

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

Council of Governors Meeting

14 May 2020



Meeting of the Council of Governors
Thursday 14 May 2020 at 1730
Virtual Meeting via Microsoft Teams

| Item no. 2020/21 | Title of item | Objectives/desired outcome | Process | Item presenter | Time allocated to item | CQC Fundamental Standard |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------|----------------------------------------|------------------------|--------------------------|
| 001 | Welcome & Apologies for absence | Receive apologies | Verbal | Chair | 1730 | Well led |
| 002 | Meeting guidance notes | Receive and note | Written guidance | Chair | | Well led |
| 003 | Declarations of interest | Identify and avoid conflicts of interest | Verbal | Chair | | Well led |
| 004 | Minutes of the previous meeting | Confirm as an accurate record the minutes of the previous meeting | Written minutes | Chair | | Well led |
| 005 | Matters arising and action log | Provide an update in respect of any matters arising | Verbal | Chair | | Well led |
| 006 | <ul style="list-style-type: none"> Chair's announcements Chief Executive's Update | Report recent and announce items of significance not elsewhere on the agenda | Verbal | Chair, CEO & Executive Directors | 1735 (15mins) | Well led |
| MATTERS FOR RECEIPT / APPROVAL | | | | | | |
| 007 | Minutes from the Combined Sub-Group Meeting held 20 April 2020 | Receive minutes for assurance | Written | Chair | 1750 (5mins) | Well Led |
| 008 | COVID-19 – Assurance on Trust response | For assurance | Written | Director of Operations | 1755 (20mins) | Well Led |
| 009 | CQC Inspection Report | For assurance | Written | Medical Director / Interim Director of | 1815 (15mins) | Well Led |

| Item no. 2020/21 | Title of item | Objectives/desired outcome | Process | Item presenter | Time allocated to item | CQC Fundamental Standard |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------|----------------------------------------------|------------------------|--------------------------|
| | | | | Nursing & Midwifery | | |
| 010 | 2019/20 Year-End Update <ul style="list-style-type: none"> Regulatory changes Annual Report & Accounts progress Provider Licence – Governor Assurance Financial performance | | Presentation | Trust Secretary / Director of Finance / NEDs | 1830 (20mins) | Well Led |
| ITEMS FOR INFORMATION AND DISCUSSION | | | | | | |
| 011 | Review of risk impacts of items discussed | Identify any new risk impacts | Verbal | Chair | 1850 (5mins) | Well Led |
| 012 | Any other business | Consider any urgent items of other business | Verbal or written | Chair | | Well Led |
| 013 | Review of meeting | Review the effectiveness of the meeting | Verbal | Chair / all | Meeting end 1855 | Well Led |

Date, time and place of next meeting: TBC (Currently 30 July 2020)

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

COUNCIL OF GOVERNORS

Minutes of a meeting held on Thursday 13 February 2020 at 17:30
in the Lecture Theatre, Blair Bell Education Centre, Liverpool Women's Hospital

Present:

| | |
|------------------------|-----------------------------------------------|
| Mr Robert Clarke | Chair |
| Mrs Mary Doddridge | Public Governor (Central Liverpool) |
| Mr Adrian O'Hara | Public Governor (North Liverpool) |
| Ms Sara Miceli-Fagrell | Public Governor (South Liverpool) |
| Ms Carole McBride | Public Governor (Sefton) |
| Mrs Jackie Sudworth | Public Governor |
| Ms Evie Jefferies | Public Governor (Rest of England & Wales) |
| Mrs Denise Richardson | Public Governor (Rest of England & Wales) |
| Ms Kate Hindle | Staff Governor |
| Mrs Gillian Walker | Staff Governor |
| Mrs Mary McDonald | Appointed Governor (Community/voluntary/orgs) |

In Attendance:

| | |
|---------------------|-----------------------------------|
| Mrs Kathryn Thomson | Chief Executive |
| Dr Andrew Loughney | Medical Director |
| Mrs Michelle Turner | Director of Workforce & Marketing |
| Mrs Jennifer Hannon | Director of Finance |
| Ms Caron Lappin | Director of Nursing & Midwifery |
| Mr Gary Price | Director of Operations |
| Dr Susan Milner | Non-Executive Director |
| Ms Tracy Ellery | Non-Executive Director |
| Mr Ian Knight | Non-Executive Director |
| Mr Paul Buckingham | Interim Trust Secretary |
| Mr Mark Grimshaw | Trust Secretary Designate |

Apologies:

| | |
|---------------------------|------------------------------------------------------|
| Mr Isaac Olaitan Okeya | Public Governor (Central Liverpool) |
| Mr Si Jones | Public Governor (North Liverpool) |
| Mrs Janice Mayer | Public Governor (South Liverpool) |
| Ms Pat Speed | Public Governor (Sefton) |
| Reverend Anne Lawler | Public Governor (Knowsley) |
| Mrs Pauline Kennedy | Staff Governor (Midwives) |
| Councillor Patricia Hardy | Appointed Governor (Sefton Council) |
| Reverend Cynthia Dowdle | Appointed Governor (Faith Organisations) |
| Mr Phil Huggon | Non-Executive Director |
| Mr Tony Okotie | Non-Executive Director (Senior Independent Director) |
| Ms Louise Kenny | Non-Executive Director |
| Ms Jo Moore | Non-Executive Director |

069 **Welcome and Apologies for absence**
Apologies as noted.

The Chair introduced Mark Grimshaw, as the newly appointed Trust Secretary who would commence in the position as of 2 March 2020.

070 Meeting guidance notes

Received and noted.

071 Declarations of Interests

The Council reviewed the Governor Register of Interests declared as of February 2020.

Declarations of interest were received from Denise Richardson who declared a temporary work assignment at Northwest Boroughs Healthcare NHS Foundation Trust and Mary McDonald whose daughter worked in a communications role for NHS England and son-in-law who worked for DICT8 (medical transcription service for which the Trust was a client). It was confirmed that both would be added onto the register.

The Council of Governors:

- Noted the content of the registers and subsequent additions

072 Minutes of the previous meeting held 6 November 2019

The minutes of the previous meeting held on 6 November 2019 were reviewed and agreed as a true and accurate record.

073 Matters arising and action log

There were no matters arising nor outstanding actions.

074 Chair's Announcements and Chief Executive's Update

The Chair informed the Council that an unannounced Care Quality Commission (CQC) inspection had taken place 3rd – 5th December 2019 and the CQC Well Led inspection had taken place 14th – 16th January 2020. He thanked the governors for their input in the well led inspection focus groups with the CQC inspectors. The Council would be notified when the final inspection report was received.

The Governors noted the introduction of a Leadership Development Programme: Shadow Board provided to senior operational and management staff to support development into Board roles.

The Neonatal Capital Build Programme had progressed well within budget and timescales. The Chairman informed the Council that the first phase had been completed and the new unit was opened on 10 February 2020. An informal open day had taken place on 7 February 2020 to mark the occasion which included local school children burying a time capsule with aspirations for the future and pictures. An official opening ceremony was being planned for late Summer.

The Chairman informed the Council that the Little Woollens Shop Launch had taken place on 20 January 2020. He reported that the launch event included celebrating the shop opening, launched a new children's book, 'Kara and Lyla's Big Surprise' which is being sold in aid of Liverpool Women's Hospital Charity and had been a thank you event to the knitting and shop volunteers.

The Chief Executive informed the Council that clinical staff had recently been engaged in a Nursing, Midwifery and Allied Health Professionals event which launched the new NM&AHP Strategy and celebrated 25 years of Liverpool Women's Hospital opening. Celebratory events would continue

throughout the year to mark this occasion alongside the 200th anniversary of Florence Nightingale which will be celebrated more formally in May 2020.

