our overarching Trust strategy, Future Generations, was originally launched in 2015 and outlined our ambitious plans to address these risks, secure safe and sustainable services for the future, deliver outstanding care and improve outcomes for our women and babies. The plans included;

- increased partnership working;
- use of digital technologies;
- delivering care closer to home;
- building a new co-located hospital to ensure that clinical staff have access to the full range of support services and specialist clinical expertise that is now standard in other modern hospitals.

A refresh of the Future Generations Strategy is now underway and a new version will be launched at the end of 2020. Both the Future Generations Strategy and this Clinical and Quality Strategy recognise that while we must not lose focus on securing a safe and sustainable long-term future, we must also prioritise achieving excellence in the immediate future. We know that if our long-term plans for the future were approved, delivery of a co-located hospital will take at least five to seven years to come to fruition; therefore it is more important than ever that we maximise the resources we do have to improve quality, outcomes and experience for our women, babies and their families.

Our Clinical and Quality Strategy defines key themes for our focus on improving quality over the next five years, as well as outlining specific priorities for each of our clinical specialties. There is much synergy between these quality themes and our service priorities, which is why we have chosen to combine them together in a single strategy.

This document is one part of a set of plans we have in place at Liverpool Women's, which together form a co-ordinated effort to deliver our aims and realise our vision. Each of these strategies has interdependencies with the others; they cannot be viewed in isolation and should be considered in this wider context. This Clinical and Quality Strategy, alongside our Research and Development Strategy, is a key element shaping our overarching corporate plan. In turn, this strategy is supported by a number of enabling plans:


Quality Improvement Strategy
Corporate Strategy: Future Generations 2021 - 2025
Supporting Strategies:
Clinical & Quality Strategy 2021 - 2025
Research & Innovation Strategy 2018 - 2023
Putting People First Strategy 2019 - 2023
Long Term Financial Plan 2020/21 – 2024/25
Digital Generations 2021 - 2025
Estates Strategy 2021 - 2025
Operational & Implementation Plans:
Annual Operational Plan
Implementation Plans
Business Cases
Divisional Plans

Local, regional and national context

Our plans to deliver the highest quality care are shaped by the environment within which we are delivering our services. There are a range of factors at a Trust, local, regional and national level which have influenced the content of this strategy and will influence the way we deliver it. These factors shape our plans to deliver the highest quality care and guide the direction for our clinical services:

LOCAL

Liverpool has significant challenges in improving population health; at 78.2 years Liverpool has the second lowest life expectancy of the English Core Cities. To tackle these inequalities, NHS organisations and Liverpool City Council have produced the **One Liverpool** strategy. One of the key priorities within One Liverpool is 'Starting Well'; early intervention in the first 1001 days of life.

We provide a number of our services in **partnership** with other organisations in Liverpool to ensure patients receive joined up care including neonatal, maternal medicine, genomics and complex gynaecology services. Our partnerships help shape our plans for quality improvement, as we learn from other organisations and share best practice.

REGIONAL

Liverpool Women's is part of the Cheshire and Mersey Health and Care Partnership; we work together with other NHS organisations across the region to provide joined up, efficient care. Plans to improve health across the region are set out in the **Better Lives Now** strategy. Liverpool Women's is also part of regional networks for many of its services; for example we are a partner in delivering the Cheshire and Mersey **Local Maternity Action Plan** for transforming maternity care.

Hospitals in Cheshire & Merseyside, the Isle of Man & North Wales refer complex pregnancy related and gynaecological conditions to Liverpool Women's Hospital. Maintaining the delivery of high quality services is key to regional stability.

NATIONAL

The **NHS Long Term Plan** was published in 2019, setting the direction for the NHS over the coming years. It includes initiatives for improving maternity, neonatal and cancer services, alongside ambitions for digital-enabled care. It was accompanied by the **NHS People Plan,** which set out a vision for people working in the NHS to enable delivery of the goals in the Long Term Plan.

The **NHS Patient Safety Strategy** was also published in 2019 and has been a key influence throughout this strategy, as we strive to deliver the safest possible services within our existing resources.

The **CQC**'s most recent inspection of Liverpool Women's took place in December 2019. The Trust was awarded a rating of 'Good' with some areas identified for improvement. These areas will be our initial focus, while our ambition remains that we become an 'Outstanding' rated Trust.

COVID-19

This strategy has been written in the context of a global pandemic. A command and control structure is in place at the time of writing, which currently impacts on our ability to set direction for our services. COVID-19 has presented enormous challenge for the NHS, but it has also demonstrated that we can enact significant change at pace to keep our staff and patients safe. Learning from our responses is key to delivering improved quality in the longer term.

Our recent successes

Our last Quality Strategy had three key areas of focus; reducing avoidable harm, reducing mortality and providing the best patient experience. We have successfully delivered material improvements in each area we set out to change; improving safety and outcomes, as well as staff and patient experience. The detail behind our performance is reported in our annual quality reports.

As well as our ambitious plans to build a new co-located hospital, our Future Generations Strategy also set out priorities for each service, focused on improving quality and safety while we remain in our current location. While approval to build a new hospital remains out of our control, we have successfully delivered significant improvements across all of our services over the last five years. We have heavily invested in our workforce; increasing our numbers of midwives, specialist nurses and consultants to help us deliver the safest care possible. We have also invested in developing our people; initiating a Fair and Just Culture programme to ensure our staff feel supported and empowered to speak out in the interests of their patients.

We have established formal partnerships across Liverpool; unique quality-driven interactions leading the drive to join up services across the whole city, targeting the specific clinical needs of our population, improving outcomes and helping to reduce health inequalities across our system. We have established the Liverpool Neonatal Partnership in conjunction with Alder Hey NHS FT, ensuring families with babies requiring surgical services experience consistent, trusted and familiar care throughout their whole journey, and we have developed complex gynaecology pathways in partnership with Liverpool University Hospitals NHS FT, delivering safer are and improved outcomes for women.

Neonatal Unit

In 2020 building work completed on our new Neonatal Unit. This 3 year, £15m project was established to address significant concerns regarding the existing Neonatal estate. Part of our planned programme of major enhancements at Crown Street, the unit provides state of the art facilities from which our clinicians can deliver world class tertiary care for our babies and their families.

Successful Partnerships

In recent years we have established a number of successful formal partnerships to improve our patient experience while mitigating some of the clinical risks that arise from our isolated site. We work in partnership to deliver maternal medicine, neonatal, genomics and complex gynaecology services.

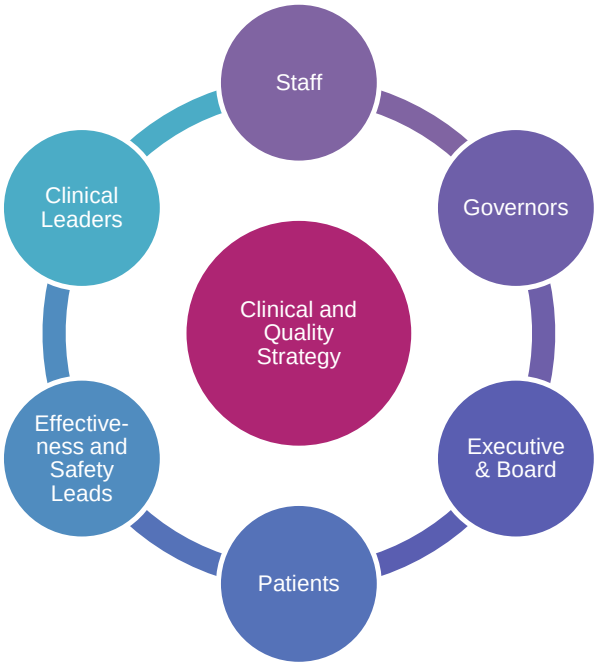
Investing in Our Workforce

We have invested in our staff to improve safety, outcomes and experience for our patients. Over the last 5 years we have increased our numbers of midwives, increased consultant numbers in maternity, neonatology, gynaecology and anaesthetics as we aim to provide 24/7 consultant cover, and invested in Advanced Neonatal Nurse Practitioner roles.

Where do we want to be?

How we developed our strategy

This strategy was developed through conversations with our staff, patients and governors. We have done this in a variety of ways; through individual discussions, physical and virtual listening events, engaging through social media, and increasingly through virtual meetings. We value the diverse perspectives we have gained from engaging with these different groups; they all have a part to play in shaping our future.



Alongside listening to a range of views, we considered the following when writing this strategy:

- What we have achieved; our performance against our previous strategies
- What our complaints and compliments are telling us about our services
- The challenges we face
- Our strengths and our areas of outstanding practice
- External requirements, on a local, regional and national basis
- Our compliance against key clinical standards and service specifications
- Our CQC report.

Our Ambitions for Quality Improvement

In keeping with the wider NHS, we use a three-part definition of quality, described in the 2008 Darzi NHS Next Stage Review (Department of Health 2008) as:

- Patient Safety
- Clinical Effectiveness
- Patient Experience.

Three of our Trust aims map directly to our definition of quality, however, we also recognise that work streams within *each* of our five aims have an impact on quality and our ability to improve quality within our clinical services.

At Liverpool Women's, our vision is to become the recognised leader in healthcare for women, babies and their families. We have developed a set of ambitions aligned to our aims, which set the long term direction for our organisation; creating the momentum and mind-set we need to become outstanding in everything we do. Our ambitions help create an environment where we are constantly reaching for excellence and where continuous improvement in quality is always at the top of our agenda.

Our extensive engagement work in preparing this strategy culminated in the identification of a number of key priorities for delivering quality improvement in the first years of this strategy, moving us towards achieving our ambitions and realising our vision. We will monitor, review and refresh where needed these priorities, to make sure we are still firmly on track to deliver outstanding care in all of our services, all of the time.

Quality improvement is a part of everything we do; naturally then some of this work is described elsewhere within our strategies and plans; where this is the case, we have made this clear. We will not duplicate work; we strive to be efficient in how we approach quality improvement throughout our organisation.

WORKFORCE

AMBITION

WE WILL BE AN OUTSTANDING EMPLOYER

- We will value and care for our staff
- We will listen to our staff and act accordingly
- We will welcome staff and volunteers from all parts of our community
- We will attract outstanding people to deliver outstanding care to our patients
- We will invest in our staff to develop them
- We will promote research and foster innovation amongst our teams

QUALITY PRIORITY

Create a Fair & Just Culture

At Liverpool Women's, we are undertaking a long-term programme of cultural change to ensure we embed a culture where the focus is on clear accountability, supporting each other and learning from events, where staff are empowered to act and speak out in the interests of safety. Successful delivery of this programme will have a clear impact on both quality improvement and safety; creating an open environment where we can extract the best learning from incidents and complaints.

Implementation of this work stream is part of the Putting People First Strategy and is monitored by the Putting People First Committee.

Deliver Comprehensive Human Factors Training

Human Factors is an established scientific discipline used in many safety critical industries. It offers an integrated, evidenced and coherent approach to patient safety, quality improvement and clinical excellence. Embedding Human Factors approaches within our clinical services will allow us to deliver optimum outcomes, through better understanding the behaviour of individuals, their interactions with each other and with their complex clinical environments.

Implementation of this work stream is part of the Quality Improvement Strategy and will be monitored by Effectiveness Senate

Supporting Strategies and Plans

Putting People First, Nursing Midwifery & AHPs, Quality Improvement, Leadership and Talent

EFFICIENT

AMBITION

WE WILL DELIVER MAXIMUM EFFICIENCY IN OUR SERVICES

- We will value the time of every person using or providing our services
- We will make best use of all our resources

QUALITY PRIORITY

Adopt Relevant Tested Interventions

The National Patient Safety Strategy recognises that ensuring the adoption and spread of tested methodologies has a material impact on safety and quality within clinical services. In our Quality Improvement Strategy, we outline our methodology for ensuring that all relevant, tested interventions will be implemented.
Implementation of this work stream is part of the Quality Improvement Strategy and will be monitored through the Effectiveness Senate

Deliver National Targets in the Context of COVID Recovery

National targets provide key benchmarks against which we compare our performance. Meeting national targets is vital to ensure we are achieving both the best outcomes and experience for our women, babies and their families. Performance against national targets has worsened significantly across the NHS as we respond to COVID-19; it is imperative that we retain our focus on meeting these targets as we recover from the pandemic and bring services back online.
Implementation of this work stream is monitored through our Operational Plan and Performance Reports

Supporting Strategies and Plans

Digital.Generations, Operational Plan, LTFM, Nursing, Midwifery & AHPs

SAFE

AMBITION

OUR SERVICES WILL BE THE SAFEST IN THE COUNTRY

- We will develop services with safety at their core
- We will learn from the mistakes of ourselves and others

QUALITY PRIORITY

Create a Culture of Safety

The National Patient Safety Strategy sets out what the NHS will do to continuously improve patient safety. It features two key strands; embedding a patient safety culture and a patient safety system. We will develop a local implementation plan to ensure this national strategy is delivered at Liverpool Women's and that staff feel supported and empowered to act and speak out, enabling us to achieve our ambition of zero never events.

Deliver Outstanding Medicines Safety

We will deliver a robust system for ensuring the safe and secure management of medicines across all areas of the Trust to protect patients from harm, meet regulatory requirements and avoid medicines safety errors. We will participate in the national Medicines Safety Improvement Programme, focusing on high risk drugs, situations and vulnerable patients.

Deliver Outstanding Maternity and Neonatal Safety

We will participate in the national Improvement Programme for Maternity and Neonatal Safety, aiming to deliver the goals set out in the national patient safety strategy; reducing the rate of stillbirths, neonatal deaths and asphyxial brain injury by 50% by 2025.

Supporting Strategies and Plans

Putting People First, Nursing Midwifery & AHPs, Risk Management

EFFECTIVE

AMBITION

OUTCOMES WILL BE THE BEST IN CLASS

- We aim to deliver the 3 zeros - zero stillbirth, zero maternal deaths, zero never events
- We will achieve world leading cancer outcomes

QUALITY PRIORITY

Improve Adult Mortality

Our isolation from other acute adult services at Liverpool Women's Hospital increases the risk to our adult patients in maternity and in gynaecology. It is vital that we maintain the highest possible quality of care at all times, across all of our medical, midwifery and nursing specialties. We will strive to achieve zero maternal deaths, zero unexpected deaths in women having gynaecological treatment and high quality care for women dying as an expected result of gynaecological cancer.

Reduce Still Birth, and Deaths in the First 28 Days of Life

The death of a baby before or after birth is a devastating event. We will strive to ensure there are no avoidable deaths of babies before or after their birth.

Deliver All Possible NICE Quality Standards

At Liverpool Women's NICE Quality Standards are used to review current services and to show that high quality care or services are being provided and highlight areas for improvements. We will demonstrate compliance with evidenced based practice where feasible (some standards are unachievable due to the separation from other services).

Supporting Strategies and Plans

Putting People First, Nursing Midwifery & AHPs, Risk Management, Research and Development Strategy

EXPERIENCE

AMBITION

EVERY PATIENT WILL HAVE AN OUTSTANDING EXPERIENCE

- Service users will be partners in decisions about their care
- We will be accountable to our community, members and governors
- We will be inclusive of all members of our community
- We will seek your views and listen to what you say

QUALITY PRIORITY

Accountability to Our Community

Shared decision making, at both individual and collective levels, leads to better decisions and a better experience. We want to empower our community to inform what we do and shape our services for the future, so that we become as accountable to the community that we serve as we are to our regulators. We will build on our existing relationships and seek out best practice so that we become more accountable to our community.

Learning from Patient Experience

At Liverpool Women's we recognise that we will only deliver the highest quality care and best patient experience when our patients are equal partners in decision making about their care, and when we listen to and act on what patients tell us about their experiences of our services. We will learn from what each of our patients tells us about their experience.

Implementation of this work stream is monitored through the Patient Experience and Nursing, Midwifery and AHPs Strategies

Supporting Strategies and Plans

Putting People First, Nursing Midwifery & AHPs, Patient Experience, Communications

Clinical Service Priorities

Our clinical service priorities set out the key areas we want to focus on within each service during the next 5 years while we remain at Crown Street, to ensure all of our women, babies and families receive outstanding care from teams of outstanding people, delivered to the best of our ability, making the best use of the resources we have available.

These priorities were created on the understanding that we must co-locate our services if we want them to be safe and sustainable in the long term. Striving to move to a new co-located hospital is one of our key corporate objectives for the next 5 years, although we accept this work will not be completed before 2025. Our clinical service priorities have been defined on the basis that they are sustainable on the current hospital site for5-7 years. If the plan to move is not progressing well in the next 1-2 years we will need to re-evaluate some of the plans for our services.

Our clinical services have identified particular changes they each need to make to ensure they are fit for the future; however, there are some common themes which have emerged:

- Changes to our model of care
- Building on and developing our partnerships
- Aspirations for our workforce
- Achieving accreditation.

The priorities outlined for each individual service can be seen in Appendix 1; they are closely linked to our aims, quality improvement priorities and support the delivery of one or more of our corporate objectives. These links are mapped out in the appendix. Some key examples of our priorities are included below:

Regional Placenta Accreta & Percreta Service

We will use our expertise as providers of specialist, tertiary maternity services, to lead the development of a regional service for women with placenta accreta and percreta; serious conditions which can be life threatening. Our highly skilled obstetricians and midwives will work with colleagues and regional partners to ensure safe care and excellent outcomes for this group of patients.

Innovative Care for High Risk Patients

As a tertiary centre, we look after many women each year within our maternity service, who have complex conditions affecting their pregnancy and birth. We will utilise the skills and experience within our specialist anaesthetics service to lead innovative multi-disciplinary planning, for the care of maternity patients on our site who face the highest risks.

Gynaecology Regional Hub & Centre of Excellence

Over the next five years we will build on our reputation for providing high quality specialist gynaecology oncology services. We will become a nationally recognised centre of excellence, exploiting cutting edge technologies such as robot assisted surgery, to deliver world class specialist gynaecological services to women from Liverpool, Cheshire and Mersey and across the UK.

Nationally Leading Neonatal Surgical Service

Our brand new, state of the art Neonatal Unit is now open; enabling our clinical teams to work in partnership with families to deliver world class care for their babies. We utilise the advantages of this fantastic facility to establish the Liverpool Neonatal Partnership as the nationally leading surgical service for neonates, achieving excellent outcomes and providing family centred care.

Mainstreaming Genomics

Genomic medicine is at the forefront of cutting edge medical advances; enabling the shift towards personalised care for every individual. Over the next 5 years, the Liverpool Centre for Genomic Medicine will embed genomics into mainstream clinical pathways across a range of services, providing high quality, expert input into MDTs and improving outcomes for the people of Liverpool and beyond.

International Physiotherapy Education

Our physiotherapy service provides excellent care for a wide range of conditions, across all of our specialties. We will use the expertise of our unique specialist team to build on our existing educational provision, and establish Liverpool Women's Hospital as an international centre for physiotherapy education, forging links with national and international partners.

How are we going to get there?

How we will deliver our goals

Our methodology for delivering Quality Improvement is outlined in a separate strategy, because we recognise that Quality Improvement underpins all of our work, not just our clinical services. The strategy has a number of key themes:

- QI methodologies and training
- Dissemination and implementation of lessons learned
- Human Factors training
- Ward accreditation, including pressure ulcers, falls, nutritional monitoring
- Patient safety training

We will aim to develop a flexible resource within the Trust to support our front line staff in delivering quality improvements and we will we will involve our patients as partners in the changes we make.

The Trust's QI projects will be centrally logged with the Governance Department but owned and acted upon by the Divisions with their embedded QI Champions.

Measuring our success

Each of the quality improvement priorities unique to this strategy will have a detailed plan with defined outcome measures to track progress. A full implementation plan will be presented to the Safety Senate and Quality Committee providing an overview of the quality priorities and the vision for each element of quality as we progress through the lifetime of this strategy. Our progress will be reported through our annual Quality Report, received by our Quality Committee. We will seek assurance of our delivery through a variety of channels:

- Clinical audit
- Patient feedback
- Clinical outcomes
- Mortality ratios

We will outline detailed plans for delivery of clinical priorities each year through our operational planning process. Our performance will be reported through our structures for accountability and assessed through both individual and divisional performance reviews. We will:

- Make sure every person working in each of our services understands how their role contributes to the delivery of our plans through the PDR process;
- Make sure each of our corporate divisions understands their role in supporting the clinical services to deliver these priorities for the benefit of patients;
- Identify the resource needed to deliver these priorities through our operational planning process;
- Review our strategy regularly to make sure we are responding to our environment appropriately; and

- Refresh our strategy and priorities where appropriate.

We will communicate our success through:

- Published reports to the Quality Committee and the Board;
- Patient experience forums, including our Maternity Voices Partnership;
- Social media channels;
- In The Loop and staff newsletters; and
- Individual and Divisional performance reviews.

Conclusion

Our priorities for quality improvement, together with our ambitious plans for our clinical services, will drive Liverpool Women's Hospital to achieve our goal of becoming an outstanding organisation. We will embed implementation plans to meet our priorities in our day to day activities, ensuring that quality remains at the heart of everything we do. We will make sure that all of our people understand our goals, and their role in delivering them, and we will work with our partners across the system to deliver these improvements, ensuring we achieve the best possible outcomes for the communities we serve.

We will monitor the delivery of our strategy closely, from ward to Board-level, reviewing and adapting our plans where necessary so that we can respond to changes in our environment, learn from best practice as it evolves and make sure our women, babies and families have access to world-leading care.

Clinical & Quality Strategy – Clinical Service Priorities

Maternity

Maternity		Trust Strategic Aims and Objectives									
		W		E		S		E			E
		1	2	3	4	5	6	7	8	9	10
1	Develop a regional placenta accreta and percreta service, including interventional radiology provision						■	■			
2	Deliver the tertiary level Networked Maternal Medicine Service		■			■					■
3	Extend our nationally-leading free standing birth centre offer throughout Liverpool					■			■		■
4	Deliver excellent midwifery and obstetric services within walking distance from people's homes		■			■			■		■
5	Lead delivery of the national maternity transformation programme		■			■					■

Neonates

Neonates		Trust Strategic Aims and Objectives									
		W		E		S		E			E
		1	2	3	4	5	6	7	8	9	10
1	Establish the Liverpool Neonatal Partnership as the nationally leading surgical service for neonates					■		■	■		■
2	Achieve national recognition for excellence in the training of medical and non-medical professionals		■						■		■
3	Embed a culture of full inclusivity in our teams as the cultural norm	■	■							■	■
4	Raise the profile of R,D&I in the service to the level of international repute		■		■				■	■	
5	Become the leaders in digital innovation in neonatal services		■		■					■	

Gynaecology

Gynaecology		Trust Strategic Aims and Objectives									
		W		E		S		E			E
		1	2	3	4	5	6	7	8	9	10
1	Become the leaders in digital innovation in gynaecological services										
2	Establish a nationally leading pelvic robotics service, including recognised training status										
3	Become the regional tertiary hub for all gynaecological subspecialties and specialised services										
4	Deliver excellent services in community gynaecology to a standard of national repute										
5	Raise the profile of R, D&I in the service to the level of national repute.										

Theatres

Theatres and Anaesthetics		Trust Strategic Aims and Objectives									
		W		E		S		E			E
		1	2	3	4	5	6	7	8	9	10
1	Lead innovative multidisciplinary planning for the care of the highest risk obstetric patients on the Crown Street site		■			■		■	■		■
2	Capitalise on the pressures of working on an isolated site to develop unique and nationally reputed services in resuscitation and high dependency care					■		■	■		
3	Integrate a nationally leading human factors approach to team working in theatres		■			■				■	■
4	Lead on the development of a city-wide service for theatres		■	■		■		■	■		
5	Achieve peer reviewed and benchmarked full national accreditation for our anaesthetics services		■			■					

Genomics

Genomics		Trust Strategic Aims and Objectives									
		W		E		S		E			E
		1	2	3	4	5	6	7	8	9	10
1	Provide internationally leading equity of access to genomics, including for hard to reach communities	■				■			■		■
2	Drive clinical improvement across a broad range of specialties in the North West region by integrating genomic medicine into mainstream specialties by developing MDTs and MDCs		■					■	■		■
3	Foster integrated, collaborative working across the North West with health and voluntary sectors and become nationally recognised as excelling in partnership working		■			■		■	■		■
4	Harness opportunities to engage with industry to deliver the Life Science Strategy and the Digital Health Strategy to develop Genomic Medicine				■			■	■		
5	Work in partnership with HEE and universities in the region to continue to develop a leading programme of education for non-genomic clinicians		■							■	

Physiotherapy

Physiotherapy		Trust Strategic Aims and Objectives									
		W		E		S		E			E
		1	2	3	4	5	6	7	8	9	10
1	Establish Liverpool Women's Hospital as an international centre providing specialist physiotherapy education, welcoming observers from national and international partners										
2	Lead the development of a Liverpool-wide pelvic-floor service; bringing together specialist colorectal, urology, urogynaecology and physiotherapy specialties into a single, efficient and patient-centred care pathway.										
3	Embed physiotherapy into MDTs across the Trust, becoming an integral part of each clinical team; improving clinical outcomes and reducing pressure on other specialties through timely physiotherapy intervention										

Imaging

Imaging		Trust Strategic Aims and Objectives									
		W		E		S		E			E
		1	2	3	4	5	6	7	8	9	10
1	Expand the imaging service on the Crown Street site to become a regional diagnoistic hub, providing CT and MR imaging					■		■	■		■
2	Establish an IR facility and expertise on the Crown Street site, in support of tertiary level obstetric and gynaecological services		■		■	■		■	■		
3	Achieve national full accrediation for quality standards in imaging					■				■	
4	Formally establish a 7 day sevice for imaging, including obtaining images on site and rapid reporting in conjunction with neighbouring services					■		■	■		■
5	Establish new on-site expertise in the imaging workforce in fertility and cardiac screening	■	■					■			

Pharmacy

Pharmacy		Trust Strategic Aims and Objectives									
		W	E			S		E			E
		1	2	3	4	5	6	7	8	9	10
1	Embed ward-level pharmacy provision across the Trust, becoming an integral part of each clincial team										
2	Implement in full the Trust's medicines safety improvement programme, to establish the organisation as a leading centre for medicines safety										
3	Consolidate and expand the delivery service created in response to COVID-19, focusing on vulnerable patients and using technological solutions to support the service										
4	Become a centre of excellence for pharmacy education in women's services; with a focus on training, education and learning lessons, locally, regionally and nationally										
5	Streamline our discharge processes within adult services to improve the patient experience. Implement a near-patient dispensing model and implement processes to ensure patients' own medication is used to expedite discharge and increase efficiency.										

Agenda Item	20/21/154

MEETING	**Board of Directors**
PAPER/REPORT TITLE:	**Care Quality Commission Update**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**Assurance**
EXECUTIVE DIRECTOR:	Gaynor Thomason, Interim Director of Nursing and Midwifery
AUTHOR(S):	Janet Brennan, Deputy Director of Nursing
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☒ 2. To be ambitious and *efficient* and make the best use of available resource ☒ 3. To deliver *safe* services ☒ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☒ 5. To deliver the best possible *experience* for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☐ ***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. ……* ☐ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☐ ***4.*** *Failure to deliver the annual financial plan ……* ☐ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☐ ***6.*** *Ineffective understanding and learning following significant events……* ☒ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☐
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE –*** *the services meet people's needs.* ☐ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation and promotes an open and fair culture.* ☐

	ALL DOMAINS ☒			
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☒ **2.** Operational Plan ☐ **3.** NHS Compliance ☒		**4.** NHS Constitution ☒ **5.** Equality and Diversity ☐ ***6.*** Other: **Click here to enter text.**	
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting			
RECOMMENDATION: ***(eg: The Board/Committee is asked to:-….)***	*The Board is asked to note and gain assurance of the updated action plans.* *The Board is asked to note the recent focused inspection.* *The Board is asked to note and gain assurance of the recent Infection prevention engagement call with the CQC.*			
PREVIOUSLY CONSIDERED BY:	**Committee name**	Quality Committee ***Click here to enter text.***		
	Date of meeting	Monday, 24 August 2020		

Executive Summary

The Care Quality Commission (CQC) carried out an unannounced inspection of the Trust from 3 - 5 December 2019 and an announced 'well-led' inspection from 14-16 January 2020.

During the Core Services inspection conducted 3-5 December 2019, the CQC issued the Trust with a warning notice on 13th December 2019 which stated a failure to ensure that systems and processes were effectively established to ensure the proper and safe management of medicines.

The Trust developed an action plan to address these points. The trust has responded to the CQC with an action plan on 29 May 2020. It is envisaged all the actions will be completed by December 2020. The Divisions were asked to develop their own action plans in response to the trust action plan and are further developing their action plans to include Quality improvements. The overarching updated action plan is on track and is reported monthly to the Quality Committee.

Divisions monitor their action plans at Divisional Boards and meet with the Director of Nursing & Midwifery and the Deputy Director of Nursing & Midwifery monthly to review their actions.

A further inspection was carried out on July 28 focusing on issues raised in the warning notice. Data was requested prior to the inspection, with a further two data requests for information relating to fridge monitoring temperatures on maternity base and My Kit Check (resuscitation trolley checks).

An engagement call with the CQC on 20/08/2020 was held at their request to discuss the board's assurance regarding the effectiveness of the trust's Infection Prevention and Control measures. A report has been received from the CQC on 26/08/2020 stating that the CQC found that the board is assured that the trust has effective infection prevention and control measures in place.

Report

Initial Inspection

The Care Quality Commission (CQC) carried out an unannounced inspection of the Trust from 3 - 5 December 2019 and an announced 'well-led' inspection from 14-16 January 2020. During the Core Services inspection conducted 3-5 December 2019, the CQC issued the Trust with a warning notice on 13th December 2019 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.

The Trust developed an action plan to address these points. The Trust has responded to the CQC with an action plan on 29 May 2020. It is envisaged all the actions will be completed by December 2020. The Divisions were asked to develop their own action plans in response to the trust action plan and are further developing their action plans to include Quality improvements. The overarching updated action plan is on track and is reported monthly to the Quality Committee.

Divisions monitor their action plans at Divisional Boards and meet with the Director of Nursing & Midwifery and the Deputy Director of Nursing & Midwifery monthly to review their actions.

Focused inspection 28 July 2020

A further focused inspection was carried out on 28th July 2020. 3 days prior notice was given. Specific data was requested to be available on the day and a request for interviews with specific staff. The area of focus were the issues raised in the warning notice. Several areas were visited.

Further information was requested following the inspection. This information was sent to the CQC in the required timeframe.

The Trust received a report to check for factual accuracy which has been returned to the CQC. The Trust is now awaiting a final report.

Infection Prevention engagement call 20 August 2020

The Care Quality Commission is not routinely inspecting services during the pandemic period and recovery phase, although they are carrying out some focused inspections. They are maintaining contact with providers through usual engagement calls and by monitoring arrangements such as those for infection prevention and control.

An infection prevention engagement call was undertaken 20 August 2020

A summary of the report:

- The Board had received/undertaken a clear and comprehensive assessment of Infection Prevention and Control across all services including an assessment of the estate and isolation facilities.
- There are systems in place in manage and monitor the prevention and control of infection

- There are systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections.
- There is appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
- The trust provides suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion
- The trust has systems to identify promptly people who have an infection, or who are at risk of developing an infection so that they receive timely and appropriate treatment.
- There are systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process or preventing and controlling infection.
- The trust has effective process in place to manage the isolation of patients appropriately.
- There is adequate and responsive access to laboratory support
- The trust has effective policies designed for the individual's care which will help prevent and control infections
- The trust has a system to manage the occupational health needs of staff regarding infection.

The CQC were assured that the Trust had undertaken a thorough assessment of the risks associated with Covid and this had been to the board and been reviewed on two further occasions. IPC systems had been put in place to protect patients, visitors and staff. Environmental concerns had been considered and cleaning regimes had been adapted accordingly. The Trust had developed a variety of ways to disseminate information to patients and visitors including the use of social media. There were plans in place to isolate and cohort patients according to their Covid- 19 status. Testing was in place prior to patients coming in and at intervals during their stay. National guidelines were being monitored, implemented and changes were passed on to staff. The Trust were using simulations as training tools to support staff to deal with a variety of situations that may occur during Covid- 19. The Trust had sufficient PPE and was fit testing where AGP were being carried out. There were systems in place for ensuring distribution of PPE to staff to ensure they had PPE when needed. Hand hygiene audits were continuing, and spot checks were being carried out to ensure that PPE was used appropriately and effectively.

Recommendation

The Board is asked to

- note and gain assurance of the updated action plans.
- note the recent focused inspection.
- note and gain assurance of the recent Infection prevention engagement call with the CQC

Liverpool Women's NHS Foundation Trust

Agenda Item	20/21/155

MEETING	**Trust Board**
PAPER/REPORT TITLE:	**Serious Incident Report – Quarter 1, 2020-21**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**Assurance**
EXECUTIVE DIRECTOR:	Gaynor Thomason, Interim Director of Nursing and Midwifery
AUTHOR(S):	Christopher Lube, Head of Governance and Quality
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☒ 2. To be ambitious and *efficient* and make the best use of available resource ☒ 3. To deliver *safe* services ☒ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☒ 5. To deliver the best possible *experience* for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☒ ***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. ……* ☒ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☐ ***4.*** *Failure to deliver the annual financial plan ……* ☐ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☒ ***6.*** *Ineffective understanding and learning following significant events……* ☒ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☐
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☒ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☒ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☒ ***RESPONSIVE –*** *the services meet people's needs.* ☒ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ☒

	ALL DOMAINS	☐		
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution **2.** Operational Plan **3.** NHS Compliance	☒ ☒ ☒	**4.** NHS Constitution **5.** Equality and Diversity ***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 members are requested to review the contents of this paper and take assurance as to the robust process in place for the reporting and investigation of Serious Incidents as per National and Local Policy.			
PREVIOUSLY CONSIDERED BY:	**Committee name**		Quality Committee	
	Date of meeting		July 2020	

Executive Summary

The following report relates to serious incidents reported during quarter 1 2020/21 and also includes completed investigations and information on the roots cause identified following the completion of the Serious Incident Investigation using Root Cause analysis and progress with actions.

There were 5 Serious Incidents (SI's) declared on the StEIS system as per Trust Policy in line with NHS England StEIS reporting criteria during Quarter 1 in 2020/21 period. The cases were identified in the following areas of the Trust; 1 for Clinical Support Services, 1 for Maternity, 2 for Neonatal, 1 for Obstetric Theatres (which was a never event.

There were 1 Serious Incident final report submitted to the CCG as in Quarter 1. The reports submission met the submission timeframe (60 working days) as set out in the Trust Policy.

All of the Serious Incidents submitted to the CCG have is due to be reviewed at a CCG SI Review Panel on the 2nd September 2020.

As can be seen in the paper there are 2 Serious Incidents which are similar in nature which have occurred in Neonatal which have been reported to the CCG. The second incident occurred before the review of the first incident had been completed, the learning from both will be similar in nature. There are some contributory factors which have occurred in previous SIs such poor documentation, lack of escalation and not adhering to LocSSIPS procedures. These issues have been shared with staff and specific local actions are included in actions plans which are being monitored internally and by the CCG.

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

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

clear root causes and lesson learnt. The Trust has been complimented by the CCG on numerous occasions as to the quality of the Trust Si investigations and associated reports which provides them with assurance.

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

Report

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

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

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

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

The table below provides a brief overview of the StEIS serious incidents reported in quarter 1.

Service	StEIS Ref.	Reported in Line with Policy	Summary
Quarter 1 - April			
Neonatal	2020/7022	Yes	Ischaemic injury - both legs potentially affected due to Umbilical Arterial Line - unsalvageable right leg and potential amputation below knee to right leg
Initial Lesson Learnt: •Importance of line management •Opportunities were missed and the line could have been removed earlier. •Documentation of concerns about the condition of the leg should be specific. •Communication about the condition of the leg should be specific with a plan put in place for reviews and further discussions with the consultant. **Initial Actions:** •Care of arterial lines guideline review •Reflective discussion with staff involved •Discuss at monthly neonatal multidisciplinary team meeting			

Service	StEIS Ref.	Reported in Line with Policy	Summary
Quarter 1 - May			
Obstetric Theatres	2020/9008	Yes	Retained swab - following an elective caesarean section, women had to be reopened to retrieve swab.

Initial Lesson Learnt:

- A clip should have been placed on the swab ribbon tail to allow for better identification
- There was an inappropriate skill mix in theatre, including experience
- The scrub practitioner had only had their PIN for 2 weeks
- There was a lack of supervision of the new staff member inside theatre and theatre overall
- There was a lack of staff speaking up when they identified the swab count was incorrect
- This was a known complex surgery and there did not appear to be a clear plan in place to deal with and mitigate associated potential risks
- The staff member did not follow the swab count procedure once the procedure commenced

Initial Actions:

- All staff are to be reminded to follow the policy for swab count
- Once the swab count is placed on the board it is not to be altered without the scrub practitioner being informed
- All swabs placed inside the abdomen must have a clip attached on the ribbon outside of the body
- Reinforce that all staff are able to raise a concern during surgery and especially regarding the swab count
- The Scrub member of staff involved is to be under direct supervision of a Band 6 (agreed with Deputy director of Nursing)

Maternity	2020/9294	Yes	Admitted at 33 weeks with Spontaneous Rupture Of Membranes (SROM) high risk with cervical suture in situ. Plan for CTG BD. CTG at 14.10 then nil till 11am and Inter Uterine Foetal Death confirmed on scan

Initial Lesson Learnt:

- Missed opportunity to provide assurance of fetal heart presence at 21.30pm, 00.30am and 06.30am.
- Missed opportunity to commence CTG at 06.30am when Mother awake, in preparation for day shift ward round.
- Missed opportunity to commence CTG at time of medical ward round at 09.20am, when mother reported reduced fetal movements to ward round attendees.
- Missed opportunity to escalate reduced fetal movements to midwifery staff.
- Delay in providing assurance of fetal wellbeing after report of reduced fetal movements at time of ward round (delay of two hours in commencing CTG.

Initial Actions:

- Immediate support given to staff members.
- Midwifery staff withdrawn from providing antenatal care on ward (supportive not punitive) with referral to Professional Midwifery Advocacy service.
- Review of Guidelines re frequency of maternal observations: Management of Pre-labour preterm rupture

of membranes states 6 hourly MEWS re required. MEWS guidance states 4 hourly required on inpatients (exception of overnight sleep).

- Immediate review of clinical guidelines with respect to fetal heart rate auscultation prior to evening sleep.
- Review individual workload of midwifery staff involved.
- Review of staffing and process of allocation of workload.
- Review of ward round procedure including timing, presence of shift leader, expectations of medical staff.
- Check if cervical cerlage material was sent for histology – chase results.
- Chase any blood results and culture results.
- Clarify required for frequency of CTG whilst inpatient.

Quarter 1 - June			
Imaging	2020/11117	Yes	Missed radiological results - During a clinic appointment the consultant requested the patient was to be sent for an MRI scan with a six week follow up appointment. A six month appointment was made in error which resulted in the patient receiving the results of the MRI scan four and a half months late. The results showed a soft tissue mass in the left lower lobe of her lung.

Initial Lesson Learnt:

- There may be a requirement for a generic email to the Clinical Personal Assistants for receiving all radiological results.
- Work is required with IT to set up a failsafe for all radiological results coming into the hospital.
- Progress move to In Touch e-outcomes for ordering future clinic appointments to prevent an misinterpretation of handwriting on outcome forms

Initial Actions:

Immediate:

- Set up genetic email for the Clinical Personal Assistants to receive radiological results. This has been undertaking another service and has been successful.
- Inform the Trusts sending LWH radiological images of the new email address.
- Highlight to all admin staff dealing with outcome form clinics about the incident and to be vigilant and mindful of interpreting hand writing.

Longer Term:

- Review the number of radiological investigation coming into the trust
- Set up failsafe, so all radiological investigations can be reviewed at the latest the day after they arrive at the trust
- Audit In Touch e-outcomes to ensure that patients are getting their appointments as requested by the clinician
- Work with Clatterbridge Hospital to identify issues that led to this incident
- Work with GP to ascertain what information was given to the patient in relation to the August 2019 scan.
- Request to review SOPS from the trusts in the region –make recommendations for improvements / amendments with the aim of standardising documentation across the region
- Review KPI's to ensure all abnormal results are flagged to the clinician

Service	StEIS Ref.	Reported in Line with Policy	Summary
2020/12092	Neonatal	Yes	A femoral arterial line was inserted but baby developed irreversible ischaemic injury to his leg as a consequence of this. Intensive care was discontinued on day 29 of life and he died on that day (9th June 2020). Baby suffered a known complication of an ICU procedure which did not contribute to his death 2nd incident of this type, 1st SI Review not completed by the time of this incident.

Initial Lesson Learnt:

- The time of removal of lines should be accurately recorded – even if the entry is a retrospective entry
- The diagnosis of "Aortic thrombus" is not a diagnosis with an ICD10 code, so does not appear in the electronic patient record. This may have contributed to its presence being missed by the consultant who inserted the line.
- Consultant should be informed immediately if the perfusion of a limb does not recover immediately on removal of an arterial line.
- Incident was not reported at the time the injury occurred
- Duty of candour was not implemented in a timely manner

Initial Actions:

- Individual feedback to staff involved
- Audit of femoral lines is already underway – findings will be shared and if issues are identified, policies and procedures will be changed
- Contraindications for insertion of femoral arterial lines to be agreed and included in revised policy.
- Threshold for removal of arterial lines to be agreed/set and included in revised policy.
- Policy revision to include a requirement that a consultant must be informed if an ischaemic limb does not recover fully immediately when a line is removed,
- Policy to be reviewed – to include "line to be removed if there is any evidence of impaired circulation"
- Duty of candour policy to be shared with consultants
- Staff to be reminded about incident reporting
- Badgernet to be reviewed to ascertain whether the handover documentation can be improved to include problems that are not diagnoses with ICD10 codes.

Lessons learnt from serious incidents submitted in Q1 2020/21

During the Q1 period a total of 1 SI's have had final reports submitted to the CCG for consideration.

Service	StEIS Ref.	Summary
Maternity	2020/6380	Pre term birth of a 25+1 weeks infant who was admitted to NICU but died at 16 days of age. Mother was a Gravida 9 para 9 with history of X6 full term normal births, X1 spontaneous labour at 35 weeks with twins and X1 TOP/SB for trisomy 13 in 2019. High risk pregnancy with cervical suture in situ from 18 weeks. Presented 2 days prior to birth with pain, discomfort and an offensive discharge. • Seen by ST3, bloods and HVS taken. Discharged without senior review or clear plan of follow-up. • There was failure to recognise the high risk nature of the patient, escalate to the senior obstetric team and provide a clear plan of care. • Information from the mother suggested she requested to remain an inpatient as she felt unwell with continued pain. • Blood results were not followed up and identified as abnormal until admission in advanced labour 2 days later. This is despite the blood results being available within a few hours and the trusts policy for reviewing results.

Root Cause:

- Inadequate recognition and assessment of a patient at high risk of preterm labour and failure to appropriately follow-up on results of investigations taken

Learning from Investigation:

- Awareness of subtle signs of chorioamnionitis, and attentive to abnormal observations
- Need for handover, review and documentation of management plan for investigations taken in MAU for high risk patients
- Importance of having history available prior to PN community visit

Recommendations:

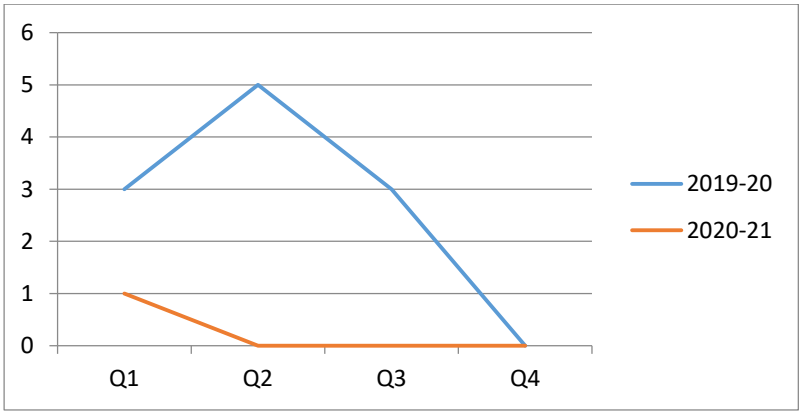
- To create a list of high risk conditions in MAU that require Consultant or ST6/7 review
- To formalise handover process of high risk patients who has been discharged from MAU but require review of investigation results
- Evaluate the guideline for process of review of electronic results in MAU and to include documentation of management plan for abnormal results when reviewed
- To consider making MgSO4 and steroids available in MAU
- Reflection and support from Educational supervisor for the trainee involved
- Community midwife team leaders to feedback to those involved to reflect on the case

Service	StEIS Ref.	Summary
Monitoring and Assurance •All action from the SI action plan are being monitored via the Maternity Risk Group which reports up to the Divisional Board for Family Health. •All overdue or outstanding actions are expectation reported to the Safety Senate and reviewed for progress and expected date of completion. •All actions requiring an audit have been placed on the forward audit plan and will be monitored via Effectiveness senate and Maternity Risk Group.		

Overview

There were 5 SI's reported in Q1 making a total of eleven SI's reported for the year to date for 2020/21. This is a increase as compared to the same period in 2019/20 where 3 SI's were reported. The following table shows the trend in SI's numbers in the Trust the all quarters in 2019/20 and the first quarter in 2020/21

Year	Q1	Q2	Q3	Q4	Total
2019-20	3	5	3	0	11
2020-21	1	0	0	0	1



Duty of Candour

The Trust has a policy in place in relation to the completion of Duty of Candour which underwent a review in August 2020 and assurance gained that it meets the requirements of the National Guidance and Regulation 20 of the Health and Social Care Regulations 2008 (Regulated Activities) Regulation 2014

The Head of Governance and Quality undertook an audit of the compliance with the policy in October 2019, this identified that between July 2019 and August 2019 that there was 100% compliance with the completion of Duty of Candour for Serious Incidents. A re-audit is due to be completed in September 2020.

Overdue Actions for reported Sis

At the time of writing this report there are no actions from Serious Incidents which are overdue. This has not been the case during the quarter's, but following a review within the Governance team and additional support from the new Risk and Patient Safety Manager any overdue actions have been completed and

required information submitted to the CCG. Use of the Ulysses Risk Management System will provided greater monitoring in the future and prevents actions becoming overdue.

Conclusion

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

Recommendation

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

Agenda Item	20/21/156

MEETING	**Trust Board**
PAPER/REPORT TITLE:	**Performance Report Month 4 2020/21**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**Assurance**
EXECUTIVE DIRECTOR:	Gary Price, Chief Operating Officer
AUTHOR(S):	Gary Price, Chief Operating Officer
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☐ 2. To be ambitious and *efficient* and make the best use of available resource ☒ 3. To deliver *safe* services ☒ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☐ 5. To deliver the best possible *experience* for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☐ ***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. ……* ☒ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☐ ***4.*** *Failure to deliver the annual financial plan ……* ☐ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☐ ***6.*** *Ineffective understanding and learning following significant events……* ☒ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☐ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☐
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE –*** *the services meet people's needs.* ☐ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ☐ ***ALL DOMAINS*** ☒

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution **2.** Operational Plan **3.** NHS Compliance	☐ ☒ ☒	**4.** NHS Constitution **5.** Equality and Diversity ***6.*** Other: Click here to enter text.	☐ ☐
FREEDOM OF INFORMATION (FOIA):	*Choose an item.*			
RECOMMENDATION: ***(eg: The Board/Committee is asked to:-….)***	***The Board is asked to note this report***			
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

This report has been produced to provide an exception position against the Trust's 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.

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 4 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 2020/21.

2. Workforce

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Sickness Absence Rate	**Owner - Deputy Director of Workforce**																	
KPI101T	NHSI	Trust	<=	4.5%	Numerator		2321	1989	2499	2264	2532	2549	2229	3195	3148	2327	2108	2312
					Denominator		39241	38077	40070	39330	40809	40902	38492	41197	39757	41513	40457	41594
					Performance		5.92%	5.22%	6.24%	5.76%	6.21%	6.23%	5.79%	7.75%	7.92%	5.61%	5.21%	5.56%
					Trend		▲	▼	▲	▼	▲	▲	▼	▲	▲	▼	▼	▲
					Target %		4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
					Qtrly Performance		5.37%	5.37%	6.07%	6.07%	6.07%	6.61%	6.61%	6.61%	6.23%	6.23%	6.23%	5.56%
Mandatory Training Compliance	**Owner - Deputy Director of Workforce**																	
KPI095T	Quality Strategy	Trust	>=	95.0%	Numerator													
					Denominator													
					Performance		89.00%	90.00%	90.00%	89.00%	91.00%	91.00%	91.00%	91.00%	90.00%	92.00%	92.00%	91.23%
					Trend		▶	▲	▶	▼	▲	▶	▶	▶	▼	▲	▶	▼
					Target %		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
					Qtrly Performance													

The single month sickness absence figure for month four increased by 0.35% from 5.21% to 5.56%. Across the Trust the picture varied, with the Gynaecology and Corporate divisions seeing a reduction of 0.38% and 0.48% respectively, while Family Services saw an increase of 0.56% and Clinical Support Services an increase of 1.79%.

The HR Department are continuing to provide support for managers in managing sickness absence and in supporting staff through this difficult time. A range of support for staff has been pulled together and communicated to all staff through the regular coronavirus (COVID-19) staff briefings. A coronavirus testing programme is in place for staff (and family members). Covid 19 Risk assessments are now being put in place for all staff, having previously been targeted at those thought to be at higher risk such as BAME staff, male staff and those staff who are pregnant or have long term health conditions. Managers have also worked closely with staff who were shielding to support them in returning to work. In line with the recent publication of the NHS People Plan, further opportunities for supporting the psychological well-being of staff are also now being explored.

3. Access standards

INDICATOR		METRIC	THRESHOLD		ACTUALS													
					Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Cancer	2WW for suspected cancer	%	≥93%	Higher values are better	93.3	95.0	93.9	96.2	98.3	96.7	94.8	92.6	96.7	95.7	96.5	96.7	97.3	97.0
	31 Days from Diagnosis to 1st Definitive Treatment	%	≥96%	Higher values are better	60.0	70.3	59.1	28.6	93.6	85.2	70.0	78.3	81.8	75.0	89.7	96.0	92.9	96.0
	62 Days for First Treatment from urgent GP Referral **(After re-allocation)** Final Reported Position	%	≥85%	Higher values are better	22.2	34.5	33.3	28.6	22.7	47.1	37.5	44.4	39.1	66.7	65.0	34.8	36.7	70.0
	104d Referral to First Definitive Treatment	Count	0	Zero tolerance	3	4	1	7	2	1	5	2	5	1	1	3	3	2
RTT	RTT Incomplete Pathways <18 weeks	%	≥92%	Higher values are better	81.5	82.0	83.0	83.3	83.1	83.7	82.0	82.6	81.1	79.5	71.9	64.0	52.6	49.0
	Incomplete Pathway > 52 Weeks	Count	0	Zero tolerance	3	1	1	1	3	5	1	0	0	0	2	5	11	29
Diagnostics	Diagnostic Tests: 6 week wait	%	≥99%	Higher values are better	99.1	99.5	98.4	98.3	98.1	98.85	95.61	96.47	98.83	87.80	27.60	47.00	57.70	59.82
A&E	A&E Maximum waiting time of 4 hours from arrival to admission, transfer or discharge	%	95%	Higher values are better	98.6	98.7	99.5	99.1	99.2	99.9	99.1	99.6	98.5	98.1	100.0	98.2	100.0	98.1

(Cancer: for all Trusts data every month is submitted to the national data base (CWT) 5 weeks after the month end to ensure the accurate reallocation of the breaches. Trends therefore cannot incorporate or reflect the July 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. A priority clinical order has been established which takes precedent over the mandated normal cancer rules for Q1 2020/21.

As per the national guidance[1] cancer multidisciplinary teams (MDTs) must categorise all cancer surgical patients into one of the following priority levels. Trusts should create a single list of the patients in prioritised order.

[1] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/specialty-guide-acute-treatment-cancer-23-march-2020.pdf

Priority level 1a

• *Emergency: operation needed within 24 hours to save life*

Priority level 1b

• *Urgent: operation needed with 72 hours*

Priority level 2

Elective surgery with the expectation of cure, prioritised according to:

within 4 weeks to save life/progression of disease beyond operability based on

- *urgency of symptoms*
- *complications such as local compressive symptoms*
- *biological priority (expected growth rate) of individual cancers based on: Local complications may be temporarily controlled, for example with stents if surgery is deferred and /or interventional radiology.*

Priority level 3

Elective surgery can be delayed for 10-12 weeks with have no predicted negative outcome.

Despite the challenge cancer services performed well in both the 2 week wait and the 31-day standard in Q1 2020/21, with the Trust now achieving the 31-day target with more regularity. The 62-day target performance was 43% for Q1 2020/21 in large part due to the national mandates of the Covid 19 pandemic and patients being allocated priority levels. This similarly affected the 104 day position.

In November 2020 the service will have a full compliment of Oncology Consultants for the first time in 2 years. This will allow maintenance of the 2 week and 31-day target and improvement of the 62 day target

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 a 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 6 week diagnostic target continues to improve after the non urgent diagnostic pause due to Covid.

The Trust had 29 18-week breaches in July. For Cheshire and Merseyside there were over 2000 52-week breeches for the month of July forecast. The Gynaecology Division is forecasting a plateauing of long waiters through 2020/21 with a reduction towards the end of Q4.

The largest challenges in recovery are the reduced capacity in theatre throughput in line with covid-19 Infection Prevention and Control requirements plus an increasing cohort of patients who wish to defer surgery until after the pandemic. The division is developing a plan for increased capacity through Q3 and Q4 to increase capacity.

The Trust is actively working with clinical teams and the CCG to ensure harm reviews are undertaken as appropriate to identify any further themes or challenges

3.3 Recovery

The national Phase 3 recovery guidance produced July 2020 asks:

- In September at least 80% of their last year's activity for both overnight electives and for outpatient/day case procedures, rising to 90% in October (while aiming for 70% in August);
- 100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).

The following table details progress to date against the phase 3 ask:

	July	August (predicted)	September (predicted)	October (predicted)
Day case vs last year (without Bedford)	58.12%	65%	73%	80%
Elective inpatient vs last year	109.17%	100%	100%	100%
Elective total vs last year (without Bedford)	66.67%	72%	80%	90%
Outpatients vs last year new	77.22%	90%	100%	100%
Outpatients vs last year follow up	73.70%	80 %	100%	100%
Outpatients vs last year cumulative	74.97%	82%	100%	100%

4. Conclusion

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

Liverpool Women's NHS Foundation Trust

Board Performance Report

Published Month - July 2020

Data Included - Up to June 2020

Workforce

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Sickness Absence Rate	**Owner - Deputy Director of Workforce**																	
KPI101T	NHSI	Trust	<=	4.5%	Numerator		2321	1989	2499	2264	2532	2549	2229	3195	3148	2327	2108	2312
					Denominator		39241	38077	40070	39330	40809	40902	38492	41197	39757	41513	40457	41594
					Performance		5.92%	5.22%	6.24%	5.76%	6.21%	6.23%	5.79%	7.75%	7.92%	5.61%	5.21%	5.56%
					Trend		▲	▼	▲	▼	▲	▲	▼	▲	▲	▼	▼	▲
					Target %		4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
					Qtrly Performance		5.37%	5.37%	6.07%	6.07%	6.07%	6.61%	6.61%	6.61%	6.23%	6.23%	6.23%	5.56%
Mandatory Training Compliance	**Owner - Deputy Director of Workforce**																	
KPI095T	Quality Strategy	Trust	>=	95.0%	Numerator													
					Denominator													
					Performance		89.00%	90.00%	90.00%	89.00%	91.00%	91.00%	91.00%	91.00%	90.00%	92.00%	92.00%	91.23%
					Trend		▶	▲	▶	▼	▲	▶	▶	▶	▼	▲	▶	▼
					Target %		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
					Qtrly Performance													

Efficient

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-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
					Trend		▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶
					Target Value		3	3	3	3	3	3	3	3	3	3	3	3
					Qtrly Performance Value		9	9	9	9	9	9	9	9	9	9	9	3

Safety

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Never Events	**Owner - Head of Governance**																	
KPI181T	NHSI	Trust	=	0	Performance Value		0	1	0	0	0	0	0	0	0	1	0	0
					Trend		▶	▲	▼	▶	▶	▶	▶	▶	▶	▲	▼	▶
					Target Value		0	0	0	0	0	0	0	0	0	0	0	0
					Qtrly Performance Value		1	1	0	0	0	0	0	0	1	1	1	0
NHSE / NHSI Safety Alerts Outstanding	**Owner - Head of Governance**																	
KPI193	NHSI	Trust	=	0	Performance Value		0	0	0	0	0	0	0	0	0	0	0	0
					Trend		▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶
					Target Value		0	0	0	0	0	0	0	0	0	0	0	0
					Qtrly Performance Value		0	0	0	0	0	0	0	0	0	0	0	0
Infection Control: Clostridium Difficile	**Owner - Infection Control Lead**																	
KPI104T	Quality Schedule	Trust		0	Performance Value		0	0	0	0	0	0	0	0	0	0	0	0
					Trend		▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶
					Target Value		0	0	0	0	0	0	0	0	0	0	0	0
					Qtrly Performance Value		0	0	0	0	0	0	0	0	0	0	0	0
Infection Control: MRSA	**Owner - Infection Control Lead**																	
KPI105T	Quality Schedule	Trust		0	Performance Value		0	0	0	0	0	0	0	0	0	0	0	0
					Trend		▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶
					Target Value		0	0	0	0	0	0	0	0	0	0	0	0
					Qtrly Performance Value		0	0	0	0	0	0	0	0	0	0	0	0

Effective

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

Liverpool Women's NHS Foundation Trust

Experience

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
18 Week RTT: Incomplete Pathways	**Owner - Divisional Manager Gynaecology**																	
KPI003T	NHSI	Trust	>=	92.0%	Numerator		5307	5310	5324	5224	4971	5187	5152	5149	4657	4217	3443	3550
					Denominator		6396	6377	6405	6243	6061	6283	6349	6476	6476	6584	6549	7204
					Performance		82.97%	83.27%	83.12%	83.68%	82.02%	82.56%	81.15%	79.51%	71.91%	64.05%	52.57%	49.28%
					Trend		▲	▲	▼	▲	▼	▲	▼	▼	▼	▼	▼	▼
					Target %		92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
					Qtrly Performance		82.74%	82.74%	82.95%	82.95%	82.95%	81.06%	81.06%	81.06%	62.81%	62.81%	62.81%	49.28%
18 Week RTT: Incomplete Pathway > 52 Weeks	**Owner - Divisional Manager Gynaecology**																	
KPI002T	Quality Schedule	Trust	=	0	Performance Value		1	1	3	5	1	0	0	0	2	5	11	29
					Trend													
					Target Value		0	0	0	0	0	0	0	0	0	0	0	0
18 Week RTT: Admitted Completed Pathways	**Owner - Divisional Manager Gynaecology**																	
KPI001	Trust Objectives	Trust	>=	90.0%	Numerator		387	340	359	374	230	192	196	170	123	79	90	118
					Denominator		462	411	469	453	283	290	278	243	137	104	169	217
					Performance		83.77%	82.73%	76.55%	82.56%	81.27%	66.21%	70.50%	69.96%	89.78%	75.96%	53.25%	54.38%
					Trend		▲	▼	▼	▲	▼	▼	▲	▼	▲	▼	▼	▲
					Target %		90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
					Qtrly Performance		82.89%	82.89%	79.92%	79.92%	79.92%	68.80%	68.80%	68.80%	71.22%	71.22%	71.22%	54.38%
18 Week RTT: Non-Admitted Completed Pathways	**Owner - Divisional Manager Gynaecology**																	
KPI004T	Trust Objectives	Trust	>=	95.0%	Numerator		1384	1619	1589	1605	1490	1864	1766	1417	798	659	973	913
					Denominator		1617	1924	1888	1958	1774	2230	2073	1673	898	795	1325	1400
					Performance		85.59%	84.15%	84.16%	81.97%	83.99%	83.59%	85.19%	84.70%	88.86%	82.89%	73.43%	65.21%
					Trend		▲	▼	▲	▼	▲	▼	▲	▼	▲	▼	▼	▼
					Target %		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
					Qtrly Performance		84.55%	84.55%	83.35%	83.35%	83.35%	84.45%	84.45%	84.45%	80.52%	80.52%	80.52%	65.21%
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		2.0	4.0	2.5	4	4.5	4	4.5	9	6.5	4	5.5	
					Denominator		6.0	14.0	11	8.5	12	9	11.5	13.5	10	11.5	15	
					Performance		33.33%	28.57%	22.73%	47.06%	37.50%	44.44%	39.13%	66.67%	65.00%	34.78%	36.67%	
					Trend		▲	▼	▼	▲	▼	▲	▼	▲	▼	▼	▲	
					Target %		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
					Qtrly Performance		30.99%	30.99%	34.92%	34.92%	34.92%	51.47%	51.47%	51.47%	43.84%	43.84%	43.84%	
Cancer: 62 Day Screening Referrals (Numbers)	**Owner - Divisional Manager Gynaecology**																	
KPI033	NHSI	Gynaecology	<=	5	Performance Value		3.5	1.5	2.0	2.0	0.0	1.0	1.0	1.0	1.0	0.5	0.0	
					Trend		▲	▼	▲	▶	▼	▲	▶	▶	▶	▼	▼	
					Target Value		5	5	5	5	5	5	5	5	5	5	5	5
					Qtrly Performance Value		7	7	4	4	4	3	3	3	1.5	1.5	1.5	0
Cancer: 62 Day Screening Referrals (Percentage)	**Owner - Divisional Manager Gynaecology**																	
KPI034	NHSI	Gynaecology	>=	90.0%	Numerator		3.5	1.0	2	2	0	1	1	1	1	0.5	0	
					Denominator		3.5	1.5	2	2	0	1	1	1	1	0.5	0	
					Performance		100.00%	66.67%	100.00%	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%
					Qtrly Performance		78.57%	78.57%	100.00%	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	7	2	1	5	2	5	1	1	3	3	
					Trend		▼	▲	▼	▼	▲	▼	▲	▼	▶	▲	▶	
					Target Value		0	0	0	0	0	0	0	0	0	0	0	0
					Qtrly Performance Value		12	12	8	8	8	8	8	8	7	7	7	0

Experience

KPI ID	Source	Service ID	Target < or >	Target	Value	Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Diagnostic Tests: 6 Week Wait	**Owner - Divisional Manager Clinical Support**																	
KPI204	NHSI	Trust	>=	99.0%	Numerator		493	633	468	516	436	464	421	165	35	195	326	332
					Denominator		501	644	477	522	456	481	426	188	127	415	565	555
					Performance		98.40%	98.29%	98.11%	98.85%	95.61%	96.47%	98.83%	87.77%	27.56%	46.99%	57.70%	59.82%
					Trend		▼	▼	▼	▲	▼	▲	▲	▼	▼	▲	▲	▲
					Target %		99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
					Qtrly Performance		98.72%	98.72%	97.59%	97.59%	97.59%	95.89%	95.89%	95.89%	50.23%	50.23%	50.23%	59.82%
A&E: Total Time Spent in department (95th Percentile)	**Owner - Divisional Manager Gynaecology**																	
KPI012	Trust Objectives	Gynaecology	<=	240	Performance Value		213	211	221	215	210	214	218	222	208	199	213	231
					Trend		▼	▼	▲	▼	▼	▲	▲	▲	▼	▼	▲	▲
					Target Value		240	240	240	240	240	240	240	240	240	240	240	240
					Qtrly Performance Value		650	650	646	646	646	654	654	654	620	620	620	231
Complaints: Number Received	**Owner - Head of Audit, Effectiveness and Patient Experience**																	
KPI038T	NHSI / Quality Strate	Trust	<=	15	Performance Value		10	4	6	4	5	7	4	3	1	6	5	5
					Trend		▲	▼	▲	▼	▲	▲	▼	▼	▼	▲	▼	▶
					Target Value		15	15	15	15	15	15	15	15	15	15	15	15
					Qtrly Performance Value		17	17	15	15	15	14	14	14	12	12	12	5

Liverpool Women's NHS Foundation Trust

Agenda Item	20/21/157

MEETING	**Board of Directors**
PAPER/REPORT TITLE:	Finance Performance Review Month 4 2020/21
DATE OF MEETING:	Thursday, 03 September 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:	***Which Objective(s)?*** **1.** To develop a well led, capable, motivated and entrepreneurial ***workforce*** ☐ **2.** To be ambitious and ***efficient*** and make the best use of available resource ☒ **3.** To deliver ***safe*** services ☐ **4.** To participate in high quality research and to deliver the most ***effective*** Outcomes ☐ **5.** To deliver the best possible ***experience*** for patients and staff ☐
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☐ ***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. ……* ☐ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☒ ***4.*** *Failure to deliver the annual financial plan ……* ☒ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☐ ***6.*** *Ineffective understanding and learning following significant events……* ☐ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☐
CQC DOMAIN	***Which Domain?*** ***SAFE****- People are protected from abuse and harm* ☐ ***EFFECTIVE*** *- people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐ ***CARING*** *- the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE*** *– the services meet people's needs.* ☐ ***WELL-LED*** *- the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ☒

	ALL DOMAINS ☐	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☐ **2.** Operational Plan ☒ **3.** NHS Compliance ☒	**4.** NHS Constitution ☐ **5.** Equality and Diversity ☐ ***6.*** Other: **Click here to enter text.**
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: ***(eg: The Board/Committee is asked to:-….)***	***The Board is asked to note the Month 4 Financial Position.***	
PREVIOUSLY CONSIDERED BY:	**Committee name**	Not Applicable Or type here if not on list: ***Click here to enter text.***
	Date of meeting	***Click here to enter a date.***

Executive Summary

Due to the impact of the Covid-19 pandemic, a temporary financial regime is in place until the end of September 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, however payments for April to July have been validated and received.

The Trust's annual budget for 2020/21 is a breakeven position after a budgeted top up of £7.6m. This budget will be revisited in September as part of a refresh of the plan for 2020/21.

At Month 4 the Trust is reporting a breakeven position after an expected cumulative top up of £5.2m. As April to July top ups have all been approved and paid, there is little risk in this year to date position. However there is less certainty over the latter part of the year, which is subject to a planning refresh at the moment. The Trust is awaiting confirmation of a request to rebase the block values (which are based on prior year figures) to the required levels as top ups will be ceasing going forwards. The new regime will have an added emphasis on system working across Cheshire and Merseyside with organisations working together across the footprint to deliver outcomes.

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. Work is ongoing to develop additional CIP for the latter part of the year.

[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	-£0.4m	£0.0m	£0.4m	↑
NHS I/E Rating	3	3	0	↔
Cash	£4.6m	£8.7m	£4.1m	↑
Total CIP Achievement YTD	£0.8m	£0.6m	-£0.2m	↔
Recurrent CIP Achievement YTD	£0.8m	£0.5m	-£0.3m	↓
Capital Spend YTD	£1.9m	£1.8m	-£0.1m	

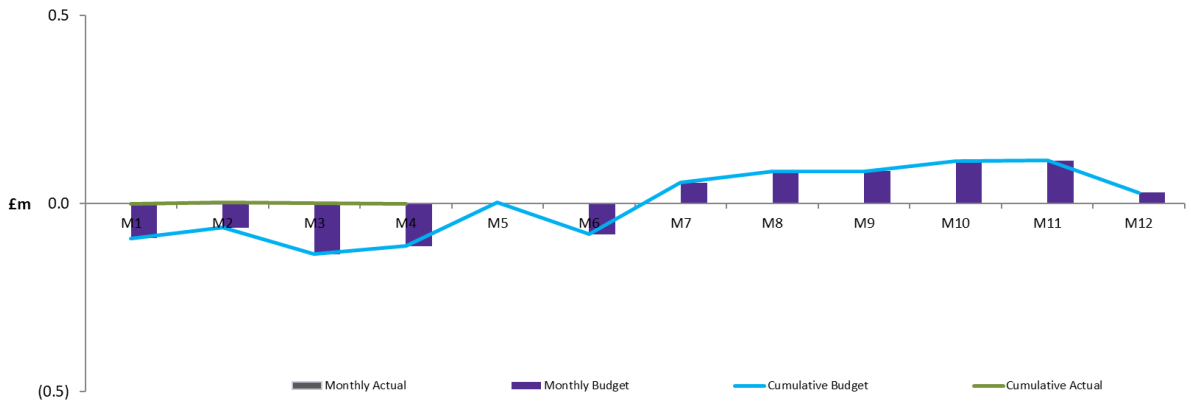
Please also note that the Trust's internally generated plan is different from the NHSI/E plan (more detail is contained in the appendix). This is because the plan calculation as allocated to the Trust by NHSI/E is materially different from the actual budgets.

Report

1. Summary Financial Position

At Month 4 the Trust is reporting a breakeven position, after £5.2m top up.

2020/21 Surplus/ Deficit



The Retrospective Top Up is comprised as follows; there is an additional £395k which has been received as a Projected Top Up.

	M1 £000	M2 £000	M3 £000	M4 £000	YTD £000
Anticipated structural shortfall	780	780	780	780	3,120
Private Patient income shortfall	222	253	163	-10	628
Commercial income shortfall	56	51	49	47	203
CIP under delivery	49	50	48	73	220
Covid-19 costs	484	409	296	361	1,550
Activity related underspends - non pay	-174	-92	-106	-115	-487
Activity related underspends - pay	-116	-280	-75	-127	-599
Other	24	-30	5	187	186
Total	**1,325**	**1,140**	**1,159**	**1,196**	**4,820**

2. Divisional Summary Overview

Note that whilst activity and notional income under payment by results (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 clinical 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 overspent in month (£59k) bringing the year to date (YTD) underspend to £116k. This primarily related to junior doctor costs. Midwifery spend overall remained static against quarter one trend but bank spend increased slightly to £46k in month.

Activity remains low in neonates, although acuity has increased. Antenatal bookers and deliveries in Maternity increased slightly but are still significantly below previous years.

Gynaecology: The division was underspent by £695k YTD, primarily related to underspends on medical staffing (£318k YTD), and non pay underspends due to reduced activity (£176k).

Private patient income has increased significantly in month to being slightly ahead of plan in month as more activity is resumed in Hewitt Fertility.

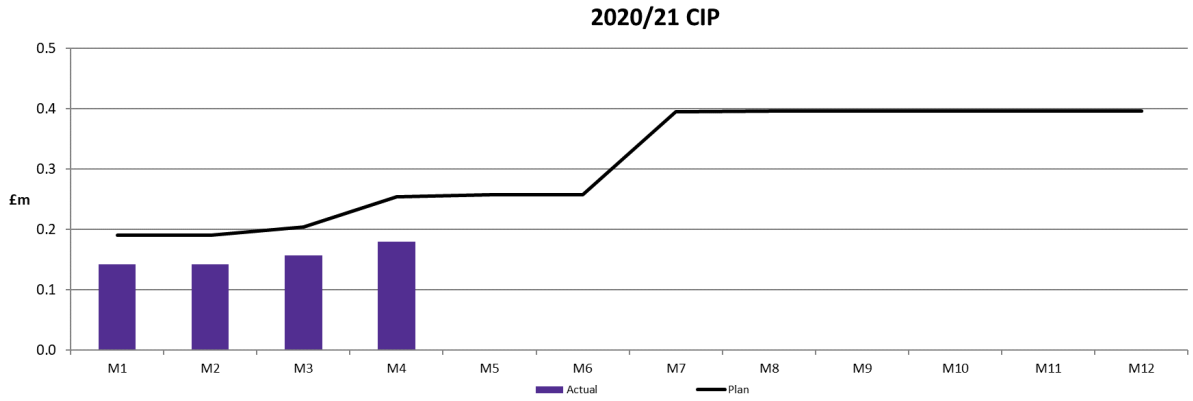
Clinical Support Services: The division was underspent by £743k YTD, primarily related to activity related underspends on non pay (£216k) plus an underspend on medical staffing (£312k).

Agency: Total agency spend was £292k YTD, of which £234k was Covid-19 related.

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 £181k 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. Work to identify additional CIP for the latter part of the year is being progressed.

The graph below shows current performance and plan.



4. COVID-19

A total of £361k was spent on Covid-19 related costs in July, up from £296k in June. Full detail is contained in the appendix. Note that there are some underspends within divisions as resources have been diverted to Covid-19, although this is starting to reduce. Key components of this cost are given below.

	M1 £000	M2 £000	M3 £000	M4 £000	YTD £000
Bank costs to cover Covid-19 related vacancies	119	62	71	49	301
Student Nurses	0	40	49	34	123
Agency and WLI costs for medical cover	104	78	46	138	366
PPE and equipment (not including centrally purchased items)	69	24	13	73	179
Enhancements paid to staff off sick	58	26	13	19	116
Staff meals (after £15k charity contribution)	28	60	0	0	88
Other catering and cleaning	32	33	37	15	117
Additional corporate costs	9	22	27	18	77
Other	67	62	41	15	185
Total	**486**	**408**	**296**	**361**	**1,551**

Costs in this area continue to be carefully monitored. 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 cash balance at the end of month 4 was £8.7m, significantly above the plan of £4.6m, and increased from Month 3. The transfer of £14.6m of borrowings to PDC (related to the Neonatal Redevelopment loan), will be transacted in September in line with national guidance.

6. Capital Expenditure

Capital expenditure was close to plan YTD. The business as usual (BAU) plan remains slightly over-subscribed and has been subject to a re-prioritisation exercise. In line with previous operational plans the Trust has submitted a bid to DHSC for £6.5m of capital funding which includes funds to build a blood bank and provide a CT scanner on site.

7. Balance Sheet

Debtors have increased overall but overdue debt continues to reduce.

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

8. BAF Risk

The BAF risk in relation to the in-year financial position remains at 16 (likelihood and severity both at 4).