The Council noted the dedicated to excellence awards would be taking place on 9 April 2020.

The Chief Executive informed the Council of a presentation delivered to the Board by representatives from the University of Liverpool relating to an exciting joint study with the hospital. She recommended that the Governors receive a similar update in the future.

The Council of Governors:

- Received and noted the verbal briefings from the Chair and Chief Executive.

075 **Activity Report from the Governor Group Meetings**

The Chair, Susan Milner, Denise Richardson and Gillian Walker briefed the Council on matters considered during the following meetings:

- Finance and Operational Performance Group – 28 January 2020
- Quality and Patient Experience Group – 27 January 2020
- Communication and Membership Engagement Group – 12 December 2019

The Chair informed the Council that Tracy Ellery had taken over the role as Audit Committee Chair from Ian Knight. Denise Richardson advised that those that had attended the Finance and Operational Performance Group had requested information in relation to the Charitable Funds to be considered at a Council of Governor meeting and noted item 80 addressed this request.

The Council of Governors:

- Received and noted the Activity Reports from Governor Group Meetings.

076 **Nominations Committee Report**

The Nominations & Remuneration Committee met on 27 January 2020 and considered the following agenda items:

- NHS England / NHS Improvement – Guidance Documents
- Benchmarking – Non-Executive Director Remuneration
- Council of Governors – Role & Responsibilities

The Interim Trust Secretary reported that after consideration the Committee recommended that the Council endorse the decision that no adjustments should be made to the remuneration levels for the Trust Chair and non-Executive Directors, endorse a transition to the recommended annual appraisal process by 2021, and approve the adoption of a formal Role and Responsibilities document for the Council of Governors.

The Council of Governors:

- Approved the recommendations.

077 **Nominations & Remuneration Committee – Terms of Reference**

The Council was reminded of the proposed amendments to the Nominations & Remuneration Committee Terms of Reference which related to; quorum for Committee meetings, maximum term of office and amendment of the review period from one year to two years. The Terms of Reference

had been brought back to the Committee for formal approval as the previous meeting had not been quorate. The Council reviewed and approved the draft Terms of Reference.

The Council of Governors:

- Formally approved the amended Terms of Reference

078 **Briefing on timetable for Annual Plan, Budget Setting and Annual Report (including Quality Report)**

The Director of Finance provided a presentation to the Council detailing the planning process and timescales associated with the preparation and completion of the annual plan, budget setting and annual report and accounts. She highlighted the prescriptiveness of the content and the tight timeline set by NHSI/E to prepare the range of reports which was a challenge across the organisation to complete.

The Director of Operations provided further details relating to the operational performance metrics and advised as per previous years the locally selected indicator to be included within the Quality Report needed to be agreed by the governors. The Council was asked to consider the 31- and 62-day cancer targets as recommended by external auditors. The Medical Director advised that the 62-day cancer target would be preferable to test as it recorded the complete pathway from referral, to diagnostics and treatment. Gillian Walker, Staff Governor confirmed that this target would be beneficial to audit from a gynaecological perspective. Kate Hindle, Lead Governor asked could the 62-day target be appropriately audited following the issue identified during the previous year when the selected indicator could not be audited. The Interim Trust Secretary confirmed that this target was auditable as the data was already recorded by the performance team and provided externally. He also confirmed that the target had been tested by auditors who agreed sufficient data was available to audit prior to the recommendation being brought before the Council. It was clarified that this would be a lookback exercise over 2019/20, therefore any changes to national targets in the future would not impact on the chosen indicator. The Council approved the 62-day cancer target as the locally selected quality indicator.

The Council of Governors:

- Received and noted the verbal briefing.
- Approved the locally selected Quality Indicator: 62 Day Cancer Target

079 **Outcomes of Council of Governors Effectiveness Survey**

The Interim Trust Secretary reported that the Governors had been invited to take part in an annual effectiveness survey which took the form of an online survey during January 2020. The Council noted a response rate of 61% and an overall extremely positive outcome with 27 green-rated questions, 5 amber-rated questions and 2 red-rated questions.

To consider the outcomes further the Governors participated in a table top exercise to consider the amber rated / red rated outcomes that suggested action is required.

The Governors considered and provided a response to the following questions:

- Barriers to participation / Council agenda items
- Learning & Development for Governors
- Governors – public / member engagement

On completion of the workshop, the Interim Trust Secretary thanked those present for providing further feedback and advised that he would meet with the Chair and Lead Governor to consider the responses further.

080 Charitable Funds – Fundraising Engagement and Priorities

The Director of Workforce provided a presentation providing an overview of the Liverpool Women's Charity, its fundraising successes and the development of the Charity Strategy. She invited the Council to consider the following two questions and asked the Governors to email any comments and suggestions back to herself by the end of February 2020.

- What should Liverpool Women's Charity focus be for the next 2 years?
- What are the top 3 things we would want to fundraise for?

Michelle Turner informed the Council that the Board would be asked to consider the same questions, from which the responses would be used to inform development of the Charity Strategy.

Denise Richardson, asked should the Trust work with more corporate partners. Michelle Turner responded that attaining charitable partners is highly competitive and as a small Trust we needed to use a targeted approach towards niche markets.

081 Review of risk impacts of items discussed

The Council noted no new risks following discussions held.

082 Any other Business

The Chair formally thanked Paul Buckingham for his support and guidance during the interim period.

083 Review of meeting

The Chair noted the benefit of workshop-style sessions and suggested that the agenda timings should be reviewed to accommodate more time for the workshop discussions.

Date, time and place of next meeting

The next Council of Governors meeting will take place at 17:30, Thursday 14 May 2020 in the Lecture Theatre, Blair Bell Education Centre, Liverpool Women's Hospital.

Council of Governors
14 May 2020
Action Log

| Meeting date | Minute Reference | Action | Responsibility | Target Dates | Status |
|------------------|------------------|----------------------------------------------------------------------------------|-------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13 February 2020 | 19/20/74 | Council of Governors to receive a presentation on the C-Gull Research Project | Director of Operations | Paused | This item will be scheduled for an appropriate date. |
| 13 February 2020 | 19/20/79 | To progress responses to findings from Council of Governors Effectiveness Survey | Trust Secretary / Chair | Paused | Progress has been made in relation to facilitating Virtual Meetings and it has been agreed that this will continue once 'normal' meetings are being held. Other issues raised in the survey are being reviewed as to what can be delivered in the current context. |

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| | Completed actions: concluded before the next board or on the agenda of the next Board |
| | Progress paused due to Covid-19 pandemic |
| | In Progress - either at Committee stage or awaiting presentation at Board or Board workshop |
| | in progress - missed original deadlines agreed at Board |

Notes from the Council of Governors Combined Sub-Group
Monday 20 April 2020 at 1730hrs
Virtual Meeting via Microsoft Teams