9. Conclusion & Recommendation

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

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

FINANCE REPORT: M4

YEAR ENDING 31 MARCH 2021

Contents

Liverpool Women's NHS Foundation Trust

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST 1
NHS IMPROVEMENT RATIOS: M4
YEAR ENDING 31 MARCH 2021

USE OF RESOURCES RISK RATING	YEAR TO DATE Budget	YEAR TO DATE Actual
CAPITAL SERVICING CAPACITY (CSC)		
(a) EBITDA + Interest Receivable	2,005	2,462
(b) PDC + Interest Payable + Loans Repaid	706	718
CSC Ratio = (a) / (b)	**2.84**	**3.43**
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	(14,372)	(11,828)
(b) Expenditure	38,147	38,756
(c) Daily Expenditure	313	318
Liquidity Ratio = (a) / (c)	**(46.0)**	**(37.2)**
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)	404	(0)
Total Income	(40,135)	(41,221)
I&E Margin	**-1.01%**	**0.00%**
NHSI I&E MARGIN SCORE	**3**	**2**
Ratio Score 1 = > 1% 2 = 1 - 0% 3 = 0 - (-1%) 4 < (-1%)		
I&E MARGIN VARIANCE FROM PLAN		
I&E Margin (Actual)		0.00%
I&E Margin (Plan)		-1.00%
I&E Variance Margin	**0.00%**	**1.00%**
NHSI I&E MARGIN VARIANCE SCORE	**1**	**1**
Ratio Score 1 = > 0% 2 = (1) - 0% 3 = (2) - (1)% 4 = < (2)%		
Note: NHSI assume the score of the I&E Margin variance from Plan is a 1 for the whole year and year		
AGENCY SPEND		
YTD Providers Cap	596	596
YTD Agency Expenditure	229	292
	-62%	**-51%**
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: M4
YEAR ENDING 31 MARCH 2021

INCOME & EXPENDITURE	M4 - NHSI Plan			M4 - Internal Budget			YTD - NHSI Plan			YTD - Internal Budget			YEAR
£'000	NHSI Plan	Actual	Variance	Budget	Actual	Variance	NHSI Plan	Actual	Variance	Budget	Actual	Variance	Internal Budget
Income													
Clinical Income	(8,501)	(8,551)	50	(8,723)	(8,551)	(171)	(34,004)	(33,650)	(354)	(34,857)	(33,650)	(1,207)	(104,793)
Top Up (inc MRET)	(99)	(1,270)	1,171	(630)	(1,270)	640	(396)	(5,215)	4,819	(2,520)	(5,215)	2,694	(7,561)
Non-Clinical Income	(697)	(590)	(107)	(690)	(590)	(100)	(2,788)	(2,356)	(432)	(2,758)	(2,356)	(402)	(8,339)
Total Income	**(9,297)**	**(10,412)**	**1,115**	**(10,042)**	**(10,412)**	**369**	**(37,188)**	**(41,221)**	**4,033**	**(40,135)**	**(41,221)**	**1,085**	**(120,693)**
Expenditure													
Pay Costs	5,897	6,153	(256)	5,984	6,153	(169)	23,588	24,566	(978)	23,940	24,566	(626)	71,670
Non-Pay Costs	1,668	2,281	(613)	2,220	2,281	(60)	6,672	9,002	(2,330)	9,020	9,002	17	26,283
CNST	1,201	1,297	(96)	1,297	1,297	0	4,804	5,188	(384)	5,188	5,188	0	15,563
Total Expenditure	**8,766**	**9,731**	**(965)**	**9,502**	**9,731**	**(230)**	**35,064**	**38,756**	**(3,692)**	**38,147**	**38,756**	**(609)**	**113,516**
EBITDA	**(531)**	**(680)**	**149**	**(541)**	**(680)**	**140**	**(2,124)**	**(2,464)**	**340**	**(1,988)**	**(2,464)**	**477**	**(7,177)**
Technical Items													
Depreciation	363	440	(77)	465	440	26	1,452	1,762	(310)	1,703	1,762	(59)	5,109
Interest Payable	28	5	23	45	5	40	112	(22)	134	163	(22)	185	488
Interest Receivable	(5)	0	(5)	(5)	0	(5)	(20)	3	(23)	(17)	3	(20)	(51)
PDC Dividend	145	238	(93)	149	238	(90)	580	741	(161)	543	741	(197)	1,630
Profit/Loss on Disposal or Transfer Absorption	0	(1)	1	0	(1)	1	0	(13)	13	0	(13)	13	0
Total Technical Items	**531**	**681**	**(150)**	**654**	**681**	**(27)**	**2,124**	**2,470**	**(346)**	**2,392**	**2,470**	**(78)**	**7,177**
(Surplus) / Deficit	**0**	**1**	**(1)**	**113**	**1**	**112**	**0**	**6**	**(6)**	**404**	**6**	**399**	**0**
Break-even adjusting items													
Depn on donated assets		*(1)*	*1*		*(1)*	*1*		*(6)*	*6*		*(6)*	*6*	
Breakeven Position	***0***	***(0)***	***0***	***113***	***(0)***	***114***	***0***	***0***	***(0)***	***404***	***0***	***404***	***0***
MEMO: Provider Top-up funding from NHSI/E													
Block projected Top-up	*99*	*99*	*0*	*99*	*99*	*0*	*99*	*395*	*(296)*	*99*	*395*	*(296)*	*1,184*
Retrospective Top-Up validated (inc. MRET)		*0*	*0*			*0*		*3,617*	*(3,617)*		*3,617*	*(3,617)*	
Retrospective Top-Up unvalidated		*1,172*	*(1,172)*	*531*	*1,172*	*(641)*		*1,203*	*(1,203)*	*2,124*	*1,203*	*921*	*6,372*
Variance against Trust planned budget	***99***	***1,270***	***(1,171)***	***857***	***1,270***	***(413)***	***99***	***5,215***	***(5,116)***	***3,031***	***5,215***	***(2,184)***	***7,556***

Liverpool Women's NHS Foundation Trust

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST 3
EXPENDITURE: M4
YEAR ENDING 31 MARCH 2021

EXPENDITURE £'000	MONTH Budget	MONTH Actual	MONTH Variance	YEAR TO DATE Budget	YEAR TO DATE Actual	YEAR TO DATE Variance	YEAR Internal Budget
Pay Costs							
Board, Execs & Senior Managers	329	339	(9)	1,318	1,378	(60)	3,954
Medical exc locum	1,556	1,543	13	6,226	5,948	279	18,673
Nursing & Midwifery	2,650	2,816	(166)	10,598	11,367	(768)	31,695
Healthcare Assistants	424	428	(4)	1,695	1,749	(54)	5,084
Other Clinical	376	340	37	1,230	1,334	(104)	4,517
Admin Support	183	184	(1)	731	710	20	2,192
Corporate Services	403	413	(10)	1,613	1,653	(40)	4,794
Agency & Locum	63	91	(28)	529	429	101	761
Total Pay Costs	**5,984**	**6,153**	**(169)**	**23,940**	**24,566**	**(626)**	**71,670**
Non Pay Costs							
Clinical Suppplies	623	572	51	2,521	2,349	172	7,502
Non-Clinical Supplies	555	568	(13)	2,222	2,212	9	6,665
CNST	1,297	1,297	0	5,188	5,188	0	15,563
Premises & IT Costs	600	607	(8)	2,405	2,387	18	7,202
Service Contracts	443	533	(90)	1,872	2,054	(182)	4,915
Total Non-Pay Costs	**3,517**	**3,578**	**(60)**	**14,207**	**14,190**	**17**	**41,847**
Total Expenditure	**9,502**	**9,731**	**(230)**	**38,147**	**38,756**	**(609)**	**113,516**

Liverpool Women's NHS Foundation Trust

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST **4a**
COVID EXPENDITURE: M4
YEAR ENDING 31 MARCH 2021

EXPENDITURE £'000	MONTH Budget	MONTH Actual	MONTH Variance	YEAR TO DATE Budget	YEAR TO DATE Actual	YEAR TO DATE Variance
Pay Costs						
Board, Execs & Senior Managers	0	5	(5)	0	18	(18)
Medical	0	85	(85)	0	186	(186)
Nursing & Midwifery	0	93	(93)	0	511	(511)
Healthcare Assistants	0	18	(18)	0	113	(113)
Other Clinical	0	(2)	2	0	2	(2)
Admin Support	0	(2)	2	0	(4)	4
Corporate Services	0	0	0	0	0	0
Agency & Locum	0	66	(66)	0	234	(234)
Total Pay Costs	**0**	**262**	**(262)**	**0**	**1,059**	**(1,059)**
Non Pay Costs						
Clinical Suppplies	0	12	(12)	0	77	(77)
Non-Clinical Supplies	0	68	(68)	0	381	(381)
CNST	0	0	0	0	0	0
Premises & IT Costs	0	18	(18)	0	31	(31)
Service Contracts	0	0	(0)	0	3	(3)
Total Non-Pay Costs	**0**	**99**	**(99)**	**0**	**492**	**(492)**
Total Expenditure	**0**	**361**	**(361)**	**0**	**1,550**	**(1,550)**

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST 4b
COVID EXPENDITURE: M4
YEAR ENDING 31 MARCH 2021

Type	Description	£000 April	£000 May	£000 June	£000 July	Details	NHSI Expect Direction of Spend	LWH Performance
Pay Related Costs								
Medical Staffing	Sickness Cover	16	3	2	12	WLI payments within Anaesthetics & Neo	↓	↑
Medical Staffing	Junior Doctors	44	34	0	73	Apr-May loaned to other Trusts and increased on-call. July annual leave p	↓	↑
Medical Staffing	Agency cover	44	41	43	53	Extension of agency contracts within Gynaecology.	↑	↑
Nursing, Midwifery and Support Staff	Enhancements	58	26	13	19	Paid to staff isolating/off-sick as per NHS Employers guidance.	↓	↑
Nursing, Midwifery and Support Staff	Bank costs	119	62	71	49	To backfill Covid related absences	↓	↓
Nursing, Midwifery and Support Staff	'Royal' Ward	21	29	11	0	Capacity to support geriatric referrals from LUHFT	↑	↓
Nursing, Midwifery and Support Staff	Infection Control Team	4	5	2	2	Additional support	↔	↔
Nursing, Midwifery and Support Staff	Other	4	2	0	3	Acting up-arrangements, overtime for swabbing service etc.	↓	↑
Nursing, Midwifery and Support Staff	3rd Year Students	0	40	49	34	24 students May - August 2020	↑	↓
Corporate	All	9	22	27	18	Additional support in Estates, IM&T, Admin & Operational Management	↓	↓
Non-Pay Related Costs								
Clinical Supplies	PPE & Equipment	69	24	13	73	Various procurement, gowns, PPE etc.	N/A	↑
Non-clinical Supplies	OCS (Free food for Staff)	28	60	0	0	Free food for staff	N/A	↓
Non-clinical Supplies	OCS (Other)	32	33	37	15	Additional snacks for partners, cleaning etc.	N/A	↓
Non-clinical Supplies	Accommodation	17	17	12	0	NICU parents	N/A	↓
Non-clinical Supplies	Accommodation	2	0	2	0	Final adjustment	N/A	↓
Other	Other	20	9	14	10	Postage, Expenses, Estates Works & Miscellaneous	N/A	↓
TOTAL		**486**	**408**	**296**	**361**			

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST 5
BUDGET ANALYSIS: M4
YEAR ENDING 31 MARCH 2021

INCOME & EXPENDITURE £'000	MONTH Budget	MONTH Actual	MONTH Variance	YEAR TO DATE Budget	YEAR TO DATE Actual	YEAR TO DATE Variance	YEAR Internal Budget
Maternity							
Income	0	(4)	4	0	(16)	16	0
Expenditure	1,879	1,957	(77)	7,518	7,560	(42)	22,554
Total Maternity	**1,879**	**1,953**	**(73)**	**7,518**	**7,544**	**(26)**	**22,554**
Neonatal							
Income	0	(66)	66	0	(264)	264	0
Expenditure	1,120	1,171	(51)	4,480	4,603	(122)	13,441
Total Neonatal	**1,120**	**1,105**	**15**	**4,480**	**4,339**	**141**	**13,441**
Division of Family Health - Total	**3,000**	**3,058**	**(59)**	**11,998**	**11,882**	**116**	**35,995**
Gynaecology							
Income	0	0	0	0	0	0	0
Expenditure	1,005	895	110	4,019	3,814	204	12,056
Total Gynaecology	**1,005**	**895**	**110**	**4,019**	**3,814**	**204**	**12,056**
Hewitt Centre							
Income	0	(1)	1	0	(1)	1	0
Expenditure	694	625	69	2,779	2,290	489	8,311
Total Hewitt Centre	**694**	**625**	**69**	**2,779**	**2,289**	**490**	**8,311**
Division of Gynaecology - Total	**1,699**	**1,519**	**179**	**6,798**	**6,103**	**695**	**20,367**
Theatres							
Income	0	0	0	0	0	0	0
Expenditure	729	609	120	2,934	2,513	422	8,663
Total Theatres	**729**	**609**	**120**	**2,934**	**2,513**	**422**	**8,663**
Genetics							
Income	0	(2)	2	0	(173)	173	0
Expenditure	151	116	36	605	630	(24)	1,816
Total Genetics	**151**	**114**	**37**	**605**	**457**	**149**	**1,816**
Other Clinical Support							
Income	0	(0)	0	0	(0)	0	0
Expenditure	649	610	39	2,705	2,532	173	7,894
Total Clinical Support	**649**	**610**	**39**	**2,705**	**2,532**	**173**	**7,894**
Division of Clinical Support - Total	**1,529**	**1,333**	**196**	**6,245**	**5,502**	**743**	**18,373**
Corporate & Trust Technical Items							
Income	(10,042)	(10,339)	297	(40,135)	(40,767)	631	(120,693)
Expenditure	3,929	4,430	(501)	15,499	17,285	(1,786)	45,958
Total Corporate	**(6,113)**	**(5,909)**	**(204)**	**(24,637)**	**(23,482)**	**(1,155)**	**(74,735)**
(Surplus) / Deficit	**113**	**1**	**112**	**404**	**6**	**399**	**0**

Liverpool Women's NHS Foundation Trust

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST 6
CIP: M4
YEAR ENDING 31 MARCH 2021

SCHEME NAME	SCHEME NAME	MONTH 4			YTD			Full Year		
		Original Target	Actual	Variance	Original Target	Actual	Variance	Original Target	Revised	Variance
Procurement Savings	Procurement Savings (Trust-wide)	0	0	0	0	0	0	500	500	0
Contract Savings	Genetics contribution to overheads	38	38	0	152	152	0	456	456	0
Maternity Skillmix	Maternity HCA vacancies	21	21	0	83	84	0	250	0	(250)
Estate Utilisation	Aintree Estate Utilisation	22	0	(22)	22	0	(22)	200	0	(200)
Bank Usage	NHSP Savings (subject to Business Case)	17	17	0	67	67	0	200	0	(200)
Physiotherapy Productivity	Additional Pysiotherapy activity within existing resource	14	0	(14)	56	0	(56)	169	0	(169)
IM&T Enabled Savings	GDE Revenue Savings	13	0	(13)	50	0	(50)	150	0	(150)
Commissioning Changes	Genetics Commissioning Changes (Sendaway Tests)	11	11	0	45	45	0	135	135	0
Rental Income	Estates Rental income - UNIVERSITY	10	10	0	38	38	0	115	115	0
HFC Strategic Review	HFC Strategic Review	0	0	0	0	0	0	100	0	(100)
Theatre Efficiency and Surgical Pathways Project	Theatre Efficiency and Surgical Pathways Project	0	0	0	0	0	0	100	100	0
Full SLA review	Full SLA review	11	11	0	11	11	0	100	100	0
TOPS Pathway	MVA Business Case income generation (net of pay costs)	11	0	(11)	11	0	(11)	100	0	(100)
Theatre procurement Savings	Theatre procurement Savings	10	10	0	20	20	0	100	0	(100)
Transformation Team Efficiences	Transformation Team review of all pay budgets/structures	8	8	0	33	33	0	100	100	0
HR Team Efficiencies	HR review of all pay budgets/structures	7	7	0	26	26	0	79	79	0
Maternity Income	P2P Activity above budget 19/20	6	0	(6)	25	0	(25)	75	0	(75)
Imaging Recharges	Imaging recharges for scanning - full review (AH Consultant)	6	6	0	23	23	0	70	70	0
Fertility Service Development	Additional Fertility offering Macclesfield	5	5	0	22	5	(16)	65	0	(65)
Imaging rota review	Imaging rota review	5	5	0	20	20	0	60	60	0
Fertility Pathway Efficiencies	TESE	4	4	0	17	4	(13)	51	0	(51)
Other Smaller Schemes	Other Smaller Schemes	35	28	(7)	117	91	(26)	556	333	(223)
		254	**181**	**(73)**	**840**	**620**	**(220)**	**3,732**	**2,049**	**(1,683)**

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST 7
BALANCE SHEET: M4
YEAR ENDING 31 MARCH 2021

BALANCE SHEET £'000	YEAR TO DATE Opening	M04 Actual	Movement	YEAR TO DATE Budget	M04 Actual	Movement
Non Current Assets	**92,282**	**92,330**	48	**93,685**	**92,330**	(1,355)
Current Assets						
Cash	4,647	8,730	4,083	4,600	8,730	4,130
Debtors	6,329	9,033	2,704	8,076	9,033	957
Inventories	432	392	(40)	452	392	(60)
Total Current Assets	**11,408**	**18,155**	**6,747**	**13,128**	**18,155**	**5,027**
Liabilities						
Creditors due < 1 year - Capital Payables	(2,809)	(1,057)	1,752	(266)	(1,057)	(791)
Creditors due < 1 year - Trade Payables	(15,314)	(13,801)	1,513	(17,744)	(13,801)	3,943
Creditors due < 1 year - Deferred Income	(2,918)	(13,036)	(10,118)	(3,471)	(13,036)	(9,565)
Creditors due > 1 year - Deferred Income	(1,623)	(1,613)	10	(1,606)	(1,613)	(7)
Loans	(17,359)	(17,320)	39	(17,748)	(17,320)	428
Provisions	(1,698)	(1,664)	34	(4,870)	(1,664)	3,206
Total Liabilities	**(41,721)**	**(48,491)**	**(6,770)**	**(45,705)**	**(48,491)**	**(2,786)**
TOTAL ASSETS EMPLOYED	**61,969**	**61,994**	**25**	**61,108**	**61,994**	**886**
Taxpayers Equity						
PDC	42,519	42,550	31	42,488	42,550	62
Revaluation Reserve	14,329	14,329	0	14,503	14,329	(174)
Retained Earnings	5,121	5,115	(6)	4,117	5,115	998
TOTAL TAXPAYERS EQUITY	**61,969**	**61,994**	**25**	**61,108**	**61,994**	**886**

Liverpool Women's NHS Foundation Trust

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST 8
CASHFLOW STATEMENT: M4
YEAR ENDING 31 MARCH 2021

CASHFLOW STATEMENT	YEAR TO DATE		
£'000	Budget	Actual	Variance
Cash flows from operating activities	(361)	700	(1,061)
Depreciation and amortisation	1,737	1,763	(26)
Impairments and reversals	0	0	0
Income recognised in respect of capital donations (cash and non-cash)	0	0	0
Movement in working capital	420	5,163	(4,743)
Net cash generated from / (used in) operations	**1,796**	**7,626**	**(5,830)**
Interest received	17	0	17
Purchase of property, plant and equipment and intangible assets	(2,241)	(3,587)	1,346
Proceeds from sales of property, plant and equipment and intangible assets	0	13	(13)
Net cash generated from/(used in) investing activities	**(2,224)**	**(3,574)**	**1,350**
PDC Capital Programme Funding - received	0	0	0
PDC COVID-19 Capital Funding - received	0	31	(31)
Loans from Department of Health Capital - received	428	0	428
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	**428**	**31**	**397**
Increase/(decrease) in cash and cash equivalents	**0**	**4,083**	**(4,083)**
Cash and cash equivalents at start of period	4,600	4,647	(47)
Cash and cash equivalents at end of period	**4,600**	**8,730**	**(4,130)**

LOANS SUMMARY £'000	Loan Principal Drawndown	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

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST **9**
CAPITAL EXPENDITURE: M4
YEAR ENDING 31 MARCH 2021

CAPITAL EXPENDITURE	Year to Date		
£'000	Budget	Actual	Variance
Neonatal New Building	1,159	1,026	133
Estates Schemes	65	4	61
IT Schemes	462	492	(30)
Medical Equipment	203	282	(79)
COVID-19 Items	0	31	(31)
Total	**1,889**	**1,835**	**54**

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	**20/21/158**

MEETING	**Board of Directors**
PAPER/REPORT TITLE:	**NHS People Plan August 2020**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**Assurance**
EXECUTIVE DIRECTOR:	Michelle Turner, Director of Workforce and Marketing
AUTHOR(S):	Rachel London, Deputy Director of Workforce
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* 2. To be ambitious and *efficient* and make the best use of available resource 3. To deliver *safe* services 4. To participate in high quality research and to deliver the most *effective* Outcomes 5. To deliver the best possible *experience* for patients and staff
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust……* ***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. ……* ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ***4.*** *Failure to deliver the annual financial plan ……* ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……..* ***6.*** *Ineffective understanding and learning following significant events……* ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……*
CQC DOMAIN	***Which Domain?*** ***SAFE****- People are protected from abuse and harm*

	EFFECTIVE - *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ***RESPONSIVE –*** *the services meet people's needs.* ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ***ALL DOMAINS***			
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution **2.** Operational Plan **3.** NHS Compliance	☒ ☒ ☐	**4.** NHS Constitution **5.** Equality and Diversity ***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 take assurance that the organisation is fully sighted on the requirements of the NHS People Plan and will ensure it is aligned with the existing workforce strategy and action plan. The Board is asked to note the requirement for additional work in the areas of E&D and psychological support			
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 purpose of this paper is to inform the Trust Board of the key themes contained within the **NHS People Plan** and how they link with the LWH workforce priorities and strategy. The paper notes that there is broad alignment between the NHS People Plan and the PPF strategy, but there are specific actions the organisation needs to take in some areas. The paper concludes that the NHS People Plan places emphasis on two issues already recognised by LWH as areas of focus, namely Equality, Diversity and Inclusion and psychological support for staff. Detailed plans in these two areas will be presented to the relevant committees in due course. The paper provides a high level overview of themes and actions, a detailed action plan will be reviewed by the PPF committee in September.

Report

Introduction

The document '**We are the NHS: People Plan 2020/21** was published in August 2020 and was the follow-up document to the **Interim People Plan** which was published in June 2019.

The **People Plan 2020/21** is a detailed document which focuses on the following key themes:

1. More staff
2. Working differently
3. Compassionate and inclusive culture

It also includes the launch of the **NHS People Promise** which sets out ambitions for what people working in the NHS say about it by 2024.

The plan sets out actions for employers and systems, as well as commitments of actions from NHSI/E. In summary, these actions entail:

- **Responding to new challenges and opportunities**: Positive changes that have emerged from the Covid-19 pandemic including focus on health and wellbeing, shared purpose and permission to act, highlighting inequalities, flexible working, remote working, returning staff and innovative roles.
- **Looking after our NHS People:** Employers are required to provide flu vaccinations, PPE, risk assessments, bullying and harassment, psychological support and treatment.
- **Belonging in the NHS:** Focused on increasing inclusion and compassionate leadership at all levels through recruitment, leadership diversity, governance, regulation and oversight.
- **New ways of working and delivering care:** The need for upskilling of staff, redeployment, technology-enhanced learning, increased professional development and growing the volunteer workforce.
- **Growing for the future:** Expanding and developing our workforce through increasing undergraduate places, expanding shortage specialities, expanding Advanced Clinical Practice, supporting return to practice, increasing retention and retire and return, and international recruitment.

Systems are being asked to respond with local people plans and where appropriate, individual organisations are asked to produce their own local plans. Metrics will be devised by September 2020 with the intention to track progress through the NHS Oversight Framework.

LWH already has a local people plan in place. The **Putting People First Strategy 2019-2024** is the over-arching document which outlines the Trust's medium term workforce objectives. Each year, a detailed workforce work-plan is produced which operationalizes the strategic objectives and incorporates any other objectives emanating from the corporate objectives.

Each September, PPF receives a detailed report of progress against the strategy, specifically achievement against the action plan for that year. The Year 1 action plan was concluded in April 2020 and the Year 2 action plan will be submitted to PPF for noting in September 2020.

The **PPF Strategy** groups objectives and activities under four key themes with supporting ambitions. Outlined below are the key actions that are already meeting the requirements of the **NHS People Plan**, and those areas where work is still required to deliver them:

Supporting the Health and Wellbeing of our Staff: *To create a workplace in which staff are healthy, resilient, engaged, motivated and show initiative and who are actively involved with the Trust. A workplace where physical, mental and emotional wellbeing is at the heart of the employment relationship and everyone is committed and supported to care for themselves and their colleagues*

Actions already ongoing within the PPF strategy to deliver the NHS People Plan

- A board level Wellbeing Guardian has been appointed.
- LWH is compliant with recommendations around infection prevention, PPE, flu vaccinations and risk assessments.
- Agile working arrangements have been implemented.
- The Health and Wellbeing Committee already oversee a range of mental and physical health interventions which include providing space for employees to undertake exercise as part of their working day through creating a dedicated area in the Conservatory, a requirement of the People Plan as well as delivering an annual programme of activities and health awareness events.
- Supporting psychological wellbeing is a key element of the People Plan. LWH remains committed to the *Mental Health First Aiders programme*, and its commitment to 10% of the workforce being trained as MHFAs by 2024. All staff with a 'peer support' role are being brought into one cohesive '*Staff Support Network'* to provide a cohesive and visible framework The Trust has recently purchased the licence for *Schwartz Rounds* as a way to provide multidisciplinary facilitated peer support to discuss clinical experiences and the rounds will launch in the Autumn. Resilience training has been widely delivered to teams during Covid, and before. A wider review of other potential psychological support interventions is also underway with a view to commissioning additional external services and the creation of 'Lead' roles within the clinical workforce, championing mental health and wellbeing of staff.

Additional action required to deliver the NHS People Plan

- There is a requirement for every member of the NHS to have a **health and wellbeing conversation** from September 2020. Guidance is being developed by NHS England and NHS Improvement to support these conversations. This will be in 2 parts, the first part will be implementation advice for Execs which I am hoping will be signed off by the end of this month. Part 2 is due to be available by the end of September and will cover support for line managers, facilitators and participants. This means that at LWH, every member of staff will have two quality conversations per year, a performance based conversation at PDR and a wellbeing and developmental conversation. Plans are in place to roll out from September once the guidance is published.
- Other specific recommendations which need to be responded to include revitalisation of the Cycle to Work scheme and implementation of a health and wellbeing induction.

Impact & influence on the Community *To have a thriving and diverse volunteer workforce and membership, reflective of our community and our patients. A workplace which is attractive, accessible and welcoming to those thinking about healthcare careers or work in the wider sense. A workplace where our staff are encouraged to reach out of the workplace and influence and improve health through community-based projects.*

Actions already ongoing within the PPF strategy to deliver the NHS People Plan

- Our widening participation, work experience and careers engagement programmes provide chances for individuals from backgrounds which may be disadvantaged or lacking in opportunity to gain access to employment or skills and training within the LWH.

Additional action required to deliver the NHS People Plan

- Whilst the E&D agenda has a number of active workstreams, the NHS People Plan has provided the impetus to review our strategic objectives around inclusion and diversity and set a number of more challenging objectives around leadership, recruitment and career progression. There is a requirement in the plan for Trusts to have a named executive board member' responsible for tackling inequalities' by September. LWH has an Executive Director accountable for E&D in place. This role and the other equality themes will be explored in depth with the Board at a date in the near future.

Engaging & Involving our People *To create an inclusive working environment, where differences are recognised and valued. A listening and respectful culture, enabling the voice and views of staff to inform and drive improvement, change and learning. A fair and just workplace that supports staff to speak out in the interests of patients and each other, and supports people when things go wrong, with a primary focus on learning from experience*

Actions already ongoing within the PPF strategy to deliver the NHS People Plan

- Freedom to Speak up Guardian and Staff networks in place
- Fair and Just Culture project

Additional action required to deliver the NHS People Plan

- Flexible working is a key theme in the People Plan. Whilst flexible working is embedded in many areas of the Trust, there is more work to be done to extend the opportunities to clinical ward based staff via training, recruitment practices and optimisation of erostering systems.

- The NHS People Plan asks organisations to review governance arrangements to ensure that staff networks are able to inform decision making processes. Further consideration is required to determine how this will be delivered. There are existing channels of feedback and communication including the Partnership Forum, BAME staff network and Freedom to Speak up Guardian but more formal routes to influence need to be established.

Investing in our People & our Leaders *Where everybody is proud and happy to work for Liverpool Women's and will without hesitation recommend it as a place to work and a place to come for care. We are the preferred employer of choice for potential colleagues of the future. Where leaders proactively care for their teams, consistently displaying the organisation's values and expected behaviours without fail.*

Actions already ongoing within the PPF strategy to deliver the NHS People Plan

- The NHS People Plan challenges organisation to increase recruitment to roles such as HCAs and provide development opportunities for these individuals to progress. It also states that staff who are mid-career should have a career conversation with their manager. The Talent management framework about to be rolled out will provide a framework for individuals with the potential to progress to be identified and appropriate development put in place. Career coaching conversations for BAME staff within nursing and midwifery are being launched in September and will be further rolled out to other groups.

- Maximising the potential of retire and return staff is a theme of the People Plan. Work was done in this area as part of the LWH retention strategy, this will be reviewed and revised to deliver additional actions such as staff approaching retirement age being partnered with new starters in mentoring relationships.

Additional action required to deliver the NHS People Plan

- Redeployment, upskilling, working differently, are all themes in the NHS People Plan which will be considered as part of the development of the LWH Leadership Strategy and Leadership Programme.
- Employers are tasked with ensuring that education and training is fully integrated into plans to restart services and that there is an increased focus on students and trainees. These requirements are being factored into phase 3 planning and will be monitored on an ongoing basis by the Education Governance Committee.
- LWH has fulfilled its requirements around the apprenticeship levy, the People Plan challenges organisations to offer more apprenticeships at all levels and plans on this will need to be worked through.

Conclusion

The publication of the NHS People Plan has been a helpful opportunity to re-energise some existing workstreams, for example around flexible working. The key themes are very much aligned with the PPF strategy, however there is a need to take specific actions in some areas. There are some specific points of the NHS People Plan, for example international recruitment, that are not a current priority for LWH, but we will continue to engage in system wide discussions regarding all issues on the people agenda.

The main two areas of focus emanating from the NHS People Plan are a) psychological support for staff and b) equality diversity and inclusion. There is a clear need for additional work and resources in these two areas, which will be the subject of upcoming business cases.

Recommendations

The Board is asked to take assurance that the organisation is fully sighted on the requirements of the NHS People Plan and will ensure it is aligned with the existing workforce strategy and action plan. The Board is asked to note the requirement for additional work in the areas of E&D and psychological support.

Liverpool Women's NHS Foundation Trust

Agenda Item	20/21/159

MEETING	**Board of Directors**
PAPER/REPORT TITLE:	**Trust Strategy Update**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**Approve**
EXECUTIVE DIRECTOR:	Jenny Hannon, Director of Finance
AUTHOR(S):	Jennifer Huyton, Head of Strategy and Transformation
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☒ 2. To be ambitious and *efficient* and make the best use of available resource ☒ 3. To deliver *safe* services ☒ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☒ 5. To deliver the best possible *experience* for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☒ ***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. ……* ☐ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☒ ***4.*** *Failure to deliver the annual financial plan ……* ☒ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☒ ***6.*** *Ineffective understanding and learning following significant events……* ☐ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☐
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE –*** *the services meet people's needs.* ☐ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ☐

	ALL DOMAINS ☒	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☒ **2.** Operational Plan ☒ **3.** NHS Compliance ☒	**4.** NHS Constitution ☒ **5.** Equality and Diversity ☒ ***6.*** Other: **Click here to enter text.**
FREEDOM OF INFORMATION (FOIA):	3. This report will not be published under the Trust's Publication Scheme due to exemptions under S22 of the Freedom of Information Act 2000, because the information contained is intended for future publication	
RECOMMENDATION: ***(eg: The Board/Committee is asked to:-….)***	***The Board is asked to receive the update provided regarding the development and implementation of strategy at the Trust.***	
PREVIOUSLY CONSIDERED BY:	**Committee name**	***Choose an item.*** Or type here if not on list: Executive Committee
	Date of meeting	Wednesday, 26 August 2020

Executive Summary

The Trust launched its five year Future Generations strategy in late 2015. The period this strategy covers is now coming to an end and the Trust must now refresh this strategy, with particular regard to the changes which have taken place in the health and care landscape. This paper explains the progress we have made in developing strategy since the last update to the Board in February 2020, and outlines our next steps.

Report

1. Introduction & Background

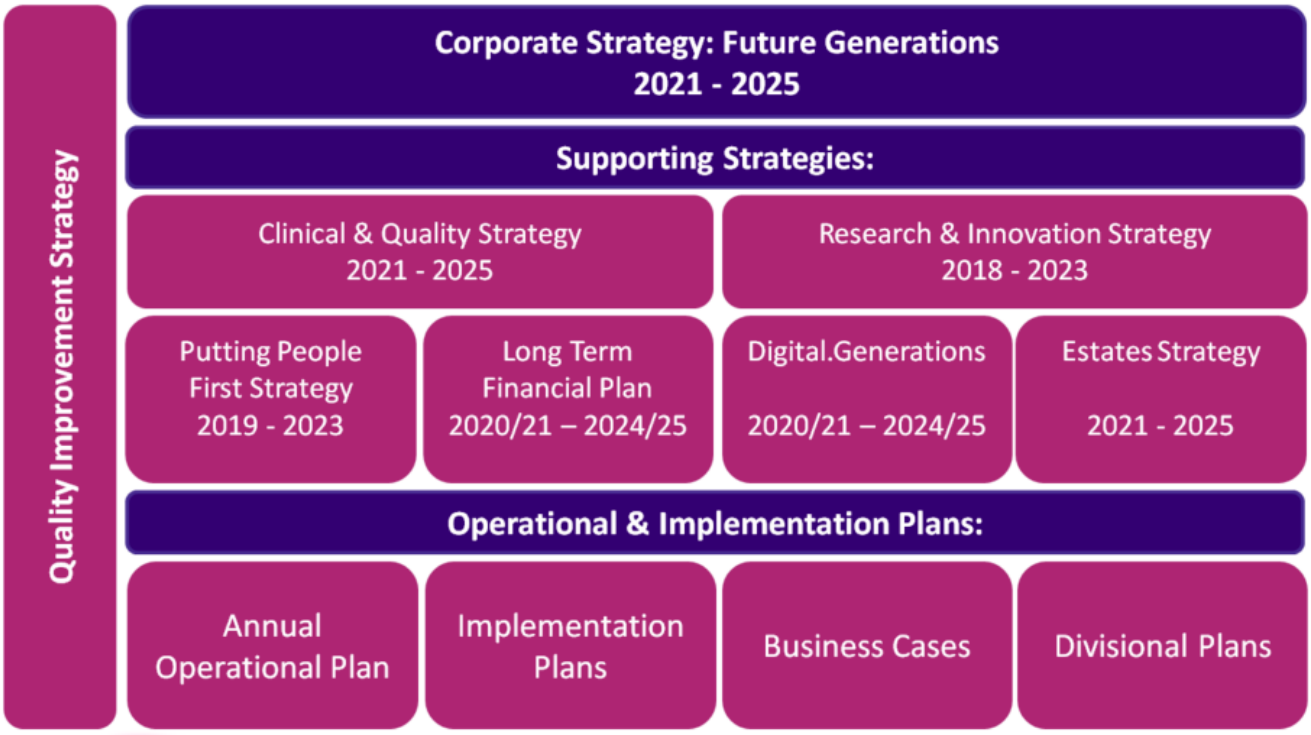
The Trust's overarching strategy, Future Generations 2016 - 2020, was launched at the end of 2015 and outlined our plans for the delivery of our services in the future. Following extensive consultation with our clinicians and key stakeholders, the strategy concluded that to ensure the services we provide are safe and sustainable in the long term, they must be provided from a site co-located with adult acute services. In addition to this central aim, the strategy also identified four key themes for service improvement:

- Partnerships and collaboration
- Care close to home
- Technology enabled care
- Focus on staff.

In February 2020, the Board received a presentation outlining the journey the Trust has been on over the last five years to deliver this strategy. The presentation detailed achievement and delivery against each of the four themes as well as the steps taken towards co-location. The presentation also explained our next steps for strategy development and delivery at Liverpool Women's; our intention to refresh and review Future Generations as we

neared the end of its original term, as well as our intention to refresh the Pre-Consultation Business Case produced in 2016 in conjunction with commissioners to progress the case for co-location.

Shortly after this presentation was given, the Trust turned its focus to responding to the COVID-19 pandemic and some strategy development work was necessarily paused. However, we have not stood still during this period; we have taken time to understand the new landscape we are delivering our services in and are now in a position to re-establish our strategy development work in full. Over the summer we have taken stock of our supporting strategies and plans, ensuring they fit together as a cohesive framework to support the delivery of our services (see figure below). We have also created a summary of our strategy and the journey we have been on to date – this can be seen in Appendix 1.



We have finalised our new Clinical and Quality Strategy; work to develop this document began in 2019 and is now complete. This strategy outlines our ambitions for improving quality within our clinical services and will play a key role in shaping our overall direction in the future. We have also launched a new supporting strategy; Digital.Generations, which explains the steps we will take over the next five years to provide our hospital with the best digital capabilities, equip our staff with the right skills for effective use of digital and embed a digital first culture, so that we maximise the opportunity for our care services to benefit from technology.

2. Refreshing Our Strategy

Following completion of our Clinical and Quality Strategy, we are now in a position to refresh our overarching corporate strategy; Future Generations. The environment within which we deliver our services has changed significantly over the last five years; partnerships have been established between NHS organisations and local authorities across the region to deliver integrated care, the Cheshire and Mersey Health and Care Partnership has been established meaning organisations are working together as a system, the financial and capital regime has changed significantly and the COVID-19 pandemic has meant that command and control structures are in place across the NHS. This means we have to look at our plans to ensure they adequately respond to our new environment.

However, we know that the evidence underpinning our case for co-location with an adult acute site has not changed. We keep this evidence under regular review; new clinical standards and service specifications published in recent years have only further highlighted the clinical risks presented when delivering tertiary services from an isolated site. While we have been able to address a number of risks through measures we have put in place, for example within the neonatal estate, the risks faced by our maternity, gynaecology and anaesthetics services have worsened. Therefore we do not intend to recreate a new strategy from the ground up. Delivering safe and sustainable services through co-location with an adult acute site will remain a central theme of our plans for the future, alongside a programme of work to ensure our services are as safe as possible and the best they can be while we remain at Crown Street.

3. Next Steps

Building on the engagement work carried out over the last twelve months to develop the Clinical and Quality Strategy, we will be engaging further with patients, our community, staff, governors and members as we refresh our plans for the future. We will aim to publish our refreshed strategy by the end of this calendar year. At the same time, we will also being an internal programme of work to refresh the Pre-Consultation Business Case which sets out the evidence for co-location. We will also aim to publish an estates strategy in April 2021, aligned to estates plans across the health and care system to support delivery of Future Generations.

While we develop our plans for the future, we will remain focused on developing our services in the here and now. We will progress our plans to establish enhanced imaging facilities at Crown Street alongside a blood bank, to reduce clinical risk and support the heath system during COVID-19 recovery.

4. Conclusion and Recommendation

The Board is asked to receive the update provided regarding the development and implementation of strategy at the Trust.

future generations

NHS
Liverpool Women's
NHS Foundation Trust

Future Generations Strategy

Making our services fit for future generations of women, babies, and families

Future Generations Strategy

Making our services fit for future generations of women, babies, and families

Contents

Introduction
What is Future Generations?

In late 2015, Liverpool Women's NHS Foundation Trust published its Future Generations Strategy. This clearly set out the Trusts' vision for services in the future, with the aim of improving outcomes for women and babies and ensuring clinical staff have access to the full range of clinical support services and timely access to other specialist clinical expertise.

The reason for this is whilst our current Liverpool Women's Hospital site is an amazing place, the healthcare needs of women and babies has changed over the last 25 years since it was built. We cannot provide as high a standard of care as we would like to in our current hospital site and that is why we are working on protecting our services for the long term future.

Liverpool Women's is not closing. The long term aim of the Trust and health and care partners in Liverpool is to gain approval to build a new Liverpool Women's Hospital alongside other adult hospital services in the city to protect our services for the future. This would also allow the Trust to capitalise on its already strong research capabilities by be being co-located in the centre of the city's research hub.

However, any move to a new hospital would take a number of years to achieve and is subject to approval from NHS England and the outcome of a public consultation before we can even think to make any plans. Therefore as well as focussing on our long-term future, we must also work hard and collaboratively with our local partners, and develop plans to ensure we continue to deliver high quality and safe care to women and babies in the time leading up to any potential future relocation, as well as continuing to demonstrate the clinical need for change in the longer term.

We will never be able to completely remove all of our clinical risks while we remain on our current hospital site but we are doing all we can to mitigate the risks as much as possible.

We are now experiencing the anticipated challenges in recruiting and retaining highly specialised medical staff, particularly in cancer care and anaesthetics. To deal with this, we are working creatively with other health colleagues to develop and provide attractive new roles for doctors and other staff, and we are sharing facilities such as surgical theatres and intensive care beds on other sites in Liverpool. Since 2016 we have also undertaken a significant piece of work to increase 24/7 consultant cover within the Trust, which means that the best and most experienced experts are available on-site all of the time.

Alongside recent developments such as our fabulous new neonatal unit, we are also looking at additional measures for the medium-term future on our current site to further mitigate risk, such as the possible development of a CT scanner and blood bank on-site, although these will be not without their challenges.

Any plans for our future will now also be delivered against the backdrop of Covid-19 and the likely impact that recent events will have on the healthcare sector for the foreseeable future.

We are living in uncertain times but one thing we are clear on at Liverpool Women's is that our main priorities are patient safety and quality of care, and whilst we are on our current hospital site we will continue to do all we can to offer women, babies and families the best quality of care possible but we also remain passionate about the need to maintain focus on the longer term challenges and need for change.

I hope the following pages will help to explain our Future Generations journey so far and some of our plans for the future.

Kathryn Thomson
Chief Executive

A history of women's healthcare innovation in Liverpool

Liverpool has a rich history of providing care for women and babies that dates back to 1796.

There have been many women's hospitals in Liverpool over the years.

The current Liverpool Women's Hospital was built in 1995 and it is our intention that it will remain a valuable asset for the health and care sector in Liverpool for many years to come, regardless of which care provider may be located within it in the future.

We are now the only standalone specialist Trust in the country that cares for women and babies. Over the last 25 years, we have delivered approximately 200,000 babies, undertaken 225,000 gynaecological procedures, and cared for 25,000 neonatal babies.

Our research and genomic medicine activities have grown over the years and our fertility services are now delivered from two sites in Liverpool and Knutsford, helping to make the dream of a family become a reality with around 1,000 being born through fertility treatment each year.