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| | <p>Attended by: Pat Speed, Jackie Sudworth, Mary McDonald, Denise Richardson, Valerie Fleming, Cynthia Dowdle & Evie Jefferies</p> <p>Board Members: Robert Clarke (Chair), Tony Okotie, Ian Knight, Susan Milner, Phil Huggon, Jo Moore, Tracy Ellery, Kathy Thomson, Andrew Loughney, Gary Price, Jenny Hannon, Michelle Turner</p> |
| 001 | <p>Apologies for absence Kate Hindle & Gaynor Hales</p> |
| 002 | <p>Meeting Guidance notes Noted</p> |
| 003 | <p>Declarations of interest None</p> |
| 004 | <p>Trust Chair Updates</p> <p>The Trust Chair noted that whilst the situation regarding Covid-19 was challenging the statutory responsibilities of the Council of Governors to hold the Non-Executive Directors to account and to represent the views of Trust members remained in place. The purpose of the meeting was, in the main, to outline the assurance processes in place at the Trust and the key areas of assurance that the Non-Executive Directors had been seeking since the start of the pandemic. It was also noted that it would be useful if governors could outline any feedback they had received from members of the public regarding the Trust, particularly in relation to how it was managing the response to COVID-19.</p> <p>The Chair stated that thoughts and wishes were with Caron Lappin, Director of Nursing and Midwifery, as she recovered from illness. It was noted that Ms Gaynor Hayles had started as Interim Director of Nursing and Midwifery from 31 March 2020. The Board's Nomination and Remuneration Committee had taken an out of meeting decision to support the CEO in making a timely interim appointment. This decision would be ratified at the next formal meeting of the Nomination and Remuneration Committee (virtual or otherwise).</p> |
| 005 | <p>COVID-19 – Assurance on Trust response</p> <p>The Chair invited Non-Executive Directors to outline the work of the Board Committees to gain assurance regarding the Trust's response to and management of the Covid-19 pandemic.</p> <p>Dr Susan Milner noted that two Quality Committee meetings had been held virtually and these had progressed well with the support of a streamlined agenda and focused reports. The Committee had received an in-depth position update with regards to the planning and management of patient services in relation to Covid-19 and the potential impact on quality. The Committee had noted the Trust decision to maintain internal monitoring despite a national pause in the requirement to provide external monitoring. It was also noted that wards were currently safely staffed. The Committee was assured by active surveillance measures of all patients that have had a cancelled operation to prevent causing harm. The regional approach to Homebirth options was also noted and acknowledged that the safest option would be to attend hospital at this time. The Medical Director noted that gynae related cancers continued</p> |

to be treated and that maternity services (other than homebirths) were also progressing with alternations to ways of working.

Pat Speed queried which services had been placed 'on hold'. Following instruction from the centre, the Medical Director noted that benign gynaecology and fertility treatments had been paused. Patients were being monitored for potential harm via delay through telephone calls and close working with GPs. The Chair noted that the Quality Committee had sought assurance on how the process of prioritisation was being determined.

It was queried whether women at the end of the age threshold for accessing IVF treatment would have their eligibility extended whilst fertility services were paused. The Medical Director noted that the Trust was taking direction from The Human Fertilisation and Embryology Authority (HFEA). It was likely that the eligibility period would be extended for those women impacted.

It was asked how key messages were being communicated to patients and the public. The Director of Workforce & Marketing noted that it was dynamic situation and therefore social media had been utilised as much as possible. A key challenge had not been to overload public and patients with changing messages. An initiative in which a consultant obstetrician recorded video responses to questions received by the public regarding maternity services ('Ask Alice') had proven to be popular. The Trust was particularly interested in encouraged women to present to the hospital if they were concerned regarding reduced foetal movements. A key focus going forward would be to ensure that information was being provided to gynaecology patients to the same extent.

It was noted that restrictions had been placed on birthing partner access and it was queried how the Trust was managing this. It was noted that couples had a direct link with midwives and communication was being maintained through the website and social media. The Medical Director noted that post-natal visits had been rationalised with contact maintained through midwives.

It was queried whether there had been any concerns regarding PPE at the Trust. The Medical Director explained that public health guidance had been followed and the issue was discussed on a daily basis with clinical colleagues. The Trust had taken a decision to ensure that a higher specification of PPE above that recommended was utilised where possible. There had been no issues to date and there had been examples of mutual support for resources across the region.

Tony Okotie provided an overview of the work that had been undertaken by the Putting People First Committee. In the short term, the Committee was interested in the action the Trust had taken to maintain staff wellbeing. It was noted that the staff side chair was a member of the Committee and had remarked on the positive steps taken by the Trust in this respect.

It was queried what the current staff sickness levels were. The Director of Workforce & Marketing reported that there were 10% of staff currently off with Covid-19 issues. A further 6% staff were recorded as being sick for non Covid-19 issues. The Trust was performing better than most larger acute sites but was still challenged by the rate of absence. Action had been taken to ensure that staff were trained so that they could move around the organisation should a particular area become pressured. The Trust was aware of the minimum staffing requirement for all clinical areas.

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| | <p>Jo Moore reported that the Finance, Performance and Business Development Committee had reviewed the financial and operational impacts of the Covid-19 pandemic. It was recognised that a balance was required between providing sufficient focus on the issues posed by Covid-19 whilst ensuring that business as usual continued as much as was practicable. Assurance had been provided that work was underway to develop recovery plans and the Committee would continue to monitor this. The Committee had also requested that costs relating to Covid-19 be reported on a monthly basis.</p> <p>The Medical Director reported that the Trust would be temporarily suspending its homebirth service until further notice. This decision had not been taken lightly but was in the best interests of keeping women and babies safe whilst they were in our care. This decision had also been made collaboratively with the Local Maternity System across Cheshire and Merseyside, resulting in most providers in the region taking the same course of action as Liverpool Women's. It would be reviewed on a weekly basis.</p> |
| 006 | <p>CQC Report</p> <p>The Chair noted that the CQC inspection report for the Trust was expected to be published at some point during the week. The Chair proceeded to draw attention to the key highlights in the report:</p> <ul style="list-style-type: none"> • The Trust had retained an overall rating of 'good' • The Maternity service had been rated as 'outstanding' for responsiveness and 'good' overall • The Gynaecology Service had been rated as 'requires improvement' • The Trust had been in receipt of a Warning Notice regarding medicine management. Issues had been immediately corrected with strengthened processes put into place. <p>It was queried whether the 'requires improvement' rating for the Gynaecology Service was related to the warning notice. It was explained that there were a range of issues that led to the 'requires improvement' rating. The Chair added that these issues were recognised by the Trust. It was noted that a more detailed report on the CQC inspection would be provided to the full Council of Governors meeting in May 2020.</p> |
| 007 | <p>Council of Governors – May 2020 and July 2020 meetings</p> <p>The Trust Secretary noted that whilst the Covid-19 pandemic had meant that governance meetings had been streamlined, there remained key decisions that required to be discharged. Attention was drawn to the report which highlighted the key decisions and areas of assurance that the Council of Governors were scheduled to receive in May and July 2020.</p> |
| 008 | <p>Any Other Business</p> <p>None noted.</p> |
| 009 | <p>Review of the Meeting</p> <p>Several governors expressed that they had found the virtual format of the meeting easy to use. It was suggested that when 'normal' business resumed, it would be useful for virtual meeting capacity to be retained in order to encourage greater engagement from the Council of Governors, particularly from those who could be challenged to attend physical meetings for several reasons.</p> |

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| | <p>The Chair noted that the possibility of forming a smaller group of the Lead Governor and the Chair's of the respective governor sub-groups to support the development of initiatives to improve governor engagement and involvement.</p> |
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| | | Agenda Item |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| MEETING | Council of Governors | |
| PAPER/REPORT TITLE: | COVID-19 – Assurance on Trust response | |
| DATE OF MEETING: | Thursday, 14 May 2020 | |
| ACTION REQUIRED | Assurance | |
| EXECUTIVE DIRECTOR: | Gary Price, Director of Operations | |
| AUTHOR(S): | Mark Grimshaw, Trust Secretary | |
| | | |
| STRATEGIC OBJECTIVES: | <p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial workforce <input checked="" type="checkbox"/></p> <p>2. To be ambitious and efficient and make the best use of available resource <input checked="" type="checkbox"/></p> <p>3. To deliver safe services <input checked="" type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most effective Outcomes <input checked="" type="checkbox"/></p> <p>5. To deliver the best possible experience for patients and staff <input checked="" type="checkbox"/></p> | |
| LINK TO BOARD ASSURANCE FRAMEWORK (BAF): | <p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input type="checkbox"/></p> <p>2. Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input checked="" type="checkbox"/></p> <p>3. The Trust is not financially sustainable beyond the current financial year..... <input checked="" type="checkbox"/></p> <p>4. Failure to deliver the annual financial plan <input type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></p> <p>8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/></p> | |
| CQC DOMAIN | <p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, <input type="checkbox"/></p> | |

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

Report

1. Introduction

COVID-19 (Coronavirus) originated in China in December 2019 and rapidly spread through Asia and Europe. The NHS declared the coronavirus outbreak a national major incident on 3rd March 2020 requiring NHS Trusts to respond under the Civil Contingencies Act (1994).

On March 11th 2020 the World Health Organization (WHO) declared this a global pandemic.

The major incident response requires business continuity measures to be enacted, potentially for several months with an unpredictable end date. Whilst high level detail on the action the Trust has taken to respond to the pandemic will be outlined, the main aim of this report is to highlight the work that has been undertaken by the Board to ensure that robust assurance processes are in place.

2. Summary of key actions

A flu pandemic is a "rising tide" event. These events typically continue for several months with slow and unpredictable sustained progression, a peak and a slow, unpredictable and sustained regression. Rising tide events are therefore one of the most challenging type of business continuity events to manage over a sustained period.

The Trust in response has enacted business continuity measures in response to this major incident. The Trust has an established major incident policy and business continuity plans that are regularly reviewed by the Emergency Planning Resilience and Response Committee that reports to the Trust Board. In addition, for this type of major incident the Flu Pandemic Plan has also been considered.

Impact to Services:

- Fertility services: Due to COVID-19 The Hewitt Fertility Centre have made the very difficult decision to put fertility treatments on hold. Please visit The Hewitt Fertility Centre website for most up-to-date details.
- Maternity services: Maternity services are running as normal
- Community Midwifery: Clinics are still running, however patients are advised not to bring any family members with them to the GP Surgery, Children's Centre or Hospital during this time.
- Gyane Emergency Department: Telephone triage line introduced for Gynaecology Emergency Department.
- General Gynaecology: As a result of COVID-19 and government guidance, the Trust has suspended our face-to-face elective gynaecology services. Some clinics are being held virtually and all elective appointments will be rescheduled once possible.
- Oncology: Our cancer clinics and surgery continue to run and there are no plans at present to step down or suspend these services. Every measure is being taken to ensure that critical cancer care continues to be delivered in the safest and most efficient way to protect our patients and our staff during this difficult time.
- Termination of Pregnancy: The Bedford Centre's services will continue and there are no plans to suspend this. However, some changes to the Bedford Centre's services have been necessary to support the wider hospital, and to ensure that care is delivered safely and with minimum face-to-face contact.
- Home births: Services were paused from 21 April 2020 in line with a regional response to reduce risk and maintain safety. This was reviewed on a weekly basis and reinstated w/c 4 May 2020.

Supporting Neighbouring Trusts:

To help support our neighbouring Trusts we have been advised to create additional capacity within Gynaecology. As a result from Monday 30th March 2020 the following changes took place:

- Existing Bedford Unit temporarily moved to the Urogynaecology Unit in Gynaecology Outpatients.
- Gynaecology Day cases temporarily moved to Bedford – now known as the Crown Ward.
- The Gynaecology Ward opened 15 beds for patients from the Royal to ease capacity pressures. These are for women who are not suspected of having Covid-19.

Skill mix

The Trust has conducted a skill mix review of all staff who are working as part of the non-essential services. Heads of Nursing and HR teams have identified staff who can support those essential services during the pandemic.

Visitor restrictions

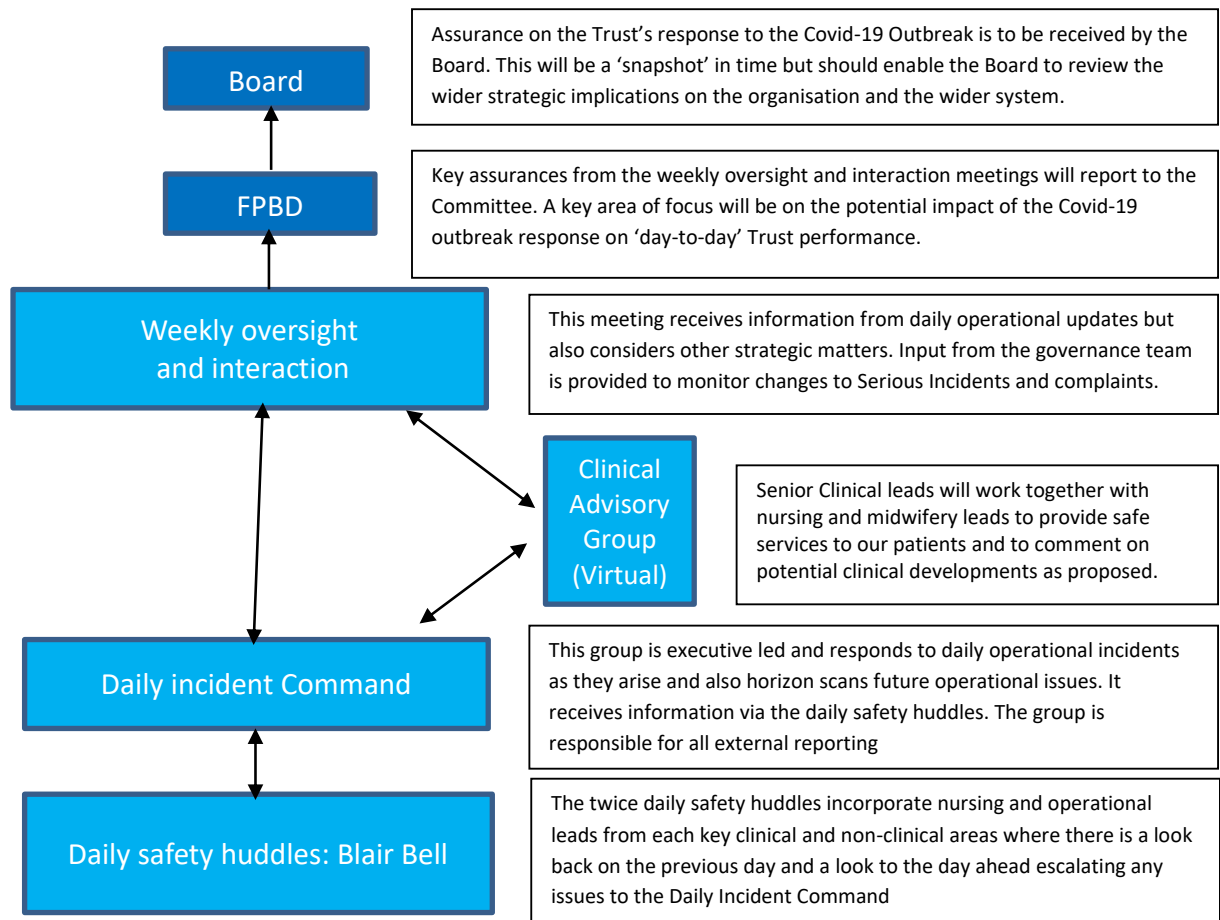
Visitor restrictions are in place in line with national guidance. These are regularly reviewed by the oversight and interaction group. Visitor restrictions are in place to reduce the interactions within the organization and therefore potential spread of COVID-19.

3. Assurances that have been sought on the response

In the context of COVID-19 the strategic governance of the organisation has to be agile. There also needs to be clarity on 'changed' roles and responsibilities, decision making, communication and record keeping. In essence, who needs to be involved in what, how this can be done efficiently and effectively and how best to communicate and maintain records. The following outlines the key assurances that have been sought by and continue to be monitored by the Board.