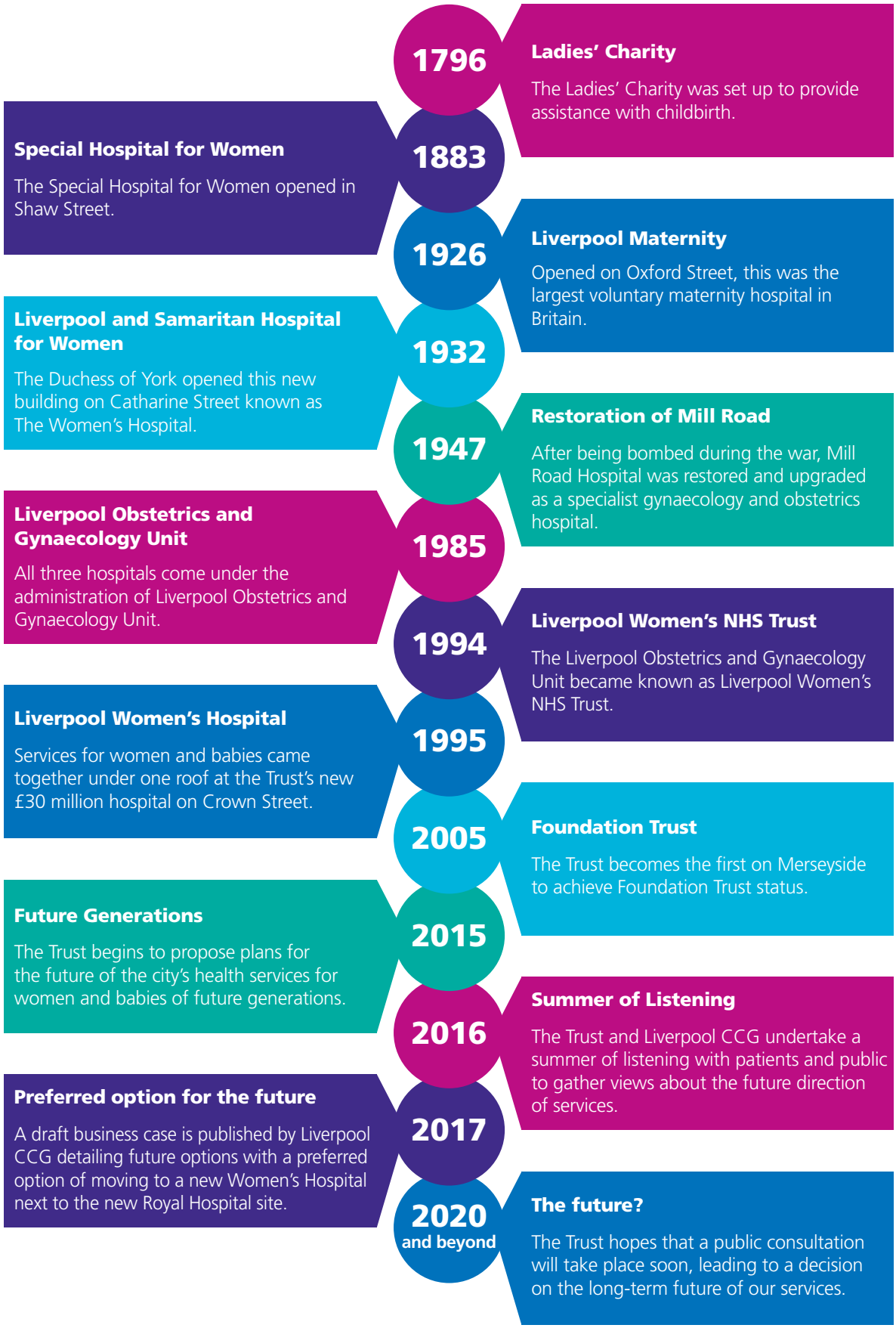
However, despite the many achievements in our current home, healthcare does not stand still, as illustrated by our history.

Over the last few years, we as a Trust have been working extremely hard to continue the improvement and evolution of our services whilst planning for the long term future.

This resulted in our Future Generations Strategy which we began working on in 2015. The following pages explain why the strategy was needed, what our preferred plans are for the future and what needs to happen to make them a reality over the coming years.

our story so far...

We're proud of the history of women's health services Liverpool has, and part of the goal is to make sure that we continue to improve them for Future Generations.


1796
Ladies' Charity
The Ladies' Charity was set up to provide assistance with childbirth.
1883
Special Hospital for Women
The Special Hospital for Women opened in Shaw Street.
1926
Liverpool Maternity
Opened on Oxford Street, this was the largest voluntary maternity hospital in Britain.
1932
Liverpool and Samaritan Hospital for Women
The Duchess of York opened this new building on Catharine Street known as The Women's Hospital.
1947
Restoration of Mill Road
After being bombed during the war, Mill Road Hospital was restored and upgraded as a specialist gynaecology and obstetrics hospital.
1985
Liverpool Obstetrics and Gynaecology Unit
All three hospitals come under the administration of Liverpool Obstetrics and Gynaecology Unit.
1994
Liverpool Women's NHS Trust
The Liverpool Obstetrics and Gynaecology Unit became known as Liverpool Women's NHS Trust.
1995
Liverpool Women's Hospital
Services for women and babies came together under one roof at the Trust's new £30 million hospital on Crown Street.
2005
Foundation Trust
The Trust becomes the first on Merseyside to achieve Foundation Trust status.
2015
Future Generations
The Trust begins to propose plans for the future of the city's health services for women and babies of future generations.
2016
Summer of Listening
The Trust and Liverpool CCG undertake a summer of listening with patients and public to gather views about the future direction of services.
2017
Preferred option for the future
A draft business case is published by Liverpool CCG detailing future options with a preferred option of moving to a new Women's Hospital next to the new Royal Hospital site.
2020 and beyond
The future?
The Trust hopes that a public consultation will take place soon, leading to a decision on the long-term future of our services.

Why do our services need to change for the future?

There are a number of challenges we currently face when delivering services on our existing hospital site - the following two pages attempt to summarise each one.

The needs of patients have changed

Liverpool Women's Hospital opened 25 years ago. Women are now living longer, with more complex conditions and having babies later in life, while advances in medicine mean more premature and unwell babies are surviving when they wouldn't have done so in the past. This means that they need more specialist and complex care; not all of this care is, or can be, provided at Liverpool Women's.

Some women and babies have to be transferred to other local hospitals for their care

Not all of the care needed to treat women and babies is available at Liverpool Women's. Sometimes they have long waits to be transferred, often by ambulance, to receive the additional support they need; this may be for scans, surgery or intensive care. Moving a patient from one hospital to another is an unnecessary disruption to their care and is not good for a patient's experience. It can also increase the clinical risk for patients due to unnecessary delays in receiving care that would otherwise be accessible down a corridor or over an adjoined bridge like most other hospitals in the country.

Specialist doctors working in other hospitals have to support patients at Liverpool Women's

It is not possible to plan for all eventualities in healthcare. Sometimes, particularly during or after surgery, patients may need additional emergency support from services not provided on site e.g. support from bowel surgeons or cardiologists. We try to plan for this as much as possible but healthcare needs can be unpredictable and this creates additional clinical risks for patients being treated at Liverpool Women's.

Some mothers and babies are separated from each other

If a new mum needs specialist care she may be required to receive treatment at another hospital which means she will be separated from her new baby. If Liverpool Women's was co-located with an adult acute hospital this would reduce the length of time mother and baby are separated and visiting could be more easily accommodated for family members.

Other adult acute services need women's services

Other hospitals in Liverpool do not have access to on site maternity and gynaecology services, meaning women who are inpatients in acute trusts in the city can receive sub-optimal care. Examples would include pregnant women who are being treated for non-pregnancy related conditions such as a heart condition, abdominal surgery and broken bones.

We do not have the key support services on site that we need

Our current hospital does not have a CT/MRI scanner, blood bank or 24/7 critical laboratory services on site. If a woman needs blood products during an emergency these have to be transferred from another hospital. This can cause delays in diagnosis and blood transfusions in time-critical situations and create additional risks for women.

Why do our services need to change for the future?

We struggle to recruit enough doctors

Because of our isolation as a standalone hospital site, recruitment of consultant doctors to specialist trusts like Liverpool Women's can be a problem. This is because doctors want to work with a range of professionals in multi-disciplinary teams, which is not possible at Liverpool Women's. Today, this is a particular issue in gynaecology cancer care where there are up to three full time posts vacant. We predict this may become a problem in maternity care in the future.

We are unable to meet national care standards

We have not been able to meet a range of Royal College and NHS England standards for care for some years because we are not co-located with other acute services. Commissioners have also recently developed new service specifications that we cannot meet. Services may need to cease locally and be provided outside of the city if we cannot find a solution for providing them alongside other acute services. This would increase the current health inequalities for women and babies in the city even more in the future.

Reviews over the last three years to assess compliance against existing and emerging clinical standards has confirmed that the key drivers underpinning the long term strategy – the risks posed by providing services at an isolated site - are not only still present but have become more pressing.

Research and innovation continues to evolve and we need to be better placed to capitalise on this in the future

The immediate impact of Covid-19 has indicated that there will be an increased focus on, and investment in, research in the future. Liverpool Women's has a strong research background and we continually seek to maintain and strengthen research and innovation capabilities through partnership working with other Trusts, the academic sector, and industry.

However, being co-located with other acute services, and being centrally located within the city's research hub would allow the Trust to strengthen even more in the future and maintain its position as a world leading specialist provider for the health of women and babies.

We are the only women's hospital in the country that is not co-located with another acute provider

Although being a specialist trust on our own site may appear to be positive thing, it can actually be a major drawback for patients and staff as other support services are not readily available when they are needed. Liverpool is different from every other major city in England.

All of the these challenges mean that the women and babies of Liverpool and those people that access our care from further afield, are not getting as good a service or experience as they could be.

Our long term plan for the future will address these challenges and make sure that future generations of women and babies get the best possible quality of care available - we believe they deserve this.

Further details can be found within a range of information materials on our website at:
www.liverpoolwomens.nhs.uk/ourfuture

How have our plans for the future progressed so far?

Over the last five years, our Future Generations Strategy has set a number of objectives and target outcomes to achieve. As well as making progress to move to public consultation on our future plans, this also includes short term mitigations to address the existing clinical and operational risks that we have, in the absence of currently being able to implement our long term aim for the future of co-location with another adult acute hospital.

A summary of some of some our key achievements over the last five years are as follows:

Clinical and Quality

- The Trust was awarded £15m in the form of a capital loan to address the immediate clinical risks on the neonatal unit. The redeveloped unit will provide much needed additional cots to keep the Trust's most vulnerable patients safe.
- Since 2016 we have undertaken a significant piece of work to increase 24/7 consultant cover within the Trust, which means that the best and most experienced experts are available on-site all of the time. Between 2017/18 and 2019/20 we invested £1.7m into 14 new consultant posts across four specialties (anaesthetics, gynaecology, neonatology and maternity), with further investment planned until we reach 24/7 cover which we plan to achieve by 2023.
- There is increased access to colorectal surgeons and relevant therapies for women with gynaecological cancers at Aintree and the Royal Liverpool.

Partnerships

- We continue to work closely with Liverpool University Hospitals NHS Foundation Trust to regular utilise gynaecology cancer operating sessions when possible at both the Aintree and Royal Liverpool sites to enable women to receive the complex support they need during and after surgery.
- We have established joint consultant posts with Liverpool University Hospitals NHS Foundation Trust to improve continuity of care and to support the recruitment and retention of staff, for example in anaesthestics and adolescent gynaecology.
- We have formally established a Neonatal Partnership with Alder Hey NHS FT so that the neonatal team now works across both sites and can provide continuity of care for babies who have additional specialist paediatric healthcare needs.
- We worked in partnership with the North West Neonatal Operational Delivery Network to deliver bespoke training to all new neonatal nurses to ensure the same level of training across the Network.

Our plans for the immediate future

In early 2020, Liverpool Women's and Liverpool University Hospitals NHS Foundation Trust signed a partnership agreement and agreed to establish a Partnership Board to:

(a) Formalise some existing joint working arrangements; and

(b) Develop and implement further actions to compensate for the lack of co-location.

The scope of the partnership agreement includes:

- Further increasing joint appointments across nursing and medical staff groups
- Formalising existing working arrangements for transfers of patients between sites and agreeing the provision of urgent care on the Liverpool Women's, Royal and Aintree sites
- Extending access to operating theatres for Liverpool Women's gynaecology patients at the Royal Liverpool and Aintree sites
- Access to, or provision of, robotic operating theatre lists for gynaecology
- Partnership working to provide staffing for a proposed new blood bank and extended lab facilities at LWH with 24/7 delivery of urgent lab services
- Establishing formal pathways for access to imaging and diagnostics on a seven day basis
- Scoping the provision of CT scanning and extending other diagnostic services at Liverpool Women's
- Further increasing the partnership working between critical care services delivered on different site

The Trust is also applying for further investment to cover the capital costs of an onsite blood bank and CT scanner.

A number of these proposals had previously been discounted during the commissioner led appraisal process in 2016, on the grounds of both feasibility - as we may not be able to staff them - and value for money.

The likely impact of Covid-19 is also likely to add a layer of complexity to any of these plans. However, these services are vital for a small number of seriously ill women and this will not change.

Therefore in the absence of funding to deliver the preferred option, the Trust is pursuing these additional actions in order to improve quality and safety in the medium term; it is not yet clear if it will be possible to deliver all of these actions.

Our key messages for patients, visitors and the public

We are aware that whilst we have been busy continuing to deliver operational services, taking our plans through NHS processes and trying to acquire funding for a new hospital, some of our patients, visitors, and public may think our plans have stopped or changed.

We want to be very clear that:

- The women and babies of Liverpool and beyond deserve the best quality care available - this is why we are so passionate about the need for change.
- Our current services at Liverpool Women's Hospital are safe and we continue to provide the best possible care to patients. We want to maintain this quality of care to keep the future generations of babies, mothers and women of Liverpool safe and to improve their experience of our services.
- Our preferred option for the future is the same as it was five years ago - to build a new Liverpool Women's Hospital which will be physically linked to the new Royal Liverpool Hospital. This would give our services greater access to other specialist services that we simply cannot and will never be able to deliver at our current hospital site.
- Liverpool Women's is not going to close; we want to make our services for women and babies in Liverpool even better for the future by moving to a new hospital. If we did move from our current home it is our preference and belief that the current hospital site would be used for health and care purposes in the future – there are many health and care providers who could make valuable use of the site for the benefit of the Liverpool population.
- Before we can go any further with our preferred plans for the future, we need approval from NHS England to undertake a public consultation about our proposals. We don't know when this will take place but we hope it can happen soon. Even if our proposals are supported, a new hospital would take a number of years to build.
- In any event, we will be staying at our current Liverpool Women's Hospital site for a number of years and we will continue to keep our patients safe by investing in services at our current hospital site.

What happens next?

We have been on our Future Generations journey since 2014-15. Since then there has been the development and independent scrutiny of the case for change and Future Generations Strategy. Despite a further commissioner led options appraisal process, independent clinical support for the plan, and applications for NHS capital, the Trust has been unable to secure the funding for the new hospital so far.

In the meantime, quality and standards have been kept under regular review and operational planning has continued to ensure quality and safety is maintained. In addition, Liverpool City partners have publicly supported and endorsed our plans for co-location in the One Liverpool Plan.

Our current Future Generations Strategy runs to the end of 2020. Whilst we have delivered many positive changes since 2015, and we continue to pursue further changes that can improve the current position, we have been unable to deliver our major ambition for co-location.

There have also been a number of changes external to the organisation over the last five years that will have an impact on our long term plans going forward. These include;

- The establishment of the Cheshire and Merseyside Health and Care Partnership
- Plans for the merger of the North Mersey Clinical Commissioning Groups (CCGs)
- The publication of the NHS Long Term Plan
- New specialised commissioning intentions
- Publication of the One Liverpool Plan
- Coronavirus (Covid-19) global pandemic and likely impact on the future of the healthcare sector

It is therefore timely for us to begin to review and refresh our strategy in line with current landscape.

We remain convinced that co-location with acute adult services is the single largest improvement we can make for all our service users, but while this is not possible, at least for the next few years, it is imperative that we update our strategy for today's environment and look for other ways to improve quality, safety and experience for our patients and families in the interim. We will therefore be commencing a strategic review during 2020-21.

How we will keep the public engaged and informed in this process

Our preference is always to actively engage our patients and families, past and present, in the development of our plans and we intend to continue to do this going forward. However, these are unusual times, and because of the Covid-19 global pandemic, the way we develop the next stage of our plans will need to be different than before, and much more reliant on digital or remote engagement.

When we are in a position to do so, and following our strategic review later this year, we will publish a schedule of public events and activities as well as other methods of engagement so that people can decide how they want to contribute to discussions.

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

Phone: 0151 708 9988
Email: communications@lwh.nhs.uk

www.liverpoolwomens.nhs.uk/ourfuture

Liverpool Women's NHS Foundation Trust

Agenda Item	20/21/160

MEETING	**Board of Directors**
PAPER/REPORT TITLE:	**Digital.Generations Strategy**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**Approve**
EXECUTIVE DIRECTOR:	Jenny Hannon, Director of Finance
AUTHOR(S):	Matt Connor, Chief Information Officer
STRATEGIC OBJECTIVES:	***Which Objective(s)?***
	1. To develop a well led, capable, motivated and entrepreneurial ***workforce*** ☐
	2. To be ambitious and ***efficient*** and make the best use of available resource ☐
	3. To deliver ***safe*** services ☐
	4. To participate in high quality research and to deliver the most ***effective*** Outcomes ☐
	5. To deliver the best possible ***experience*** for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?***
	1. *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust……* ☒
	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. ……* ☐
	3. *The Trust is not financially sustainable beyond the current financial year……* ☐
	4. *Failure to deliver the annual financial plan ……* ☐
	5. *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☐
	6. *Ineffective understanding and learning following significant events……* ☐
	7. *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☐
	8. *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☒
CQC DOMAIN	***Which Domain?***
	SAFE- *People are protected from abuse and harm* ☐
	EFFECTIVE - *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐
	CARING - *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐
	RESPONSIVE – *the services meet people's needs.* ☐
	WELL-LED - *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care,* ☒

	supports learning and innovation, and promotes an open and fair culture. ***ALL DOMAINS*** ☐			
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☐ **2.** Operational Plan ☒ **3.** NHS Compliance ☐		**4.** NHS Constitution ☐ **5.** Equality and Diversity ☐ ***6.*** Other:	
FREEDOM OF INFORMATION (FOIA):	3. This report will not be published under the Trust's Publication Scheme due to exemptions under S22 of the Freedom of Information Act 2000, because the information contained is intended for future publication			
RECOMMENDATION: ***(eg: The Board/Committee is asked to:-….)***	***It is recommended that the Board approve the Digital.Generations Strategy***			
PREVIOUSLY CONSIDERED BY:	**Committee name**	Finance Performance and Business Development Committee		
	Date of meeting	21 July 2020		

Introduction

The Trust is required to refresh its IM&T strategy on a regular basis, with an update agreed for 2020. This refresh was comprehensive and took into account the requirements of the Trust in terms of the needs of our patients, families and staff, as well as the wider Cheshire and Mersey developments and the National context.

Following review and recommendation at Finance, Performance and Business Development Committee the Board is asked to approve the Digital.Generations strategy ahead of its launch across the organisation in September 2020.

Report

The Digital.Generations strategy

Digital.Generations is a strategy that sets out the digital direction for Liverpool Women's over the next five years.

The aim of this strategy is to **provide our hospital with the best digital capabilities**, **equip our staff with the right skills** for effective use of digital and **embed a digital first culture**, so that we maximise the opportunity for our care services to benefit from technology.

By delivering this aim we will ensure we are aligned to the values and objectives of our Trust, and we will strive to place our patients and our staff at the centre of what we deliver digitally.

Digital.Generations will achieve this aim by:

- Placing digital service front and centre, making it accessible and designing patient-focussed digital solutions with clinicians, nursing & midwifery and other stakeholders from the start.

- Provide robust, simple to use and efficient digital technology that underpins seamlessly the systems and applications, removing barriers and dis-benefits.
- Equipping staff with the training and support to utilise the systems effectively, and to understand the implications of digital use.
- Delivering excellent digital capabilities; systems that are integrated, reducing duplication and complexity and providing information at the right place and time for the benefit of staff and patients.
- Foster the innovation that is present amongst our staff and continue to build on the excellent work delivered through the Global Digital Exemplar (GDE) Fast Follower Programme.

This strategy will deliver on four key themes, which address the areas identified in the strategy workshops:

Digital.Identity: *place digital services front and centre across the organisation.*
Digital.Fundamentals: *deliver brilliant digital standards and underlying technology.*
Digital.Excellence: *deliver integrated digital systems and equip our workforce with the skills to get the most out of our systems.*
Digital.Innovation: *leverage innovative ideas and uses for digital across the trust.*

The digital strategy is structured broadly into three main sections:

Section 1: Where are we now?

This section describes our hospital vision, aims and objectives. It describes what services IM&T provide and what we have recently achieved (as part of GDE and non-GDE). It summarises the output of the strategy engagements sessions, providing a basis for where we want to be. It also places into context the local, regional and national strategies.

Section 2: Where do we want to be?

This section sets out our aims and digital promise and links in the Trust aims. It describes that delivering Digital.Generations means for our Trust as a whole and what outcomes it seeks to achieve. It considers what this means for our departments, staff and patients.

Section 3: How will we get there?

This section sets out the underlying digital principles linked to the Trust's values. It describes each of the four themes and details the specific things we will deliver to fulfil where we want to be. It provides a high-level timescale for delivery.

The final section called **Delivering Digital.Generations** describes how the strategy will be implemented. It details the associated digital leadership, governance arrangements, funding, partnership working, benchmarking and links to quality improvements and benefits realisation. These components are essential to ensure that implementation is monitored and the success measured.

The strategy also sets out a rebrand of IM&T to Digital Services.

4.0 Recommendation

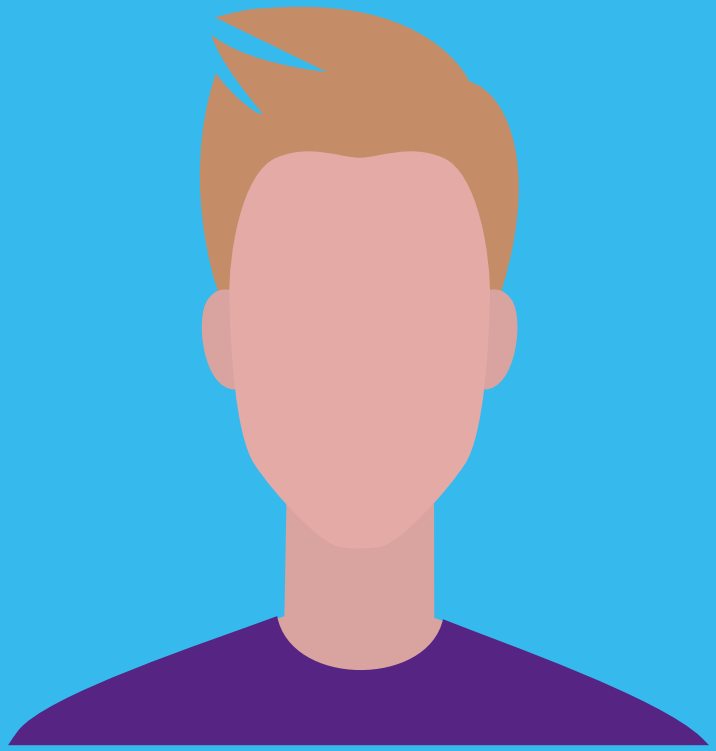
The Board is asked to approve the Digital.Generations Strategy ahead of its launch across the organisation.


NHS
Liverpool Women's
NHS Foundation Trust
Digital Generations
Our Digital Strategy 2020 - 2024

Contents

SECTION 1

Foreword



Developing the Digital Strategy has been a fantastic opportunity for me to engage with staff across the trust, and your input has been hugely important in shaping the digital future and getting it right for our staff. The reliance on digital technologies is never more apparent than now, with advancement in new ways of working and caring for our patients, assisted through technology. What has made this successful has been IM&T and staff across the trust working together. It is important to me is that we provide a digital service that is truly embedded within the organisation, so that designing digital is a truly collaborative effort, for the benefit of our patients. We are all digitally responsible.

Delivering care effectively now and in the future will require a digital service that is at the core of everything we do within the Trust, with technologies shaped around our delivery of care and underpinned by resilient, effective and safe systems and infrastructure. We will move into a new phase of providing an integrated digital care record, and this will provide enhanced capabilities, whilst reducing the current system complexities our staff face. We want to foster and build on the strong wiliness from the trust to engage with us by exploiting the innovative thinking present across the organisation.

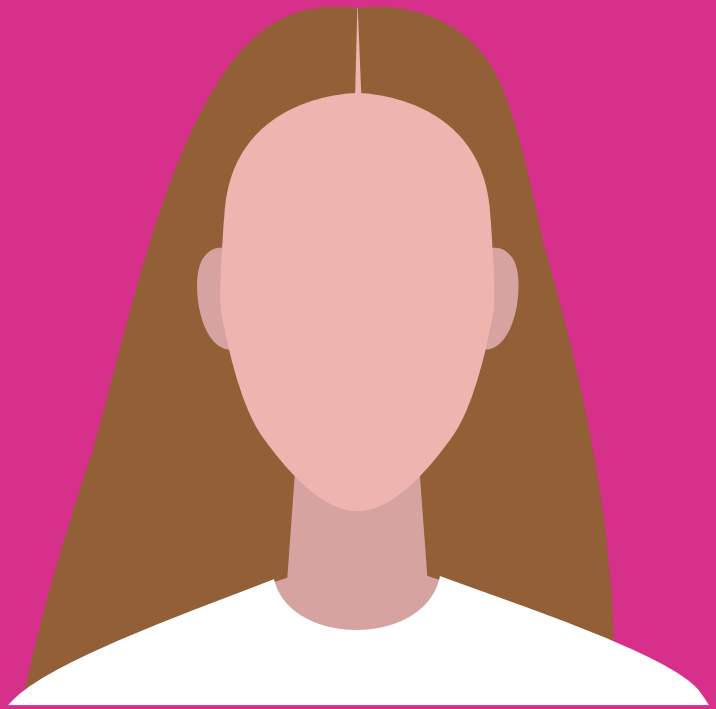
Matt Connor
Chief Information Officer

Foreword

Patient care in the 21st century cannot be properly provided without up to date, fit for purpose digital systems. The immensely rapid move to new ways of working in response to the pandemic has demonstrated to many within the Trust the value of the IM&T team, and particularly of working closely with them. Indeed, it may inadvertently have thrust Digital Services into the limelight slightly earlier than expected when this Strategy was being conceived.

Although we are a small Trust, with an apparently fairly limited patient base, we in fact care for all ages, including as yet unborn, all genders and a huge range of disorders, arguably being the one hospital in the Cheshire and Merseyside region that any individual could plausibly be referred to. The diversity of our services and patients presents unique challenges to digital services, and it is only with the participation of knowledgeable staff members within the various departments that these challenges will be overcome. Digital Services need to have their tentacles extended into every division, actively participating in strategy and planning from the outset, which will ensure that new systems are clinician led and designed to fit the needs of the Trust and our patients.

I am excited to be part of what will be a very important time for the Trust.



Dr Natalie Canham
Consultant in Clinical Genetics and Prenatal Lead

SECTION 2

Introduction: Delivering Digital.Generations

Welcome to Digital.Generations, a strategy that sets out the digital direction for Liverpool Women's Hospital over the next five years. We feel a five-year timescale is required to deliver on the ambitions set out within this strategy, ensuring digital transformation is implemented, adopted, and that it results in measurable benefits. To ensure this is successful, a cultural change is required in how digital services are designed and provided; ultimately to be firmly embedded at the core of our care services. We acknowledge that things change quickly in the digital world and we are committed to reviewing this strategy on an annual basis to ensure it is always aligned with national, regional and trust priorities.

The aim of this strategy is to provide our hospital with the best digital capabilities, equip our staff with the right skills for effective use of digital and embed a digital first culture, so that we maximise the opportunity for our care services to benefit from technology.

By delivering this aim we will ensure we are aligned to the values and objectives of our hospital, and we will strive to place our patients and our staff at the centre of everything we do.

Digital.Generations will achieve this aim by:

- Placing digital service front and centre, making it accessible and designing patient-focussed digital solutions with clinicians, nursing & midwifery and other stakeholders from the start.
- Provide robust, simple to use and efficient digital technology that underpins seamlessly the systems and applications, removing barriers and dis-benefits.
- Equipping staff with the training and support to utilise the systems effectively, and to understand the implications of digital use.
- Delivering excellent digital capabilities; systems that are integrated, reducing duplication and complexity and providing information at the right place and time for the benefit of staff and patients.
- Foster the innovation that is present amongst our staff and continue to build on the excellent work delivered through the Global Digital Exemplar (GDE) Fast Follower Programme.

We recognise that partnership working is essential, and this includes developing strong relationships with the Trust's key suppliers of digital technology, local NHS organisations within the Liverpool 'place', regionally within the Cheshire and Merseyside Health Care Partnership (HCP) and beyond including NHSX and the Academic Health Science Network.

This strategy will deliver on four key themes:

Digital.Identity: place digital services front and centre across the organisation.

Digital.Fundamentals: deliver brilliant digital standards and underlying technology.

Digital.Excellence: deliver integrated digital systems and equip our workforce with the skills to get the most out of our systems.

Digital.Innovation: leverage innovative ideas and uses for digital across the trust.

SECTION 3

Where are we now?

This section describes our hospital vision, aims and objectives. It describes what services IM&T or as we now prefer to be known as; Digital Services provide and what we have achieved. It summarises the output of the strategy engagements sessions, providing a basis for where we want to be.

3.1 Our Hospital

The Trust is a specialist trust providing maternity, gynaecology and genetics services in Liverpool and the North Mersey conurbation. It is also the recognised specialist provider in Cheshire and Merseyside of high-risk maternity care including; foetal medicine, the highest level of neonatal care, complex surgery for gynaecological cancer, reproductive medicine and laboratory and clinical genomics.

During the year, the Trust transferred management of its Genetic Laboratory services to Manchester University Hospitals NHS Foundation Trust as part of a national programme for the consolidation of services into seven Genomic Laboratory Hubs across England.

The Trust remains a partner and stakeholder and continues to provide Clinical Genetic services.

Our Trust vision, aims and values are:

Vision

To be a recognised leader of health care for women, babies and their families

Aims

- To develop a well led, capable and motivated workforce
- To be efficient and make the best use of available resources
- To deliver safe services
- To deliver the most effective outcomes
- To deliver the best possible experience for our patients and our staff.

Values

Engage
We involve people in how we do things.

Ambition
We want the best for people

Learn
We learn from people, the past, present and future

Care
We show we care about people

Respect
We value the differences and talents of people

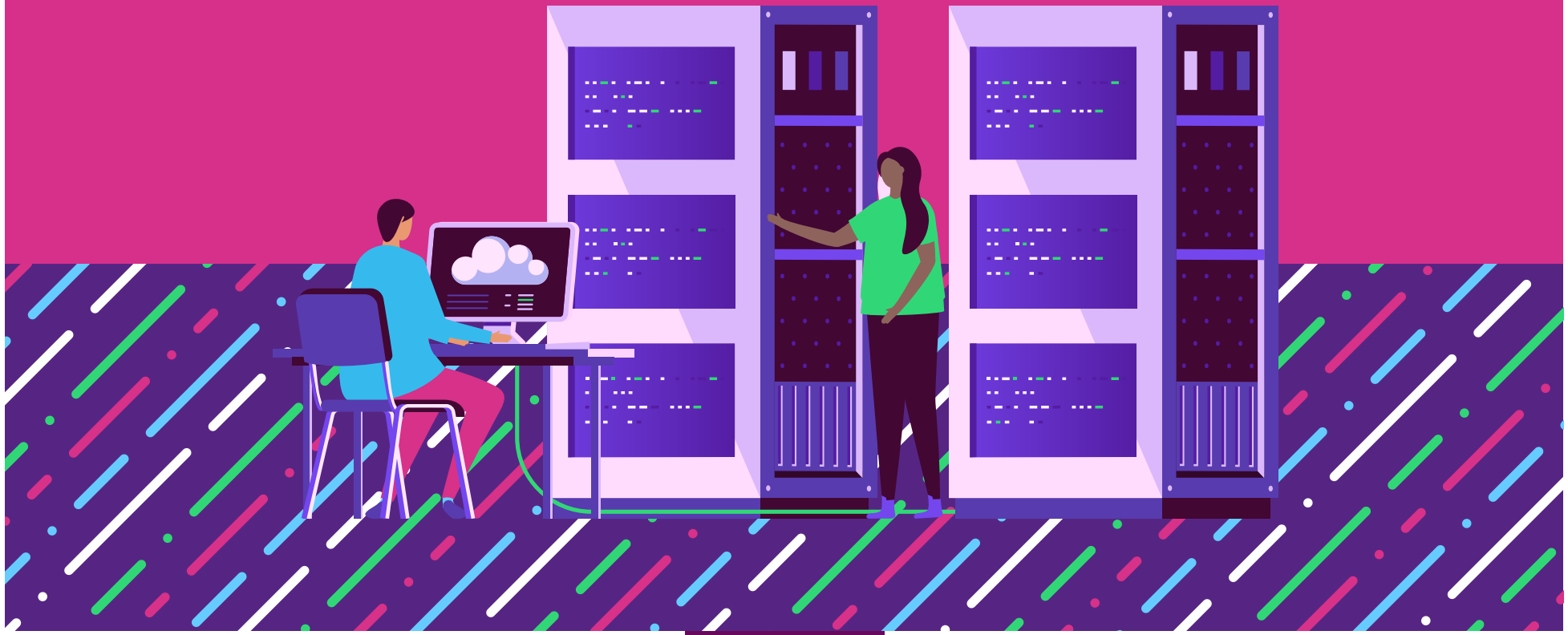
3.2 Hospital Headlines

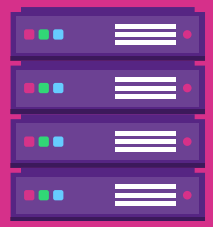
Our hospital is a fantastic place to work and is the largest women's hospital in Europe, providing specialist care for women and babies. We are proud of many achievements and in 2019/20 the trust achieved:

- We delivered 7,953 babies (2018/19 8,379) – an average of 22 babies born at Liverpool Women's every day (2018/19, 23)
- We undertook gynaecological inpatient procedures on 4,635 women (2018/19, 4,876) and 30,825 gynaecological outpatient procedures (2018/19, 30,611)
- We cared for 1,267 babies in our neonatal intensive and high dependency care units (2018/19, 1,013)
- We performed 1,257 cycles of in vitro fertilisation (IVF) (2018/19, 1,294)
- We celebrated our 25th anniversary since moving to the current Liverpool Women's Hospital in 1995. Whilst celebrations have been limited during 2020, it is a significant milestone which has seen approximately 250,000 babies being born over the last 25 years.
- We continued work on the redevelopment of the neonatal unit which once completed will see the unit providing much needed additional cots and space to keep our most vulnerable patients safe. The new neonatal unit is planned to be commissioned and ready for use during 2020-21, and part of the new unit opened in February 2020.
- We launched the new Nursing, Midwifery, and AHP Strategy 2020-25 which has the 'WE CARE' strapline at its heart and running through the objectives within the strategy.
- The Liverpool Women's Hospital charity launched a £250,000 Big Tiny Steps Appeal to raise funds for the refurbishment of the new neonatal unit and provide extra comforts for families. In the early part of 2020, the public appeal exceeded its full target.
- We took part in series five of BBC Two's 'Hospital' series which received approximately 1.6 million viewers for each episode; of which the Trust featured in one, showcasing the excellent care in our maternity and neonatal departments with a focus on functional neurological disorders during pregnancy.

3.3 Digital Services

We are a diverse department that provides all the Trust's digital services 24x7x365. This includes providing support across various functions as well implementing new digital projects. Over 70 staff are employed across functions that include Information Technology, Information Services, Information Systems Support, Clinical Coding, Digital Programme Management Office (PMO), Information Governance and Health Records.





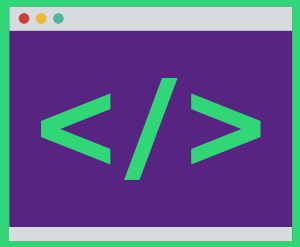
Information.Digital

Our Information department have 10 staff supporting the information requirements across the organisation. The team ensure that all contractual and statutory reporting is adhered to, develop and maintain the Trusts data warehouse and provide information on an ad hoc basis.

The data warehouse provides a central repository for all Trust reporting. Microsoft Power BI and SQL Reporting Services are used for reporting and data visualisation, providing an insight in to Trust activity and performance.

Systems.Digital

The Systems team are a function within our Information department. They have 4 staff who support, maintain and develop most of the Trusts clinical systems. As well as providing 24-hour clinical systems helpdesk support. They also provide training on clinical systems and advice on how administrative and clinical information can be recorded within these systems.



Coding.Digital

Clinical coding is the translation of medical terminology into a coded format and key for both monitoring Trust performance and activity and ensuring the correct levels of income are received through Payment by Results.

With a team of 6 staff who have trained for several years to become accredited clinical coders they are responsible for coding all inpatient and outpatient activity. In recent years external audits have shown the Trust to have highly accurate coding with high productivity levels in comparison to other Trusts.

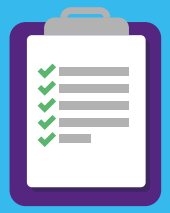
IT.Digital

Our Information Technology team are often the most familiar face of our digital service provision, providing the day to day IT support across the Trust. With 12 staff, they ensure that the essential underpinning IT infrastructure is operational. This includes first line support via the IT Helpdesk through to 2nd and 3rd line support where our engineers directly support trust staff. They provide an on-call function for out of hours support. They also work with other digital teams to implement new systems, providing new technologies and infrastructure. They are responsible for Cyber Security and implementing the technical controls to keep our systems safe.

Health Records.Digital

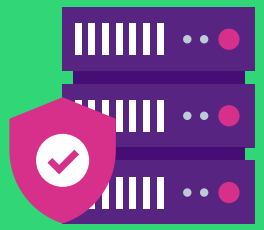
Our Health Records department plays a significant role in the daily operation of the hospital. Comprising of 20 staff, they ensure all patient records are well maintained and provided timely whether paper or electronic. Their aim is to ensure that our clinicians have the most relevant and up-to-date information available.

Legacy case notes are stored securely off-site and health records staff provide a retrieval service to provide the case notes required for clinic or for scanning. As we move into a more digital era, the health records department has an important role to play in this transition. As part of the 'Paper Free' project, Health Records have established robust processes between them and the external scanning bureau. They operate to defined service level agreements to ensure day forward and legacy notes are digitised in a timely fashion. Health Records management provide leadership and support the wider department in becoming experts in the use of digital case notes.



Programmes.Digital

The Programmes function, commonly referred to as the Digital PMO provides comprehensive management of the digital programme ensuring that all projects are delivered within a robust project management and governance framework. Comprising of five staff they apply industry standard project and change management methods to drive forward digital transformation across the Trust ensuring that project outcomes are achieved in line with the perceived benefits. They provide regular programme level reporting and highlight potential risks and issues with delivery and budget control. This function supports the Trust through innovative business change analysis, mapping current and to-be processes in collaboration with the Trusts departments. They are truly at the heart of the Trust, working with all digital service functions and with staff across the organisation to deliver digital transformation.



IG.Digital

The Information Governance function, or IG as it is more commonly known, is a function that sits within Digital Services, comprising of five staff, the focus of the department's work falls into 3 broad areas of work. The first area is compliance and standards, where specifically they focus on trust compliance to the Data Security and Protection Toolkit (DSPT). The toolkit covers a wide range of areas such as information and cyber security, confidentiality, data protection and the rights of individuals in respect of the information we hold about them. Under compliance, the IG department work with other staff within digital services to ensure new innovations have appropriate information security controls applied. The second area is in relation to information releases. There are two primary mechanisms for the release of the information the Trust holds, the first being what is known as a Subject Access Request and the second is what is known as a Freedom of Information request. Subject Access Requests deal with the release of personal information, which the Trust holds about them; Freedom of Information requests deal with non-personal information about the Trust in general. The third area is in active monitoring and compliance to ensuring that patient information is suitably protected from inappropriate access. The Liverpool Women's Hospital has advanced capabilities to monitor, almost in real time, who is accessing patient records and, where necessary, highlight any potential suspicious activity. The system allows the Trust to take pride in the extent to which it is protecting patient information.

3.4 Strategic Context

This section will describe the key strategic drivers at local (trust), regional (HCP) and national that influence the direction of travel.

3.4.1 Trust placement

The Digital.Generations strategy forms part of a set of strategies we have in place at Liverpool Women's, which forms a co-ordinated plan to deliver our aims and realise our vision. Each of these strategies has interdependencies with the others and should be viewed in this wider context.

Our overarching Trust strategy, Future Generations, was originally launched in 2015 and outlines our plans to deliver safe and sustainable services for the future. A refresh of this strategy is now underway, and a new version will be launched at the end of 2020. The refreshed strategy will feature a set of strategic objectives, which will shape our direction over the next 5 years.

Each of our supporting strategies has been put in place to help us deliver Future Generations, our Clinical and Quality strategy and our Research and Innovation strategy; enabling us to achieve our aims and objectives and realise our vision.

This digital strategy cuts across all services within our organisation and will support each of our teams in delivering their goals. Use of digital technologies will be central to the way we develop our model of care for the future, placing Digital.Generations at the heart of our journey to deliver safe and sustainable services for the women of Liverpool and their families in the long term.

3.4.2 Cheshire and Merseyside Health Care Partnership Strategy

Cheshire and Merseyside Health Care Partnership developed a five-year regional strategy in 2018 called Digit@ll which places a patient / citizen focus on digital activities. It sets out a digital vision that seeks to empower individuals to take control of their own health and well-being, empower staff to have access to high quality information and that they are equipped with the digital resources required to support high quality care. It aims to deliver a joined-up patient journey using real-time data to inform care delivery. Finally, it aims to make Cheshire and Merseyside an attractive place for innovators to come and learn about digital excellence. It sets out to achieve this through five key digital transformation themes.

This strategy will leverage the regional approach to support the implementation of our local digital themes. Within the EMPOWER workstream we will contribute to and benefit from system learning regarding digital inclusion for our staff, patient and their families. Under ENHANCE we will employ a 'brilliant basics' approach to reduce variation within our own digital services and we will take pride in contributing to the overall system digital maturity level. Under CONNECT the Trust will particularly benefit from the regional shared care record and population health management systems. Under INNOVATE we will work with the system to leverage partnerships and research learning to foster an internal innovation culture. As a Cyber Essential Plus accredited organisation, we will share our learning through the SECURE workstream.

Click on each jigsaw piece to read more

3.4.3 National Strategy

The NHS Long Term Plan was implemented in 2019 and set out various ambitious improvements for patient care over the next 10 years. This means we will do things differently by providing people with more control for their own health and the care they receive. A more connected health system bringing primary care, secondary care together with local partners to create an Integrated Care system. The plan will address preventing illness and tackling health inequality taking a population health and community approach. The plan recognises the importance of the workforce in delivering the changes and ensuring they have right skills and enough staff in the right services to deliver the care needed. The plan recognises technology and data as a key enabler, and it sets out to make services more convenient, providing a digital front door to provide better patient access to their care record, a more joined up approach in the use of data for care services to plan and shape their care services accordingly. The fifth ambition is to get the most out of taxpayer's investment by continuing to work with clinicians and other professional to reduce duplication and make better use of the NHS combined buying power.

Following the implementation of The NHS Long Term Plan, NHSX was formed to drive forward the digital improvements required to support the plan. In the latter part of 2019, NHSX delivered the Tech Pan and latterly in 2020 the NHS Digital Health Technology Standard. The tech plan and associated vision for technology in health identifies:

- Interoperability and integration standards to support more joined up data use.
- Reducing the variation in levels of digitisation across NHS providers.
- A focus on citizen privacy and information security
- Digital inclusion for citizens; NHS App
- Empowering our workforce with the right skills (Topol Report)
- National infrastructure and standards such as Cloud First directive
- Research and innovation to support the scaling of proven technical innovations.

In 2016, the Better Births report was published which set out a five-year forward view to improve the outcomes of maternity services in England.

The Maternity Transformation Programme was implemented to achieve the vision set out in the report. The programme identified ten workstream. There is commonality between the Maternity Transformation Programme workstreams and the NHS long term plan, for example local transformation of services, a focus on workforce, improving prevention, effective sharing of data and harnessing digital technology.

In particular, the harnessing digital technology is facilitating the development and rollout of patient-held digital maternity records to support women to manage their care.

3.5 Our Digital Highlights

Liverpool Women's Hospital has delivered many digital innovations through the Global Digital Exemplar (GDE) Fast Follower Programme. A Global Digital Exemplar is an internationally recognised NHS provider delivering improvements in the quality of care, through the world-class use of digital technologies and information.

Exemplars will share their learning and experiences through the creation of blueprints to enable other trusts to follow in their footsteps as quickly and effectively as possible. Over 20 GDE projects have either been successfully delivered or are in flight.

The trust successfully achieved each of the four milestone gateways. The requirements to pass each one has been defined by providing evidence of completion or progress, and with a clear plan of delivery for any remaining projects.

A robust programme involving Trust collaboration and working with NHS Digital on the benefits realisation, blueprints and digital maturity assessment has been a key factor of success.

- Transition of the Trusts on-site email system to Office 365 Cloud aiding more flexible access to the email system and access to Microsoft Office online.

- Improved remote access technologies to aid remote working (Always On-VPN).

- Deployment of Microsoft Teams for Community Midwifery service to improve collaboration while working off-site.

- Deployment of a new ward dashboard system (ADT) that provides information from several systems in one place,

- Commitment to a new 'Paper Free' project that introduces a new EDMS system (UCR), external scanning bureau and plans to reduce day forward scanning and remove legacy case note dependence.

- The use of Artificial Intelligence (AI) technology to improve prediction of a pregnant woman's due date.

- The successful implementation of Virtual Clinics (Attend Anywhere) to enable outpatient services to offer digital consultations.

- The commitment to use Robotic Process Automation (RPA) to improve back office efficiency as well as explore wider use within the trust.

- A virtual reality tour of the hospital to support our patients and relatives when planning to visit the hospital and improve patient experience.

- On-going design and deployment of Virtual Desktop Infrastructure (VDI) which will improve end user experience and further support flexible working.

- Implementation of a new Genomics Pedigree Drawing system, replacing the legacy system.

- The ongoing implementation of a closed loop system for the ordering of milk and blood products to improve patient safety.

The success of digital has not been limited to GDE Fast Follower projects, and there have been some excellent areas of digital innovation and support.

- Trust wide deployment of Microsoft Teams to support remote collaborative working.

- Digital Services department played an important role in the readiness and opening of the newly refurbished Neo-Natal unit during 19-20, supplying all the network and computing infrastructure and supporting a smooth transition to the new build.

- Development and implementation of near real-time Power BI Information Dashboards, that support our care divisions and operational services with accurate business intelligence.

- The tender and procurement of a new trust-wide physical and wireless network which will be implemented during 20-21.

- Replacement of the Trusts legacy Telephony systems during June 2020, with a new fully robust and modern telephony system. This complex project was implemented with minimal impact on the trust.

- The IT function successfully maintained their accreditation of Cyber Essentials +

- Development and approval of an Electronic Patient Record (EPR) Business Case which provides the Trust with a clear direction for an integrated EPR system.

- The Trust appointed a new Head of Technology (Oct 19), new Chief Information Officer (CIO) (Dec 19) and a new Chief Clinical Information Officer (CCIO) (April 20).

- As part of the trust's commitment to strong digital leadership, two Digital Midwives (Mar 20) were appointed to provide an effective link between digital and maternity services.

- A new digital maternity system (K2) has been procured and is planned for go-live in during November 2020.

- Information Governance achieved "Standards Exceeded" for the Data Security Protection (DSP) toolkit submission (19/20).

- Successful deployment of the Health Care Partnership (HCP) GovRoam Wi-Fi project to simplify accessing Wi-Fi across Cheshire and Merseyside.

- Excellent response to provide new technologies for staff and patients in the trust's response to Covid-19, including increasing the remote access capacity from 100mb to 500mb.

3.6 Covid-19: Our Digital Response

Over 850 active Microsoft Teams users per month

Over 2000 Microsoft Teams meeting participants per month

Over 450 laptop upgrades or new deployments (Apr – Jun 20)

3.6 Covid-19: Our Digital Response cont...

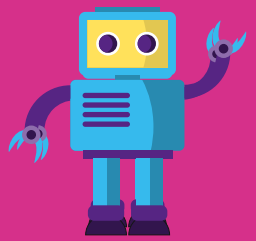
Over 2200
Remote Access
sessions per month

848 Virtual clinic
appointments using Attend
Anywhere (Apr – Jun 20)

Increased 100mb
Internet link
to 500mb

Increased 100mb
Internet link
to 500mb

Over 190 cameras and
speakers deployed
(Apr – Jun 20)



2 Robots deployed
for Neonatal
Telemedicine

3.7 Designing Digital: Shaping IT with you!

Listening to our staff across the Trust has been an important part of developing this strategy. During May 2020, four virtual workshops were hosted for staff to share their views on what IM&T and Digital means to them. We called this engagement 'Designing Digital: Shaping IT with you' and over 50 staff attended representing a diverse cross section of the organisation.

Those that were unable to attend had the opportunity to share their views via an on-line survey and through 1 to 1 meetings.

Three key questions were asked of staff; What does IM&T mean to you? What is your experience of IM&T? and What do you want from IM&T (3 wishes)?

What does IM&T mean to you?

Staff recognise the important role that IM&T has within the organisation, more so with event of home working and supporting ways of working and supporting our patients. Technology is playing an increasingly important role in the care of patients and reliance on robust systems and infrastructure is increasing. IM&T needs to be central. There is a mixed understanding of what IM&T represents, with many staff across the trust associating the IT department and IT support as they face of IT; however, we provide a diverse set of services for the organisation. Staff feedback asked whether IM&T is the right name, that it is quite vague, traditional, and that Digital Services better represented a modern service.

What is your experience of IM&T?

The workshops reflected some valuable experiences that can shape how we deliver digital services for the future. Staff identified areas of excellent practice and areas where we can focus on improving.

What is great?

We have a supportive, friendly and responsive on-site support team. We have delivered changed very quickly across the trust to support new ways of working. Our Power BI information dashboard reporting is accurate, effective and provides near real-time business intelligence for the Trust's divisions. Recent collaboration working has been strong and recognised by staff across the trust. Staff are knowledgeable.

Where can we improve?

We have too many systems and using these can be complex. Our IT Service Desk lacks several capabilities such as first line fix, incident prioritisation to aid swift resolution and a lack of effective reporting. As a service we should be more visible and act as one, signpost staff to the right service when required. There is a perception that we are very busy and often reactive. The training facilities are poor. Staff feel that at times digital has been delivered 'to' and not 'with'.

What do you want from IM&T (3 wishes)?

Perhaps, the most productive output from the workshops was listening to what staff would like from our service in the future. Staff were asked to provide 3 wishes. There were some common themes identified.

Stronger engagement and more visibility from IM&T within the organisation are something that was consistently requested. Engaging at the start of new projects and co-designing with staff, building digital around clinical services, and working collaborative in the spirit of 'with' and not 'to' was a clear theme. There is demand for greater clarity on the programme of work, a clear forward plan supported by regular communications and linkage into the organisation. Robust IT infrastructure and end user computing is desired, based on simplicity and efficiency. Staff want the right type of end user devices in the right places, running on systems that are consolidated and integrated. Reducing the number of systems and logon is important. Staff requested that we increase the levels of real-time information, that they enter information once, thereby reducing duplication and removing reliance on paper processes.

The 'front door' to the IT support service should be responsive, accessible, and provide staff with confidence that their incidents and requests will be handled efficiently, with staff understanding the clinical impact when IM&T systems and technology fails. Staff want support with designing new processes and service improvements to leverage technology where appropriate to streamline the way we work. Enhanced training capabilities, and support and guidance to educate and inform staff on the best use of technology, the impact of use (and misuse) and resources to aid upskilling our staff across the trust is important.

SECTION 4

Where do we want to be?

The aim of this strategy is to provide our hospital with the best digital capabilities, equip our staff with the right skills for effective use of digital and embed a digital first culture, so that we maximise the opportunity for our care services to benefit from technology.

Trust Aims	Our Digital Promise
To develop a well led, capable and motivated Workforce.	We promise to embed digital thinking and two-way engagement across the organisation so that staff understand the services we offer and can make best use of them. We promise to co-design with staff across the organisation, ensuring digital innovations and delivered 'with' and not 'to'.
To be Efficient and make best use of available resources.	We promise to provide our staff with the digital skills and training capabilities to ensure they can maximise the use of technology. We promise to provide IT systems that are robust, efficient and less complex. We promise to provide an integrated care record that provides information at the right time and in the right place.
To deliver Safe services.	We promise to listen to our staff when we design systems and learn from our experiences of implementation; both the good and the bad. We promise to deliver digital capabilities that maximises the delivery of safe services. We promise to provide the organisation with near real-time up to date business intelligence that aids the organisation is providing the best and safe services. We promise to ensure digital governance is robust, transparent and thorough to ensure that the impact of digital innovations is minimised.
To deliver the most Effective outcomes.	We promise to work collaboratively with our Trust staff, and in accordance with the Trusts quality improvement (QI) framework to design digital with an outcome led emphasis. We promise to deliver the best digital capabilities that frees up our clinicians, nurses and midwives to deliver the best care. We promise to deliver digital innovations with robust benefits realisation support to ensure we deliver on perceived benefits.
To deliver the best possible Experience for our patients and our staff.	We promise to deliver reliable and efficient IT infrastructure, removing technical barriers and reducing issues. We promise to simplify and reduce the number of systems, so that trust staff can easily access and enter information. We promise to design our digital services so that our patients can make use of technology to access care services, access their care record and make informed decisions regarding their care, health and wellbeing.

Placing digital front and centre within of the Trust is at the heart of this strategy; with the need for this strongly emphasised through the digital strategy workshops. By doing this we enable staff to consider, design and embed the use of technology within their daily activities, ensuring that digital has a positive part to play in the provision of care for our women and babies.

Ultimately, the ambition of the strategy is aligned to the trust aims and objectives.

4.1 Digital Generations: Realising our Digital Promises

The reality of delivering on our digital promises requires a layered approach, starting with a clear digital.identity embedding our digital services within the fabric of the organisation.

We require a layer of strong digital.fundamentals, incorporating robust IT infrastructure, efficient digital support and effective governance by which we work within. On top of this we can then deliver digital.excellence which provides our trust staff with the integrated systems and necessary skills to maximise their use.

Finally, digital.innovation will foster the collective skill and imagination across the organisation to deliver exciting digital innovation. This can only be achieved if the other layers are effective.

Delivering Digital.Generations means:

- Our trust staff better understand the services we offer, and that we can help support them in delivering their services.
- The Digital Service is more integrated, with a shared identity and can act as one.
- A 'customer-focused' approach with direct links into the trusts divisional structure.
- We co-design our systems with trust staff so that they are fit for purpose and have clear benefits and outcomes.
- Our underlying IT infrastructure is reliable and efficient, where trust staff are not hindered by technical barriers or areas of inconsistency.
- End user computing that is aligned to an ethos of right device in the right place, supporting our staff accessing computers and mobile devices at the point of care.
- Delivering technology to support new ways of working including remote or home working.
- An integrated electronic patient record system, that reduces and simplifies the number of systems in use meaning that staff have less clicks and logons to access information.
- An ethos of secure by design, by implementing cyber security technologies and strong information security principles into our systems that are aligned to our policies and procedures.
- Maximising the use of information to provide business intelligence to our divisions so they can make informed management decisions.
- Equipping our trust staff with the digital skills to use the systems most effectively.
- Educating and supporting our trust staff so they understand the implications of using digital systems.
- Providing our patients with a 'digital front' door so that they can access services in different ways, exploiting the existing digital skills and expectations they have.
- We exploit innovation and deliver transformation using Artificial Intelligence (AI), Automation, Telehealth and monitoring technologies to change the ways we provide care and diagnostics services.
- We build on the partnerships within Cheshire & Merseyside Health Care Partnership (HCP) to support a system-wide approach to digital transformation and delivery.
- The safe sharing of our data with the HCP Shared Care Record (Shared2Care) and Population Health Management for the benefit of improving health outcomes for our women and babies.
- Our hospital is a recognised leader of health care for women, babies and their families.

4.2 What outcomes do we want to achieve?

Through Digital.Generations we want to influence all aspects of our hospital care services for the better. We want to help deliver the best safety for our patients by implementing systems that reduce errors and never events. Integrated systems that provide a holistic record, that reduce variation and supports closed loop prescribing, decision support and alerts will benefit safety.

We want to enable the best patient experience possible, by freeing up our staff to provide direct care for our patients, this means we need effective and efficient IT and systems. We believe providing our patients with digital access will provide them with a more engaging care experience.

We want to ensure our staff are digitally equipped and motivated to use digital systems, so they exploit technology to provide the best quality of care, and so that they are engaged supporting new ways of working though technology advancement.

We want to maximise the efficiency of the organisation by providing the business intelligence it needs to shape and deliver its care services in the most effective way. The Trust has a 'Good' overall CQC rating. We want to support the trust going from 'Good' to 'Outstanding'.

Digital Standards

We aspire to achieve the best digital standards and demonstrate progress through benchmarking and accreditation. Digital maturity reflects the level of digital culture, capabilities and adoption in place within an organisation. As part of the Trusts commitment to the GDE Fast Follower programme it aspired to reaching level 5 within the Healthcare Information and Management Systems Society (HIMSS) Europe Electronic Medical Record Adoption Model (EMRAM). This is an internationally recognised maturity model, which is applicable to all NHS organisations.

The EMRAM model has 8 levels of maturity (0 – 7). This strategy aims to achieve level 7 by 2024. This means the trust will have a fully integrated electronic patient record (EPR) system, with full closed loop technology enabled medication, full physician, nursing, midwifery and AHP documentation (replacement of paper processes), full lab and diagnostics integration with decision support, alerting and data analytics. To achieve this standard, there needs to be demonstratable evidence of adoption, pervasive use, and underpinning information and security policies and technologies. Meeting level 7 alone will not be considered an achievement without demonstrable evidence of clinical benefits and patient care outcomes.

In terms of service excellence, we want to maintain the current Cyber Essentials Plus accreditation and look to enhance our capabilities further whilst sharing our good practice and experiences with other local organisations within Cheshire and Merseyside.

We are committed to reaching Level 2 of the Informatics Skills Development (ISD) network 'Excellence in Informatics' standard. The trust is not currently accredited at any level.

As part of our commitment to paper free we will attain accreditation for BS 10008 Evidential Weight and Legal Admissibility of Electronic Information. This standard outlines the best practice for ensuring the authenticity and integrity of electronic information.

STAGE	HIMSS Analytics EMRAM EMR Adoption Model Cumulative Capabilities
7	Complete EMR: external HIE, data analytics, governance, disaster recovery, privacy and security
6	Technology enabled medication, blood products, and human milk administration; risk reporting
5	Physical documentation using structured templates; full CDS; intrusion/device protection
4	CPOE; CDS (clinical protocols); Nursing and allied health documentation; basic business continuity
3	Nursing and allied health documentation; eMAR; role-based security
2	CDR; Internal interoperability; basic security
1	Ancillaries - Lab, Rad, Pharmacy, PACS for DICOM & Non-DICOM - All Installed
0	All Three Ancillaries Not Installed

4.3 What does this mean for our patient, staff and services?

Our patients and their families will enjoy the best experience possible. They will be informed patients, having access to their information digitally and they will benefit from a plethora of digital innovations that support advice and guidance regarding their health and wellbeing, and enable them to interact with the hospital to book and change appointments electronically.

They will have choice regarding how they wish to have their consultations, whether this is via a tele-consultation or in person. Prior to a hospital appointment or planned inpatient stay, they will be able to use immersive technologies to familiarise themselves with our services.

When they attend hospital, they will be provided with a joined-up experience where health care workers have the most up to date information about them, including care episode information previously undertaken in other secondary and primary care organisations. On-site hospital signposting will provide them with guidance and supporting information to get the most out of their experience, and they will be able to connect to on-site patient resources using the NHS Wi-Fi facility.

Their journey through the hospital will be efficient, they will tell 'their story' once and our services will have information available at the point of care to aid decision making and supporting effective patient flow and discharge processes.

Upon discharge their information will be shared with their GP electronically and other relevant health care bodies in a timely fashion to ensure their wider care experience is based on the effective use of their data.

Our staff will have access to everything they require when treating women and babies and they will no longer log onto multiple systems. The hospital electronic patient record means that staff no longer rely on inefficient legacy paper processes. They benefit from systems that provide alerting and decision support. The underlying IT infrastructure will be reliable, performant and cyber secure safe. They will utilise computers and mobile devices that are reliable and best suited to the care setting they are working in.

The use of the shared care record provides staff with a comprehensive view of care surrounding their patient. Our clinical dashboards will provide them with accurate operational information so that they may make informed decisions around care provision. Our staff will be equipped with the digital skills they require, and they operate in a culture where digital systems are a shared responsibility meaning they are effectively designed, used, and maintained.

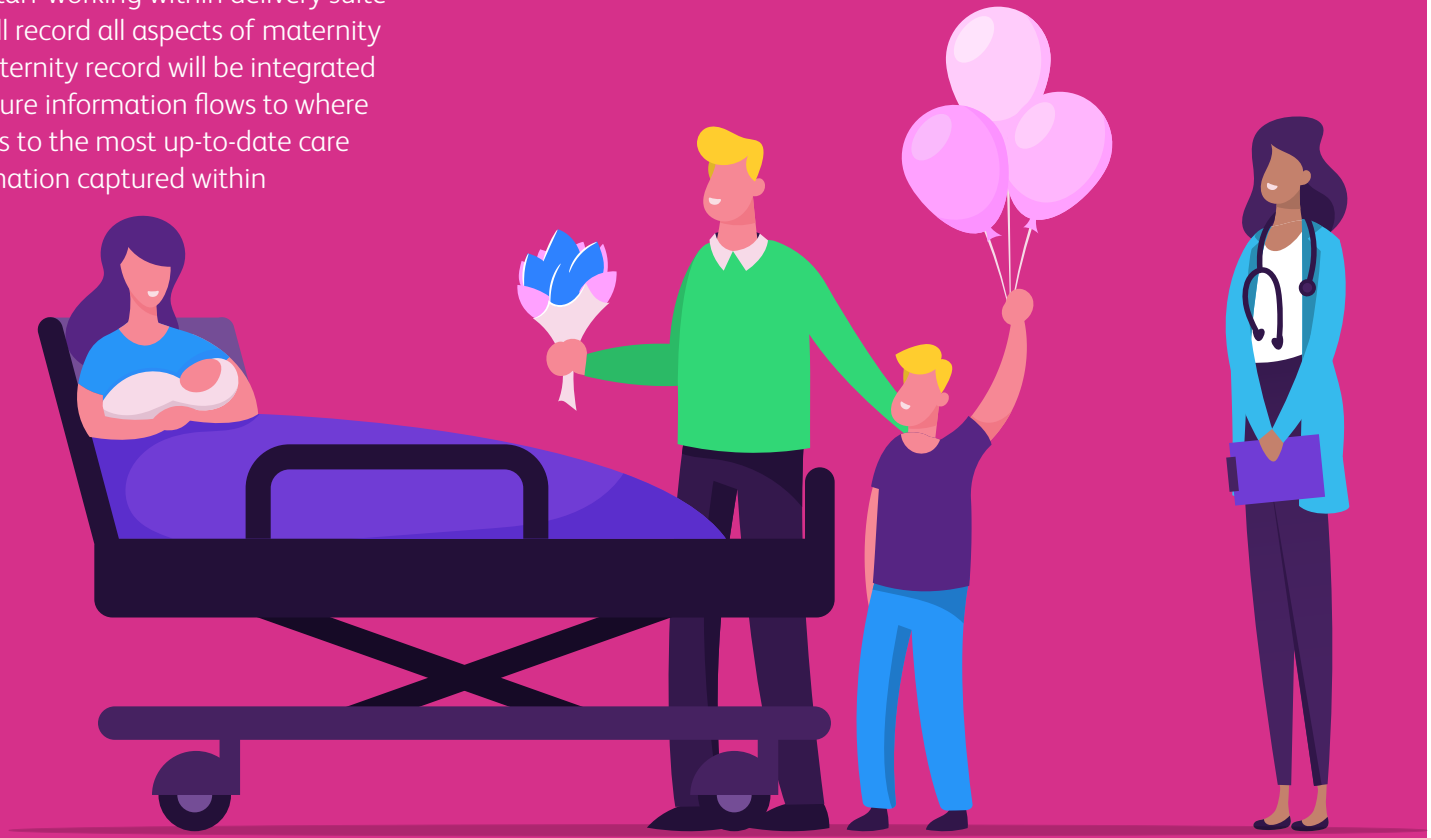
> In relation to supporting nursing staff an integrated Digital Service underpins our ability to provide safe and effective processes, but we need to simplify the number of multiple entry points into the service. Digital Services supports the need for information to be accessible in a timely manner, in an environment that is often time limited. It supports the delivery of best practice safe care.
>
> Mel Pickering

4.3.1 Maternity

Our Maternity service will be fully digital, with a single digital maternity system in use across both inpatient and community settings and providing an integrated care record that includes antepartum, intrapartum and postpartum elements of the care pathway. Our systems will be compliant with the latest national reporting requirements (CNST). Staff working within delivery suite and inpatient maternity wards will record all aspects of maternity care electronically. The digital maternity record will be integrated into other hospital systems to ensure information flows to where it is required. They will have access to the most up-to-date care information which includes information captured within the community.

Staff working across the community will no longer have a poor disconnected experience of digital systems. Staff will have modern mobile devices and they will experience improved network connectivity that allows them to use digital maternity system in real-time, and where this is not possible offline working will be optimised to reduce the burden of recording information.

Women under the care of maternity will be able to access their own maternity record and they will benefit from innovations such as artificial intelligence and sensor technology to allow them to be monitored from home and to inform how their care is provided.



4.3.2 Outpatients

Technology will aid new ways of working. We will reduce face to face consultations as we will offer our patients choice in how they wish to undertake their consultations with the adoption of virtual and tele consultations. We will extend our digital check-in systems to support check-in via the patient's personal smartphone to improve their experience on hospital premises.

Our systems will be fully integrated meaning our trust staff will be fully aware of when our patients arrive and where they need to be within their patient journey. We will use immersive technology to provide our patients with the best experience of attending our hospital. We will employ robotic automation technologies to reduce variation and duplication, meaning our services are as efficient as possible.

4.3.3 Genomic Medicine

"The Genomic Medicine workforce is young, dynamic, technologically literate and tech-hungry. Our ambition is to work flexibly, quickly and securely from a location that allows both patients and clinicians to achieve a better work-life balance and provide equitable access to all patients, but especially to hard-to-reach communities. Improved digital healthcare will allow LCGM to fulfil its desire to be environmentally sustainable with less travel and less paper. We want to, and indeed are in the process of harnessing the power of digital healthcare to deliver many aspects of our service and for this reason it forms a key part of our Clinical Strategy. We want to be a nimble, responsive genomics centre with a firm and complete focus on providing the absolute best genomic healthcare to every patient, all day every day, by utilising the best and most up-to-date technology. This will only be possible with excellent support, vision and horizon scanning via collaborative engagement with our Digital colleagues - a concept we in LCGM relish.

Many of our patients are very keen on technology-enabled healthcare to improve their access and experience; we have previously piloted telemedicine but COVID-19 has seen our patients and clinicians overwhelmingly embrace video consultations. We are well established in our aim to provide all clinicians with brilliant IT fundamentals and continue our journey to be a completely paper free service, including offering digital correspondence with patients. However, we want to go further – we want to use technology to prevent and to diagnose disease and to provide care and new treatments. We want to create and utilise digital innovation to enhance communication with other clinical colleagues, for example developing chatbots for primary care use and exploring Artificial Intelligence in rare disease diagnosis.

If we are to realise our Clinical Strategy, we need to harness the power of digital excellence, from top-down, highly advanced technological innovations to bottom-up processes including reliable access to electronic patient records and streamlined, integrated clinical systems. For this reason, information technology is one of the key and urgent priorities of our strategy and we look forward to working with Matt and his colleagues to contribute to and deliver the LWH Digital Strategy."

Emma McCann
Clinical Director
for Genetics

4.3.4 Neonatal Services

"Neonatal medicine is at the cutting edge of science so to ensure that we can deliver world class care we as clinicians needs our IM&T partners to work with us to drive forward innovation and technology to ensure we can meet not only the clinical needs of the babies we care for but the emotional and mental well-being of our families.

This is achieved by working together to design the digital needs of our service from the first touch of a button, ensuring that we have set the best foundations and we have the most robust network and people helping us achieve digital excellence. To ensure this within the neonatal world we need to inspire our team to become digitally competent and push them to want to more, we need to have systems that are reliable, easy to navigate and challenge us on completeness. Resus trollies would self-check, dispensing of medications would be automated, easy access computers, training could be accessed and recorded easily and reliably.

We would have a virtual world where the families and babies would have ease of access to services not on our site, but the use of telemedicine would allow consultations like they were right in the room with us. Parents and family members would be able to see the unit virtually before admission. Families could have instant contact with their baby virtually and introduce to all. Good would mean that we have totally embraced family centre care."

Jennifer Deeney, Head of Neonatal Service

"Technology solutions have worked for us when they have been simple to use for the end user and where a tangible benefit is seen by that user. If the tech is "done to" the user or if the benefit is not visible to them, the tech ends up being unused. Simple solutions such as a working "single sign on" rather than having to remember multiple passwords for systems saves so much time and frustrations. Systems that integrate are hugely important. We can have electronic data in one system that needs to be transcribed into another system, wasting time and resources. Our smartphones now automatically log our activity, where we have been, our likes and dislikes and does all of this behind the scenes. This is the sort of digital healthcare system we should aspire to be working with."

Dr Christopher Dewhurst, Consultant Neonatologist

4.3.5 Gynaecology and Hewitt Fertility Centre

As we move into an ever increasing digital world and remote working becoming accepted into hospital healthcare, good partnership working with IMT / Digital has never been so important. Safe, secure, stable and reliable platforms are vital for both the patients and clinicians.

From a gynaecological perspective, fully integrated digital patient pathways are needed to include booking and scheduling referrals from primary care into specialist clinics. Digital waiting rooms, remotely accessible electronic management systems; investigation ordering and medication prescribing; letter dictation; procedure listing and consenting; in patient management; patient follow up with results available. Clinical coding, invoicing and billing and automated activity reports also play a vital part in the smooth running of the service.

For the Hewitt Fertility Centre, once the couples have been referred from the gynaecology managed workup stage and embark on medically assisted reproduction, fully utilising the electronic management record system is needed for both the laboratory and clinical teams. Integrating the ultrasound follicle tracking scans and embryoscope time lapse imaging in one place will improve analysis and image pattern recognition. This then lends itself well to utilising the interrogative power of artificial intelligence, with convolutional neural networks and augmented vision software becoming available in this field. This will aid decision making at different steps in the fertility pathway such as dose adjustment, timing for maturation trigger and oocyte harvest, as well as egg, sperm and embryo selection. Electronic consents are already here, with voice biometric and facial recognition improving identity confirmation. Patient mobile phone application exist which as well as educating patients and reminding them when to take medications, monitor their health and wellbeing, alerting the clinic when their patients need extra emotional support. Automated laboratory key performance indicators, generating reports on specified time points would save an enormous amount of scientific staff time. Robotic aspects of some steps in the fertility process such as ICSI (fertilisation technique) and cryostorage (freezing) are due to launch soon.

The digital landscape will by its nature continue to evolve, develop and improve. Our current position in 2020 is best described as mixed, but getting better steadily. Some areas of gynaecology and fertility are quite advanced whereas others are less so. It is pertinent to consider commissioning a critical appraisal of our clinical digital position, articulating vision, mission and strategy for present, short term and medium term goals by sub-discipline.

SECTION 5

How do we get there?

This section describes how we will deliver the strategy. The aim of this strategy is to provide our hospital with the best digital capabilities, equip our staff with the right skills for effective use of digital and embed a digital first culture, so that we maximise the opportunity for our care services to benefit from technology.

The Designing Digital strategy workshops outlines four themes that we will address through the strategy. Delivering on these themes will fulfil the aim of this strategy, which is aligned to aims of the hospital, and aligned to local, regional and national policy.

The four themes are: Digital.Identity, Digital.Fundamentals, Digital.Excellence and Digital.Innovation.

Theme	What will we achieve?						
Digital.Identity	We will define a clear digital brand for the service.	We will embed digital services within the organisation.	We will improve digital service accessibility through a Digital Front Door.				
Digital.Fundamentals	We will deliver end user technology that is robust, performant and with right device in the right place.	We will delivery underpinning infrastructure that is reliable, secure and without barriers.	We will support new ways of working.	We will improve our supporting IT systems, removing complexity.	We will streamline our operating processes.	We will strengthen our governance.	
Digital.Excellence	We will implement an integrated Electronic Patient Record (EPR).	We will adopt and connect to the wider health system.	We will optimise our systems, reducing logons, mouse clicks.	We will be paper free	We will provide digital care capabilities.	We will provide enhanced clinical intelligence.	We will equip our trust with digital skills.
Digital.Innovation	We will foster an innovation culture.	We will explore new technical innovations that improve care provision and patient experience	We will co-design service improvements across the trust.				

5.1 Our Digital Principles

The manner in how we deliver on this strategy is important. Our trust values will be adhered to all times. From a digital perspective will abide by the following principles.

Principle	Objective	Trust Values
Alignment	Clear alignment to the Trust's, local & regional and national priorities.	Ambition & Learn
Simplify	Simple by design, reducing complexity, less clicks, less logons.	Engage & Learn
Digitally Responsible	A two-way synergy and commitment between Digital Services and Trust staff to foster successful transformation and change. We are all digitally responsible!	Engage, Learn Care & Respect
'With' and not 'To'	Plan digital solutions with the organisation from the start, shape digital around the services not the other way around.	Engage, Learn & Respect
Right Technology	The right technology in the right places to best support staff interfacing with digital services in the most efficient way.	Engage & Care
Not so technical	Keep things simple and accessible, provide a human face to digital services and support the least technical.	Engage & Respect
Digital innovators	You don't need to work in Digital Services to be a digital innovator and no idea is a bad one, we want to foster the creativity across the Trust to shape digital innovation.	Engage, Ambition & Learn
Listen & Learn	Digital needs to reach out to Trust departments and more widely across the regional health community, listen and learning from good practice and experiences.	Ambition, Engage, Learn & Care
One-team	An integrated and well branded service will support no wrong door and better signposting.	Engage, Care & Respect

5.2 Digital.Identity

Our Trust staff recognise the importance of effective digital services and the increasing reliance they have on it. They want a digital service that has a clear identity, one that is unified and easy to access, that can listen and provide support, advice and guidance in simple and easy to understand language. They want a service that will shape digital design around the needs of them and their care services and one that listens and allows their input into the design and adoption of digital innovations.

5.2.1 Digital Brand

Staff across the trust felt that our current label - IM&T fails to accurately describe all the services we provide. There is variation in the trusts understanding of what we provide and who we are. We also have some disconnection between IM&T teams due to the differing nature of the services they provide.

We will implement a new a digital brand for the service, we will be known as Digital Services. Our management team within Digital Services will support localising this brand for their department. Each of our departments will have a clear link to Digital Services and will adopt a consistent branding, so that staff across the Trust can identify with them. We will work with partners and the Communications and Marketing team to define a clear visual identity and strapline which will be aligned to the Trust's wider identity and strategic direction. We will work with the Communications and Marketing team on improving the awareness of Digital Services through improved intranet presence and monthly Digital.Generations newsletters.

We will work with our Workforce department to define a clear organisation development (OD) plan for Digital Services. We will use this programme of work to listen to our staff and allow them to shape our OD plan activities. A key driver for this will be to embed our digital services identity and measure how our staff feel they identify with the digital service brand.

5.2.2 Digital Front Door

While we will have established a clear identity and brand, we need to ensure our service is truly integrated into the Trust. We will "no longer be a hermit crab, but rather an octopus with tentacles everywhere" by providing a number of ways to contact and interact with digital services. We will call this programme the Digital Front Door and through this we will achieve the aim of successfully embedding our service Trust-wide. We will take a strong customer focused approach by allocating a digital lead for each division. Our digital leads will be a point of contact for advice and guidance and will represent digital services across the division's governance and various meetings, providing consistent and relevant updates on our performance and digital delivery programme.

Effective clinical, nursing and midwifery leadership is important to ensure digital delivery is successfully adopted. We will strengthen this by appointing a Chief Nursing & Midwifery Information Officer (CNMIO) to complement our Chief Clinical Information Officer (CCIO) and Digital Midwives roles. We will establish a Clinical Digital Advisory Group (CDAG) which will be led by our CCIO, CNMIO and Digital Midwives to seek wider trust involvement in our digital delivery and understand digital priorities in the context of clinical need.

As part of this programme we will establish a digital taskforce service that provides a pro-active means of ensuring IT systems and services are operating effectively across our trust departments. Our digital taskforce will routinely drop into departments in accordance to an agreed schedule and provide a general health check, liaising with staff to ensure any problems or issues are being effectively managed and resolved. They will provide regular feedback to the divisional digital lead. The digital taskforce will be an additional service to our IT Service Desk and IT support service. The IT Health clinics that we implemented as part of the Covid-19 IM&T response was well received, and we will commit to introducing this service as a permanent alternative method of accessing effective IT support. We will need to ensure that this offer is compatible and aligned with the IT Service Desk service.

Finally, we will implement a You Said We Did! communications mechanism. We will achieve this through a closed loop 'ongoing' engagement and communications process. We will listen by holding virtual drop in sessions with Digital Management providing an opportunity for staff to feedback on the services we provide. We will attend Ward Rounds and we will factor any feedback via the divisional digital leads. We will communicate our You Said We Did! progress through our monthly Digital.Generations newsletters.

Digital.Identity		Timescales				
Programme	Initiative	2020/21	2021/22	2022/23	2023/24	2024/25
Digital Brand	Digital Brand / Identity	✓				
	Digital OD plan	✓	✓	✓		
	Intranet	✓	✓			
	Digital Generations Newsletter/ Establish Comms	✓				
Digital Front Door	Embed Divisional Digital Leads	✓				
	Appoint CNMIO		✓			
	Implement Clinical Digital Advisory Group	✓				
	Digital Taskforce Service	✓	✓			
	Digital Health Clinics	✓	✓			
	You Said We Did!	✓				

5.3 Digital.Fundamentals

Our Trust staff want a digital infrastructure and end user service that is efficient, reliable and without complexity.

They don't want technical barriers and inefficiency's when accessing and entering important patient care information.

The technical underpinning should almost be 'invisible' with the right equipment in the right place.

Digital.Fundamentals is focused on a comprehensive approach to deliver excellent fundamentals, and this goes beyond the technology.

5.3.1 Digital Compliance

Effective digital compliance reflects the activities we undertake to maintain and improve upon the standards within Digital. Fundamentals. Perhaps considered business-as-usual, it is important to draw out and reflect within this strategy. Maintaining excellent digital standards means our digital teams prioritise and deliver on our external and internal audit recommendations ensuring our service adopts the right standards in-line with internal quality expectations, regulatory requirements and the digital standards set within the wider system across Cheshire and Merseyside via the Digital Design Authority. Excellent digital standards result in reduced variation and supports our overall Digital.Fundamentals theme. We will commit to these activities, ensuring they are not neglected in favour of digital innovation.