Robust Governance

A key challenge of the couple of months has been the collation and socialisation of a significant amount of information and guidance from various sources. Requests are also being made of the Trust to provide information to local, regional and national systems. The Board has been keen to ensure that a robust governance structure has been implemented which is intended to ensure that there is a co-ordinated response to information being received and that is sufficiently agile for timely yet robust decision-making. The structure supports the Trust in managing the day-to-day demands whilst also remaining sighted on wider, strategic considerations.



Role of the Board and the Committees

The Finance, Performance and Business Development (FPBD) Committee is taking a lead role in the response to the COVID-19 pandemic. The action the Trust is taking is aligned to the business continuity plans developed as part of the Trust's Emergency Preparedness, Resilience and Response (EPRR) arrangements. It is the responsibility of the FPBD Committee to receive assurance on the adequacy of these arrangements. The Board has also asserted the importance on monitoring Trust performance to ensure that 'business as usual' arrangements do not deviate from an acceptable standard. The FPBD Committee has an important role to monitor and challenge Trust operational performance.

Whilst the FPBD Committee is leading on the Trust's assurance arrangements, the other Board Committees also have an important role. The Quality Committee has received assurance reports on the quality implications of the COVID-19 pandemic. This includes monitoring Serious Incidents, complaints and other quality measures to ensure that performance remains at a satisfactory level and that the correct mitigations and controls are in place. Similarly,

the Putting People First Committee has a role to ensure that the impact on staffing is being well-managed. The Audit Committee, whilst not focused on operational matters, is working to receive assurance that the Trust's control environment remains fit for purpose. The Trust Board has an oversight role and receives reports that focus on the strategic implications of the pandemic, including the need to work closer with system partners to ensure that capacity is in place across the region.

In addition to 'formal' meeting arrangements, the Non-Executive Directors are meeting on a fortnightly basis with an Executive Director present to receive a position briefing. In between these meetings, the Microsoft Teams 'comment' function has been utilised to pose questions and to share information.

Virtual Working

To ensure that the Trust's governance structures can continue to operate, it has been vital to implement the capacity to hold virtual meetings. The Trust has seen the rapid introduction of software that has allowed team meetings to be conducted virtually throughout the organisation. This has been done to stop the number of physical interactions and therefore contribute to the potential reduction in spread of COVID-19. Virtual clinics have also been established for some of our more vulnerable patients who may be able to have their consultation undertaken in this way.

Key Assurance Issues

The following issues have emerged as points of discussion at the Board, its Committees and other sub-groups:

- Staff absence
 - Assurances have been provided that the Trust is monitoring absence by area, split into COVID-19 absence (which includes staff who are symptomatic & isolating for 7 days or isolating for 14 days because somebody in the household is symptomatic) and 'normal' sickness absence and special leave (i.e. people on carers leave due to lack of childcare etc) to get a total picture of absence. Also being tracked is when staff are due to return after isolation. Noted that the Trust is currently performing better than most other organisations locally (c 8% with COVID-19, c 4% 'normal').
- Staff Wellbeing & support
 - The Board has sought numerous assurances regarding staff well-being. This includes the adequacy of Personal Protective Equipment to 'softer' elements such as catering arrangements, increasing the availability of support mechanisms and communicating the availability of offers in the community.
- Communications
 - The Board has been keen to ensure that staff and other stakeholders are being adequately informed of developments. A regular COVID-19 staff briefing is sent to all staff to keep them well informed. All information has been made accessible for remote working or isolating staff so everything is attached or one click away (no requirement to be on network/Intranet).
- 24/7 Management
 - The Trust has senior management and Executive presence daily within the organisation during the pandemic period which supplements the already exiting senior management and executive on call rota. The Non-Executive Directors have sought assurance that there is resilience to the senior leadership at the Trust with contingency plans in place should individuals become unwell or are unavailable. The well-being of senior staff has also been a consideration with Non-Executive Directors ensuring that they are supportive where appropriate.
- Recovery
 - The nature of a pandemic is that a date for recovery and the end of business continuity is unknown. NHSI&E have requested Trusts develop recovery plans for work stepped down. These plans need to consider a system response to recovery. Work has started to collate some of the key lessons from

our response to the Covid-19 pandemic. This has involved a project lead being identified who has been meeting with Executives and Senior Managers to consider the following issues:

- The specific Covid-19 responsibilities within portfolios
- What have we stopped doing as a result of Covid-19?
- What are we doing differently?
- What is the learning from the experience and therefore what will we carry on doing after the pandemic has passed?

Once the initial discussions have been held, the findings will be collated to inform next steps in the process.

- Risks

- The Trust's Risk Management Strategy has been utilised to identify and determine the risks posed by the Covid-19 pandemic. An 'umbrella' Covid-19 BAF risk has been drafted and following consideration by the Board's sub-committees in April 2020, this was approved by the Board on 7 May 2020. It was agreed to develop a single BAF risk to provide a clear line-of-sight of the key risks, assurances and controls. The key risks the Trust has identified relate to; ensuring that 'business as usual' standards are retained, ensuring that robust recovery plans are in place and maintaining controls with regards to cyber-security and identifying fraud. Whilst an 'umbrella' BAF risk has been suggested, there is acknowledgment that Covid-19 will impact all Trust operations and therefore the interdependencies of risks across the whole BAF are being tracked.

Update from 7 May 2020 Board meeting

There was a designated COVID-19 item on the Board agenda on the 7th May 2020. However, the issue featured in a number of discussions and what follows are the key assurances sought by the Board:

- Several patient stories were reported which provided an overview how of the experience of every single patient had been impacted by the pandemic. There had been some negative experiences and the Board noted the importance of ensuring that staff were sensitive to the heightened anxiety and uncertainty being experienced by patients. There had been a number of positive experiences which included changes in practice which had been well received by both patients and staff. The key challenge was to maintain the good practice that had been identified. The Board asked whether patient experience under the COVID-19 pandemic was being systematically analysed. It was acknowledged that further work could be undertaken in this area and an action was taken by the Quality Committee to receive further assurance in this area. It was highlighted that the Trust had a comprehensive communication plan for patients who had procedures or consultations cancelled or postponed. This included a) direct discussion with the patients (virtually or over the phone), b) letters, c) liaising with GPs, d) general messaging via commissioners and e) use of the website and social media.
- A key risk had been identified by the Quality Committee regarding safeguarding. Further information was sought by the Board on the actions that had been taken by the Trust. It was reported that staff had been requested to be aware of issues when engaging with patients in hospital or in a community setting and to raise any concerns utilising the appropriate mechanisms. The potential impact for members of the staff was also recognised and support mechanisms had been put into place for staff to access if necessary.
- It was noted that the Finance, Performance and Business Development Committee continued to closely monitor performance reports, despite the information not being externally reported at the current time. This was to identify whether 'business as usual' performance was deviating from expected standards.
- It was highlighted the Putting People First Committee was focusing on staff well-being and safety and on whether safe staffing levels were being maintained.
- The Board was informed that the clinical voice had heard in all discussions regarding COVID-19 and the Clinical Advisory Group had driven the Trust's response and policy decisions.
- Attention was given to the work that was being undertaken to prepare for the recovery phase. The Board requested that the 'lessons learned' document be circulated to directors as soon as it had been drafted.
- Assurances were provided on how nurse and medical staffing levels were being monitored and tracked.

- Noted that there had not been any issues to date regarding staff testing. A concern was raised regarding the potential impact of the roll out of asymptomatic testing on staffing levels. It was noted that there could be a potential risk if this coincided with a return to elective activity and a potential '2nd wave' of infection. An action was taken to produce modelling for the Trust's workforce based on the age / demographic to understand this risk. This work is to be supported by the University of Liverpool.
- Comments were received by the Governors in attendance. There was a view that the meeting had been comprehensive with the appropriate questions asked and analysis undertaken. It was noted that it would be important for the Trust to review its visiting policies and ensure that the views of patients were considered. It was also highlighted that other staff groups (beyond nursing and doctors) should be considered when reviewing 'safe staffing' levels.

Role of the Council of Governors

Whilst the situation remains challenging the statutory responsibilities of the Council of Governors to hold the Non-Executive Directors to account and to represent the views of Trust members remain in place. The purpose of this report has been to outline the assurance processes in place at the Trust and the key areas of assurance that the Non-Executive Directors have been seeking since the start of the pandemic. It would be useful if governors could outline any feedback they have received from members of the public regarding the Trust, particularly in relation to how it is managing the response to COVID-19.

5. Recommendation

The Council of Governors is requested to note the report for information and assurance.

| | | Agenda Item |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| MEETING | Council of Governors | |
| PAPER/REPORT TITLE: | Care Quality Commission Update | |
| DATE OF MEETING: | Thursday, 14 May 2020 | |
| ACTION REQUIRED | Assurance | |
| EXECUTIVE DIRECTOR: | Gaynor Hales, Interim Director of Nursing and Midwifery | |
| AUTHOR(S): | Janet Brennan, Deputy Director of Nursing & Midwifery | |
| | | |
| STRATEGIC OBJECTIVES: | <p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial workforce <input checked="" type="checkbox"/></p> <p>2. To be ambitious and efficient and make the best use of available resource <input checked="" type="checkbox"/></p> <p>3. To deliver safe services <input checked="" type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most effective Outcomes <input checked="" type="checkbox"/></p> <p>5. To deliver the best possible experience for patients and staff <input checked="" type="checkbox"/></p> | |
| LINK TO BOARD ASSURANCE FRAMEWORK (BAF): | <p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input type="checkbox"/></p> <p>2. Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. <input type="checkbox"/></p> <p>3. The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/></p> <p>4. Failure to deliver the annual financial plan <input type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input checked="" type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></p> <p>8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/></p> | |
| CQC DOMAIN | <p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p> <p>WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input type="checkbox"/></p> <p>ALL DOMAINS <input checked="" type="checkbox"/></p> | |

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

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.

The final inspection report was published on 23 April 2020 – the key highlights are as follows:

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

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

There were overall 16 breaches of legal requirement and 23 points that the Trust should improve on to comply with minor breaches that did not justify regulatory action.

The Trust has developed an action plan to address these points and there is a requirement to respond to the CQC with an action plan by 29 May 2020. It is envisaged all the actions will be completed by December 2020. There are two actions from the 2018 CQC report which remain incomplete and will carry forward onto the 2020 action plan. These are relating to EPR.

The Board received the action plan at its meeting on 7 May 2020. This report summarises the assurances sought and received by the Board at this meeting and from the turn of the year.

Background

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 which stated a failure to ensure that systems and processes were effectively established to ensure the proper and safe management of medicines.

Key Findings

The inspection report was published on 23 April 2020 and the overall rating for the Trust remained at "Good" since the last inspection 2018.

The full report can be found on the following link:

https://www.cqc.org.uk/sites/default/files/new_reports/AAAK0639.pdf

The overarching Trust ratings from the inspection are shown below:

Ratings for the whole trust

| Safe | Effective | Caring | Responsive | Well-led | Overall |
|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------------|-----------------------|
| Good ↔ Apr 2020 | Good ↔ Apr 2020 | Good ↔ Apr 2020 | Good ↔ Apr 2020 | Requires improvement ↓ Apr 2020 | Good ↔ Apr 2020 |

At core service level, three services were inspected.

- Maternity services remained 'Good' overall and remained 'outstanding' for responsiveness
- Neo-natal services were 'Good' overall, downgraded to 'Good' in Safe
- Gynaecology remained as 'Requires improvement' with 'Good' for Caring, but downgraded in Safe and Effective

Because of these changes, the aggregated ratings were downgraded for 'Well-led' to 'Requires improvement'.

Warning Notice

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

The Trust responded to the warning notice by the 10 January 2020 deadline, noting the immediate steps that had been taken to ensure patient safety was not compromised. An immediate action taken was to implement twice weekly audits of medicine management with any resulting issues escalated as appropriate. Further actions include:

- Cross Divisional audits.
- Quarterly safe and storage of medicine audits undertaken by pharmacy reporting to Medicines management committee and assurance through the Quality committee.
- Roll out of e-learning medicines management module.
- The development of a monthly ward audit programme (as part of ward accreditation) which will replace the twice weekly audits from June 2020.
- Development of a medicines safety group (May 2020) reporting into Medicines management Committee

with assurance to the Quality committee.

- A weekly report of all medicine incidents is now sent to the Director of Nursing & Midwifery, Deputy Director of Nursing & Midwifery, the Medical Director and Deputy Chief Pharmacist.
- Individuals who continue not to follow medicines policies are in receipt of appropriate management using a fair and just approach.
- Internal review of theatres by an independent theatre specialist – action plan developed and monitored through CSS Divisional Board and assurance through safety senate.

The audits have demonstrated compliance with the failings identified by the CQC warning notice.

In addition, the Trust's Internal Auditor (MIAA) has partially (not completed fully due to Covid-19) undertaken an audit of compliance to provide external assurance. The findings so far indicate that the Trust has provided a comprehensive and robust response to the specific points highlighted by the CQC warning notice. This has included the development of a comprehensive action plan, staff communications, policy updates, enhanced audit activity and Sub-Committee Terms of Reference updates. Review of Divisional governance of the actions and testing of the actions put in place is currently being assessed.

Regulatory actions

There were 16 identified 'must do' actions relating to breaches of regulation and 23 actions CQC recommend we 'should do' to prevent the Trust from failing to comply with legal requirements in the future. These are in addition to the warning notice noted above.

The 16 areas identified as breaches of regulation by CQC and these are split by the following areas:

- Trust wide
- Neonatal
- Maternity
- Gynecology

In addition, there were 23 actions that CQC recommend we should take to prevent us failing to comply with legal requirements in future or to improve services and these are split into the following areas:

- Gynecology
- Neonates

Action Planning

The Trust has begun work on addressing all the areas for improvement identified in the report with several actions being addressed at the time of the inspection and in response to the warning notice. An overarching action plan has been developed which will be submitted to the CQC prior to 29 May 2020. This is attached as appendix 1. The action plan has been formatted to enable the Board to retain oversight of the Trust's response to the CQC report.

The action plan and evidence will be added to the CQC module in the Ulysses system to allow for tracking and monitoring.

The overarching action plan will be monitored for assurance at the Quality Committee on a monthly basis, with an exception report to Board. Divisions will monitor their actions at Divisional Boards and meet with the Director of Nursing & Midwifery and the Deputy Director of Nursing & Midwifery monthly to review their actions. The Executive lead for the overarching action plan is the Director of Nursing & Midwifery, with the Deputy Director of Nursing & Midwifery as the operational lead. The Divisional managers are the operational managers who will be accountable for ensuring the delivery of the action plan within their divisions.

Assurances sought by the Board and the Committees

Once the Warning Notice had been received from the CQC, there was a requirement to respond by mid-January 2020. A report was received in a Board meeting on 9 January 2020. This outlined the immediate actions that had been taken by the Trust to ensure that any issues relating to patient safety were rectified immediately. In addition to the actions being outlined, the respective assurance processes were also described.