We will ensure that our systems are designed securely and maintained safely during their operational life. Our systems will be secure by default. Legacy systems contribute to poor end user experience and introduces protentional security and support risks on the Trust. We will work with our staff; particularly Information Asset Owners (IAO) to ensure our Trust systems are maintained and updated in-line with supplier supported roadmaps and cyber security good practice. We will ensure the Trust is not placed at risk by unmitigated legacy systems. We will deliver this through Secure by Design, Modern in Nature.

Through Strengthening our Governance, we will create, review and ensure our Digital Service operating framework is robust, comprehensive, fit for purpose, and providing the Trust with appropriate levels of assurance, transparency and clarity.
This initiative will include our Polices, Procedures, SOPs covering our meeting forums and committees, risk management, financial management, performance and delivery demand management. Our operating framework effective is crucial to support our Digital.Fundamentals theme.

> Digital Compliance is an important part of our digital fundamentals. Strong standards provide a safe environment in which to deliver the exciting digital innovations. I liken it to an umbrella keeping us dry from the rain.
>
> Philip Moss
> Head of Technology

5.3.2 Digital Accessibility

Providing our Trust staff with the best end user experience is important and forms a core programme of work within Digital. Fundamentals. Through the Right Device, Right Place initiative we will ensure that our Trust staff have access to the most appropriate end user equipment to best fulfil their duties, and we will work with our them to understand what they need and where they need it. We will ensure our end user equipment is modern, performant and reliable.

The logon process can act as a digital disbenefit and can negatively impact our trust staff during their daily duties. Too many logons, remembering passwords is both a security risk and an inconvenience. Additionally, a slow logon can impact the efficiency of our services and the patient experience. We will focus on Single Sign On activities to reduce the logon burden and improve the end user experience.

Perhaps the most obvious method of accessing digital services is through the IT Service Desk. We know through staff engagement that this is a key issue within Digital.Fundamentals that we can improve on. We will ensure the improved IT Service Desk initiative, provides a more user centred service, with ease of access, accurate prioritisation, swift resolution, improved communications and improved performance reporting.

We will ensure our hospital is supported with new ways of working, particularly with effective remote working which not only includes home working but also working across various provider premises. Collaboration has come to the fore over recent times, however there is still much to do, including implementing effective video conferencing capabilities within our hospital premises to support our committees and boards. This will be achieved through the collaboration & remote working initiative.

5.3.3 Digital Infrastructure

The underpinning infrastructure should be invisible and present ‘no barrier’ to using the clinical and corporate systems. We will ensure staff have a reliable network experience, with reliable and performant fixed network and Wi-Fi access that allows patients, visitors, and trust staff to securely connect their corporate or personal device. We will ensure our datacentres and hosting strategy is aligned to the national Cloud First ambition which will support an increasing demand for remote working and less reliance on internally hosted systems.

We will ensure our server & compute and data storage components are robust, performant, secured and maintained within their recommended lifespan.

This will ensure we maintain high levels of availability and minimise the risk of poor performance for our end users. We will ensure our digital infrastructure is protected by robust cyber security controls, and that we have a robust cyber security strategy, incident response and supporting backup and disaster recovery processes.

5.3.4 Digital Service Improvement

Our processes are as important as having reliable technology. Providing our Trust staff with a pro-active and responsive service is important and was reflected in the designing digital workshops feedback. We will commit to improving our processes through a digital service improvement plan.

We will look to simplify and streamline our internal processes ensuring our Trust staff experience is a good one. We will look to leverage innovative technologies to automate many of our processes and we will ensure we maximise the best use of our digital resources and knowledge. We will undertake our service improvements in accordance with the Trusts Quality Improvement (QI) framework to demonstrate and evidence the improvements.

Digital.Fundamentals		Timescales				
Programme	Initiative	2020/21	2021/22	2022/23	2023/24	2024/25
Digital Compliance	Excellent Digital Standards	✓	✓	✓	✓	✓
	Secure by Design, Modern in Nature	✓	✓	✓	✓	✓
	Strengthening our Governance	✓	✓			
Digital Accessibility	Right Device, Right Place	✓	✓	✓	✓	✓
	Single Sign On	✓	✓			
	Improved IT Service Desk	✓	✓			
Digital Infrastructure	Network Replacement	✓				
	Data Centre Review & Refresh			✓	✓	
	Server & Compute Refresh	✓	✓	✓	✓	✓
	Data Storage Refresh		✓		✓	✓
	Cyber Secure	✓	✓	✓	✓	✓
Digital Service Improvement	Improving our processes	✓	✓	✓		

5.4 Digital.Excellence

Our Trust staff want our digital systems to be integrated, simple to use where they allow them to record data once, at the point of care and provide important care information at the right time and in the right place.

They have already embraced digital technologies that have supported new ways of working and they are keen for further digital adoption that supports this. Empowering our staff, equipping them with the right skills and capabilities is essential to get the most out of our digital systems. Providing our patients with access to hospital services through digital means is important because it improves their care experience and empowers them to make informed choices.

Digital.Excellence also means that our staff have accurate and up to date clinical intelligence to support the provision of care and in the operational management of our services.

5.4.1 Digital Capabilities

We will deliver a new Meditech Expanse Electronic Patient Record system (EPR). This will replace the Trusts current Meditech Magic Patient Administration System (PAS) with a fully integrated electronic patient record system. We will ensure that this is clinically led meaning our new processes will be aligned to our care services and pathways.

We will deliver an improved end user experience meaning our staff require access to less systems, and where the care information is easily available to record and read. We will deliver demonstrable improvements through a robust benefits realisation programme. Will we implement a complete digital maternity records system in collaboration with our maternity service, ensuring our midwives have access to a contemporaneous maternity record regardless of the care setting; inpatient or community and underpinned by effective Digital.Fundamentals.

We will ensure the digital maternity system is aligned to the national maternity standards and that is provides efficient digital processes, and wider systems integration. We will leverage the benefits of a fully digital maternity record to allow our women to have near real-time access to their record.

> The ability to tie together our very disparate systems in a single EPR, with integration of both the internal and external services available currently and in the future into one logon and patient identifier will be a game-changer, saving enormous amounts of clinical time, and reducing the chances of errors.
>
> Dr Natalie Canham
> CCIO

We have recently embarked on a Paper Free project which has initially provided an updated electronic document management system (EDMS) known as Unified Care Record (UCR) which provides staff with access to scanned case notes. We will ensure our legacy case notes are scanned and made available digitally and in a timely fashion, where these have a clear value to the provision of care. We will achieve the British Standard (BS) 10008 Evidential Weight and Legal Admissibility of Electronic Information. This standard outlines the best practice for ensuring the authenticity and integrity of electronic information and this will allow the trust to securely transition away from the reliance on storing legacy health records. Currently the Trust still utilises paper forms for various means in the provision of care. This is often known as day forward scanning. We will review and optimise the day forward composition to ensure we are scanning only what we need to. As part of the paper free project we will leverage functionality within the Electronic Patient Record (EPR) system known as clinical documentation which will allow the Trust to eradicate the need for paper through digital means of capture. We will work with our services to design the processes to enable the digitisation of our documentation. We will reduce the day forward scanning demand through this digital transition. We will undertake other supporting projects to meet our paper free initiative by removing reliance on fax machines, corporate paper processes and further reducing the requirement to print paper.

Building on the capabilities that our EPR system will provide, we undertake a digital optimisation initiative to ensure we fine tune our systems to allow our hospital services to operate efficiently. We achieve this by reducing the reliance on other incumbent systems, transitioning their capabilities into the integrated EPR system. We will also configure our systems optimally by working with trust staff to simplify their experience using a minimal clicks ethos, and by enriching the data available in the EPR for optimal decision support. We will build on the recent success of our Virtual Consultation and Neonatal Telemedicine implementations by exploiting tele-care technologies for the benefit of delivering care in different ways.

5.4.2 Digital Empowerment

During the designing digital strategy workshops our Trust staff said that they would like to see better training capabilities and support for getting the most out of our systems. How we deliver training is changing, no longer dependant on classroom style means. We will implement digital training tools to provide effective training and delivering the content in the most effective way. We will achieve this through immersive technology and e-learning tools. We will digitally upskill our Trust staff through our digital staff initiative. We will deliver this in accordance with the Health Education England (HEE) strategy. We recognise the way people learn is changing, they often prefer to access specific bite-sized online material, as opposed to traditional training methods. We will ensure our training is adaptive and informal whilst cognisant of the time constraints imposed on staff. We will allow staff to contribute to our training material so that it is authentic, and we will ensure our training is care pathway focused and not technology focused. We will take a 'day in the life' approach. We will work in collaboration with our Education and Training department to deliver this in the most holistic way.

Empowering our patients through digital provision is important, as this allows our patients to make informed and involved decisions about their care. Through our digital patient initiative, we will exploit the digital capabilities within our systems to enable our patients to have digital access to their information and allow them to have two-way engagement with the hospital. Digital inclusiveness is important, we recognise that not all patients will have access to digital technologies, or they may need reasonable adjustments. We will ensure we engage with local and system-wide patient experience groups to address inclusivity requirements. Digital responsibility is an underlying principle and it means that digital systems are not the sole responsibility of the Digital Services department, but that all staff have responsibilities for the effective use of digital systems. We will deliver this through an Information Governance led programme to embed and support the concept of Information Asset Owners (IAO) and Information Asset Administrators (IAA). Through this initiative we will educate our Trust staff on their responsibilities and support them with implementing effective processes.

5.4.3 The Power of Information

Making informed decisions is only as good as the information they are based upon. Through our Digital Dashboards initiative, we will develop and mature our business intelligence reporting, leveraging the power of our integrated systems to provide near real-time ward to board clinical intelligence to support operational and clinical decision making. Understanding the digital impact of information recording is essential, poor data 'in' results in poor information 'out'. The accuracy of our data can impact operation and clinical decision making as well as the statutory performance reporting. Therefore, we will work our Trust staff to ensure there is a comprehensive understanding how information is impacted by the accuracy, timeliness and completeness of data entry.

We will support Trust divisions with the understanding and changes of statutory reporting and the potential implications on Trust performance. We will enhance trust hand-over and huddle capabilities by using technology, systems and digital dashboards to equip our Trust staff with comprehensive clinical data and KPI's to inform daily clinical care and operational decision making. We will work closely with the HCP digital programme, to deliver on the Share2Care programme, implementing robust information sharing for the benefit of direct care and population health management. We will ensure the HCP shared care record (e-Xchange) is implemented and adopted Trust-wide with robust integration to the trusts Electronic Patient Record system.

5.4.4 Accreditation

We aspire to deliver Digital.Excellence and we will measure this success primarily through how our Trust staff adopt digital innovations, using surveys to receive their feedback and levels of satisfaction, understand our patients experience and through the Trust's operational performance reporting. Formal accreditation does have value. and provides an industry marker for digital maturity and good practice. We will undertake formal accreditation, so that we can celebrate the digital capabilities, to learn where our good practice and gaps are. As part of this programme we will work with our peers to benchmark and learn from their good practice. We will conclude the Global Digital Exemplar (GDE) Fast Follower programme through a formal closure and accreditation process. We aspire to reach HIMSS EMRAM Level 7 accreditation which will help to demonstrate the effectiveness of the digital capabilities programme. We will work with the Informatics Skills Development (ISD) network to attain the ISD Level 2 in Informatics Excellence.

Digital.Excellence		Timescales				
Programme	Initiative	2020/21	2021/22	2022/23	2023/24	2024/25
Digital Capabilities	Electronic Patient Record (EPR)	✓	✓	✓		
	Digital Maternity	✓	✓			
	Paper Free	✓	✓	✓	✓	✓
	Digital Optimisation			✓	✓	✓
	Tele-Care	✓	✓	✓	✓	
Digital Empowerment	Tools for Training		✓	✓		
	Digital Staff		✓	✓	✓	
	Digital Patient		✓	✓	✓	✓
	Digitally Responsible	✓	✓	✓	✓	✓
The Power of Information	Digital Dashboards (Power BI)	✓	✓	✓		
	Digital Huddle and Handover	✓	✓			
	The system-wide view	✓	✓	✓	✓	✓
	Understanding digital impact	✓	✓	✓	✓	✓
Accreditation	GDE	✓				
	HIMSS Level 7				✓	
	ISD Level 2			✓		

5.5 Digital.Innovation

Through the Global Digital Exemplar Fast Follower programme, the Trust has a proven track record of delivering digital innovations. Through this strategy we want to continue to deliver on this whilst exploiting research opportunities; for the benefit of our patients and their families. We will implement a robust framework to foster innovative ideas across the Trust, underpinned with the philosophy that no idea is a bad one. The framework will favour a service led approach, providing a holistic means to solving a problem or improving our services. We will measure the perceived benefits and outcomes through the Trusts quality improvement framework. Through the embedding of digital services within the Digital. Identity theme, we will encourage a culture for digital innovation across the Trust.

We will leverage clinical leadership within digital services and across the Trust to aid innovative thinking with an emphasis on care delivery as opposed to the delivery of technology.

We will explore partnerships and build strong links with external organisations including the innovation agency, education and research bodies, suppliers and relevant commercial entities. We will keep abreast of the latest technologies that support empowering our patients and staff. This will be achieved either through tangible technological innovations for the use of direct care such as sensors for remote monitoring or patient apps that enhance their care, or we may use intelligence-based technologies to support optimised care service delivery.

Digital.Innovation		Timescales				
Programme	Initiative	2020/21	2021/22	2022/23	2023/24	2024/25
Digital Innovation	Research and Digital Innovation Framework	✓	✓			
	Embed a digital innovation culture		✓	✓	✓	
	Build strong partnerships		✓	✓	✓	✓
	The use of technologies		✓	✓	✓	✓

SECTION 6

Delivering Digital.Generations

This section describes how we will monitor the effectives and progress of the digital strategy.

6.1 Digital Leadership

Effective digital leadership will be essential in delivering this strategy to a successful outcome. The digital team will consist of a highly visible and connected management team, who have overall responsibility for the functions of the service.

We will operate in a consistent manner, adhering to the Trust values always. Effective communication is important, and we will ensure that all staff within digital services attend regular team and one-to-one meetings. We will ensure we adopt a consistent approach to how we lead and promote our service within the Trust, particularly with how we engage with the hospital divisions and wider workforce.

Recognising that clinical leadership is fundamental to the success of this strategy and for the service as a whole, our digital clinical leaders will play a front line role in shaping the needs for digital delivery and support across the organisation, utilising their specialist knowledge and experience to support wider clinical engagement and developing digital services into a more patient and care service aware department.

6.2 Partnership Working

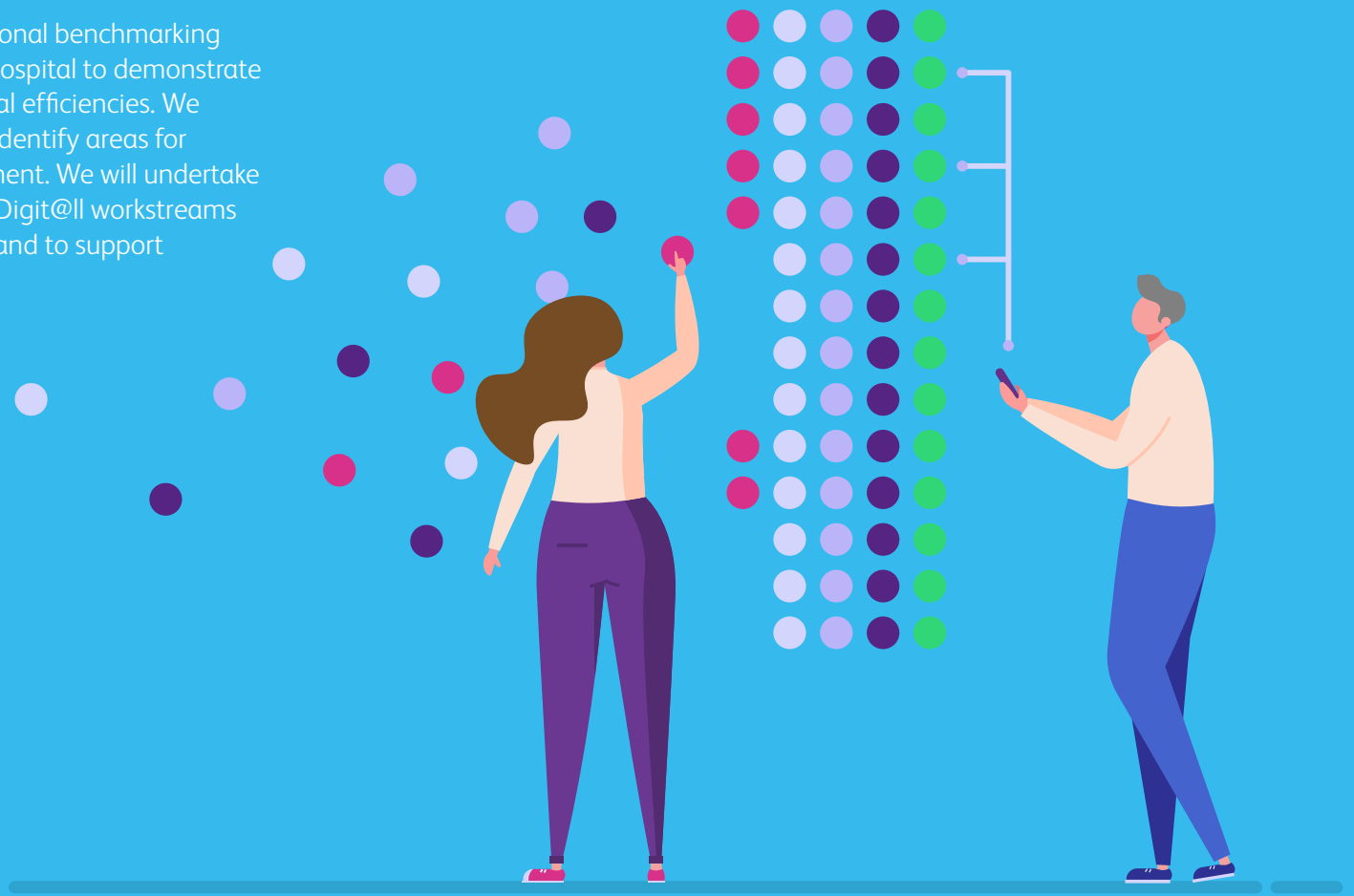
The Health Care Partnership (HCP) promotes a system-wide approach for the delivery of care services, and this includes how we design and implement digital technologies.

We will work with peer organisations across Cheshire and Merseyside to deliver the objectives of the Digit@ll strategy, and we will proactively participate in the underpinning digital workstreams and exploit opportunities to lead, influence and learn from other organisations.

We will build strong relationships with organisations regionally and beyond so that we remain at the fore front of national strategy and innovation. We will ensure our regulatory obligations are fulfilled.

6.3 Benchmarking

We will utilise national and regional benchmarking data and tools such as Model Hospital to demonstrate value for money and operational efficiencies. We will use benchmarking data to identify areas for investment or service improvement. We will undertake baselining activities within the Digit@ll workstreams to support a system-wide view and to support collaboration at scale.



6.4 Funding

We will undertake robust planning activities in conjunction with the Trust finance department to establish an affordable annual operating budget.

We will work collaboratively with departments across the Trust and with Senior Management Team (SMT) to identify their digital needs and subsequently associated funding commitments.

We will develop robust business cases to present a clear digital case of need. Where appropriate and when opportunities present, we will seek external funding either through a system approach or where specific digital funding is available.

We will ensure that robust digital programme management and benefits realisation activities demonstrate the effective use of funding.

6.5 Governance

The Digital Hospital Committee (DHC) will oversee all digital activities such as the digital programmes of work and the departments operational performance. DHC will seek assurance on the progress and delivery of this strategy, as well as the associated annual operating plans. DHC will where appropriate include external membership to support accountability and alignment to regional and national priorities.

Where the trust has significant programmes of change such as the Electronic Paper Record and Digital Maternity projects, separate project boards will be formed and underpinned by robust terms of reference. DHC will seek assurance on all digital programmes of work as a parent committee. We will establish a new Clinical Digital Advisory Group to assess digital demand and prioritisation. The information governance committee will provide assurance on information security matters including the Trusts data security and protection toolkit compliance. DHC will be kept informed regarding the Health Care Partnership (HCP) Digit@ll programme governance and supporting workstreams.

DHC will report into Finance, Performance & Business Development (FPBD) committee.

6.6 Quality Improvement

In terms of measuring the outcomes of this strategy, we will align to the Trusts Quality Improvement strategy, which will provide a consistent means to measure outcomes across the Trusts interlinked strategies. We will combine this with benefits realisation activities within the discrete digital projects to measure the impact of our progressing digital maturity.

6.7 Monitoring

The strategy will be reviewed on an annual basis, and where required revised to reflect any changes in local or national policy or priorities. An annual operating plan will be developed to support the strategic activities within that year. The monitoring of this strategy including approving any revisions to it will be within the remit of DHC responsibilities.

Agenda Item	20/21/161

MEETING	**Board**
PAPER/REPORT TITLE:	**Well-Led Framework Self-Assessment – Action Plan**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**Receive**
EXECUTIVE DIRECTOR:	Kathy Thomson, Chief Executive
AUTHOR(S):	Mark Grimshaw, Trust Secretary
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** **1.** To develop a well led, capable, motivated and entrepreneurial ***workforce*** ☒ **2.** To be ambitious and ***efficient*** and make the best use of available resource ☒ **3.** To deliver ***safe*** services ☒ **4.** To participate in high quality research and to deliver the most ***effective*** Outcomes ☒ 5. To deliver the best possible ***experience*** for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☐ ***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. ……* ☐ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☐ ***4.*** *Failure to deliver the annual financial plan ……* ☐ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☐ ***6.*** *Ineffective understanding and learning following significant events……* ☐ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☐
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE –*** *the services meet people's needs.* ☐ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ☒

	ALL DOMAINS ☐	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☐ **2.** Operational Plan ☐ **3.** NHS Compliance ☒	**4.** NHS Constitution ☐ **5.** Equality and Diversity ☐ ***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 receive the well-led assessment action plan, noting updates where appropriate.***	
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. This action plan was agreed in July 2020 and it was noted that regular updates on progress would be provided to the Board.

The action plan below provides an outline of the specific actions against the KLOE headings. As a reminder, the key themes identified in April 2020 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 lead executives have reviewed the action plan and provided status updates against each action. On occasion, the action and timescale have been refined as the context has moved forward since July 2020, particularly in light of the Covid-19 challenges. These are shown utilising strikethroughs and parentheses (for showing updates to timescales).

The Board is asked to receive the well-led assessment action plan, noting updates where appropriate.

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		Complete	
K1/1.3	Ensure that safeguarding issues are highlighted more prominently in Board and Committee papers	Sep-20	TS / Chair / Committee Chairs		Proposal to include the highlighting of both safeguarding and equality issues in the regular 'review of risks' item on Board and Committee agendas.	
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		A discussion on Board succession planning is scheduled for the September 2020 Board which will identify key skills required going forward (including diversity). This will be discussed with the Council of Governors prior to the recruitment process being finalised in November 2020.	
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		The Trust is planning to procure and complete the external review prior to the financial year-end.	
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		Committee Effectiveness process is being reviewed and will take into consideration the recommendations from the MIAA Audit Committee Effectiveness Review (scheduled to report in October 2020)	
K1/1.7	Consider how to formalise feedback from the Shadow Board process	Oct-20	TS / Chair		The Shadow Board process, paused due to Covid-19, is scheduled to re-start from November 2020 with consultations on key items before this point. Once reconvened, a process will be agreed for providing formalised feedback to the Board. This will support the Board's Continuous Improvement aims.	
K1/1.8	Effective assurance minute writing guidance to be produced for all relevant administrative staff.	Nov-20	TS		This will be incorporated into the Governance and Performance Framework (currently in development). This will be supported by group training delivered by the Corporate Governance team.	
K1/1.9	To develop Leadership & Organisational Development Strategy	Nov-20 (Sep-20)	CPO		First draft of Leadership Strategy is going to PPF in September 2020. Final version to be approved by Board in November 2020.	
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-fresh 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		Strategy refresh is underway which applies the methodology of NHSI strategy development tool and will link to national, local and Trust priorities. Full engagement is planned as part of the development.	SHOULD DO #19
K2/2.2	Ensuring there is a clear link to strategy when producing annual service plans	Oct-20 (Sep-20)	DoF		Annual Service Plans have been paused due to the Covid-19. It is expected that guidance will be published in August/September 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		Scheduled for Autumn 2020	SHOULD DO #19

K2/2.4	Re-establish robust patient engagement mechanisms regarding the Trust Strategy with reporting through to the Experience Senate	(Nov-20) Sep-20	DoN&M		Update on patient engagement plans with the Trust Strategy outlined in the Trust Strategy item on the September 2020 Board agenda.	SHOULD DO #19
K2/2.5	Ensure that there are documented links from overarching strategy to individual performance target levels	Apr-21 (Sep-20)	CPO		PDR review underway. PDR window to be introduced in line with publication of the Trust corporate objectives, creating a 'golden thread'. To be introduced Q1.	SHOULD DO #19
K2/2.6	To ensure that there is a post implementation review process for strategy	Mar-21 (Jun-21)	DoF		A formal process is being introduced for annual strategy post implementation reviews to be scrutinised and reported through the relevant Board Committee structures. This is to be added as part of the annual workplan for each committee. The overarching corporate/Future Generations strategy would further be aligned to the Board's review of the setting of and performance against the Trust's annual Corporate Objectives.	SHOULD DO #19
K2/2.7	Clear links to strategy in divisional priorities with references to strategy delivery in Divisional Performance meetings	Apr-21 (Oct-20)	COO		This was intended to be achieved with the plans on a page, however Covid-19 affected the practicalities of completing this. For 2021/22 each division will update their plans on a page (and corporate services) and they will be the tools for linking strategy to performance from then on. In the meantime, the performance reviews will be updated to reflect links to strategic aims.	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 references the QI processes of the Trust (separate QI Strategy in development). The Divisional Boards are now being instructed to include QI as one if 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.	Apr-21 (Mar-21)	CPO		Review underway- see k2/2.5	
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.	Nov-20 (Sep-20)	DoN&M		Up until 2018 the NRLS produced an annual report for all trusts in England comparing the levels of incident reporting and timeliness of this. During this period LWH were identified as the highest reporter in our specialist group. From 2019 the NRLS has discouraged benchmarking, instead placing emphasis on internal trends. The Head of Governance produces a quarterly Governance report which includes cumulative data on the number of incidents reported benchmarked against the previous year. This has shown that although there has been a dip in reporting during Covid-19 the Trust is continuing to report more incidents each year. There are two key areas of the organisation where incident reporting is below what is expected, that being Gynaecology and Theatres, and these areas will continue to be an area of focus. Currently each division has a process in place for the sharing of lessons learnt in their specialisms and where required, the forward planning of audits, especially in relation to Serous Incident actions. This is completed via different methods such as posters, information at staff huddles, ward handover, staff meetings. In line with the lesson learnt risk on the Trust BAF work has been on-going by the Governance department to upgrade the Ulysses system to	

					ensure lessons learnt and recommendations are captured form incident reviews. Lessons learnt is part of in the Loop session for key message across the Trust. The Governance team are developing a new lesson learnt section for the monthly staff briefing. A patient safety week is being planned for September 2020 to coincide with the World Patient Safety Day. As part of the National Patient Safety Strategy the Trust Risk and Patient Safety manager is developing a local implementation plan. As part of the National Patient Safety Strategy each organisation is to have patient safety specialist(s) who will have national training and be linked into regional patient safety teams to lead and support improvements across the Trust and share across the region. It has previously been agreed that the Head of Governance and the Risk and Patient Safety manager would take on these roles. The Trust Risk Management Strategy and Policy for the Management of Incidents and Serious Incident both have requirements set out for the dissemination of learning. With the embedding of Governance Groups in the new divisions the identification and dissemination of lessons can be improved with support from the Governance team to identify cross organisational learning and how this can be implemented and embedded.	
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		Fair and Just project embedded in substantive role of Head of Talent and Culture. Work progressing accordance with work-plan including integration within HR policies and procedures.	
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.	Nov-20 (Sep-20)	DoN&M		Please refer to K3/3.3 The Risk and Patient Safety Manager is working with the Governance managers on ways in which we can improve incident reporting levels. One issue which is evident from reviews and investigations is that a number of staff still view incident reporting as 'telling tales' and there is a perception that reports will not always be followed through. There is a cultural issue which needs to be addressed in line with the Fair and Just Culture work which is on-going. Visibility from the senior governance team is an element which is being explored, but in line with restrictions with Covid-19. It is recognised that staff need more support to feel that they are safe and supported to report incidents at all levels of the organisation and from each other. The Risk and Patient Safety Manger has developed some information leaflets for all staff about the importance of reporting incidents and explanations to refute the above comments.	

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.	Nov-20 (Sep-20)	DoN&M		The Head of Governance has purchased an action planning module for the Ulysses system which will ensure all actions are centralised and action plans and reports can be extracted from the system. This also allows for all evidence in relation to an action to be attached to the action and in Ulysses and stored centrally. The Head of Governance and arranged for a weekly report to be generated for the Head of Nursing in relation to all actions currently open for their services and their current status. Overdue actions will be escalated via the appropriate monitoring group or committee. This is already done in relation to actions from Serious Incidents via the Divisional Governance Groups, Safety Senate , Quality Committee and the Trust Board. On the Trust Intranet there is a lesson learnt section which all staff can access which has lessons from incidents uploaded into a simple one page format for Maternity, Gynaecology, Neonatal and Theatres. This has been recently updated to include Covid-19 and is to be developed further to cover all areas. The Governance team are planning an update to the risk management intranet page which will also holds information on lesson learnt which all staff can access. The Risk and Patient Safety manager and Quality Improvement Lead are currently completing a piece of work to identify if we can learn for other organisation who have achieved outstanding in QC as to how they share and embed lessons.	
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.~~ To ensure that there is a clear mechanism for the triangulation of information to inform the Trust's Training Needs Analysis and that the Educational Governance Group provides sufficient oversight.	Sep-20	MD		The divisional structure is providing improved input and oversight regarding the Trust's Training Needs Analysis (TNA). To be explored whether lesson learning can be used to help inform the TNA.	
K3/3.9	Training and appraisal performance needs to be consistently above 95% in all areas	Nov-20	COO & CPO		Robustly monitored via Divisional Board and Divisional Performance Review. Compliance trajectories in place.	
K3/3.10	A need to provide evidence of supporting ~~BAME~~ under-represented groups into senior roles	Nov-20	CPO		Review of E&D objectives and overall approach underway. Work with Trust Board to develop more ambitious Inclusion Strategy.	
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		This is scheduled for the October 2020 workshop.	
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		Effective challenge and questioning session to be provided to both the Board of Directors (Oct 2020) and the Council of Governors (date tbc).	
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		Whilst the on-set of Covid-19 has required a focus on operational matters, the Board has maintained a view on strategic matters and this will be increased during phase 3 of the Covid-19 response.	
KLOE 5. Are there clear and effective processes for managing risks, issues and performance?						
Lead Executive: Chief Operating Officer 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		In March 2019 the Head of Governance and Quality put in place a new Standard Operating Procedure for the Management of Risk and Risk Registers. As part of this process awareness sessions were provide in the safety senate and Corporate Risk Committee. On an annual basis the Head of Governance undertakes a training session with the Executive Directors in relation to their responsibilities for risk and Health and Safety in the organisation. Maternity, Gynaecology and Neonatal services have a Governance Manager in place. Clinical Support Services currently have a Governance Facilitator in place supported by the Head of Governance. The governance staff in the divisions are working closely with all the responsible managers for risk to ensure that the identification and management if risk meets the Trust SoP and is as robust as it can be. This is an on-going process. A part of the corporate induction the Head of Governance provides a session on risk and risk management to all new staff. A similar session is provided to all new junior medical staff when they commence in the Trust. The Risk and Patient Safety Manager is currently developing a new training package for all levels of staff on risk and incident management.	MUST Do #12
K5/5.2	Further work required to formalise horizon scanning processes at operational level.	Oct-20	COO		COO to work with Head of Strategy to develop a formal one side operational planning template to link to horizon scanning.	
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		The Trust's approach to developing and delivering CIPs has been formalised into a document which will be presented at FPBD in October 20 alongside the scheduled CIP mid-year post implementation review and ahead of the formal work up for the 21/22 planning round. The formal follow up process for business cases will also be presented at this committee.	

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: Chief People Officer 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		Quality Improvement strategy will provide structured mechanisms for staff to engage with service change and transformation. Leadership strategy focuses on effective engagement and consultation with staff. PSED observed in internal and external consultation regarding changes to services.	

K7/7.2	To consider how best to receive and analyse 360-degree feedback from system leaders.	Sep-20	DoF / CEO		Readiness Assessment performed in Autumn 2019 proved a useful tool to understand the views of stakeholders. Further approaches via direct contact and use of governance structures during development and implementation of the refreshed strategy will support an updated view. Further independent review to be considered. Snapshot information will be provided through the quarterly partnership report (referenced in K7/7.3).	
K7/7.3	To evidence that the Trust is involved in pooled activities in the local health economy.	Nov-20 (Oct-20)	COO		Partnerships Paper on July 2020 agenda supported this. Board to be updated quarterly.	
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.	Nov-20 (Sep-20)	MD		The approach to QI is referenced within the Clinical & Quality Strategy. A separate	
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.~~ Theme of Quality Improvement to be used for a 'Great Day' to help communicate the Trust's agreed approach from the Quality Improvement Strategy.	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		Governance and Performance Framework in development and likely to be finalised during September 2020.	
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		As referenced in K1/1.6, the Committee Effectiveness process is being reviewed. Proposal to undertake a mid-year review to reflect on the Board and Committee response to the Covid-19 pandemic and whether lessons can be learned for the rest of the financial year.	
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.	Oct-20 (Sep-20)	DoN&M		The Deputy Medical Director is currently developing a Quality Improvement Strategy which outlines the methods used in the trust, the training provided and support from the Quality Improvement lead. Part of this QI Strategy is a training plan for the next 5 years. The Quality Improvement lead has developed a new Quality Improvement intranet site which will allow all QI training information and improvement updates to be available to all staff.	
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 – completed.	
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		See K8/8.5	
K8/8.8	Documentation of skill sharing demonstrated by delivery of improvement methodology events by a broader group of staff	Oct-20	DoN&M		All QI training sessions are run as a multi-disciplinary process so there is mix of staff from different background and skills.	
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		All Internal and external reviews are reported to the Safety Senate with associated action plans included. All action plans moving forward will be placed on Ulysses as previously identified above. This will allow the senates to review any actions which are overdue or outstanding. The safety senate has received reports on Gosport and Patterson and are due to receive a report on the Cumberlege report in September. Each of these reports identify what is relevant to the trust, assess position against recommendation and any actions required.	

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		To be considered as part of the appraisal process update. The governance team provide information in relation to Incidents, claims, audit activity for the doctor revalidation process.	

Agenda Item	20/21/162

MEETING	**Trust Board Meeting**
PAPER/REPORT TITLE:	**Board Assurance Framework**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**Assurance**
EXECUTIVE DIRECTOR:	Mark Grimshaw, Trust Secretary
AUTHOR(S):	Christopher Lube, Head of Governance and Quality
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☒ 2. To be ambitious and *efficient* and make the best use of available resource ☒ 3. To deliver *safe* services ☒ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☒ 5. To deliver the best possible *experience* for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☒ ***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. ……* ☒ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☒ ***4.*** *Failure to deliver the annual financial plan ……* ☒ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☒ ***6.*** *Ineffective understanding and learning following significant events……* ☒ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☒
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☒ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☒ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☒ ***RESPONSIVE –*** *the services meet people's needs.* ☒ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care,* ☒

	supports learning and innovation, and promotes an open and fair culture. ***ALL DOMAINS*** ☐			
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☒ **2.** Operational Plan ☒ **3.** NHS Compliance ☒		**4.** NHS Constitution ☒ **5.** Equality and Diversity ☒ ***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	July and August 2020		

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 risks 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 and the following updates have been made.

- 2266 - Condition: Ineffective understanding and learning following significant events. Risk reviewed by Medical Director and Head of Governance, 1 action completed in relation to the upgrade of Ulysses and 1 new action added in relation to the MIAA audit which has commenced. No change in risk score.

- 2295 - Condition: Inability to achieve and maintain regulatory compliance, performance and assurance - Risk reviewed by Head of Governance. No change in current risk score. Full review of risk required with Interim DoN&M in September 2020. Awaiting final outcome of the focused inspection in relation to warning notice.

- 2294 - Condition: Location, size, layout and accessibility of current services do not provide for sustainable integrated care or safe and high-quality service provision - Review completed by Medical Director and Head of Governance and Quality. Addition made to Covid-19 impact and description updates to actions including extending some target dates due to Covid-19 impact delaying actions.

- 2340 - Overarching Covid-19 Trust Risk Version 4 - Review by Director of Operations and Head of Governance, updates made to some controls and gaps in control, internal assurance, gaps in assurance an 1 new action added, On-going review of directives across national, regional and local forums.

The remaining risk did not have and changes made to them and the risk score remains the same.

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: August 2020

Please refer to appendix 1

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

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

4. Closed Risks

Since the last report to the Trust Board no risks have been closed on the BAF.

5. 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.

6.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 August 2020 v1.0

Risk No.	Assurance Committee	Description	Current risk score			Target	Assurance				Proposed Changes, Additions & Removals
			Severity	Likelihood	Risk Score	Risk Score by 31/03/2021	Status	Controls identified	Gap in Controls Identified	Assurances identified	
1986	Finance, Performance and Business Development Committee	**Condition:** The Trust is not financially sustainable beyond the current financial year **Cause:** On-going requirement for annual CIPs; Significant CNST premium; Overhead costs; Impact of service change; 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.	5	5	25	25	⟷	Y	Y	Y	Risk reviewed by Director of Finance and Head of Governance, no change in risk or risk score at this time.
2266	Quality Committee	**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.	4	3	12	6	⟷	Y	Y	Y	Risk reviewed by Medical Director and Head of Governance, 1 action completed in relation to the upgrade of Ulysses and 1 new action added in relation to the MIAA audit which as commenced. No change in risk score.
2293	Putting People First Committee	**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.	4	2	8	6	⟷	Y	Y	Y	Risk reviewed by Deputy Director of Workforce, no changes required

Risk No.	Assurance Committee	Description	Current risk score			Target	Assurance				Proposed Changes, Additions & Removals
			Severity	Likelihood	Risk Score	Risk Score by 31/03/2021	Status	Controls identified	Gap in Controls Identified	Assurances identified	
2294	Putting People First Committee	**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.	5	3	15	10	⟺	Y	Y	Y	Risk reviewed by Deputy director of Workforce and remains unchanged
2295	Quality Committee	**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 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.	4	4	16	8	⟺	Y	Y	Y	Risk reviewed by Head of Governance. No change in current risk score. Full review of risk required with Interim DoN&M in September 2020. Awaiting final outcome of the focused inspection in relation to warning notice.

Risk No.	Assurance Committee	Description	Current risk score			Target	Assurance				Proposed Changes, Additions & Removals
			Severity	Likelihood	Risk Score	Risk Score by 31/03/2021	Status	Controls identified	Gap in Controls Identified	Assurances identified	
2297	Quality Committee	**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. Focus on project relating to relocation has been reduced during pandemic	5	5	25	25	⟺	Y	Y	Y	Review completed by Medical Director and Head of Governance and Quality. Addition made to Covid-19 impact and description updates to actions including extending some target dates due to Covid-19 impact delaying actions.
2337	Quality Committee	**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.	5	4	20	20	⟺	Y	Y	Y	Risk reviewed by CIO, demonstrable progress on a number of actions. There is no material change to the overall risk score.
2335	Finance, Performance and Business Development Committee	**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.	5	4	20	10	⟺	Y	Y	Y	Risk Reviewed by CIO no change to the overall score

Risk No.	Assurance Committee	Description	Current risk score			Target	Assurance				Proposed Changes, Additions & Removals
			Severity	Likelihood	Risk Score	Risk Score by 31/03/2021	Status	Controls identified	Gap in Controls Identified	Assurances identified	
2340	Finance, Performance and Business Development Committee	**Overarching Covid-19 Trust Risk Version 4** **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.	4	4	16	8	⟺	Y	Y	Y	Review by Director of Operations and Head of Governance, updates made to some controls and gaps in control, internal assurance, gaps in assurance an 1 new action added, On-going review of directives across national, regional and local forums.
2344	Finance, Performance and Business Development Committee	**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.	4	4	16	8	⟺	Y	Y	Y	Risk reviewed by Director of Finance and Head of Governance, no changes to the risk or risk score at this time.

Listing For: 4. BAF | **Risk Register Level:** 4. BAF | **Directorate:** Financial Services | **Service / Department:** Finance | **Position at:** 31/08/2020 12:06:42

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

Risk Appetite: 3.Moderate

Assurance Committee: Finance, Performance & **Review Due:** 27/09/2020

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.

Last Review Narrative: **Date:** 28/08/2020 **Reviewed By:** Christopher Lube

Risk reviewed by Director of Finance and Head of Governance, no change in risk or risk score at this time.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
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

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	Eva Horgan	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	Eva Horgan	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	Eva Horgan	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	30/09/2020	Eva Horgan	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	30/09/2020	Eva Horgan	Put back due to Covid-19 pandemic Date Entered : 28/04/2020 14:05 Entered By : Eva Horgan	Ongoing	/ /
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	30/09/2020	Eva Horgan	On hold due to Covid-19 pandemic. Date Entered : 28/04/2020 14:04 Entered By : Eva Horgan	Ongoing	/ /
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. Date Entered : 28/04/2020 14:03 Entered By : Eva Horgan	Completed	31/07/2020
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:** 31/08/2020 12:06:42

Risk Number: 2266 **Version:** 3 **Domain:** Impact On The Safety Of Patien **Linked Risks:**

Executive Lead: Andrew Loughney **Operational Lead:** Christopher Lube

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Assurance Committee: Quality Committee **Review Due:** 27/09/2020

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:** 28/08/2020 **Reviewed By:** Christopher Lube

Risk reviewed by Medical Director and Head of Governance, 1 action completed and 1 new action added. No change in risk score.

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

Action	Action Description:	Start Date	Target Date	Person Responsible	Progress	Status	Date Completed
1	Introduction of Fair and Just Culture process	01/04/2019	31/10/2024	Jeanette Chalk	Initial stages of training staff via book clubs in progress. Mapping exercise of SI ongoing Date Entered : 31/07/2019 10:57 Entered By : Christopher Lube	Ongoing	/ /
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	Development and upgrade of Ulysses system complete and final roll put being undertaken Date Entered : 01/07/2020 16:58 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 ----------	Completed	01/07/2020

					Upgrades commencing to be rolled out to staff, review and close march 2020. Date Entered : 04/03/2020 13:23 Entered By : Christopher Lube ---------- Updates to the Ulysses system have been completed and a plan is in place to roll out by 1st Feb 2020. Some final testing to be completed and training. Date Entered : 11/01/2020 10:40 Entered By : Christopher Lube ---------- The Upgrade of the Ulysses system is progressing. A slight delay was encountered due to the need to move to a new server. Date Entered : 30/10/2019 14:47 Entered By : Christopher Lube ---------- Governance team currently working with Ulysses to develop the current system and implement new modules to support RCA investigation, Action Planning and CQC compliance monitoring, Audit module to come later in year. Date Entered : 31/07/2019 10:56 Entered By : Christopher Lube		
6	Business case for the provision of Human Factors Training to be developed and submitted to education governance committee	01/04/2019	30/11/2020	Linda Watkins	Work on hold due to Covid 19 Date Entered : 08/05/2020 12:16 Entered By : Christopher Lube ---------- Business case for sim lead developed. Need to identify funding. As a result of feedback need to develop simulation strategy for the trust to present to ed gov. Delay as DME has been supporting colleague on mat leave as well as the acting specialty tutor for O&G after Specialty tutor resigned. Date Entered : 29/01/2020 17:57 Entered By : Linda Watkins ---------- Discussions are ongoing via Ed Gov Committee Date Entered : 11/01/2020 10:44 Entered By : Christopher Lube ---------- There is currently no lead for SIM Training in Trust, Lead for action has been changed to Chair of Ed	Ongoing	/ /

					Gov Comm. Date Entered : 03/10/2019 16:38 Entered By : Christopher Lube ---------- Update Received from Dr Hurst as to current position of Simulation Tranining. See Document section for further detail. Date Entered : 14/08/2019 14:19 Entered By : Elaine Eccles ---------- Initial paper presented to Ed Gov and Safety Senate, acting Medical Director requested further information Date Entered : 31/07/2019 11:01 Entered By : Christopher Lube		
7	New risk management and patient safety training package to be developed	01/04/2019	01/11/2020	Christopher Lube	Due to Covid-19 this has been delayed. Still awaiting new national SI framework. Date Entered : 01/07/2020 16:59 Entered By : Christopher Lube ---------- Work on this development has been delayed due to need to deal with Covid19 situation. Date Entered : 04/04/2020 13:42 Entered By : Christopher Lube ---------- Work on Risk Training Package is ongoing with the appointment of new Risk and Patient Safety Manager. RCA training dates are available for staff to book on, bespoke training continues to be available and Risk Management is part of Cooperate induction and Annual Mandatory Training, Date Entered : 11/01/2020 10:48 Entered By : Christopher Lube ---------- Work is ongoing, plan for completion Nov 19 Date Entered : 03/10/2019 16:39 Entered By : Christopher Lube ---------- Head of Governance in planning stages. May be affected by new national training system and curriculum which is due to be published in 2019-20. Date Entered : 31/07/2019 11:00 Entered By : Christopher Lube	Ongoing	/ /
8	MIAA have been commissioned to undertake an audit of the	20/07/2020	30/10/2020	Christopher Lube	Audit lead from MIAA has meet	Ongoing	/ /

current processes in place for the dissemination of lessons learnt across the trust

with Head of Governance and identified documentation required as part of the audit. Information has been provided to audit lead.

Date Entered : 28/08/2020 08:36
Entered By : Christopher Lube

Initial Assessment		
Severity	Likelihood	Risk Score
4 Major	5 Almost	20

Current Assessment		
Severity	Likelihood	Risk Score
4 Major	3 Possible	12

Target Assessment		
Severity	Likelihood	Risk Score
3 Moderate	2 Unlikely	6

Listing For: 4.BAF **Risk Register Level:** 4. BAF **Directorate:** Human Resources **Service / Department:** HR **Position at:** 31/08/2020 12:06:42

Risk Number: 2293 **Version:** 5 **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

Risk Appetite: 3.Moderate

Assurance Committee: Putting People First **Review Due:** 19/09/2020

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.

Last Review Narrative: **Date:** 20/08/2020 **Reviewed By:** Rachel London

Risk reviewed, no changes required

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	Rachel London	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 Date Entered : 08/08/2019 11:35 Entered By : Christopher Lube	Ongoing	/ /
4	In 2018 the Trust began its Fair & Just Culture Programme - our journey to developing a different type of organisational culture. This is a five year programme which moved into Year 3 in April 2020.	01/04/2019	30/06/2021	Jeanette Chalk	Year 3 Action plan now developed and in place - key elements include training and engagement activities for colleagues at all levels. Date Entered : 16/07/2020 10:40 Entered By : Jeanette Chalk ---------- Year 1 completed on timescale in accordance with project plan. Date Entered : 16/11/2019 12:04 Entered By : Christopher Lube ---------- Initial development work and staff training in progress Date Entered : 09/08/2019 15:24 Entered By : Christopher Lube	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:** 31/08/2020 12:06:42

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

Risk Appetite: 3.Moderate

Assurance Committee: Putting People First **Review Due:** 05/09/2020

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.

Last Review Narrative: **Date:** 06/08/2020 **Reviewed By:** Rachel London

Risk reviewed and remains unchanged

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 gas in junior doctor workforce. Roles include: Physicians Assistants, Surgical assistants, ANP's, Consultant Nurses, ER Practitioners.	DME reports to HEN on an annual basis in relation to junior doctor training. Annual GMC Survey. Annual Staff survey NHS Ed SAR. DME Annual Report GMC Revalidation Process HEN Visit - Regular (next due 2019 due to satisfactory report in 2016) GMC Medical Staff survey - annual.	None identified at this time	Positive
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 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. Risk Assessments undertaken for shielding &	The risk is staff do not comply with social distancing and/or PPE.	Not Effective	Trust has completed the NHSE/I 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

vulnerable staff including BAME, Pregnant workers, Age and Gender.
Comprehensive testing programme for symptomatic staff & household, antibody testing programme and have commenced asymptomatic testing for staff in high risk clinical areas

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. Date Entered : 14/04/2020 14:51 Entered By : Rachel London	Ongoing	/ /
5	Medical Workforce Recruitment and Retention process being developed	01/11/2019	01/10/2020	Rachel London	As above- divisions have been asked to produce their own medical workforce plans for the next divisional performance review Date Entered : 27/08/2020 11:04 Entered By : Rachel London ---------- 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. A bespoke leadership programme for consultants has also been developed to deliver a pipeline of talent for future clinical director roles. 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. Date Entered : 14/04/2020 14:54 Entered By : Rachel London	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:** 31/08/2020 12:06:42

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

Executive Lead: Gaynor Thomason **Operational Lead:** Christopher Lube

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Assurance Committee: Quality Committee **Review Due:** 27/09/2020

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 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.

Last Review Narrative: **Date:** 28/08/2020 **Reviewed By:** Christopher Lube

Risk reviewed by Head of Governance. No change in current risk score. Full review of risk required with Interim DoN&M in September 2020.
Awaiting final outcome of the focused inspection in relation to warning notice.

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 CIP's that are considered. Professional Standards Trust Polices 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	31/12/2020	Janet Brennan	Ward Accreditation programme being reviewed by Interim DoN&M.	Ongoing	/ /

					Date Entered : 28/08/2020 08:41 Entered By : Christopher Lube ---------- Ward accreditation process across the Trust is back on track following a delay due to Covid-19. Date Entered : 11/08/2020 08:48 Entered By : Christopher Lube ---------- Due to the current Covid19 situation the roll out of ward accreditation has been delayed. Date Entered : 04/04/2020 13:31 Entered By : Christopher Lube ---------- Meeting with Ward Accreditation providers due on 08/08/19. Progress on pilot to be discussed and review of software to log data.			
5	Undertake intermittent deep dive reviews into specialist services	01/04/2019	31/03/2021	Christopher Lube	Date Entered : 08/08/2019 15:00 Entered By : Christopher Lube This is a long term ongoing action which will be completed as and when a deep dive is required. Action put onto annual review basis Date Entered : 04/04/2020 13:38 Entered By : Christopher Lube ---------- Reviews to be completed as and when identified by sub-committee of the board or at divisional board level.	Ongoing	/ /	
6	New CQC monitoring system via Ulysses to be introduced across all core areas of the Trust. Process will provide quarterly reports to Quality Committee on CQC commence levels and associated actions.	01/07/2019	31/10/2020	Christopher Lube	Date Entered : 08/08/2019 15:08 Entered By : Christopher Lube Plan to roll out new CQC module in September 2020. Date Entered : 11/08/2020 08:49 Entered By : Christopher Lube ---------- New module due to roll out but has been delayed slightly due to COovid19 situation. Date Entered : 04/04/2020 13:29 Entered By : Christopher Lube ---------- New module has been commissioned and developed by Ulysses. It has been tested in some clinical areas prior to end of December 2019 and plan to roll out across all areas to establish base line assessment prior to 31st March 2020.	Ongoing	/ /	

Date Entered : 11/01/2020 10:56
Entered By : Christopher Lube

Initial Assessment		
Severity	Likelihood	Risk Score
4 Major	5 Almost	20

Current Assessment		
Severity	Likelihood	Risk Score
4 Major	3 Possible	12

Target Assessment		
Severity	Likelihood	Risk Score
4 Major	2 Unlikely	8

Listing For: 4. BAF | **Risk Register Level:** 4. BAF | **Directorate:** Governance | **Service / Department:** Executive Office | **Position at:** 31/08/2020 12:06:42

Risk Number: 2297 **Version:** 6 **Domain:** Impact On The Safety Of Patien **Linked Risks:**

Executive Lead: Andrew Loughney **Operational Lead:** Jennifer Huyton

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Assurance Committee: Quality Committee **Review Due:** 30/09/2020

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; Difficulties encountered with senior staff recruitment and retention, 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. Focus on project relating to relocation has been reduced during pandemic

Last Review Narrative: **Date:** 27/08/2020 **Reviewed By:** Christopher Lube

Review completed by Medical Director and Head of Governance and Quality. Addition made to Covid-19 impact and description updates to actions including extending some target dates due to Covid-19 impact delaying actions.

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 lose 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/I)	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	Ongoing	/ /
2	Agree Business Case for new build	01/04/2019	29/04/2022	Jennifer Huyton	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	/ /

4	Divisional plans to be developed to support long term clinical sustainability via operational plan	01/04/2019	07/12/2020	Jennifer Huyton	Date Entered : 09/08/2019 13:41 Entered By : Christopher Lube Clinical and Quality Strategy contains divisional plans for development to support long term clinical, sustainability back and this will inform he operational plan when due for submission Date Entered : 31/08/2020 10:59 Entered By : Christopher Lube --- The Trust is now developing a clinical and quality strategy to complement a refreshed future generations strategy, to be completed by the end of 2020. This will include divisional plans. The funding for on site developments has been requested but remains out of the Trust's control. The lobbying of MPs has been paused during the covid crisis. Date Entered : 06/07/2020 14:41 Entered By : Rowan Davies --- 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. Date Entered : 06/05/2020 09:14 Entered By : Rowan Davies --- 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. Date Entered : 06/04/2020 12:16 Entered By : Jennifer Huyton --- Operational plans under development but not due until March 20. Target date amended to March 20. Date Entered : 10/01/2020 14:18 Entered By : Jenny Hannon --- Work ongoing in Divisions	Ongoing	/ /

5	Outcomes from the clinical summit to be actioned.	27/09/2019	30/12/2020	Jennifer Huyton	Date Entered : 09/08/2019 13:46 Entered By : Christopher Lube Planning progress has been made in relation to the location of the CT scanner on site, but capitol is still not yet confirmed. Similarly capital for the blood bank. Partnership Board with LUFT remains functioning. Date Entered : 31/08/2020 11:04 Entered By : Christopher Lube --- Work to implement additional mitigations within Crown Street estate is progressing. Stage 2 design phase has commenced, although funding approval is yet to be received. The Trust has submitted a bid for additional capital funds to provide a mobile CT scanner on site, should the emergency capital bid not be approved. The case for swift approval of our capital bid has been put to Cheshire and Mersey HCP. Date Entered : 08/07/2020 17:41 Entered By : Jennifer Huyton --- The Trust is now developing a clinical and quality strategy to complement a refreshed future generations strategy, to be completed by the end of 2020. This will include divisional plans. The funding for on site developments has been requested but remains out of the Trust's control. The lobbying of MPs has been paused during the covid crisis. Date Entered : 06/07/2020 14:42 Entered By : Rowan Davies --- 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. Date Entered : 06/04/2020 12:09 Entered By : Jennifer Huyton --- CT scanner and Blood Bank provision has been added to the draft operational plan, which is awaiting approval.	Ongoing	/ /

					Date Entered : 04/03/2020 07:27 Entered By : Christopher Lube ---------- Target date amended following development of MoU with LUH. Detailed plan is in place (to be attached) actions are in progress Date Entered : 10/01/2020 14:18 Entered By : Jenny Hannon ---------- Acting Medical Director working with Strategic Finance Manager on reviewing summit outcomes. Date Entered : 27/09/2019 08:43 Entered By : Christopher Lube		
7	Management of Future Generations Strategy through Project Management Office	16/11/2019	29/01/2021	Jennifer Huyton	Remains postponed due to covid-19 Date Entered : 31/08/2020 11:06 Entered By : Christopher Lube ---------- The Trust is now developing a clinical and quality strategy to complement a refreshed future generations strategy, to be completed by the end of 2020. This will include divisional plans. The funding for on site developments has been requested but remains out of the Trust's control. The lobbying of MPs has been paused during the covid crisis. Date Entered : 06/07/2020 14:43 Entered By : Rowan Davies ---------- 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.	Ongoing	/ /
9	Agree funding for mitigations on site (Blood Bank, MRI, Diagnositics, CT and Staffing) for inclusion in 20/21 operational plan	31/03/2020	30/12/2020	Jennifer Huyton	Date Entered : 06/04/2020 12:06 Entered By : Jennifer Huyton Awaitiing ourcome Date Entered : 31/08/2020 11:07 Entered By : Christopher Lube ---------- Work to implement additional mitigations within Crown Street estate is progressing. Stage 2 design phase has commenced, although funding approval is yet to be received. The Trust has	Ongoing	/ /

					submitted a bid for additional capital funds to provide a mobile CT scanner on site, should the emergency capital bid not be approved. The case for swift approval of our capital bid has been put to Cheshire and Mersey HCP. Date Entered : 08/07/2020 17:44 Entered By : Jennifer Huyton ---------- The Trust is now developing a clinical and quality strategy to complement a refreshed future generations strategy, to be completed by the end of 2020. This will include divisional plans. The funding for on site developments has been requested but remains out of the Trust's control. The lobbying of MPs has been paused during the covid crisis. Date Entered : 06/07/2020 14:43 Entered By : Rowan Davies ---------- 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. Date Entered : 06/04/2020 12:00 Entered By : Jennifer Huyton			
10	Lobby systems and MP's for active support	16/11/2019	30/12/2020	Jennifer Huyton	Has been devolved to exec level with a plan being considered by Trust secretary to match Board members with key targets for lobbying Date Entered : 31/08/2020 11:08 Entered By : Christopher Lube ---------- The Trust is now developing a clinical and quality strategy to complement a refreshed future generations strategy, to be completed by the end of 2020. This will include divisional plans. The funding for on site developments has been requested but remains out of the Trust's control. The lobbying of MPs has been paused during the covid	Ongoing	/ /	

					crisis. Date Entered : 06/07/2020 14:41 Entered By : Rowan Davies ---------- 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.		
11	External review/testing of counterfactual case	01/04/2020	31/12/2020	Jennifer Huyton	Date Entered : 06/04/2020 12:03 Entered By : Jennifer Huyton Presently on pause, with a plan to bring back into play Sept-De 2020. Date Entered : 31/08/2020 11:10 Entered By : Christopher Lube ---------- 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. Date Entered : 06/04/2020 11:55 Entered By : Jennifer Huyton	/ /	

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:** 31/08/2020 12:06:42

Risk Number: 2335 **Version:** 4 **Domain:** Impact On The Safety Of Patien **Linked Risks:**

Executive Lead: Jenny Hannon **Operational Lead:** Matt Connor

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Assurance Committee: Finance, Performance & **Review Due:** 12/09/2020

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.

Last Review Narrative: **Date:** 13/08/2020 **Reviewed By:** Matt Connor

Risk Reviewed no change to the overall score

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 Monioring 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 tiime	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	Work continuews on enhancing the Trusts Cyber security cabailities. Work includes - End User Education - Monthly End User Security Emails SIEM - Enhancement of the Trusts Pervade working in Athena Cyber security developing a unified monitoring dashboard Network Refresh Project - replacement of the Trust legacey network, once completed this will Trust Policies - Enhancement of Trusts Policy Security patching Demarc - working to fully implementing DEMARC for Email CareCerts - reponding to NHS security alerts Date Entered : 27/08/2020 16:51 Entered By : Philip Moss		/ /
2	Implementation of new network will introduce enhanced security capabilities.	13/03/2020	30/10/2020	Philip Moss	Work continuews on enhancing the Trusts Cyber security cabailities. Work includes - End User Education - Monthly End User Security Emails SIEM - Enhancement of the Trusts Pervade working in Athena Cyber security developing a unified monitoring dashboard Network Refresh Project - replacement of the Trust legacey network, once completed this will Trust Policies - Enhancement of Trusts Policy Security patching Demarc - working to fully implementing DEMARC for Email CareCerts - reponding to NHS security alerts Date Entered : 27/08/2020 16:55 Entered By : Philip Moss ---------- New network equipment has been delivered, configured and some of it racked. Part of the new network has been implemented alongside the legacy network. NICU 2 has been connected to the new network. A rollout plan is being developed and implemented. Work ongoing through Sept and Oct. Date Entered : 04/08/2020 15:55 Entered By : Matt Connor	Ongoing	/ /

3	Implement a Cyber Security strategy	01/04/2020	30/10/2020	Matt Connor			Ongoing	/ /

Initial Assessment		
Severity	**Likelihood**	**Risk Score**
5 Catastrophic	4 Likely	20

Current Assessment		
Severity	**Likelihood**	**Risk Score**
5 Catastrophic	4 Likely	20

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:** 31/08/2020 12:06:42

Risk Number: 2337 **Version:** 4 **Domain:** Impact On The Safety Of Patien **Linked Risks:**

Executive Lead: Andrew Loughney **Operational Lead:** Matt Connor

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Assurance Committee: Quality Committee **Review Due:** 12/09/2020

Risk Description:

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

Cause: Due to current legacy nature of clinical systems, resulting in lack of integration of patient records and clinical information.

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.

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:** 13/08/2020 **Reviewed By:** Matt Connor

Risk reviewed by CIO, demonstrable progress on a number of actions. There is no material change to the overall risk score.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
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 Quarterly risk assessments reported to FPBD Tactical solutions including planned implementation of K2 Athena system Single Sign on review/ optimise, upgrade improvements. Exchange/LHCRE enables for patent information sharing 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 removes a separate login for that system, reducing multiple systems issue. approved EPR Business case which define clear direction and preferred solution.	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.	Positive

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	30/09/2020	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 contract renewal timescales. Date Entered : 04/05/2020 12:56 Entered By : Matt Connor ----------	Ongoing	/ /

					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	11/09/2020	Matt Connor	Procurement is underway. Specifics are being addressed regarding leasing arrangements in-line with funding requirements. Contracts are being drafted and procurement expected to complete by Sept. Date Entered : 04/08/2020 16:08 Entered By : Matt Connor	Ongoing	/ /
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	30/09/2020	Matt Connor	Draft Digital Strategy approved. It will be launched, socialised in September. Date Entered : 04/08/2020 16:10 Entered By : Matt Connor	Ongoing	/ /
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	30/09/2020	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	31/12/2020	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		Completed	04/08/2020
11	Implement Virtual Smartcards which will allow clinical staff who access the national e-referral system system or the summary care record to log on without the need for a physical smart card or password.	08/06/2020	30/09/2020	Paula Brennan			/ /

Initial Assessment		
Severity	**Likelihood**	**Risk Score**
5 Catastrophic	4 Likely	20

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:** 31/08/2020 12:06:43

Risk Number: 2340 **Version:** 4 **Domain:** Impact On The Safety Of Patien **Linked Risks:**

Executive Lead: Kathryn Thomson **Operational Lead:** Gary Price

Strategic Objective: To Deliver SAFE Services

Risk Appetite: 2.Low

Assurance Committee: Finance, Performance & **Review Due:** 11/09/2020

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.

Last Review Narrative: **Date:** 28/08/2020 **Reviewed By:** Christopher Lube

Review by Director of Operations and Head of Governance, updates made to some controls and gaps in control, internal assurance and gaps in assurance.

Control	Control Description	Gaps in Control	Effectiveness	Internal Assurance	External Assurance	Gaps in Assurance	Adequacy of Assurance
Prevent	RESPONSE Command and Control arrangements in place led by Executive Directors Regional Director of Nursing and Medical Directors groups meeting to discuss issues and develop assistance. Cheshire and Mersey Coordinated response including Chief executive Officer briefings and Hospital Cell approach Weekly oversight and scrutiny meetings chaired by Chief Executive Officer (internal) Daily incident meetings to support and respond to challenges Planning and monitoring of activity on a daily basis by Divisional Managers Partnership working with Liverpool University Hospitals, Alder Hey Hospital and wider Cheshire and Mersey network for coordinated provision of support Clear and on-going communication with the Clinical commissioning Group and Specialist Commissioners Working as part of the regional Local Resilience Forum Business Continuity Plans in place Pandemic plan in place and being followed Daily safety huddle Clinical Advisory Group (CAG) meetings meets 3 times a week . STAFFING Staff working from home wherever possible, use of virtual meetings and enhanced IT provision. Clear staff absence process and monitoring with increased flexibility. 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. Also relocating workers to other tasks. Enhanced well being support for staff Strict supply and demand process for Personal Protective Equipment in place. Fit testing process in place fro FFP3 masks Clear criteria as to elements of activity and types of patients the Trust can assist with. Close working with Director of Infection Control and Infection Control team. Regular staff communications Listening Event for BAME staff completed to consider what further action the Trust could take to ensure BAME staff are protected as much as possible. Risk Assessments undertaken for shielding & vulnerable staff including BAME, Pregnant workers, Age and Gender, to include all staff by 31st August 2020 Comprehensive testing programme for symptomatic staff & household, antibody testing programme and have commenced asymptomatic testing for staff in high risk clinical areas	External pressures on neighbouring Trust beds and services, impacting on ability of the LWH Trust to access critical care and other services. Ability to control PPE deliveries from centre Unknown staffing and service impact of potential 'second wave' Unknown length of time to return to pre Covid-19 service levels Trust is required to meet national target in relation to flu vaccinations, but this needs to be completed in a short time period to provide the best protection for staff. The revised requirements increases the protected groups to include all staff over 50 years of age and more may yet be confirmed. Issues with supply may also create a challenge with meeting targets. The Trust has an understanding of the scale of the recovery / re-set challenge, the guidance on how to engage in this process have yet to be released.	Effective	Weekly Operations and Oversight meetings are effective Board Committee meetings continuing (although adjustments made). Maintenance of assurance reporting (performance metrics etc.) - identification of key performance measures. Reduced footfall though the Trust - activity and visitors (comms) Close monitoring of guidelines and mandatory requirements with assurance reported to Extraordinary Board on 18 June 2020 Corporate BAU largely maintained despite remote working. Regular Covid-19 response reports to the public Board EPRR Meetings continued	Daily Regional command meetings Oversight by NHSE/I Oversight by Commissioners Audit of financial accounts National Health Service Resolution. Internal procedures in line with regional guidance, planned and undertaken	External audit activity suspended for Quality Account Internal normal business audits have stopped due to workload Reduction in some external performance measurement due to pressures Lack of covid-19 testing for staff. Internal audit programme anticipated to be completed on time as per plan from 20-21, if there is a second wave or increase in Coivd-19 restriction this may prevent the programme completing on time. The Trust is struggling to access benchmarking information on what is good practice in terms of the Trust's response.	Positive

	PATIENTS 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 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 practice which should be maintained	National mandates and what the Trust is required to recover and trajectories. Day case efficiency currently 70% backlog and ineffective in dealing with backlog. Insufficient Theatre staffing due to vacancies and not having a full compliment of anaesthetists.	Not Yet Tested	Inconclusive

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	01/02/2021	Andrew Loughney	CAG remains functional and providing advice to the Trust Covid-19 Oversight and Scrutiny Group Reduced meetings to 2 times a week. Date Entered : 01/07/2020 17:07 Entered By : Christopher Lube ---------- 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	01/12/2020	Andrew Loughney	Review of all guidance and directives completed at Control and command and Oversight and Scrutiny Groups of the Trust. Also reviewed and discussed at Executive Directors Meetings. Date Entered : 01/07/2020 17:10 Entered By : Christopher Lube		/ /
4	Close working with Cheshire and Mersey procurement via Covid Supply Response (CSR)	01/04/2020	01/12/2020	Amy Noble	Head of Procurement has worked closely with procurement colleagues and other partner organisations to maintain supply of PPE linking in with national systems. Date Entered : 01/07/2020 17:16 Entered By : Christopher Lube		/ /
5	Work with partners such as Liverpool University to develop alternative means to maintain the supply of PPE	01/04/2020	01/12/2020	Christopher Lube	Via the Head of Procurement and Head of Governance work has been undertaken with partner organisation and the LRF to ensure the supply of PPE via mutual aid.		/ /

Date Entered : 01/07/2020 17:14
Entered By : Christopher Lube

6	The Trust needs ensure that it is keeping up to date with local, regional and national Covid-19 guidance and policy, ensuring review and implement at pace.	03/08/2020	02/08/2021	Christopher Lube		Ongoing	/ /

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:** 31/08/2020 12:06:43

Risk Number: 2344 **Version:** 6 **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

Risk Appetite: 3.Moderate

Assurance Committee: Finance, Performance & **Review Due:** 27/09/2020

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.

Last Review Narrative: **Date:** 28/08/2020 **Reviewed By:** Christopher Lube

Risk reviewed by Director of Finance and Head of Governance, no changes to the risk or risk score at this time.

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

Liverpool Women's NHS Foundation Trust

Agenda Item	20/21/164

MEETING	**Board of Directors**
PAPER/REPORT TITLE:	**7 Day services – self –assessment against priority standards**
DATE OF MEETING:	3rd September 2020
ACTION REQUIRED	**For Assurance**
EXECUTIVE DIRECTOR:	Andrew Loughney, Medical Director
AUTHOR(S):	Devender Roberts, Deputy Medical Director
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☐ 2. To be ambitious and *efficient* and make the best use of available resource ☐ 3. To deliver *safe* services ☒ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☐ 5. To deliver the best possible *experience* for patients and staff ☐
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust*..... ☐ ***2.*** *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.* ..... ☐ ***3.*** *The Trust is not financially sustainable beyond the current financial year*..... ☐ ***4.*** *Failure to deliver the annual financial plan* ..... ☐ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision* ..... ☐ ***6.*** *Ineffective understanding and learning following significant events*..... ☐ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance*..... ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016)* ..... ☐ ***9.*** *Inability to deliver the best clinical outcomes for patients*..... ☒ ***10.*** *Potential for poorly delivered positive experience for those engaging with our services*.. ☐
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☒ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE –*** *the services meet people's needs.* ☐

	WELL-LED** - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ***ALL DOMAINS ☐			
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution **2.** Operational Plan **3.** NHS Compliance	☐ ☐ ☒	**4.** NHS Constitution **5.** Equality and Diversity ***6.*** Other:	☐ ☐
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting			
RECOMMENDATION: ***(eg: The Board/Committee is asked to:-….)***	***To note the current improved 7DS provision at the Trust. A further self-assessment will be performed in autumn 2020***			
PREVIOUSLY CONSIDERED BY:	**Committee name**			
	Date of meeting			

Executive Summary

Background

NHSE instructed Trusts to delay submission of their Spring Seven Day Services Assurance Framework reports until 30th September 2020 because of the novel Coronavirus (Covid-19) pandemic. The present paper acts as a reminder of the Spring 2020 position and adds detail about the current state of services for the assurance of the Board of Directors.

Findings

In Spring 2020, the Trust reached a position of full compliance against Standard Two for the first time, with 96% of emergency admissions being seen by a Consultant within 14 hours of admission to hospital, with the remaining 4% (a single case) having been reviewed by a senior trainee within that same timeframe. Following completion of that audit, a successful recruitment drive saw a further increase numbers of consultant gynaecologists with an interest in benign disease being employed in the trust. Job plans were consolidated so that an increased number of consultant ward rounds could be delivered routinely and an increased number of consultant run shifts could be timetabled for the Gynaecology ER. The expectation is that when the standard is re-audit, this level of performance will have been maintained regardless of the pressures of the pandemic.

Standard Eight requires the twice daily review of patients with high dependency care in the trust until such time as a clear pathway of care has been established, beyond which time a once daily review is required. Only one admission met the criteria for Standard Eight in the Spring 2020

reporting period and that patient was managed in keeping with the standard. The increase in numbers of consultant gynaecologists in the trust and the job plan consolidations previously described mean that on re-audit, a high level of performance would again be expected.

With respect to Standards Five and Six, progress against agreeing an overarching SLA with Newcastle University Hospitals NHS FT was stalled because of the pandemic but is now again being actively pursued. In the meantime, informal but effective cross-cover of services between the two trusts remains in place and is monitored at executive level at the Joint Partnership Board.

Recommendation

The Board is asked to note the current improved 7DS provision at the Trust. A further self-assessment will be performed in autumn 2020.

Report

The Seven Day Assessment Tool

A Seven Day Services Self-Assessment Tool (7DSAT) has been developed to ensure that all Trusts are measuring their progress against four priority standards:

Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission.

Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week.

Standard 6: Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.

Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill new admissions and all other in-patients who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

This tool enables Trusts to assess their current level of service provision, using nationally agreed definitions, thus helping Trusts to understand their own local needs. In addition, scrutiny is provided by NHSE/NHSI jointly, who meet with the 7DS Lead at each Trust to discuss survey outcomes after their publication. At LWH, the 7DS Lead is the Medical Director.

The present report to Board of Directors presents the 7DS position of the Trust in March 2020, which is the spring self-assessment and which is the submission required for the purposes of NHSE at the end of September 2020.

In the most recent survey, 25 women were eligible for entry into the survey at LWH. Most emergency gynaecological admissions in the Trust are for miscarriage and hyperemesis. For this report, hyperemesis cases have been excluded by agreement with the CCG and 7DS assurance service as there are standard pathways in place for its management. The 7DS standards therefore apply to a small proportion of women admitted to LWH. All were seen within 14 hours in this survey.

Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission.

This standard was met for the first time with 96% compliance. The significant focus on GED and Consultant cover since the difficulties in implementing the 'Consultant of the Week' model proposed in November 2018, has resulted in a very high quality service to Gynaecology emergencies. As expected, recruitment to an expanded Consultant Gynaecologist workforce has had a positive impact on the Consultant of the Week model and the metrics for standard 2.

The number of Consultants required to cover the elective work as well as provide emergency cover during the week and weekends, has been addressed by the recent appointment of Consultants with Gynaecological Emergency as a special interest.

It is apparent from the types of patients being seen in the Dept. that better pathways, triage and signposting with development of services such as MVA & early pregnancy assessment will support improvements in efficiency and experience.

Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week.

The 85% score previously achieved has not changed. No formal arrangements are in place for diagnostic procedures but there are pathways in place for access on an ad hoc basis. It must be noted, however, that the access LWH has to the required diagnostic tests is not ring-fenced, so senior clinicians often have a time-consuming negotiation to navigate before vital diagnostic tests are carried out. Transport of patients backwards and forwards across the city between LWH and The Royal Hospital is then necessary, which decreases quality of care and increases clinical risk.

To address these problems, LWH could relocate to an adult acute hospital site or a full suite of diagnostic facilities could be built onto the Crown Street site. The latter would in reality be impossible to staff. The matter is addressed in the Trust's Future Generations Strategy. In the meantime, The Trust is exploring the exact numbers that require this as an emergency to inform

an overarching service level agreement. There are also plans in place to build CT scanning facilities onto the Crown Street site and the outcome of a funding application for the same is awaited.

Standard 6: Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.

This standard was previously scored at 0% (a no return) because although key consultant directed interventions can be accessed from non-obstetric and gynaecological specialties, these are generally provided outside of relevant specialty guidelines, due to the isolated nature of the Trust's Crown Street site. In this return, 3 of the areas are noted as not being applicable to the Trust and emergency surgery is available either by transfer of the patient to the acute site or in extreme emergency situations, by the surgeon attending LWH. There is no formal agreement for this.

A full review of key Obstetric, Gynaecological and Anaesthetic standards was presented to the LWH Board of Directors in October 2018 and further analysis was given at a Clinical Summit in the Trust in July 2019 with wide stakeholder attendance. The position of the Trust is that co-location with an adult acute site is the best option to deliver on this standard. The matter is addressed in the Trust's Future Generations Strategy. In the meantime, the clinicians at LWH continue to work in collaboration with their colleagues in other provider Trusts to agree pathways to provide access to other services. The overarching service level agreement should also cover some aspects of this standard.

Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill new admissions and all other in-patients who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

A 100% return was achieved against this important standard for women being cared for on the Crown Street site. Care is also provided to women off-site, for example, at The Royal Hospital. In these cases, a bespoke pattern of care is provided but significant logistical problems arise when review in person is required one or more times daily.

Performance Against Priority Standards

STANDARD	SELF ASSESSMENT	SCORE
Priority Standard 2 – All emergency admissions must be seen by a suitable Consultant at the latest within 14 hours from time of admission (target >90%)	As per agreement with the 7DS assurance service and the CCG, hyperemesis has been excluded from this survey as patients are admitted for management on a defined pathway of rehydration and discharged, this not meeting the criteria for 7DS return. Most other women attending as emergencies are miscarriage related and as such do not necessarily need Consultant review as the process and pathways in GED support decision making to improve the patient pathway. However, in this report, it is clear that all have had review and decisions at senior level. Patients requiring thorough clinical assessment by a suitable Consultant were seen daily by a Consultant. The current job plans do not specifically make reference to 7DS but the on-call rotas cover Consultant ward rounds and emergency admissions. In this survey, 96% of admitted women were assessed in person by a Consultant within 14 hours of admission, a significant improvement and the first time the Trust has been compliant with the standard. Recent appointment of GED Consultants and learning from the changes made during the Coronavirus (Covid-19) pandemic response will help maintain compliance with this further.	Met
Priority Standard 5 – Hospital inpatients must have 7 day access to diagnostic services & Consultant directed diagnostics	No formal arrangements for this but there are pathways in place for ad hoc diagnostics. This access is not ring-fenced and clinicians spent a lot of time negotiating transfers and transport of patients to the acute site.	Not met
Priority Standard 6: Hospital inpatients must have 24 hr access to consultant delivered interventions on site or through formally agreed arrangements	Key consultant delivered interventions can be accessed but these are generally provided outside specialty specific guidance due to stand-alone site of LWH. No formal arrangements but there is an ad-hoc understanding with the acute sites. Feasibility for an over-arching SLA is being explored by the Finance Director for Strategy.	Not met
Priority Standard 8: All HDU patients have twice daily Consultant review and at least once every 24 hrs once a clear pathway has been agreed	100% return achieved with evidence of multi-disciplinary involvement including from adult acute Trust. Care is also provided off – site to women admitted in other hospitals e.g. RLBUHT/Aintree if needed. Increasingly LWH treats women assessed pre-operatively as potentially needing ITU care in the post-operative period at the acute Trust rather than on the stand-alone site.	Met

Non-Priority standards

There are six non-priority standards against which the Trust is not assessed using the 7DSAT:

Standard 1: The Trust collects real-time feedback from its patients, families and carers and the activity is monitored through the Patient Experience Senate.

Standard 3: The multidisciplinary team members referred to in NHS England's Seven Day Services Clinical Standards document include pharmacists, physiotherapists, occupational therapists, dieticians, podiatrists, speech and language therapists, psychologists and consultants in specialist areas not provided at Liverpool Women's Hospital. There is access to Pharmacists, Physiotherapists and Dietetics. It would not be possible to access this range while the Trust remains on the Crown Street site. Women with complex needs who are admitted to our services because of their obstetric or gynaecological conditions are, however, transferred to other acute adult Trusts for their on-going care if their obstetric or gynaecological conditions allow.

Standard 4: Shift handovers take place adjacent to the wards, two to three times daily on weekdays and twice daily at weekends. They are run by the most senior clinician on site at that time. An SBAR tool is used in nationally recognised format, to ensure inclusion of all relevant clinical information.