The Quality Committee has taken a key role in receiving assurances regarding the Trust's response to the CQC inspection. In February 2020, the Committee received a report that set out not only the Trust's response to the Warning Notice but to other issues that has been highlighted as requiring improvement. The Committee also requested that the Medicines Management Committee report directly on a quarterly basis rather than by exception through the Safety Senate. The first of these quarterly reports was received in February 2020. A further update on the progress being made against the CQC action plan and the assurances underpinning the evidence was received by the Committee in March 2020 and April 2020.

The Board retained oversight on progress through the receipt of verbal updates at the February and April 2020 meetings. A report was provided to the 7 May 2020 meeting and the approach to developing the action plan and the delivery / monitoring mechanism was outlined. The Chair of the Quality Committee noted that the Committee would play a key role in receiving robust evidence that actions were being completed on time and that there were explanations for when deadlines were not met. The Quality Committee would also be seeking assurance that evidence was in place that actions had been completed and updated processes were embedded in day-to-day operations.

The Board noted the importance of ensuring that the CQC action plan was aligned with other quality improvement action plans in place across the organisation. The Quality Committee will have an important role in ensuring that there is a synthesis of all the relevant action plans. It was highlighted that the Audit Committee would have a role in auditing the process and this would start with receiving the aforementioned MIAA internal audit report.

Recommendation

The Council of Governors is asked to note the report for information and assurance.

Appendix 1 – CQC Action Plan

Improvement plan post CQC inspection 2020

Introduction

The Trust has received the CQC Inspection report and returned the factual accuracy response. The CQC report includes 1 warning notice 16 requirements and 23 recommendations under the headings shown below:

1. Safe
2. Caring
3. Responsive
4. Effective
5. Well led

The action plan has been developed to ensure compliance with all the recommendations with in the report. It is expected that the action plan will be monitored through the Quality Committee monthly, then to Trust Board by exception.

- Executive Sponsor
- Operational Manager
- Operational Lead
- Issue Description
- Action description with responsible assurance committee
- RAG rating
- Target date for completion of the formulated action.
- Progress update

Red actions have not yet started

Amber actions are actively in progress

Green actions have been completed

2018 Outstanding actions- Recommendations

- Staff were currently using two different recording systems on the delivery unit and there were some concerns raised by staff about duplication of documentation, confusion and room for errors. Senior medical staff agreed that using two systems (electronic and paper documentation) could potentially be a cause for concern
- The information technology infrastructure was miss-matched across the trust and posed potential clinical risks. There were many systems patched together, resulting in slow systems which affected service delivery.
- Computer information systems needed to be enhanced, streamlined and developed further to reduce and mitigate risks.
- Mandatory training rates showed that compliance rates were below the trust target of 95% in three of the four main in- patient clinical areas
- Managers across the hospital did not always promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values
- Not all staff had received annual appraisal reviews.

**2020 inspection
Must Do**

| No | | Issue | Action | Executive Lead | Operational Manager | Operational Lead | RAG | Completion date | Progress Update |
|----|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|------------------|-----|------------------------------------------------------|-----------------|
| 1 | Trust-wide SAFE | Proper and safe management of medicines, including ensuring that there is a robust process in place for the monitoring of emergency medicines stored on the resuscitation trolleys to make sure that medicines do not exceed the manufacturers recommended expiry dates and are safe to use when needed. (Regulation 12 (1) (2) (g)) | <ol style="list-style-type: none"> 1. Develop and embed governance processes in all areas by ensuring area are audited monthly. 2. Quarterly audit by pharmacy of each area. 3. Monthly report to MMC with assurance to Quality Committee | DONM | Divisional Managers | DDONM | | August 2020 October 2020 December 2020 | |
| 2 | Trust-wide SAFE | The trust must ensure the equipment used is safe for its intended purpose and ensure all resuscitation equipment is checked regularly and there are appropriate systems to monitor compliance with this. (Regulation 12 (1) (2) (e)) | <ol style="list-style-type: none"> 1. All resuscitation equipment will be checked in line with SOP 2. Monthly report to resuscitation committee with assurance to Quality committee | DONM | Divisional Managers | DDONM | | August 2020 December 2020 | |
| 3 | Trust-wide SAFE | The trust must ensure that their systems and processes operate effectively across all areas of the trust to ensure | <ol style="list-style-type: none"> 1. Pathways for under 18's will | DONM | Divisional Managers | DDONM | | August 2020 | |

| | | | | | | | | | |
|---|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-------|--|-------------------------------------------------|--|
| | | that they assess, monitor and improve the quality and safety of all services provided and assess, monitor and mitigate the risks to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (2) (a and b) | be developed for each service. 2. Development of a trust-wide transfer policy 3. Quarterly report to safety senate on each pathway with Assurance to Quality Committee | | | | | October 2020 December 2020 | |
| 4 | Trust-wide SAFE | The trust must ensure that their systems and processes operate effectively across all areas of the trust to ensure that they assess, monitor and improve the quality and safety of all services provided and assess, monitor and mitigate the risks to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (2) (a and b) | 1. Health and Safety COSHH risk assessments will be in place and chemicals stored appropriately. 2. Bi- Annual audits reported to Safety senate with Assurance to Quality Committee | DONM | Divisional Managers | DDONM | | August 2020 December 2020 | |
| 5 | Trust-wide | The trust must ensure that patients receive care in a timely way and work towards improving performance against national standards such as the time from | 1. Waiting times will be met in line with National Standards. 2. Monthly monitoring at | DOP | Divisional Managers | DDOP | | (Awaiting national guidance following pandemic) | |

| | | | | | | | | | |
|---|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------|-------|--|------------------------------------------------------------------------------------|--|
| | | diagnosis to treatment. Regulation 12 (2) | Access Board with Assurance to FPBD | | | | | | |
| 6 | Trust- wide EFFECTIVE | The trust must ensure that their audit and governance systems remain effective. Regulation 17 (2)(f) | <ol style="list-style-type: none"> 1. The Trust Audit plan will ensure all national guidance is taken account of with a Risk assessment. 2. Bi- Annual reports to Effectiveness senate with Assurance to Quality Committee | MD | Divisional Managers | DMD | | September 2020 December 2020 | |
| 7 | Gynae/ CSS SAFE | The service must ensure the proper and safe management of medicines, including ensuring that there is a robust process in place for the monitoring of emergency medicines stored on the resuscitation trolleys to make sure that medicines do not exceed the manufacturers recommended expiry dates and are safe to use when needed. (Regulation 12 (1)(2)(g)) | <ol style="list-style-type: none"> 1. Develop and embed governance processes in all areas by ensuring areas are audited monthly. 2. Quarterly audit by pharmacy of each area. 3. Monthly report to MMC with assurance to Quality Committee | DONM | Divisional Managers | DDONM | | August 2020 October 2020 December 2020 | |

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| 8 | Gynae/ CSS SAFE | The service must ensure that patients receive care in a timely way and work towards improving performance against national standards such as the time from diagnosis to treatment. Regulation 12 (2) | <ol style="list-style-type: none"> 1. Waiting times will be met in line with National Standards. 2. Benchmark with other TOP services and provide a report to effectiveness senate with Assurance to Quality Committee. 3. Monthly monitoring of waiting times at Access Board with Assurance to FPBD | DOP | Divisional Managers | DDOP | | (Awaiting national guidance following pandemic) September 2020 December 2020 | |
| 9 | Gynae EFFECTIVE | The service must ensure they have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment on the ward. Regulation 18(1)(2)(a) | <ol style="list-style-type: none"> 1. Training needs analysis will be undertaken. 2. Competencies will be developed for the Nursing team. Identified timeframes with Assurance at PPF 3. Medical staff will be appointed | DONM | Divisional Managers | DDONM | | September 2020 October 2020 December 2020 | |
| 10 | Gynae SAFE | The service must ensure that there is a system in place to manage the deterioration of a poorly young person between | <ol style="list-style-type: none"> 1. Pathways for under 18's will | DONM | Divisional Managers | DDONM | | August 2020 | |