Standard 7: This service is available.

Standard 9: Primary and community care services do have access to senior clinical expertise via the telephone at all times and transport services are available to move patients between acute care and community facilities, seven days a week. Telephone access for primary care has been significantly upscaled during the Coronavirus (Covid-19) pandemic response. Access to physiotherapy and occupational therapy (as requested in the NHS England Seven Day Services Clinical Standards document) cannot presently be provided at this Trust but are available on five days per week.

Standard 10: The Trust reviews its patient outcomes by focussing on the three pillars of quality care: patient experience, patient safety and clinical effectiveness, as stipulated in the NHS England Seven Day Services Clinical Standards document. The opportunity is given to all of our clinicians to review outcomes, thereby facilitating continuous learning and driving up high quality care.

Recommendation

The Board is asked to note the current improved 7DS provision at the Trust. A further self-assessment will be performed in autumn 2020.

Liverpool Women's NHS Foundation Trust

Agenda Item	20/21/165

MEETING	**Board**
PAPER/REPORT TITLE:	**Corporate Governance Manual**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**For Approval**
EXECUTIVE DIRECTOR:	Mark Grimshaw, Trust Secretary
AUTHOR(S):	Mark Grimshaw, Trust Secretary
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☒ 2. To be ambitious and *efficient* and make the best use of available resource ☒ 3. To deliver *safe* services ☒ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☒ 5. To deliver the best possible *experience* for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☒ ***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. ……* ☒ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☒ ***4.*** *Failure to deliver the annual financial plan ……* ☒ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☒ ***6.*** *Ineffective understanding and learning following significant events……* ☒ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☒
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE –*** *the services meet people's needs.* ☐ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care,* ☒

	supports learning and innovation, and promotes an open and fair culture. ***ALL DOMAINS*** ☒			
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☒ **2.** Operational Plan ☒ **3.** NHS Compliance ☒		**4.** NHS Constitution ☒ **5.** Equality and Diversity ☒ ***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 adopt the updated Corporate Governance Manual.***			
PREVIOUSLY CONSIDERED BY:	**Committee name**	Audit Committee		
	Date of meeting	24 July 2020		

Executive Summary

1. Introduction and summary

A review of the Corporate Governance Manual document was undertaken with input from the Trust Secretary, Finance Team, Head of Procurement and the Deputy Director of Workforce. This led to a series of amendments (detailed below and included as tracked changes in the document itself – available to Board Members via the Teams portal and Virtual Boardroom)

The Audit Committee received the amended Corporate Governance Manual in July 2020 and recommended its adoption to the Board.

2. Amendments made since July 2019

The following table provides a summary of the amendments that have been made to the Manual since July 2019:

Version control		
Section	**Changes made**	**Date**
6.0 (6.27.1.6.6)	**Reasons for a single tender action to be reported to the Audit Committee and through the Board of Directors in the Chair's Report.**	**July 2020**
6.0 (6.27.1.6.6)	**All requests to waive tenders to the Audit Committee quarterly and not directly to the Board of Directors**	**July 2020**

5.0, Table B	**OJEU threshold updated from £181,302 to &189,330**	**July 2020**
5.0, Table B (4)	**Provision 'Requisitioning stock and non-stock items / services against a budget, in line with EU procurements thresholds (subject to periodic review) and quotation and tendering procedures set out under Section 6' amended to 'Approving requisitions, authorising invoices and recommending contract awards'.**	**July 2020**
5.0, Table A (35, h)	**Removal of the provision - 'Decide if late tenders should be considered'.**	**July 2020**
5.0, Table A (35, a)	**Provision added – 'Entering into contracts on behalf of the Trust, regardless of value'**	**July 2020**
5.0, Table A (35, b)	**Removal of Head of Estates from Operational Responsibility**	**July 2020**
5.0, Table A (30, e)	**Insertion of '…in line with national requirements' following the 'prompt payment of accounts' section**	**July 2020**
5.0, Table A (34, w)	**Authority to authorise overtime – limited to Clinical Directors and Chief Operating Officer. To encourage preferred option of utilising the Bank rather than overtime.**	**July 2020**
5.0, Table A (34, nn)	**Authorisation of extensions of contract beyond normal retirement age in exceptional circumstances – provision removed.**	**July 2020**
5.0, Table A (34, x)	**Reference 'authorised approvers' in place of budget holders.**	**July 2020**
5.0, Table A (34, k)	**Addition of '…at recruitment stage' to the provision of the granting of additional increments.**	**July 2020**
5.0, Table A (34, q)	**Remove section on 'Authorise car users' – Trust no longer has a car lease scheme.**	**July 2020**
5.0, Table A (34, p)	**Renewal of fixed term contract – role of Vacancy Control Panel stated.**	**July 2020**
5.0, Table A (17, l)	**Reference to 'All corporate posts to be reviewed by the Vacancy Control Panel and all clinical posts by the Executive team' added to operational responsibility.**	**July 2020**
5.0, Table A (33, c)	**Operational responsibility for Informing staff of their duties in respect of patients' property noted as being Head of Governance and Quality rather than Head of Legal Services.**	**July 2020**
5.0, Table A (34, i)	**Removal of line managers from being authorised to book agency staff. In relation to Nursing and Midwifery agency staff, line managers to be replaced with Heads of Nursing / Midwifery.**	**July 2020**

5.0, Table A (34, i)	**Deputy Director of Nursing & Midwifery or Matron listed as having operational responsibility for approving bank usage.**	**July 2020**
5.0, Table A (17, i)	**Responsibility to Identify and implement cost improvements and income generation activities in line with the Operational Plan identified as being all budget holders.**	**July 2020**
5.0, Table A (throughout)	**References to 'business plan' removed from budget section and replaced with operational plan.**	**July 2020**
5.0, Table A (throughout)	**Operational responsibility for budget submissions to the Board identified as Deputy Director of Finance (from Director of Finance)**	**July 2020**
5.0, Table A (throughout)	**Removal of reference to Corporate Administration Manager**	**July 2020**
5.0, Table A	**Caldicott Guardian changed from Director of Nursing & Midwifery to Medical Director**	**July 2020**
5.0, Table A (throughout)	**Removal of references to Hewitt Centre Managing Director**	**July 2020**
Throughout	**Change of job titles:** • **Director of Operations changed to Chief Operating Officer** • **Director of Workforce & Marketing to Chief People Officer**	**July 2020**
4.2	**Trust Board Terms of Reference added**	**July 2020**
4.0	**Approved committee membership, Committee Structure and terms of reference added.**	**July 2020**

3. Areas to note

Contract process

On reviewing the Corporate Governance Manual, it was noted that there was room for interpretation in terms of who had authority to enter the Trust into contracts. Even contracts with a low financial cost (seeming or otherwise) can have significant commercial implications for the Trust. It has therefore been suggested to limit the entering of the Trust into contracts, regardless of value, to Executive Director level who can then specifically nominate a deputy.

Trust subscriptions and on-going SLA arrangements

The Trust has subscriptions and on-going SLA arrangements that, on occasion, are above the OJEU threshold that are not currently treated like other aspects on non-pay expenditure due to the lack of choice the Trust has in maintaining the arrangement. The Head of Procurement & Contracts has reviewed the practice in other trusts and there is a range of practice including the use of waiver

documentation. The Trust has avoided the use of waivers for amounts above the OJEU threshold and is therefore proposing to include these subscriptions and SLA arrangements as part of the annual budget setting process. A list of these items will be identified and reported to the next scheduled Audit Committee (October 2020), by which time it is likely that the Trust will be in the process of updating the budget based on new financial regime guidance.

Communication of changes to the Corporate Governance Manual

In line with the procedure for amending the manual, it is incumbent on the Chief Executive and the Trust Secretary to ensure that all directors, governors and Trust staff are made aware of the manual and their responsibilities in respect of it. A key part of this is to ensure that an up-to-date version of the manual will at all times be available on the Trust's intranet and website.

Moving beyond this there is a recognition that the Corporate Governance Manual can be an unwieldy document to access and understand. It is therefore proposed that an abridged version be produced, focusing on providing clarity to managerial staff on the extent of and limits to their respective responsibilities and accountabilities. On reviewing the manual, it has been identified that there are some areas described that are not being followed in practice. These mainly relate to the processes for disposals and condemnations. This will be an area of focus in the communications that follow the approval of the updated manual. There will also be a simplified version of the business case development and approval process included.

4. Additional amendment since the July 2020 Audit Committee

Since the Audit Committee reviewed the document an updated Board Code of Conduct has been included.

5. Recommendation

The Board is asked to adopt the updated Corporate Governance Manual.

Liverpool Women's NHS Foundation Trust

Agenda Item	20/21/166

MEETING	**Trust Board**
PAPER/REPORT TITLE:	**Corporate Objectives 2020/21: Three Monthly Review**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**Assurance**
EXECUTIVE DIRECTOR:	Executives
AUTHOR(S):	Mark Grimshaw, Trust Secretary
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☐ 2. To be ambitious and *efficient* and make the best use of available resource ☒ 3. To deliver *safe* services ☒ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☒ 5. To deliver the best possible *experience* for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☐ ***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. ……* ☒ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☒ ***4.*** *Failure to deliver the annual financial plan ……* ☒ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☒ ***6.*** *Ineffective understanding and learning following significant events……* ☐ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☒
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE –*** *the services meet people's needs.* ☐ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ☒

	ALL DOMAINS ☒			
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☐ **2.** Operational Plan ☒ **3.** NHS Compliance ☒		**4.** NHS Constitution ☒ **5.** Equality and Diversity ☐ ***6.*** Other:	
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting			
RECOMMENDATION: ***(eg: The Board/Committee is asked to:-….)***	The Board is asked to note the position to date against the 2020/21 Corporate Objectives.			
PREVIOUSLY CONSIDERED BY:	**Committee name**		Not Applicable	
	Date of meeting			

Executive Summary

The Board of Directors reviewed the corporate objectives 2020/21 at its meeting on 7 May 2020 and formally approved them.

The cycle of periodic review usually involves the Committees and the Board reviewing progress on the Corporate Objectives on a six-monthly basis. In light of the Covid-19 pandemic, and to ensure that the objectives remain feasible and deliverable, it was agreed that the 2020/21 objectives be reviewed in three months and then again at six months. This report provides the three-month position.

Consideration of the corporate objectives have been given by each of the Board Committees, and they are now presented to the Board for noting.

Recommendation

The Board is asked to note the position to date against the 2020/21 Corporate Objectives.

Report

The Vision Aims and Values have been developed over a long period of time with input from the Board, Staff, Governors and Stakeholders.

Our vision:		To be the recognised leader in healthcare for women, babies and their families
Our strategic aims – WE SEE:	W	To develop a well led, capable, motivated and entrepreneurial Workforce;
	E	To be ambitious and Efficient and make best use of available resources;
	S	To deliver Safe services;
	E	To participate in high quality research in order to deliver the most Effective outcomes;
	E	To deliver the best possible Experience for patients and staff.
Our values – We CARE and we LEARN:		Caring – we show we care about people; Ambition – we want the best for people Respect – we value the differences and talents of people; Engaging – we involve people in how we do things; LEARN – we learn from people past, present and future.

To develop a Well Led, capable, motivated and entrepreneurial Workforce				
Proposed Corporate Objective	**Executive Lead**	**Relevant Strategy**	**Board Committee**	**3 month review comments**
Improving the Health & Wellbeing of the workforce by moving to upper quartile performance for % sickness absence and stress related absence incrementally between 2019-2021 as measured by the Annual Staff Survey	CPO	People Strategy	Putting People First	This remains a key area of focus for the Trust and has been further emphasised as a priority issue in the context of Covid. We are currently reviewing all mental health & psychological support provision for staff.
Improving the organisation's climate and increasing the overall staff engagement score (as measured by Annual Staff Survey & the Staff Friends & Family Test) to upper quartile for acute specialist Trusts incrementally between 2019-2021	CPO	People Strategy	Putting People First	This remains a key area of focus and feature of Divisional People Plans. The People Strategy and local People Plans are being reviewed in the context of the national People Plan published in August 2020.
Expanding the Trust's reach into its communities through extending its work experience, work training, guaranteed interview and apprenticeship schemes	CPO	People Strategy	Putting People First	Due to the pandemic the widening participation programme has been paused. Work is underway to identify virtual alternative methods of delivery.
Shaping workforce to meet operational needs through effective workforce planning and partnerships	CPO	People Strategy	Putting People First	Workforce planning both at local and system level remains a priority and active work is underway as part of the Phase 3 Recovery

To be ambitious and Efficient and make best use of available resources				
Corporate Objective – Proposed update	**Executive Lead**	**Relevant Strategy**	**Board Committee**	**3 month review comments**

Deliver the financial plan for 2020/21, achieving quarterly targets and optimising the opportunities for financial recovery funding through system working.	DoF	Operational Plan 2020/21	FPBD	The Trust agreed an annual budget on 23 June 2020 following previous iterations being considered from March 2020 onwards. 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 3 the Trust was reporting a breakeven position after an expected cumulative top up of £3.9m. An update on the financial regime is expected imminently and at the time of writing, it is maintained that this objective remains deliverable.
Deliver the operational plan for 2020/21, achieving quarterly targets and ensuring that appropriate actions are in place to respond to areas of underperformance.	COO	Operational Plan 2020/21	FPBD	Whilst an Operational Plan for 2020/21 was not agreed (due to national requirement being removed), the Trust has worked to ensure that reporting processes have been maintained, even in areas where external reporting has been paused. Performance reports have been received by the Board Committees and issues have been escalated through the Board performance report. The Covid-19 pandemic has had an impact on Trust performance and where this has applied, the reasons have been outlined with the attendant actions described. Whilst the achievement of the Trust's performance targets will continue to be challenged, this remains a valid objective and there will be a focus on ensuring that assurance is provided on the efficacy of the recovery actions being applied.

Demonstrate the effective use of resources in providing high quality, efficient and sustainable care, maintaining robust grip and control and ensuring that opportunities for improved working arising from the COVID-19 response are realised.	DoF	Operational Plan 2020/21	FPBD	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 £157k in month 3. The Trust had £3.7m of schemes identified before delivery was paused and will be well positioned to move forward with this when possible. Costs relating to Covid-19 expenditure 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-19 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. Work has been undertaken to capture the lessons learned from the Covid-19 response and the next step will involve agreeing which areas will be continued in Trust practice. This will remain an important objective throughout 2020/21, particularly in relation to planned and required service developments.

To deliver **S**afe services				
Corporate Objective – Proposed update	**Executive Lead**	**Relevant Strategy**	**Board Committee**	**3 month review comments**
Maintain regulatory confidence & compliance	CEO	All	All	Whilst some reporting regimes were paused or stood down during Covid-19, the Trust has maintained internal processes

				and has remained cognisant of changing and updated guidance, particularly through the Covid-19 oversight group. The BAF risk score relating to this objective was increased in June 2020. This was in recognition that there may be issues in meeting 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 Head of Governance on site. This issue is being monitored closely and this objective remains achievable.
Delivery of in-year Quality Strategy objectives including the delivery of a Quality Improvement Strategy	MD	Quality Strategy	Quality	The Clinical and Quality Strategy is under development and is scheduled for review ahead of approval by the Board in September 2020.
Deliver the objectives defined in the Trust LocSSIP Group's Terms of Reference	MD	Quality Strategy	Quality	The Quality Committee received assurance on progress being made on LocSSIP compliance. Whilst progress was recognised, the Committee agreed to monitor compliance on a quarterly basis.
Begin to embed ward accreditation across clinical areas during 2020/21	DoN&M	Quality Strategy	Quality	The following was reported to the July 2020 Quality Committee: Following initial baseline audits the plan was to undertake the full accreditation in the baseline 5 areas 6 months later. This has now been completed but not within the timeframes initially identified due to CQC and Covid-19. Neo-Nates achieved Gold Status, MLU Silver, Delivery Suite, Silver, Maternity Base, Silver. Gynaecology ward is awaiting validation. A further 6 areas (Bedford, Hewitt x 2, Theatres, Gynae opd and GED) have now been trained on the Quality metrics (monthly

				audits) and have commenced in May. They will be fully accredited after 6 months. The remaining areas will join the programme in a phased approach with all being included by the end of 2021.
Development of Clinical Strategy to ensure robust recovery plans following COVID-19 and that lessons are learned.	MD	Clinical Strategy	Quality	The Clinical and Quality Strategy is under development and is scheduled for review ahead of approval by the Board in September 2020. This includes references to how lessons from Covid-19 have informed the strategy.
Successfully deliver the final phase of the Neonatal new build time and to budget, as well as develop further capital investments into infrastructure which will enhance the safety of the service (blood bank, diagnostic, robotics). Develop relationships with other system providers to ensure estate utilisation and development takes into account the relevant needs of local partners.	COO/ DoF	Future Generations	FPBD	The Neonatal new build remains on time and to budget. The Trust has developed an additional capital plan to help enhance the safety of the service while on this site and while awaiting approval of the capital for the long-term preferred option. The Board recently approved a change to this moving £1.6m of expenditure into 2021/22 to support achievement of the wider Cheshire & Merseyside system plan. The Trust's recent strategy refresh has provided consideration on estate utilisation and this includes developing conversations with local partners. This objective remains achievable for 2020/21.
Working in partnership with providers and commissioners to ensure quality safe services are delivered to the population of the region and to ensure operational recovery post COVID-19. This will include working closely with the following:- • Cheshire and Merseyside Health & Care Partnership (STP) to develop and influence regional strategy • Liverpool Provider Alliance in supporting the One Liverpool Plan	COO / MD	Operational Plan	FPBD	The Trust has been working under a command and control structure since the Covid-19 outbreak and within this has ensured that support to other partners has been offered and provided when appropriate e.g. step-down beds provided for LUHFT, gynaecological hub for C&M and continuing progression of the neonatal partnership. Engagement specific to the stated objectives has continued.

• Alder Hey to implement the Neonatal Single Service on two sites • LUHFT to strengthen existing partnerships				Active partnership working is likely to continue to be a vital way of operating throughout 2020/21 and beyond. The Board has agreed to receive a quarterly partnership report to provide assurance on this area.
Electronic Patient Record project delivery - Identify, procure and begin to install a new record which meets the requirements of the organisation	MD	EPR Project Plan	FPBD / Quality	The Board agreed the EPR business plan in July 2020. The programme is scheduled to start in September 2020.
Develop IM&T as a strategic enabler ensuring that clinical systems are fit for purpose, forward focussed and embrace the wider strategic view of the health economy	DoF	IT Strategy	FPBD	The Trust has developed an updated IM&T Strategy that will focus on technology being a strategic enabler. Positive progress has been made to date with the use of virtual clinics.
Maintain appropriate staffing levels for the level required to maintain patient safety.	DoN&M	Quality & People Strategies	Putting People First	PPF Committee continues to review Safe staffing levels and take assurance from the director of Nursing & Midwifery
To implement the in-year objectives of the Fair & Just Culture Programme	CPO	People Strategy	Putting People First	Project integrated into substantial role of Talent & Culture Lead. Work progresses in accordance with annual workplan

To participate in high quality research in order to deliver the most Effective outcomes				
Proposed Corporate Objective	**Executive Lead**	**Relevant Strategy**	**Board Committee**	**3 month review comments**
Develop closer working relationships with University of Liverpool with respect to research and innovation	MD	R&D	Quality	Covid-19 research has provided a common focus and central research command and control process. LWH participated in this with the University of Liverpool and Liverpool Health Partners leading.
Successful implementation of the Trust's Research and Development Strategy to enhance the Research and Innovation capabilities of the Trust	MD	R&D	Quality	Progress remains positive and the objective remains achievable. A detailed update is scheduled for the Sept 2020 Quality Committee.

Work in partnership with the University of Liverpool to prepare for implementation of the Children Growing Up in Liverpool (C-GULL) programme in 2021/22	MD	R&D	Quality	The Trust continues to work with the University of Liverpool to prepare for implementation of the Children Growing Up in Liverpool (C-GULL) programme in 2021/22. The objective remains feasible.

To deliver the best possible Experience for patients and staff				
Proposed Corporate Objective	**Executive Lead**	**Relevant Strategy**	**Board Committee**	**3 month review comments**
Providing a patient focused experience, seeking feedback to further enhance our service provision whilst taking account of the pressures experienced by services.	DoN&M	Patient Experience Strategy	Quality	Detailed report provided to the June 2020 Quality Committee on how Liverpool Women's NHS Foundation Trust has responded to the Covid-19 Pandemic and the Patient Experience. The objectives remains feasible and achievable.

Delivery of the Future Generations Strategy				
Proposed Corporate Objective	**Executive Lead**	**Relevant Strategy**	**Board Committee**	**3 month review comments**
Support Commissioners and Regulators to agree strategic direction for Trust services, commencing with public consultation and Commissioner Decision Making Business Case.	CEO	Future Generations	Board specific	Whilst progress against this objective has been limited during the pandemic, this remains a key focus for the Trust. Activity in this area will recommence fully in September 2020. Areas of progression have included discussions with the new leadership of the HCP and the development of the City-wide estates strategy.
Work jointly with other providers and regulators to consider options for future collaborations and organisational form.	DoF	Future Generations	Board specific	The Trust has continued to work closely with other providers in a number of partnership arrangements. Future collaborations are being explored. Organisational form considerations will recommence in September 2020.
Retain Public and Staff Confidence through an effective Communications and Engagement Strategy	CPO	Future Generations	Board specific	Future Generations Strategy summary document produced for Board approval & external circulation Review of 'influence map' underway (Aug 20)

Liverpool Women's NHS Foundation Trust

Agenda Item	20/21/167

MEETING	**Board**
PAPER/REPORT TITLE:	**Membership Strategy**
DATE OF MEETING:	Thursday, 03 September 2020
ACTION REQUIRED	**Approve**
EXECUTIVE DIRECTOR:	Mark Grimshaw, Trust Secretary
AUTHOR(S):	Mark Grimshaw, Trust Secretary
STRATEGIC OBJECTIVES:	***Which Objective(s)?*** 1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☐ 2. To be ambitious and *efficient* and make the best use of available resource ☐ 3. To deliver *safe* services ☐ 4. To participate in high quality research and to deliver the most *effective* Outcomes ☐ 5. To deliver the best possible *experience* for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?*** ***1.*** *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust…….* ☐ ***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. ……* ☐ ***3.*** *The Trust is not financially sustainable beyond the current financial year……* ☐ ***4.*** *Failure to deliver the annual financial plan ……* ☐ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……* ☐ ***6.*** *Ineffective understanding and learning following significant events……* ☐ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance……* ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……* ☐
CQC DOMAIN	***Which Domain?*** ***SAFE-*** *People are protected from abuse and harm* ☐ ***EFFECTIVE -*** *people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☐ ***CARING -*** *the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☐ ***RESPONSIVE –*** *the services meet people's needs.* ☐ ***WELL-LED -*** *the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.* ☒

	ALL DOMAINS			☐
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution **2.** Operational Plan **3.** NHS Compliance	☒ ☐ ☒	**4.** NHS Constitution **5.** Equality and Diversity ***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 consider, and if deemed appropriate approve the addendum to the Membership Strategy.***			
PREVIOUSLY CONSIDERED BY:	**Committee name**		Not Applicable *Click here to enter text.*	
	Date of meeting		*Click here to enter a date.*	

Executive Summary

Background

Reflections on progress against the membership strategy objectives up until the end of 2018/19 were provided to a Governors' Communications and Membership Engagement Group in May 2019. It was reported that whilst there had some been some notable engagement successes (e.g. 'Get Involved' campaign in Liverpool City Centre in August 2018), activity had been tied to the on-going progress of the Trust's 'Future Generations' strategy which had slowed due to issues outside of the Trust's control. A number of the objectives set at the launch of the current Membership Strategy therefore remain pertinent and relevant for taking forward the Trust's approach to membership engagement. These can be characterised as 'enabling' objectives that need to be achieved before more far-reaching aims can be progressed.

These can be themed as follows:

- The need to data cleanse the Trust's membership database and improve contact information. This will improve the Trust's ability to communicate quickly and inexpensively with members.
- Improve the representation of several areas of the membership demographic through targeted recruitment
- Start to develop regular communications with members and improve links / accountability with governors.
- Improve engagement with particular groups e.g. young people

The December 2019 Communications and Membership Engagement Group was informed of a proposal to include membership engagement within a revised LWH Communications & Engagement Strategy from 2020/21 rather than creating a separate standalone Membership Strategy. The intention was to learn the lessons from the 2017-20 Membership Strategy and focus on 3-5 key activities during the year ahead that could be clearly monitored and impact measured.

Due to the Covid-19 outbreak and pandemic, progress on the revised LWH Communications & Engagement Strategy has been limited and as a result a year extension to the current document has been agreed. Whilst membership engagement has been referenced within the extended document, the detail is not as extensive as would have been in place in a fully revised document. It is therefore the proposal to agree the inclusion of an addendum to current Membership Strategy to provide this detail ahead of the comprehensive refresh in April 2021 (attached as appendix 1).

The addendum outlines several membership engagement objectives for 2020/21. The Covid-19 pandemic has meant that a focus on realistic and achievable goals is even more important. The effects of lockdown and social distancing will limit engagement options and in a time of increased pressure, it is vital that NHS resources are utilised effectively and for a clear purpose. Whilst foundation trusts are now entering into an uncertain landscape as the post Covid-19 pandemic recovery progresses, there are also undoubted opportunities that can be maximised. For instance, the pandemic has engendered an unprecedented amount of goodwill from the general public towards the NHS and interest in health and healthcare services will never be higher. It is therefore worthwhile to progress with membership engagement activity that reflects the current challenges and enables for effective planning ahead of a post Covid-19 environment. A key objective within the addendum is the development of a 'membership charter' to provide clarity on the 'offer' of membership. A draft of the 'membership charter' is included at the end of the addendum section.

There is a recognition that the Membership Strategy will require a comprehensive review and refresh prior to content being included within the 2021 LWH Communications & Engagement Strategy. This work will be undertaken with oversight provided by the Governors' Communications & Membership Engagement Group. A draft will be presented to the February 2021 Council of Governors meeting for review and comment.

The Council of Governors reviewed and approved the addendum to the Membership Strategy at their meeting on the 30 July 2020. It is a joint responsibility of the Council of Governors and the Trust Board to approve the membership strategy and therefore it is tabled at the Board for approval, with a recommendation from the Council of Governors.

Recommendation

The Board is asked to consider, and if deemed appropriate approve the addendum to the Membership Strategy.

Report

Liverpool Women's NHS Foundation Trust

NHS Liverpool Women's NHS Foundation Trust

Membership Strategy 2017-2020

With addendum for 2020-21

EXECUTIVE SUMMARY

Membership is at the heart of being an NHS Foundation Trust. It facilitates local accountability ensuring that those for whom the service exists – patients and the public – have an opportunity to shape, influence, comment upon and constructively challenge it as well as to positively promote it and be a part of celebrating its successes. By seeking to recruit a representative membership, listening to and involving our members, the Trust seeks to continuously improve its services with the involvement of those whose needs it aims to meet.

The membership strategy provides a 'roadmap' for the Trust's membership work. At its heart is the desire to make membership relevant, interesting and rewarding. Its key focus is on putting in place robust arrangements for ensuring that our members have a loud and clear voice within the organisation.

A key component of our membership work over the next three years will be to re-establish the objectives from the previous strategy that were not delivered, as well as developing new opportunities in response to recent engagement and insight, whilst simultaneously developing an approach that is aligned to the developments and changes to the local health economy and therefore making our approach to membership 'fit for future generations'.

1.0 OUR MEMBERS

1.1 Who are our members?

The Trust has two constituencies of membership – public and staff. As at 31 March 2017 the Trust had 8195 members, with a target of 11500 (3305 more members required). A breakdown of selected groups that are currently under or over represented is shown below.

Table 1: Trust membership as at 31 March 2017

Membership	% of area	Target Membership	Current Membership	Still to recruit	Representation
Geography (all areas)					
• Central Liverpool	25.8	2967	2821	146	OK
• South Liverpool	11.8	1357	1358	-1	HIGH
• North Liverpool	15.5	1782	1612	170	OK
• Sefton	30.6	3519	1263	2256	LOW
• Knowsley	16.4	1886	1141	745	OK
Ethnicity (selected groups)					
• White – British	89.14	10251	7281	2970	OK
• Mixed – Other mixed	0.44	51	26	25	LOW
• White - Other	2.01	231	74	157	LOW
• Asian or Asian British - Chinese	1.05	120	25	95	LOW
Other areas to grow membership					
17 - 21	7.07	813	62	751	LOW
22 – 29	16.87	1940	827	1113	LOW

We are committed to ensuring that our membership is representative of the populations we serve and the above are the individuals and groups who we will specifically aim to target to make our membership profile more representative of the population we serve.

2.0 OUR MEMBERSHIP ACHIEVEMENTS SO FAR

2.1 What have we achieved so far?

This membership strategy plan draws on our experience of recruiting and engaging members since the Trust was established as an FT in 2006. Our achievements and activities since becoming established include:

- Successfully recruiting over 11,000 public members;
- Engaging with our members at a wide range of Trust-based and community events such as 'Medicine for Members' meetings, health fairs and voluntary organisation meetings;
- Welcoming many hundreds of members and local people through the doors of Liverpool Women's Hospital each year as part of our annual members' meetings and open days;
- Keeping our members fully informed about 'what's going on' at the Trust via our Twitter account, our website and regular publication of our member newsletter 'Generations';
- Seeking our members' views on our plans.

3.0 STRATEGY AND PLAN PURPOSE

3.1 What is this strategy and plan for?

This document sets out the Trust's plans for:

- Achieving and maintaining a representative membership;
- Making membership relevant, interesting and rewarding;
- Increasing the quality and level of participation in the Trust's democratic structures to enable the organisation to achieve its aims and ensure good governance;
- Listening to our members and taking their views into account when we are planning developments and/or changes to our services;
- Encouraging our members to stand for election to the Council of Governors when vacancies arise;
- Providing an opportunity for our members to learn about the Trust, the services it provides and a range of healthcare issues that are directly relevant to women, babies and their families.

4.0 OUR OBJECTIVES

4.1 What do we want to achieve over the next three years?

Our objectives set out what we want to achieve between 2017 and 2020 in respect of membership. They are set out below. Each of the annual objectives will aim for a year end delivery but with quarterly updates on progress provided to the Patient Experience and Membership Committee to ensure they remain on track and on schedule.

4.2 Year One, 2017 – 2018

Year One, 2017 - 2018	
1	Maintain membership numbers and recruit to under-represented groups, namely students and young adults (17-29), ethnic minorities, and residents of Sefton. Use social media and appropriate public events, campaigns and workshops where appropriate to support achievement of this.
2	Analyse the quality of contact information the Trust has (e.g. email addresses and mobile telephone numbers) and begin targeted regular communications, aligned to their areas of interest. Also use demographic analysis to target member communications in order to get a better response.
3	Introduce email or text broadcast from Governors to members in their constituency to achieve better visibility of Governors and better connections between members and Governors.
4	Introduce a dedicated and regular communication feature within the Trust's standard channels and across sites (website, In the Loop, Intranet, social media, staff noticeboards) that showcases membership and Governor news, and the benefits of getting involved in order to increase recruitment and improve the quality of communication.
5	Introduce regular (minimum 1 per year) engagement events in Governor supported public settings based in areas or environments appropriate to target under-represented groups, with an aim to recruit. This should begin with a focus on young people as the initial target audience and could be led by the Experience Senate for delivery.

7.3 Year Two, 2018 - 2019

Year Two, 2018 - 2019	
6	Put in place arrangements to involve members and patients in a number of identified committees/groups within the Trust that is concerned with quality (to include training and support and code of conduct and confidentiality issues).
7	Link with local schools, colleges and universities, possibly in collaboration with other local Trusts to serve as a 'Membership Open Space' where young people can pursue information about careers in the NHS whilst also learning the benefits of membership.

7.4 Year Three, 2019 – 2020

Year Three, 2019 - 2020	
8	Develop a core 'active members' database who can assist the Trust in a work experience/volunteering capacity around FT activities, such as AMM support and public/membership engagement.
9	Put in place arrangements to involve members and patients in the recruitment of new staff during the selection and interview process to promote wider membership involvement.

7.5 Across the years

Some activities will routinely happen across the three year life of this strategy and plan. They are:

Across the years	
A	Consult and involve members in all engagement opportunities with respect of the Trust's Fit For Future Generations programme.
B	Proactively encourage members to consider standing for election to the Council of Governors.
C	In line with the Communications, Marketing & Engagement Strategy which shows a desire to involve Governors more within Trust activities, the delivery of the above objectives will all be co-designed with Governor involvement at their core, with particular involvement of the Experience Senate to help lead engagement related actions.

8.0 Next steps

This strategy will be delivered on an annual basis from 2017-20 with specific deliverables and objectives being incorporated into the Communications, Marketing & Engagement Team's annual operational plans to allow regular feedback and benchmarking of achievements.

9.0 2020/21 MEMBERSHIP STRATEGY ADDENDUM

9.1 Background

9.2 Reflections on progress against the membership strategy objectives up until the end of 2018/19 were provided to a Communications and Membership Engagement Group in May 2019. It was reported that whilst there had some been some notable engagement successes (e.g. 'Get Involved' campaign in Liverpool City Centre in August 2018), activity had been tied to the on-going progress of the Trust's 'Future Generations' strategy which had slowed due to issues outside of the Trust's control. A number of the objectives set at the launch of the current Membership Strategy therefore remain pertinent and relevant for taking forward the Trust's approach to membership engagement. These can be characterised as 'enabling' objectives that need to be achieved before more far-reaching aims can be progressed.

These can be themed as follows:

- The need to data cleanse the Trust's membership database and improve contact information. This will improve the Trust's ability to communicate quickly and inexpensively with members.
- Improve the representation of several areas of the membership demographic through targeted recruitment
- Start to develop regular communications with members and improve links / accountability with governors.
- Improve engagement with particular groups e.g. young people

9.3 The December 2019 Communications and Membership Engagement Group was informed of a proposal to include membership engagement within a revised LWH Communications & Engagement Strategy from 2020/21 rather than creating a separate standalone Membership Strategy. The intention was to learn the lessons from the 2017-20 Membership Strategy and focus on 3-5 key activities during the year ahead that could be clearly monitored and impact measured.

9.4 Due to the Covid-19 outbreak and pandemic, progress on the revised LWH Communications & Engagement Strategy has been limited and as a result a year extension to the current document has been agreed. Whilst membership engagement has been referenced within the extended document, the detail is not as extensive as would have been in place in a fully revised document. It is therefore the intention of this addendum to provide this detail ahead of the comprehensive refresh in April 2021.

9.5 Objectives 2020/21

9.6 As noted, the intention for the membership engagement section of the 2020/21 Communications & Engagement Strategy refresh was to learn lessons from the 2017-20 Membership Strategy and focus on 3-5 key 'enabling' membership objectives. The Covid-19 pandemic has meant that a focus on realistic and achievable goals is even more important. The effects of lockdown and social distancing will limit engagement options and in a time of increased pressure, it is vital that NHS resources are utilised effectively and for a clear purpose.

9.7 Whilst foundation trusts are now entering into an uncertain landscape as the post Covid-19 pandemic recovery progresses, there are also undoubted opportunities that can be maximised. For instance, the pandemic has engendered an unprecedented amount of goodwill from the general public towards the NHS and interest in health and healthcare services will never be higher. It is therefore worthwhile to progress with

membership engagement activity that reflects the current challenges and enables for effective planning ahead of a post Covid-19 environment. The following objectives have been set within this context and are focussed on strengthening the Trust's membership engagement capacity to enable further work to be carried out into 2021/22.

Year Four, 2020 - 2021	
10	Develop new categories of engagement level – 'inform' and 'involve'. • Inform - receive information and updates from us about important changes to healthcare • Involve - receive information, and be involved, from time to time, in activities, such as focus groups, surveys, consultations and be invited to attend health events To ensure that email addresses are held for members who choose the 'involve' option.
	Purpose: To cleanse the Trust's membership database and ensure that we have the appropriate contact information for those members who wish to communicate with the Trust on a regular basis.
	Measure: All members categorised into engagement levels on the existing MES database system and to have email addresses for all members who identify as wanting 'involve' level engagement.
11	Publish and communicate a membership charter (appendix 1)
	Purpose: To provide clarity on what it means to be a member of the Trust, supporting the categorisation of engagement levels and recruitment.
	Measure: Membership Charter agreed by the Council of Governors, published on the Trust website and circulated to members via email (reference included within 2020 election material).
12	Develop and deliver a programme of 'Behind the Scenes' events following a canvass of opinion from members on what areas would be popular. These will be virtual at first and then moved into physical locations when appropriate (whilst maintaining virtual option). These will be followed by 'governor sessions' to enable members to discuss issues with governors.
	Purpose: To improve engagement with members and links with governors.
	Measure: Four 'Behind the Scenes' events to be held before the end of March 2021.
13	Develop enhanced links with organisations aligned to underrepresented groups to improve engagement and involvement with these demographics
	Purpose: Improve the representation of several areas of the membership demographic through targeted recruitment
	Measure: Formal connections made with organisations aligned to underrepresented groups with evidence fed back to the Communications & Membership Engagement Group of feedback sought and received.
14	To improve links with young people e.g. through the Young People Forum in place at Alder Hey NHS Foundation Trust.
	Purpose: Improve engagement with particular groups e.g. young people
	Measure: Mechanism for feedback from young people established and reporting to the Communications & Membership Engagement Group
15	Improve connection and accountability between governors and members
	Purpose: To develop regular communications with members and improve links / accountability with governors.

	Measure: Mechanisms such as using video summaries post meetings, quarterly e-briefing and producing a governor annual report in place.

Looking ahead to 2021/22

Preparation for 2021/22 and beyond	
16	Detailed review of membership profile to understand low levels of representation and engagement for targeted improvement actions.
17	Canvass members regarding preferred communications methods.
18	Development of a detailed calendar of events for membership engagement opportunities.
19	Development of an 'engagement toolkit' for governors to support them in their engagement with members.
20	Develop practical advice and guidance on how members can support the Trust and fulfil their role outlined in the Membership Charter

Membership Charter

We aim to ensure that our members have every opportunity to play a meaningful part in shaping our vision, determining, and developing our standards and building on the high quality of care for which we are recognised.

Our vision is of a broad base membership reflecting the diversity of the communities that we strive to serve.

What members should expect from the Trust:

As a Member of the Foundation Trust, you:

- ✓ Will receive communications regarding the Trust and the services it provides to keep you up-to-date.
- ✓ Will have the opportunity to 'have your say' about the Trust and have the chance to understand or question any planned changes to the organisation that matter to you and others.
- ✓ Will be invited to attend free events for Members, such as 'behind-the-scenes' tours of the Hospital. We also run talks for our Members, this is where staff from different departments provide an overview of their work.
- ✓ Are welcome to attend our quarterly Council of Governors meetings and also our Annual Members Meetings, meet staff and Governors, and hear first-hand about the Trust's ongoing work and plans.
- ✓ Have the opportunity to access a wide range of NHS staff discounts through joining the website 'Health Service Discount' (external link, opens in new window).

The Role of Trust Members:

- ✓ Be a voice of your community, telling us about the needs and expectations of your local community relating to the services of the Trust.
- ✓ Take an interest in the work of the Trust and help signpost members of the public to accurate sources of information.
- ✓ Encourage others to become members of the Trust
- ✓ You will be able to vote for Governors in elections that happen in your constituency.
- ✓ As well as voting, you can run for Governor when the opportunity arises and represent the voice of the Members in your constituency.