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| | | | with Assurance at PPF. | | | | | | |
| 12 | Gynae WELL-LED | The provider must ensure leaders of the service are familiar with and understand the risks to the service. | <ol style="list-style-type: none"> 1. Education of all staff will be undertaken of the risk register and risks associated with the service. 2. Knowledge and understanding of this will be checked monthly and reported to Divisional Board with Assurance at Quality Committee | DONM | Divisional Managers | DDONM | | August 2020 September 2020 | |
| 13 | Neo-nates SAFE | The service must ensure the proper and safe management of medicines, including ensuring that there is a robust process in place for the monitoring of emergency medicines stored on the resuscitation trolleys to make sure that medicines do not exceed the manufacturers recommended expiry dates and are safe to use when needed. | <ol style="list-style-type: none"> 1. Develop and embed governance processes in all areas by ensuring area are audited monthly. 2. Monthly checks by resus officers with a report to resus committee quarterly with Assurance to | DONM | Divisional Managers | DDONM | | August 2020 December 2020 October 2020 | |

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| | | (Regulation 12 (1) (2) (g) (e)) | Quality committee 3. Quarterly audit by pharmacy of each area. 4. Monthly report to MMC with assurance to Quality Committee | | | | | December 2020 | |
| 14 | Maternity SAFE | The service must ensure the proper and safe management of medicines, including the proper storage of medicines (Regulation 12 (1) (2) (g)) | 1. Develop and embed governance processes in all areas by ensuring area are audited monthly. 2. Quarterly audit by pharmacy of each area. 3. Monthly report to MMC with assurance to Quality Committee | DONM | Divisional Managers | DDONM | | August 2020 October 2020 December 2020 | |

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| 15 | Maternity SAFE | The service must ensure the equipment used is safe for its intended purpose and ensure all resuscitation equipment is checked regularly and there are appropriate systems to monitor compliance with this. (Regulation 12 (1) (2) (e)) | 1. All resuscitation equipment will be checked in line with SOP 2. Monthly audit report to resuscitation committee with assurance to Quality committee | DONM | Divisional Managers | DDONM | | August 2020 December 2020 | |
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Should do

| No | | Issue | Action | Executive Lead | Operational Manager | Operational Lead | RAG | Completion date | Progress Update |
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| 16 | Gynae | The provider should ensure there is appropriate tool to assess pain. | 1. Pain assessment tool will be developed, | DONM | Divisional Manager | DDONM | | June 2020 | |

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| | | | implemented and audited. 2. Quarterly audits reported to Effectiveness senate with assurance to Quality committee | | | | | | |
| 17 | Gynae | The provider should ensure all staff complete their mandatory training. | 1. All staff to complete their mandatory training within an agreed trajectory. 2. Quarterly reports with assurance to PPF | DONM | Divisional Manager | DDONM | | June 2020 December 2020 | |
| 18 | Gynae | The provider should ensure all staff complete their safeguarding training. | 1. All staff to complete their safeguarding training within an agreed trajectory 2. Quarterly reports with assurance to PPF | DONM | Divisional Manager | DDONM | | June 2020 December 2020 | |
| 19 | Gynae | The provider should ensure they have a vision in place which is underpinned with values and a strategy | 1. The Trust vision/values and strategy needs to be embedded across the services and services need to align their own strategy to this 2. Monthly reports to Divisional Board with Assurance at PPF quarterly | DONM | Divisional Managers | DDONM | | September 2020 December 2020 | |

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| 20 | Gynae | The provider should ensure they support the needs of dementia patients or patients with any other protected characteristics. | <ol style="list-style-type: none"> 1. Pathways for patients with protected characteristics will be developed. 2. Audit of pathway to be completed with report to patient experience committee with assurance to Quality Committee. | DONM | Divisional Managers | DDONM | September 2020 December 2020 | |
| 21 | Gynae | The provider should ensure the leadership structure is stabilised. | <ol style="list-style-type: none"> 1. Divisional leadership and ward leadership will be developed and stabilised. . | DONM | Divisional Managers | DDONM | September 2020 | |
| 22 | Neo-nates | The service should consider implementing a staffing board on the low dependency unit so that it is visible to the public. | <ol style="list-style-type: none"> 1. Staffing board will be placed on the low dependency unit | DONM | Divisional Managers | DDONM | July 2020 | |
| 23 | Neo-Nates | The service should ensure that cleaning products which are hazardous to health are consistently stored securely to prevent potential risk to patients and visitors in line with national patient safety alert requirements. Regulation | <ol style="list-style-type: none"> 1. Health and Safety COSHH risk assessments will be in place and chemicals stored appropriately. 2. Bi- Annual audits reported to Safety senate with Assurance to Quality Committee | DONM | Divisional Managers | DDONM | September 2020 | |

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| | | 12(2)(b) | | | | | | | |
| 24 | Neo-Nates | <p>The service should consider a review of its governance processes for the monitoring of daily resuscitation equipment checks to make sure that equipment is safe and ready for use.</p> <p>Regulation 12(1) (2) (e)</p> | <ol style="list-style-type: none"> 1. All resuscitation equipment will be checked in line with SOP 2. Monthly audit report to resuscitation committee with assurance to Quality committee | DONM | Divisional Managers | DDONM | | <p>August 2020</p> <p>December 2020</p> | |
| 25 | Neo-nates | <p>The service should consider a review of the arrangements for the storage of emergency equipment so that it is clear to staff what should be included, so that missing sundries can be easily identified during the regular checks.</p> <p>Regulation 12(1) (2) (e)</p> | <ol style="list-style-type: none"> 1. All resuscitation equipment will be checked in line with SOP 2. Monthly audit report to resuscitation committee with assurance to Quality committee | DONM | Divisional Manager | DDONM | | <p>August 2020</p> <p>December 2020</p> | |
| 26 | Neo-nates | <p>The service should ensure that medicines related stationery is stored securely</p> | <ol style="list-style-type: none"> 1. All medicines related stationery will be kept in a secure place and only | DONM | Divisional Managers | DDONM | | May 2020 | |

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| | | and cannot be accessed by unauthorised persons | accessed by authorised personnel 2. Develop and embed governance processes in all areas by ensuring area are audited monthly. 3. Quarterly audit by pharmacy of each area. 4. Monthly report to MMC with assurance to Quality Committee | | | | August 2020 October 2020 December 2020 | |
| 27 | Neo-nates | The service should consider a review of the monitoring process for the recording of medication storage temperatures so that documentation reflects action staff have taken when temperatures have exceeded the maximum range. | 1. Develop and embed governance processes in all areas by ensuring areas are audited monthly 2. Monthly report to MMC with assurance to Quality Committee | DONM | Divisional Managers | DDONM | September 2020 December 2020 | |

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| 28 | Neo-nates | The service should consider a review of its guidelines and policies so that expected review dates are clearly visible to staff. | <ol style="list-style-type: none"> 1. All guidelines and policies to include review dates. 2. Ensure education of all staff on the policies. 3. Knowledge and understanding of this will be checked monthly and reported to Divisional Board with Assurance at Quality Committee | DONM | Divisional Managers | DDONM | <p>September 2020</p> <p>September 2020</p> <p>November 2020</p> | |
| 29 | Neo-nates | The service should consider a review of the information available to parents and their families on the units so that it can be requested in alternative formats or languages to meet their needs. | <ol style="list-style-type: none"> 1. The information that is available to parents and their family's will be stated clearly that it can be requested in alternative languages and formats | DONM | Divisional Managers | DDONM | July 2020 | |